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**OCEAN BEAUTY SEAFOODS
COVID-19 FACILITY (SHOREBASED) PROCEDURES
WITH LOCAL EMERGENCY AND HEALTH SERVICES**



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PURPOSE

These procedures are intended to provide medical guidance to processors engaged in seafood processing utilizing guidance provided by the Center for Disease Control (CDC) and state and local public health agencies to control the spread of COVID-19. **COVID-19 is 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.

PREPARATION

Employee changeovers:

Attempt to minimize employee changes as much as possible. The goal is to keep a healthy staff healthy. Fish processing is considered part of the critical infrastructure and for workers to enter Alaska, this plan outlines how Ocean Beauty Seafoods will avoid the spread of COVID-19.

Isolation or Quarantine Rooms:

Designated rooms will house sick employees only. A separate bathroom will be designated for the sick employee. Roommates or dependents will be housed separately when possible. Additionally, rooms will be used to quarantine employees with close contact exposure to a suspected COVID-19 case if necessary. Identify what the minimum safe staffing requirements are for processing in case of a widespread isolation or quarantine.

PPE:

Ensure 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 the face) is available on site. The quantity recommended is at the discretion of the operator. Operators should have contingency plans for rapid resupply during outbreaks.

Train responders on appropriate donning and doffing techniques for PPE. Have disposal plans in place. 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.

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:

Messhalls should be prepared to send individual meals to sick employees and clean dishes separately. Eliminate buffet-style dining: train messhall staff to serve food as employees pass through the line instead of having each employee touch the serving utensils. Cafeteria workers should practice *meticulous* hand and cough hygiene and should consider masking while serving food.

Some considerations include:

- Self-service utensils – to reduce the opportunity for items to be touched by multiple people, setup trays with utensils on them and hand them out
- Use of single-use cups/plates/etc.
- 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
- Ensure people sanitize their hands on the way to the cafeteria/restaurant.
- 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 should have appropriate diagnostic supplies available depending on the level of first responder training. These items may include stethoscopes, blood pressure, pulse oximeters, and thermometers. Ensure adequate supplies for cleaning, sanitizing, and disinfecting, including PPE and bags for disposal. Have an alcohol-based hand sanitizer (at least 60-95%) ready for use upon entry to any work facility, bunkhouse, in the galley, break areas, offices, and throughout the site. Have disposable tissues and waste bins available throughout the site.

Medications:

Worksites may have medications available based on the skill level of responders and location of the worksite. Some medications or treatments may include:

- Antipyretics such as acetaminophen;
- Oseltamivir;
- Oral rehydration salts;
- IV fluids and IV administration supplies;
- Oxygen and oxygen administration supplies;
- Airway interventions including oral and/or nasopharyngeal airways;
- Advanced airway support interventions;
- A selection of antibiotics, oral and IV, to treat bacterial respiratory infections and sepsis.

PREVENTION

Actively encourage sick workers to stay home. Employees with symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of a fever (Temp. of 100.4°F 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. Extending that recommendation to 72 hours is advised. This assumes that they do not have risk factors for COVID-19 exposure.

Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies. 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. Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employees should coordinate with their managers and HR to see if it is possible to work from home.

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 should be separated from other employees and sent to housing immediately or to a local health facility if necessary.

Sick employees should 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).

Emphasize staying home when sick, cough, and hand hygiene by all employees. 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.

Provide tissues and no-touch disposal receptacles for use by employees. 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. Provide soap and water, and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene. Visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.

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. 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

Ensure your employee are aware of the:

- 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 a fever or acute respiratory symptoms.

The company should also review their sick-leave policies and communicate them to employees. CDC recommends that employees who self-report or appear to have a fever or acute respiratory symptoms (such as cough or shortness of breath) be immediately evaluated. Reassure employees 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.

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

Reassure employees 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.

Employees should 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.

IDENTIFICATION

Procedure to identify visitors/employees with suspected COVID-19: (*Refer to Visitor Policy Addendum and Employee Medical History Assessment COVID-19 Addendum*)

Visitor are screened for:

1. Have you traveled to a region that is classified as a high risk for COVID 19?
2. Have you come in contact with someone who has a cough, fever, or difficulty breathing?
3. Have you come in contact with someone who has tested positive for COVID-19?
4. Do you have or in the last 14 days have you had a cough or fever >100.4°F?
5. Have you tested positive for COVID-19, or are you awaiting results of a COVID-19 test?

If any visitor answers yes to any of the questions 1-3, but no to both questions 4 & 5, consider checking temperature using a non-contact thermometer. Visitors with temperatures of >100.4°F should not be allowed in the facility.

Employees are screened for:

6. Have you experienced any difficulty breathing, shortness of breath, or symptoms of acute respiratory illness in the last 72 hours?
7. 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.)

