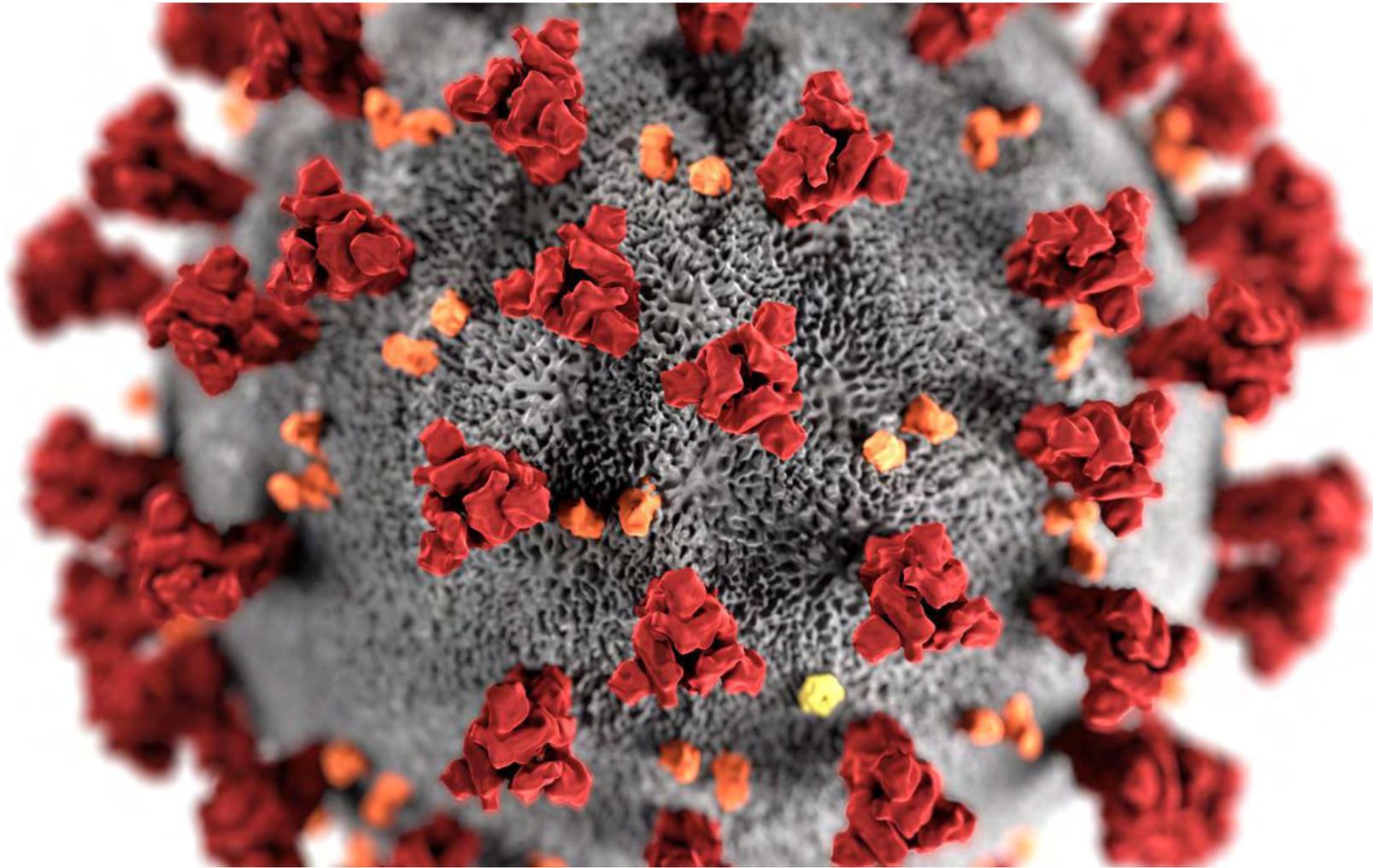




Coronavirus Disease (COVID-19) RESPONSE PLAN

REVISED: March 2020



PREPARED FOR:



PREPARED FOR:



Coronavirus Disease (COVID-19) RESPONSE PLAN

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OVERVIEW

This information is based on current coronavirus disease 2019 (COVID-19) information released from health authorities and the Centers for Disease Control and Prevention (CDC). HealthForce will provide updates as additional information becomes available.

