



| COVID-19 PROCEDURES WITH LOCAL EMERGENCY AND HEALTH SERVICES |        |  |  |  |  |  |
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**PURPOSE**

These procedures are intended to provide medical guidance to shore based processors engaged in seafood processing utilizing guidance provided by the Center for Disease Control (CDC)<sup>12</sup> and state<sup>3</sup> and local public health agencies to control the spread of COVID-19.

**COVID-19 is now classified as a global pandemic, as declared by the World Health Organization. In order to assist in containing the spread of COVID-19 to the extent possible, employees should be restricted to the processing site, if feasible.**

In the event that employees leave the processing site, they should be expected to follow social distancing and other mitigation strategies and wash hands before returning to the processing site.<sup>4</sup>

**PREPARATION**

*Employee changeovers:*

The goal is to keep a healthy staff healthy. For any new employee, strongly consider a 14 day quarantine period prior to arrival with home symptom screening.

Be aware that the State of Alaska has mandated quarantine for 14 days whether resident, worker, or visitor. Fish processing is considered part of the critical infrastructure and for workers to enter Alaska, a plan or protocol outlining how you will avoid the spread of COVID-19 is required to be submitted.<sup>5</sup>

*Isolation or Quarantine Rooms:*

We will designate rooms that will house only sick employees. A separate bathroom will be designated for the sick employee. Roommates or dependents will be housed separately if possible.

Additionally, We will identify which rooms will be used to quarantine employees with close contact exposure to a suspected COVID-19 case if necessary. We will identify what the minimum safe staffing requirements are for processing in case of a widespread isolation or quarantine.

<sup>1</sup> [https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html) <sup>2</sup>  
[https://www.uschamber.com/sites/default/files/guidance\\_for\\_employers\\_to\\_plan\\_and\\_respond\\_to\\_coronavirus.pdf](https://www.uschamber.com/sites/default/files/guidance_for_employers_to_plan_and_respond_to_coronavirus.pdf)

<sup>3</sup> <https://www.doh.wa.gov/Coronavirus/Workplace>

<sup>4</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>  
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

<sup>5</sup> <https://content.govdelivery.com/bulletins/gd/AKDHSS-282d20b>

### *PPE:*

Adequate PPE (NIOSH-certified N95 mask or surgical mask, disposable long-sleeved impermeable gown, disposable medical gloves, eye protection such as goggles or disposable face shields that cover the front and sides of face) is available on site. Contingency plans for rapid resupply during outbreaks will be in place.

Responders will be trained on appropriate donning and doffing techniques for PPE including disposal plans.

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

If N95 masks or surgical masks are not available, the CDC has issued the following guidance:

In settings where facemasks are not available, health care providers might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect health care provider is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.<sup>6</sup>

If N95 masks or surgical face masks are not available, but a higher level industrial respirator, such as a half-face or full-face mask with a HEPA filter cartridge is available, this may be an acceptable alternative if an OSHA respiratory protection program is in place, the employee has been fit tested for the specific respirator, and a sanitizing and cleaning program is in place.

### *Movement on Site:*

Cafeteria should be prepared to send individual meals to sick employees and clean dishes separately. Eliminate buffet style dining: train cafeteria staff to serve food as employees pass through the line instead of having each employee touch the serving utensils. Cafeteria workers will practice *meticulous* hand and cough hygiene and will mask while serving food. We will implement the following measures:

- Self-service utensils – to reduce the opportunity for items to be touched by multiple people, set up trays with utensils on them and hand them out;
- Aggressive sanitizing of push button/lever beverage dispensers, condiments, etc. – areas that people may be touching during the meal service;
- Stagger meal breaks to reduce the number of people in the cafeteria at one time or reducing the seating capacity in the cafeteria so people are spaced farther apart;

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<sup>6</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

- Ensure people sanitize their hands on the way to the cafeteria.

Restrict access into the facility accommodations – keep doors locked to restrict unnecessary employee or visitor movement throughout the facility.

Post hand and cough hygiene posters throughout the site.