8. Have you experienced signs of a fever such as chills, aches & pains, etc. within the last 72 hours?
9. Have you traveled within the past 14 days to an affected area, as identified by the CDC?
10. 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).

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. Refer to the CDC website for US areas with community mitigation plans for US cities and regions considered high risk.

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 will 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 the employee as an influenza case, not a COVID-19 case.

If an employee screen “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.

Additional Recommendations:

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 employees 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

Isolation separates sick people with a contagious disease from people who are not sick.

Procedure to isolate employee with suspected COVID-19:

If an employee is identified as a potential COVID-19 case, immediately ask them to wear a facemask (or surgical mask) if tolerated. Place the employee in a private room with the door closed, ideally an airborne infection isolation room if available. Place a label on the door indicating no one is to enter the room without proper PPE. This room should have a separate toilet and bathing facilities.

Any staff entering the room should use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection such as goggles or a face shield.

Access to the room should be limited to the employee involved in direct care. Meals should be delivered to the room, and dishes and utensils cleaned separately. Anyone with exposure to the employee should 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.
- 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:

- If the 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 the employee did not have a fever, 3 days after the 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:

Once a suspect COVID-19 case is identified and isolated, response team members should be identified who will be the primary contact with the isolated employee. This should be reduced to the absolute minimum number of people. This should include medical personnel to regularly assess the employee's medical status, environmental services for cleaning and laundry services, and restaurant members to bring food and supplies to isolated employee.

Proper PPE must be provided:

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

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

Designated responders must be trained in how to appropriately don and off PPE:

Designate a hand hygiene station for the offing of PPE as close to the exit of the room as possible. Handwashing with soap and water is preferred to hand sanitizer if possible.

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

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

ASSESSMENT

Procedures for assessing possible COVID-19 cases, on-site recommendations.

When a potential COVID-19 case is identified, the isolated employee should be evaluated by a 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 should 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 should be evaluated:

The following historical information should be gathered:

- List of the sick person's signs and symptoms, including onset dates.
- The sick person's highest recorded temperature;
- The sick person's 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.

- Past Medical History;
- Medications taken including dose and frequency;
- Allergies and reactions;
- History of influenza vaccination and if childhood vaccination sequence completed.
- The following physical exam information should be obtained:
- Complete vital signs including temperature, blood pressure, pulse, pulse oxygenation, respiratory rate;
- Mental status exam;
- Lung exam;
- Skin/perfusion exam;
- Any other relevant organ system exam based on presenting signs and symptoms.

If indicated and available, the following diagnostic testing may be recommended:

- Rapid influenza testing;
- Sterile viral transport media and sterile swabs to collect nasopharyngeal and nasal specimens if COVID-19 infection is suspected are recommended by the CDC. Samples must be refrigerated for up to 72 hours after collection or frozen.
- Treatment options that may be recommended (depending on training and resources available) include:
 - Antipyretics such as acetaminophen;
 - Oseltamivir;
 - Oral rehydration salts;
 - IV fluids and IV administration supplies;
 - Oxygen and oxygen administration supplies;
 - Airway interventions including oral and/or nasopharyngeal airways;
 - Advanced airway support interventions;
 - A selection of antibiotics, oral and IV, to treat bacterial respiratory infections and sepsis.

Frequent reassessments of the employee's medical status are recommended as symptoms can change rapidly.

Triage determination:

- On-site responders should determine if the 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 evaluation 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 should be relayed to the provider by phone, fax, or email before the affected employee is transported. The employee should wear a surgical/ facial mask during transport.

DOCUMENTATION

Procedure on documenting potentially exposed contacts of a suspected COVID-19 patient:

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
- 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, maintain 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 should be maintained and available for inspection.

TRANSPORTATION

Procedure on transportation of suspected COVID-19 cases²¹

For the employee with suspected COVID-19:

A facemask should be worn by the patient for source control.

If ambulance transportation is required:

Local EMS should 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 the movement of the employee with suspected COVID-19 should wear appropriate PPE.

All employees 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 (doorknobs, handles, cushions) in contact with the potential COVID-19 case.

QUARANTINE

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Procedure for quarantining employee exposed to a potential COVID-19 case:

ON-SITE:

Employees who have had **high-risk exposures** to a person suspected of having COVID-19 should be quarantined in their bunkhouse or moved to self-quarantine. All potentially exposed employee members should **self-monitor under supervision** with 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 departments with jurisdiction for the location where the employee will be during the self-monitoring period should be established. If an 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.

First-degree contacts are defined as those that had close contact (defined above) with the suspected COVID-19 source patient from **24 hours before symptoms began or 14 days before the time a positive test sample was obtained**. All first-degree contacts should be quarantined for 14 days with twice-daily symptom monitoring or until the source patient's COVID-19 test comes back negative. If the source patient's COVID-19 test is positive, all first-degree contacts should be quarantined with twice-daily symptom checks for 14 days from the date the test was obtained.