What is the Coronavirus?

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified in Wuhan, China.

How does it spread?

The virus seems to be spreading easily and is thought to spread mainly from person-to-person, either:

1. between people who are in close contact with one another (within about 6 feet), or
2. through respiratory droplets produced when an infected person coughs or sneezes.

People are thought to be most contagious when they are most symptomatic.

What are the symptoms?

Patients with COVID-19 have reportedly had mild to severe respiratory illness. Symptoms can include fever, cough or shortness of breath. Symptoms may appear 2-14 days after exposure.

What is the risk of contracting the disease?

Currently, there is a spreading epidemic of COVID-19 in China, Iran, Italy, Japan, and South Korea. In addition, localized outbreaks have been identified within the United States, and while risk is higher for individuals living in those affected areas, the risk to the general population is expected to rise as more cases are identified. Close contact with people who are infected pose the greatest risk of exposure.

What should someone do if they are ill?

People who think they may have been exposed to COVID-19, from either travel or close proximity to someone who is sick, should immediately contact their healthcare provider.

Workplace Prevention

The best way to prevent illness is to avoid being exposed to COVID-19. As with any virus, however, HealthForce recommends using everyday preventive actions to help prevent the spread of disease, including:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating and after blowing your nose, coughing, or sneezing.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Avoid touching eyes, nose and mouth.
- Cover cough or sneeze with a tissue or elbow.
- Stay home when sick.
- Avoid close contact with people who are sick.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.

Additional Information

Federal, state and local government agencies are the best source of information in the event of an infectious disease outbreak, such as COVID-19. Staying informed about the latest developments and recommendations is critical, since specific guidance may change based upon evolving outbreak situations. Access these resources for the most current and accurate information:

Occupational Safety and Health Administration | www.osha.gov

Centers for Disease Control and Prevention | www.cdc.gov

National Institute for Occupational Safety and Health | www.cdc.gov/niosh



RESPONSE PLAN

The company's COVID-19 response plan is based upon guidance from the World Health Organization, CDC, and various state and local agencies.

Step 1 | REDUCE RISK OF COVID-19 INFECTED ASYMPTOMATIC INDIVIDUALS FROM ENTERING THE WORKFORCE

Returning and new employees must be educated about their travel, events/social outings they attend and interpersonal contact choices. Since the incubation period for this virus appears to be 14 days, workers planning travel should be encouraged to be screened and determined symptom-free for 7 days before reporting to work. Similarly, for workers sharing accommodations with other individuals who have any travel plans, the worker should be encouraged to avoid staying with the individuals who have traveled for the 14 days prior to embarkation on a ship or for a remote site processing plant.

As an added precaution, prior to onboarding or entering the worksite, workers will be screened for travel history, contact with potentially infected people, and symptoms. Screening questionnaire will include the following questions:

1. Have you been outside the USA?
 - Past 60 days?
 - Country?
 - Return date to USA?
 - No travel in past 60 days
2. Have you had any of these symptoms?
 - High fever in past 2 months? Past 14 days?
 - Diarrhea in past 2 months? Past 14 days?
 - Vomiting in past 2 months? Past 14 days?
 - no – none
3. In the past 14 days, have you, or do you currently have any symptoms?
 - Productive cough? How long?
 - Shortness of breath? How long?
 - Extreme tiredness or fatigue? How long?
 - No – none
4. Do you currently have any of these symptoms?
 - Recent, unexpected weight loss? Lbs/kgs? Since when?
 - Night sweats?
 - Blood in sputum?
 - Chest or rib pain?
 - No – none
5. Have you ever had?
 - Abnormal TB skin test or blood test?
 - If yes, did you have a Chest X-Ray after the test?
 - If yes, did you take an anti-TB pill for 6-9 months?
6. Within the past 14 days, have you:
 - Had close contact with anyone diagnosed with or under investigation for Coronavirus Disease (COVID-19)?
 - Provided direct care for, or worked with healthcare workers, infected with COVID-19?
 - Visited or stayed in a closed environment with a COVID-19 patient?
 - Worked closely or shared a classroom with a COVID-19 patient?
 - Traveled with a COVID-19 patient in any capacity?
 - Lived in same household as COVID-19 patient?
7. In the past 7 days, have you had any of these symptoms?
 - Congestion?
 - Runny nose?
 - Sore throat?
 - Sneezing?
 - Body aches?
 - No – none

If an employee has traveled from an endemic area in the past 14 days, regardless of symptoms, the employee must be reported to the local public health authorities prior to making a disposition.

If there is reason to believe that an employee has had recent COVID-19 risk exposures and should be under active monitoring by public health, consult with public health to determine if the person 1) is on the watch list, 2) should be under monitoring, and 3) should not board the vessel or take a remote shore-side plant assignment at that time.

If found to have both travel history and symptoms, the worker will be isolated and local public health officials will be contacted for determination of disposition and care of this individual.



RESPONSE PLAN *continued*

Step 2 | ENCOURAGE EMPLOYEES TO GET FLU VACCINE TO REDUCE ILLNESSES WITH FEVER

Although the influenza vaccine will not prevent Coronavirus Disease (COVID-19), it will reduce the number of people getting sick and misinterpreting the flu symptoms for COVID-19 symptoms. The company is offering free flu vaccinations to all permanent and seasonal employees. While participation in the vaccination program is not mandatory, managers and supervisors should encourage their employees to get vaccinated. There is no vaccine for COVID-19.

Step 3 | PLACE GREATER EMPHASIS ON HAND HYGIENE

Hand hygiene: Viruses and bacterial diseases can be spread via contaminated hands. Instruct employees to wash their hands often with soap and water. Hand washing facilities should be supplemented by placing alcohol based hand sanitizers (containing no less than 60% alcohol) in living, dining, break rooms, and work areas, placing them within reasonable distances and locations to encourage their use.

NOTE: Minimum hygiene standards are regulated by Federal and State laws for hand washing. All operations should strive to provide maximum standards and should establish and enhance surface cleaning and sanitizing schedule. This will reduce the chance of spreading all communicable viral diseases (e.g., flu, colds, gastrointestinal, etc.).

Step 4 | DISINFECT HIGH CONTACT AREAS IN THE EVENT OF A SUSPECTED CASE

Based on what is currently known about the novel coronavirus and similar coronaviruses that cause SARS and MERS, spread from person-to-person with these viruses happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus occurs much more commonly through respiratory droplets than through objects or materials. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings.

How to clean and disinfect surfaces:

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water
- Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, contact time, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- After cleaning, launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely OR use products with the EPA-approved emerging viral pathogens claims that are suitable for porous surfaces.

SOURCE: <https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>



RESPONSE PLAN *continued*

Step 5 | PRE-EMBARKATIONS SCREENING OF EMPLOYEES

Although the efforts of the CDC and local public health officials will likely reduce the incidence of asymptomatic infected individuals from presenting for work, the consequences of not identifying an infected individual has profound safety and business ramifications. All individuals identifying themselves as having traveled from an COVID-19 endemic area in their response to the medical screening questionnaire will be placed in the "pending physician consultation" status and additional evaluation will be performed by HealthForce Partners providers.

At the day of embarkation, all individuals boarding ships, or just prior to boarding an aircraft for Alaska, as part of the routine sign-on medical screening, will be screened for COVID-19. Screening questionnaire will include the questions listed in Step 1.