#### *Supplies:*

Plants will have appropriate diagnostic supplies available depending on level of first responder training. These items may include stethoscopes, blood pressure, pulse oximeters and thermometers.

Adequate supplies for cleaning, sanitizing, and disinfecting, including PPE and bags for disposal will be available.

Will have alcohol based hand sanitizer (at least 60-70%) ready for use upon entry to any work facility, bunkhouse, in the galley, break areas, offices and throughout the site. Disposable tissues and waste bins will be available throughout the site.

## **PREVENTION<sup>1</sup>**

**Sick workers will be required to stay home.** Employees with symptoms of acute respiratory illness are required to stay home and not come to work until they are free of a fever (T 100.4F or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines. This assumes they do not have risk factors for COVID-19 exposure.

We will ensure that our sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

We do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

**Separate sick employees.** Employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or who become sick during the day will be separated from other employees and sent home immediately or to a local health facility if necessary. Sick employees will be given a surgical mask to wear, if tolerated, and should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if not tissue is available).

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<sup>1</sup> [https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html)

**Emphasize staying home when sick, cough and hand hygiene by all employees.** We will place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.

Tissues and no-touch disposal receptacles for use by employees will be provided at the facility. We will instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.

**Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No additional disinfection beyond routine cleaning is recommended at this time. We will provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

## **EDUCATION OF EMPLOYEE**

Employees will be aware of:

- Global risk of COVID-19 during travel;
- Signs and symptoms that may indicate a sick person has COVID-19;
- Importance of not working while sick with fever or acute respiratory symptoms.

The company will also review their sick leave policies and communicate them to employees.

CDC recommends that employees who self-report or appear to have fever or acute respiratory symptoms (such as cough or shortness of breath) be immediately evaluated.

Employees will be reassured that COVID-19 is not thought to spread via airborne transmission. It is thought to spread via droplet transmission, mainly from person-to-person, between persons who are in close contact with one another (within about 6 feet), or through respiratory droplets produced when an infected person coughs or sneezes.<sup>2</sup>

**These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.**

Employees will be reassured that COVID-19 is unlikely to be spread through ventilation systems. Droplets are too large to be airborne for a prolonged period of time and quickly settle out of air.

**Employee will be advised to frequently wash hands with soap and water, use alcohol based hand sanitizer, mask if coughing or sneezing, and not touch their faces.**

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<sup>2</sup> [https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html)

## IDENTIFICATION

Procedure to identify employee with suspected COVID-19:<sup>3</sup>

### Screen employees for:

1. Have you experienced any difficulty breathing, shortness of breath, or symptoms of acute respiratory illness in the last 72 hours?
2. Have you experienced a fever (100.4° F [38° C] or greater using an oral thermometer) within the last 72 hours? (A forehead (temporal) scanner is usually 0.5°F (0.3°C) to 1°F (0.6°C) lower than an oral temperature.)<sup>4</sup>
3. Have you experienced signs of a fever such as chills, aches & pains, etc. within the last 72 hours?

4. Have you traveled within the past 14 days to an affected area as identified by the CDC?

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

**Travel to an area with documented COVID-19 infections in a jurisdiction with known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Obtain a detailed travel history and cross reference with the CDC website for a risk assessment.<sup>5</sup> Refer to the CDC website for US areas with community mitigation plans for US cities and regions considered high risk.**

<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

5. Have you had contact within 14 days of symptom onset with a lab confirmed or suspected COVID-19 case patient? (contact defined as being within 6 feet of a COVID-19 case for a prolonged period of time (10 minutes) or having direct contact with infectious secretions of a COVID-19 case).<sup>7</sup>

### Action:

If an employee screens “yes” to any of the symptom questions (1-3), place a surgical mask on if tolerated.

If an employee screens “yes” to BOTH the any of the symptom questions (1-3) and an epidemiological risk factor questions (4 or 5), **place a surgical mask on the employee if tolerated and isolate per the ISOLATION protocol.**

Evaluating first responder to don appropriate PPE and begin to document who has exposure to employee from this point forward.