If a first-degree contact has roommates, attempt to move the first-degree contact to a private room or a room with other first-degree contacts for quarantine. If the first-degree contact develops symptoms during the 14 day period, *second-degree contacts* should be quarantined for 14 days or until the first degree contact's COVID-19 test result comes back negative. If the first-degree contact's test result is positive, the second-degree contacts should be quarantined for 14 days with twice-daily symptom monitoring from the time the test was obtained.

Second-degree contacts are defined as people who had close contact with a first-degree contact who was not having symptoms from the time of contact with the source patient.

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. Companies should 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, and 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 the worksite with 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 should be encouraged not to go to local towns 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 should 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:

In addition to routine cleaning and disinfection strategies, **worksites may consider more frequent cleaning of commonly touched surfaces such as handrails, countertops, and doorknobs.**

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

Daily disinfection of surfaces that people touch frequently can help decrease the spread of germs. When illness has been identified, consider disinfecting surfaces multiple times per day. Cleaning uses soap or detergent to remove dirt and debris from surfaces. Sanitizing is meant to reduce, but not kill, the occurrence and growth of germs from surfaces. Disinfection uses a chemical to kill germs on surfaces that are likely to harbor germs. Disinfectants work best on a clean surface and usually require a longer surface contact period (between 1 - 10 minutes) to work. Surfaces that people touch a lot (door handles, railings, light switches, chairs, tables) and bathroom and kitchen surfaces should be cleaned, sanitized, and disinfected routinely.

SUPPLIES FOR CLEANING, SANITIZING, AND DISINFECTION

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.

HOW TO SELECT A SANITIZER AND/OR DISINFECTANT

Sanitizing and disinfecting cleaners and wipes are readily available and come in pre-mixed formulas (i.e. Alpet D2 or Pure Hard Surface) such as kitchen or bathroom disinfectant as well as hospital-grade formulations. These products are effective for cleaning and sanitizing common surfaces. To select the best one for your site, read the label for guidance.

HOW TO USE “DISINFECTANT WIPES” EFFECTIVELY

To use wipes for disinfecting, use a “wipe, discard, wipe” technique. Wipe the surface to clean away dirt or debris, discard the wipe, and then wipe again with a fresh wipe and allow the surface to air dry.

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 the 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 (Production Areas)

Cleaning

1. Dismantle all relevant equipment to facilitate hard to clean areas.
2. Increase the cleaning chemical ratio/potency to a higher concentration, as needed, and in accordance with Manufacturer’s recommendation.
3. Allow more contact time of cleaning chemical. Let foam sit longer on the equipment; 20-25 min, reapply if necessary.
4. Scrub all surfaces thoroughly.
5. Rinse, inspect, and repeat cleaning/scrubbing if necessary.

Sanitizing

1. Apply QUAT sanitized (i.e. Sanite 75) at 450ppm to all surfaces.

Cleaning after a suspected COVID-19 exposure (Employee Common Areas)

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.

More information about EPA-approved emerging viral pathogens claims can be found in the reference section below;

- If there are no available EPA-registered products with an approved emerging viral pathogen claim for COVID-19, use products with label claims against human coronaviruses according to label instructions.
- This claim or a similar claim will be made only through the following communications outlets: technical literature distributed exclusively to healthcare facilities, physicians, nurses, and public health officials, "1-800" consumer information services, social media sites, and company websites (non-label related).

Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use.

In addition to wearing disposable gloves during routine cleaning, wear proper PPE when cleaning areas suspected to be contaminated by COVID-19. Wear PPE compatible with the disinfectant products being used and approved for use on board the ship. Carefully remove PPE to avoid cross-contamination and the surrounding area. Face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.

- Perform [hand hygiene](#) upon removing and disposing of gloves by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol.
- Clean all "high-touch" surfaces in the sick person's room/cabin (for example, counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables) according to instructions described for the above EPA-registered product. Wear disposable gloves and gowns during cleaning activities.
- If visible contamination (for example, blood, respiratory secretions, or other body fluids) is present, the basic principles for blood or body substance spill management are outlined in the United States Occupational Safety and Health Administration (OSHA Bloodborne Pathogen Standard: CDC guidelines recommend removing bulk spill matter, cleaning the site, and then disinfecting the site with the above EPA registered disinfectant. For soft (porous) surfaces such as

carpeted floor, rugs, and drapes, remove visible contamination if present, and wash according to the manufacturer's instructions. Clean and disinfect unremovable materials with products mentioned above and allow to air dry.

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 your standard operating procedures.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.
- PPE should 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 your 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.

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