Individuals with contact risk will be asked about symptoms and an oral temperature (disposable type) or non-contact electronic temperature will be taken. Individuals screened positive by travel/exposure history and symptoms or fever will be immediately placed in temporary isolation and the local public health officials will be contacted (Seattle & King County (WA) Public Health - 206.296.4774) (Tacoma-Pierce County (WA) Health Department 253.798.6500) (State of Alaska Public Health 907.269.8000) (State of Minnesota Public Health 651.201.5000).

Step 6 | SCREENING EVALUATION OF SICK WORKERS ON A VESSEL OR SHORE-SIDE PLANT

Employees presenting to a healthcare provider at a shore-side plant, or a medic or mate on a vessel, for any illness should be screened by questioning the exposure and symptoms, especially in the first 14 days (see Step 1 or 5 for screening questions). While obtaining screening history from the employee, the provider should maintain a distance of at least three feet (one meter). The provider should always wear gloves at the initial intake and increase PPE as his/her suspicion for significant illness arises. All employees should be required to wear a surgical mask during the intake interview to reduce risk of contamination.

Step 7 | REPORTING SICK EMPLOYEES WITH SUSPECTED COVID-19

Employees suspected of having COVID-19 symptoms, and have traveled to or been in contact with someone who has traveled to endemic areas, will be reported to:

Trident Seafoods Company Corporate Headquarters | Brant Rigby, Vice President Human Resources | 425.417.8305 or brigby@tridentseafoods.com

HealthForce Physician HealthLine | 1.800.927.8770

Local Public Health Officials | a list of local agencies is listed above in Step 5

Nearest CDC Quarantine Station (vessels only) | <http://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html>

United States Coast Guard | 1.800.DAD.SAFE

The person responsible for reporting such cases should be the on-site medic/healthcare provider or mate isolating and caring for the patient.

Step 8 | SCREENING OF REPLACEMENT EMPLOYEES ON VESSELS OR SHORE-SIDE PLANT

All individuals joining on-going vessel or shore-side plant operations will be screened as noted above in Steps 1 and 5.



RESPONSE PLAN *continued*

ADDITIONAL MEASURES FOR ALASKA OPERATIONS

Step 9 | TREATMENT OF EMPLOYEES SUSPECTED OF COVID-19

Vessels and Alaska locations should work closely with medical professionals at their local clinics, Alaska Public Health and/or HealthForce Partners to coordinate the isolation, care and treatment of employees with possible cases of COVID-19. In addition, advance planning with local clinics is encouraged to ensure the proper supplies and procedures are in place in the event of a significant COVID-19 outbreak. Please contact HealthForce Physician HealthLine (1.800.927.8770) early for any questions you may have.

In preparation for possible outbreaks, the company has deployed a supply of PPE for use by medical personnel.

Alaska operations should also coordinate with, and maintain close contact with, the Corporate Claims Department (Mike McCarthy and Cecilia Harvey) concerning any cases or suspected cases of COVID-19.

Any individuals presenting with fever, cough, and/or shortness of breath should be considered to be potentially infected and should be isolated from close contact with other crewmembers. Currently, there are no rapid point-of-care tests or any clinical criteria to reliably distinguish COVID-19 illness from other respiratory illnesses such as the common cold or influenza. Face masks should be provided to both the individual and any crewmembers attending to the individual to prevent spread of infection as the virus is spread through respiratory droplets. Treatment is largely supportive in nature (rest, anti-inflammatories and oral fluids). Most patients will recover as would be expected from the common cold or the flu. Any patients presenting with high fever, respiratory distress (labored breathing), or hypoxia (pulse oximeter saturation < 90%) should be considered for possible medical evaluation or vessel diversion.

Step 10 | DEVELOP AN ISOLATION PLAN

Alaska vessels and shore-side locations should develop a plan to accommodate the isolation of ill employees:

- Isolation staterooms or housing areas should be planned in advance and available when needed in a location near the medical facility and/or quarters.
- The quarters of a suspected infected individual, if not used for his/her isolation, must be abandoned and sealed pending case confirmation.
- Increased frequency of cleaning and sanitizing all shared areas (i.e., counter and table tops, chairs, handrails, doorknobs, and computer keyboards).
- Toilet facilities should be sanitary and in good working order.
- Hand washing, cleaning and sanitizing supplies should be well-stocked for anticipated increased usage.