**If available, obtain a rapid influenza swab. If positive, and no other reason to suspect COVID-19, treat employee as an influenza case, not a COVID-19 case.**

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<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

<sup>4</sup> <https://www.cigna.com/individuals-families/health-wellness/hw/medical-topics/fever-temperatures-tw9223>

<sup>5</sup> <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

**If an employee screens “yes” to fever and respiratory symptoms, but does not clearly have an exposure that would qualify for a COVID-19 suspect case, recommend isolation for 72 hours AFTER the fever ends without the use of fever-reducing medications AND an improvement in initial symptoms (i.e. cough, shortness of breath) before returning to work.<sup>8</sup>**

**Additional measures to be considered:**

Screen employees daily:

- New signs of fever, cough or shortness of breath
- If there is a respiratory illness identified at the worksite, take temperature at least daily of each employee

Contact tracing information for departing employee should be maintained for at least one month (name, phone number, home address, email). They should be provided with information on whom to contact if they develop fever, cough or shortness of breath in the following 14 days.

## **ISOLATION**

Procedure to isolate employee with suspected COVID-19:<sup>9</sup>

If an employee is identified as a potential COVID-19 case, immediately ask them to wear a facemask (a surgical mask, not N-95) if tolerated.

Place the employee in a private room with the door closed, ideally an airborne infection isolation room if available. We will place a label on the door indicating no one is to enter the room without proper PPE. This room will have separate toilet and bathing facilities.

Any staff entering the room will use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection such as goggles or a face shield. If N-95 masks are not available, a surgical mask may be considered an acceptable alternative at this time.<sup>10</sup>

Access to the room will be limited to employees involved in direct care. Meals will be delivered to the room and dishes and utensils cleaned separately. Anyone with exposure to the employee will document the date and time of exposure, nature of exposure (close contact, same room, secretions), and PPE worn.

Meticulous hand hygiene MUST be performed immediately after doffing PPE.

- Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance.
- Keep interactions with sick people as brief as possible.

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<sup>8</sup> <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>  
<https://www.kingcounty.gov/depts/health/emergency-preparedness/preparing-yourself/pandemic-flu/businesses/returning-to-work.aspx>

<sup>9</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

<sup>10</sup> [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)

- Limit the number of people who interact with sick people. To the extent possible, have a single person give care and meals to the sick person.
- Avoid touching your eyes, nose, and mouth.
- **Wash your hands often with soap and water.** If soap and water are not available and if hands are not visibly soiled, use a hand sanitizer containing 60%-95% alcohol.
- Provide tissues and access to soap and water and ask the sick persons to:
  - Cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.
  - Throw away used tissues immediately in a disposable container (e.g., plastic bag) or a washable trash can.
  - Wash their hands often with soap and water for 20 seconds. If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.
- If soap and water are not available and hands are not visibly soiled, the sick person should use a hand sanitizer containing 60%-95% alcohol.

Discontinuance of Isolation for employees not requiring care at a medical facility, can be considered under the following conditions:<sup>11</sup>

- If employee had a fever, 3 days after the fever ends without the use of fever-reducing medications AND employee sees an improvement in initial symptoms (e.g. cough, shortness of breath);
  - If employee did not have a fever, 3 days after employee sees an improvement in initial symptoms (e.g. cough, shortness of breath);
- AND**
- 7 days after symptom onset,
- whichever is longer.**

Note: discontinuance of isolation for a suspected COVID-19 case should be made on a case by case with advice from a medical provider.

## **PROTECTION**

Procedure to identify who will have exposure to a potential COVID-19 case, what PPE will be worn, and how PPE will be managed.<sup>12</sup>

Once a suspect COVID-19 case is identified and isolated, response team members will be identified who will be the primary contact with the isolated employee. This will be reduced to the absolute

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<sup>11</sup> <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.kingcounty.gov/depts/health/emergency-preparedness/preparing-yourself/pandemic-flu/businesses/returning-to-work.aspx>

<sup>12</sup> <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

minimum number of people. This will include medical personnel to regularly assess the employee's medical status, environmental services for cleaning and laundry services, and cafeteria members to bring food and supplies to isolated employee.