RESPONSE PLAN *continued*

Step 11 | DEVELOP A COVID-19 PERSONAL PROTECTIVE EQUIPMENT (PPE) PLAN

Vessel and shore-side facility planners and providers must obtain CDC recommended Personal Protective Equipment (PPE) and develop training programs for the proper donning and doffing of PPE. Providers must be certified for respirator use. N95 and Powered Air Purifying Respirator (PAPR) must be made available. N95 masks are appropriate for short-term/initial contact with a suspected COVID-19 case used with goggles or face shield. PAPR is more appropriate if PPE is to be worn for extended periods of time. Liquid resistive PPE garments can cause significant heat stress in wearers of this type of PPE. The use of the PAPR reduces some heat stress and allows for "fog-free" vision. Due to the risk of heat stress, providers must limit duration of use and must be physically fit. Providers must consider that doffing PPE is hazardous, must be observed by a trained observer and may take up to ten minutes.

An area on the ship or shore-side facility must be identified and prepared for doffing of PPE and the waste considered hazardous. Provisions must be made for containing all potentially contaminated PPE and a plan for disposal made before any contaminated PPE is created. Many hospital systems have had difficulties finding vendors who will agree to receive contaminated materials.

For more PPE procedure information, visit: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/>

Step 12 | DEVELOP A VESSEL QUARANTINE PLAN

It is possible that in the event of a suspected case of COVID-19, the USCG will institute vessel quarantine until definitive case diagnosis is made. Given the uncertainty of when COVID-19 becomes detectable in an infected individual, it is important for vessel managers and vessel officers to have a plan. Develop plans based on the knowledge that confirmation or ruling out the diagnosis of COVID-19 may take several days to receive final determination by the USCG on vessel disposition.

Step 13 | SCREENING EVALUATION OF SICK WORKERS ON LOWER 48 PLANT OR OFFICE LOCATION

Workers with flu-like symptoms, including acute respiratory infection (such as fever, new cough, new shortness of breath, myalgias, etc.) should promptly notify their supervisor AND call their primary care provider or local hospital for assessment. The provider will screen the worker to determine their specific risk category (length of isolation or quarantine) and whether COVID-19 testing (when available) will be appropriate. Ongoing 14-day isolation, COVID-19 testing and reduction in symptoms will be monitored by the primary care physician until worker is able to safely reenter the workforce.

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Step 14 | WORKERS WHO HAVE CONFIRMED POSITIVE FOR COVID-19

If a person has tested positive for the virus that causes COVID-19, they should be instructed to seek and follow the advice of appropriate medical professionals (primary care provider, hospital, etc.), and be placed in home isolation for the length of time their medical provider has prescribed.

Any close contacts of the worker should be screened for symptoms and be advised to monitor their health for fever, cough and shortness of breath during the 14 days after the last day they were in close contact with the sick person with COVID-19. Ongoing screening may be recommended by the attending physician or provider, including daily temperature documentation, monitoring for new signs of fever, cough or shortness of breath. They should not go to work or school and should avoid all public places for 14 days.

How long an individual remains infectious after recovering from COVID-19 illness remains a subject of active scientific investigation. Currently, Washington State Public Health recommends, "If you have tested positive for COVID-19, you should remain under home isolation precautions for 7 days, OR until 72 hours after fever is gone and symptoms get better, whichever is longer." In all cases, individuals should be asked to obtain a letter from their primary care provider stating that they have fully recovered from their illness and are no longer an infectious risk to others. This determination should be made in consultation with the respective local and state public health authority.



ESTABLISHING A COVID-19 ACTION PLAN

Each shore-side location and vessel are encouraged to develop their own individualized COVID-19 Action Plan. The plan should take into account the above steps, as well as the items listed below:

- Conduct training on proper hygiene and methods to avoid catching and spreading disease, such as the Coronavirus, either before departure or if not possible, within the first 24 hours after departing for the season.
- Post awareness posters throughout the facility or vessel. Communication materials available for download at: <https://www.cdc.gov/coronavirus/2019-ncov/>.
- Ensure appropriate types and amounts of medical supplies are available.
- Determine how to isolate/quarantine persons who may possibly have COVID-19.
- Train housekeeping personnel on:
 - » Frequency of and how to clean common surfaces following the attached guidelines
 - » Proper PPE usage for their job
 - » Precautions to take and how to dispose of possible contaminated materials
- Ensure adequate supplies of PPE are on-board and in clinics:
 - » Nitrile gloves (double glove)
 - » Protective liquid impermeable long gowns
 - » Head coverings
 - » Shoe/shin coverings
 - » N-95 respirators/ PAPR
 - » Surgical masks
 - » Eye protection/ Face shield
- Ensure adequate supplies of cleaning materials are on-board including:
 - » Hand sanitizer containing at least 60% alcohol
 - » Soap
 - » Sanitizers/disinfectants for cleaning hard surfaces
 - » Bleach for treatment of soiled PPE prior to disposal
 - » Sealable containers for soiled PPE
 - » Laundry detergent
 - » Gloves
- Establish notification protocol if suspected case of COVID-19 develops.
 - » Notify Corporate Claims Department and senior management.
 - » Contact applicable medical provider (i.e., local clinic, HealthForce, etc.).
 - » Keep both the Corporate Office and Medical Officer up-to-date on patient conditions.
- Establish isolation and care protocol for affected patients (Alaska only).
 - » Ensure non-essential persons are kept clear.
 - » Practice proper PPE precautions when entering the room.
 - » If available, offer a portable bedside commode near the bedside.
 - » Designated isolated rooms should be stripped down to essentials. Remove all wall hangings, curtains, dressers, chairs, etc. If available, add open shelving system that can be easily cleansed.
 - » Ensure all pillows and mattress have plastic covers.
 - » Bring meals to the room. All utensils are to be disposable/combustible.
 - » Ensure room is disinfected once employee is evacuated. (This activity will likely come under the direction of the USCG or State Department of health).



ADDITIONAL CLEANING/DISINFECTANT CONSIDERATIONS

The cornerstone of any effective infection control system begins with hand hygiene and includes the prudent use of hospital-grade, EPA-registered disinfectant chemistry to kill the potentially dangerous pathogens, combined with cleaning systems and technology that ensure adequate soil and matter removal down to the microbial level.

To safely decontaminate and discard COVID-19 tainted material, facilities will follow the CDC COVID-19 Environmental Cleaning and Disinfection Recommendations (<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>) and will work with local Public Health to determine whether the support of a hazardous-waste clean-up firm trained with hospital cleanups is necessary.

Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - » Diluted bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing 5 tablespoons (1/3rd cup) bleach per gallon of water OR 4 teaspoons bleach per quart of water
 - » Products with EPA-approved emerging viral pathogens are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - » Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely, OR
 - » Use products with the EPA-approved emerging viral pathogens that are suitable for porous surfaces.

Clothing, Towels, Linens and Other Items That Go in the Laundry

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.
 - » If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
 - » If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - » Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.
 - » Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.



ADDITIONAL CLEANING/DISINFECTANT CONSIDERATIONS *continued*

Hand Hygiene and Other Preventive Measures

- Household members should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Household members should follow normal preventive actions while at work and home including recommended hand hygiene and avoiding touching eyes, nose, or mouth with unwashed hands.
 - » Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance



SPECIAL CONSIDERATIONS FOR VESSELS

Federal Regulations

U.S. regulations (42 CFR 71.21 external icon) require the master of a ship destined for a U.S. port of entry to immediately report any death or illness among the ship's passengers or crew. This includes persons who have disembarked or have been removed from the ship due to illness or death. Reports must immediately be made to the CDC Quarantine Station at or nearest the U.S. port of arrival. For ships arriving in the United States, this includes all deaths or illnesses that occurred within 15 days prior to arrival. For ships that have left the United States and will be returning to a U.S. port during the same voyage, this includes all deaths or illnesses that occurred within 15 days of departure. Guidance to vessels to report deaths and illnesses to the CDC can be found at: <https://go.usa.gov/xdjnj>.