Proper PPE will be provided:

- NIOSH-certified N95 mask or surgical mask;
- disposable long-sleeved impermeable gown;
- disposable medical gloves;
- eye protection such as goggles or disposable face shields that cover the front and sides of face.

For N-95 masks, an OSHA respiratory protection program and fit testing should be in place.

Designated responders will be trained in how to appropriately don and doff PPE:

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

We will designate a hand hygiene station for doffing of PPE as close to the exit of the room as possible. Hand washing with soap and water is preferred to hand sanitizer if possible.

A plan for collection and disposal of PPE will be in place.

The amount of PPE provided will be determined by the operator based on the size of the employee, anticipated exposure, and availability of supplies.

## **ASSESSMENT**

Procedure on assessing possible COVID-19 cases

When a potential COVID-19 case is identified, the isolated employee will be evaluated by designated staff member, wearing appropriate PPE. Attempt to maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance. The ill employee will be provided a surgical mask to wear if tolerated.

**Based on the skill level and training of the first responder, and resources available at the facility, the following will be evaluated:**

**The following historical information will be gathered:**

- List of the sick persons signs and symptoms, including onset dates. Symptom definitions are available here: <https://www.cdc.gov/quarantine/maritime/definitions-signs-symptoms-conditions-ill-travelers.html>
- The sick persons highest recorded temperature;
- The sick persons physical symptoms experienced;
- List of locations visited during the 14 days before the person became ill;
- Contact with a confirmed or suspected COVID-19 case in the past two weeks.

### **Triage determination:**

- Onsite responders should determine if employee requires emergent care. If so, local EMS or 911 should be activated. Inform dispatch that there is a potential COVID-19 case so they may employ infection control procedures.
- Follow established on-site procedures for medical assessment of an ill employee and utilize existing triage or telemedical services to determine if an employee requires urgent or routine evaluation or may be managed with on-site first aid. If an employee is to be isolated on site, follow ISOLATION guidelines in this document.

## **TELEMEDICAL CONSULTATION**

Remote facilities should evaluate if a telemedical consulting service would be appropriate. If so, first responders should facilitate an evaluation between employee and telemedical provider. The first responder should be prepared to present the history and physical exam to the telemedical provider.

Depending on the severity of illness, the telemedical provider may recommend urgent or emergent evaluation, routine in-person exam, or self-care at the worksite. Recommendations should be given for treatment and a follow up interval should be established. If an urgent or emergent evaluation is recommended, the employee should be transported to the local health care facility.

If an employee is isolated or quarantined, twice daily evaluations are recommended and employee should be provided a 24/7 resource to contact if symptoms worsen or new symptoms develop.

In consultation with the telemedical provider, return to work and termination of isolation or quarantine restrictions may be discussed.

## **COMMUNICATION AND REPORTING**

Procedure on communicating possible COVID-19 cases with medical providers:

### **Local medical providers:**

Local medical providers will benefit from advanced notification of a potential COVID-19 patient. Information will be relayed to the provider by phone, fax or email before the affected employee is transported. The employee will wear a surgical mask during transport.

## **DOCUMENTATION**

Procedure on documenting potentially exposed contacts of a suspected COVID-19 patient:<sup>13</sup>

Once a potential case of COVID-19 is identified, there are two important areas of documentation:

- Identification of all potential exposures while the employee was experiencing symptoms

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<sup>13</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

- Documentation of all employees who have contact with employee after isolation is instituted

**Once a potential case is identified, interview the employee to determine:**

The time and date of onset of symptoms;

From **24 hours before the symptoms began**, document all people who had close contact with the affected employee, defined as:

- A. being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (10 minutes); close contact can occur while working, living with or visiting with a COVID-19 case

**OR**

- B. having direct contact with infectious secretions of a COVID-19 case; (e.g., being coughed on or shared utensils)

Document the name and contact information, time and date of contact, the nature of contact (close contact, in the same room) and the duration of contact.

High risk close contacts of suspected COVID-19 cases should be quarantined according to the QUARANTINE section of this document.

***This includes any people that may have already left the site.***

**Once an employee is isolated, we will start a log to document:**

All employees who enter the employee's room, the time and date, duration of exposure, type of PPE worn, nature of exposure (close contact, secretions, same room). Provide name and contact information as well.

**Other documentation:**

Daily logs of temperature and signs or symptoms including fever, cough or shortness of breath on all employees will be maintained and available for inspection.

## **TRANSPORTATION**

Procedure on transportation of suspected COVID-19 cases<sup>14</sup>

**For the employee with suspected COVID-19:**

*A facemask will be worn by the patient for source control.* If a nasal cannula is in place, a facemask will be worn over the nasal cannula. Alternatively, an oxygen mask or non-rebreather can be used if clinically indicated. If the patient requires advanced airway support including bag valve mask (BVM)

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<sup>14</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

ventilation or intubation, see “Precautions for Aerosol-Generating Procedures” at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> for further precautions.

**If ambulance transportation is required:**

Local EMS will be notified that this is a potential COVID-19 case so that responders may use appropriate PPE and follow their protocols.

**If private vehicle transportation is utilized:**

Windows should be down to allow for air exchange if possible.

Any employee involved in movement of the employee with suspected COVID-19 should wear appropriate PPE.

All employee should avoid touching their face while working.

The receiving healthcare facility should be notified that a patient with suspected COVID-19 is being brought in so that they may take appropriate infection control precautions.

Once returning on-site, decontaminate all vehicle surfaces (door knobs, handles, cushions) in contact with the potential COVID-19 case.

## **QUARANTINE**

Procedure for quarantining employee exposed to a potential COVID-19 case:<sup>15</sup>

**ON-SITE:**

Employees who have had **high-risk exposures** to a person suspected of having COVID-19 will be quarantined in their bunk house or moved to self quarantine. All potentially exposed employee members will **self-monitor under supervision** with local health or telemedical providers until 14 days after the last possible exposure.

**A high-risk exposure could occur through close contact with the suspected case without PPE. Close contact is defined as:**

- A. being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (10 minutes); close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case;

**OR**

- B. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Self-monitoring with delegated supervision means, for employees, self-monitoring with oversight by on-site staff and medical provider in coordination with the health department of jurisdiction. Points of contact between the self-monitoring employee, on-site staff, medical provider, local and state health

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<sup>15</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

departments with jurisdiction for the location where employee will be during the self-monitoring period should be established. If employee develops a fever, cough, or difficulty breathing during the self-monitoring period, they should be transported to undergo medical assessment as per the other relevant sections of this document.

**Refer to the “Management of positive or suspected COVID-19 source patient contacts” flowchart for guidance on quarantine.**

**Note: discontinuance of quarantine for a suspected COVID-19 case should be made on a case by case basis with advice from a medical provider.**

## **HOUSING AND RECREATION PRECAUTIONS**

Aggressive worksite infection control precautions, early identification of possible COVID-19 cases and isolation and quarantine procedures can help prevent the spread of COVID-19. Off time and recreation time present a risk for exposure. Peter Pan Seafoods will limit the contact of employees with local populations as much as possible.

- Have a hand-sanitizer station at facility entrances, with tissues and a waste container;
- Do not allow non-essential personnel in the worksite, any communication should be done by phone or radio instead of in-person if possible;
- Restrict local personnel from entering employee quarters and restaurant/cafeteria;
- Screen any personnel who comes to worksite for fever, cough or shortness of breath in the prior 72 hours. If any symptoms present, deny entrance;
- Wipe down rails, door handles, and surfaces frequently with disinfecting wipes.

Employees will be encouraged not to go into public as much as possible. For employees who do have contact with local populations:

- Follow “social distancing” recommendations (stay at least 6 feet away from people), maintain good cough and hand hygiene, avoid groups of people;
- Wash hands with soap and water or use alcohol-based hand sanitizer frequently. Do not shake hands;
- Employees will be screened for fever, cough or shortness of breath on return to the worksite and isolated if symptoms present.

## **SANITATION AND DISPOSAL**

Procedure to clean, sanitize, and disinfect a worksite and dispose of PPE:<sup>16</sup>

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<sup>16</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>  
[https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/~/\\_media/depts/health/homeless-health/healthcare-for-the-homeless/documents/cleaning-disinfection-guidelines-shelters.ashx](https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/~/_media/depts/health/homeless-health/healthcare-for-the-homeless/documents/cleaning-disinfection-guidelines-shelters.ashx)

The primary mode of COVID-19 virus transmission is believed to be through respiratory droplets that are spread from an infected person through coughing or sneezing to a susceptible close contact within about 6 feet.

### **CLEAN, SANITIZE, AND DISINFECT COMMON AREAS DAILY**

Surfaces that people touch a lot (door handles, railings, light switches, chairs, tables) and bathroom and kitchen surfaces will be cleaned, sanitized, and disinfected routinely.

### **SUPPLIES FOR CLEANING, SANITIZING, AND DISINFECTION**

We will ensure supplies are stocked and available for cleaning and disinfecting:

- Personal protective equipment: disposable gloves, eye protection, clothing that covers exposed skin, face mask;
- Properly labeled spray bottles & measuring cups;
- Scrubbing pads/cleaning brushes, paper towels, garbage bags.

### **STEPS FOR CLEANING AND DISINFECTING USING SPRAY SOLUTIONS**

#### **1. Clean first:**

Spray your surface with a cleaning solution. Wipe or rinse with water. Use a scrubbing pad or brush to remove debris. If using a disinfectant cleaner, follow the instructions on the product label for cleaning.

#### **2. Apply your Sanitizer/Disinfectant:**

Spray the surface and leave solution on the surface for at least 1 minute. The surface may then be dried with a paper towel or air dry.

### **Cleaning after a suspected COVID-19 exposure**

Cleaning recommendations are based on existing [CDC infection control guidance](#) for preventing COVID-19 from spreading to others in homes.

#### **STEP 1: Restrict access to rooms used for isolation or quarantine for at least 2 hours after the sick person has left the room.**

Standard practice for pathogens spread by air (such as measles, tuberculosis) is to restrict people unprotected (for example, no respiratory protection) from entering a vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on [clearance rates under differing ventilation conditions](#) is available).

We don't yet know how long COVID-19 remains infectious in the air.

In the interim, it is reasonable to apply a similar time period before entering the sick person's room without respiratory protection as used for other pathogens spread by air (for example, measles, tuberculosis), **restrict access for two hours after the sick person has left the room.**

**STEP 2: Clean surfaces infected by the respiratory secretions of a sick person suspected with COVID-19 (for example, in the sick person’s living quarters or work area, and in isolation rooms) while wearing appropriate PPE and maintaining awareness of OSHA Bloodborne Pathogen Standard.**

Use disinfectant products against COVID-19 with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims. These products can be identified by the following claim:

- [ ] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against Norovirus on hard, non-porous surfaces.
  - Specific claims for “COVID-19” will not appear on the product or master label.

**STEP 3: Launder soiled textiles, linens and dispose of PPE appropriately.**

- When cleaning is completed, collect soiled textiles and linens in sturdy leak-proof containers; these can be laundered using conventional processes following our standard operating procedures.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
- PPE will be removed and placed with other disposable items in sturdy, leak-proof (plastic) bags that are tied shut and not reopened. The bags of used PPE and disposable items can then be placed into the solid waste stream according to routine procedures. Follow our standard operating procedures for waste removal and treatment.
- No additional cleaning is needed for ventilation registers or filtration systems.
- No additional treatment of wastewater is needed.

**STEP 4: Clean and disinfect any reusable equipment that may have been exposed.**

Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.