In addition, according to MSIB 02-20 (change 1), March 9, 2020 (https://www.dco.uscg.mil/Portals/9/DCO%20Documents/5p/MSIB/2020/MSIB%2002-20_Change%201_Novel%20Coronavirus_09MAR20.pdf), illness of a person onboard a vessel that may adversely affect the safety of a vessel or port facility is a hazardous condition (per 33 CFR 160.216) and must be reported to the U.S. Coast Guard Captain of the Port (COTP). Cases of persons who exhibit symptoms consistent with COVID-19 must be reported to the COTP. To report an illness or death onboard, use the Maritime Conveyance Illness or Death Investigation Form.

Required Reporting

All persons displaying any of these conditions must be reported under federal regulations:

- A. Fever (a measured temperature of 100.4° F [38° C] or greater; or feels warm to the touch; or gives a history of feeling feverish, plus any one or more of the following symptoms:
- skin rash,
 - difficulty breathing or suspected or confirmed pneumonia,
 - persistent cough or cough with bloody sputum,
 - decreased consciousness or confusion of recent onset,
 - new unexplained bruising or bleeding (without previous injury),
 - persistent vomiting (other than sea sickness), or
 - headache with stiff neck.

-OR-

- B. Fever that has persisted for more than 48 hours.

-OR-

- C. Acute gastroenteritis, which means either:
- diarrhea, defined as three or more episodes of loose stools in a 24-hour period or what is above normal for the individual, OR
 - vomiting accompanied by one or more of the following: one or more episodes of loose stools in a 24-hour period, abdominal cramps, headache, muscle aches, or fever (temperature of 100.4 °F [38 °C] or greater).

-OR-

- D. Symptoms or other indications of communicable disease, as the Director may announce through posting of a notice in the Federal Register (CDC will notify partners in applicable industries as well as posting on the CDC website).



SPECIAL CONSIDERATIONS FOR VESSELS *continued*

Requested Reporting

In addition to the required reporting above, CDC requests that you report ill persons with the following conditions, which may also indicate a serious, communicable disease:

- Fever of any duration, plus any one of the following conditions:
- Difficulty breathing or suspected/confirmed pneumonia, or
- Cough for more than 2 weeks or cough with bloody sputum, or
- Headache with neck stiffness, or
- Reduced level of consciousness, or
- Unexplained bleeding.

To Ensure Reporting

The ship or its agent should immediately contact the CDC Quarantine Station at or nearest the port of arrival. CDC Quarantine Stations, their contact information, and areas of jurisdiction are found at: http://www.cdc.gov/ncidod/dq/quarantine_stations.htm.

CONTACT INFORMATION:

Anchorage Quarantine Station

907.271.6301 (24-hour access)

On call: 24 hours a day, 365 days a year

Office Hours of Operation: Monday–Friday: 8:00 a.m.–4:30 p.m. AKT

Ted Stevens Anchorage International Airport

4600 Postmark Drive, Suite NA 212

North Terminal

Anchorage, Alaska 99502

Fax: 907.271.6325

Seattle Quarantine Station | Includes: Washington, Idaho, Montana, Oregon, and Canada (Edmonton, Calgary, Vancouver, and Victoria)

.206.553-4519 (24-hour access)

On call: 24 hours a day, 365 days a year

Office Hours of Operation: Monday–Friday: 7:30 a.m.–4:00 p.m. PT

CDC Seattle Quarantine Station

c/o CBP

19339 28th Ave South

Building D

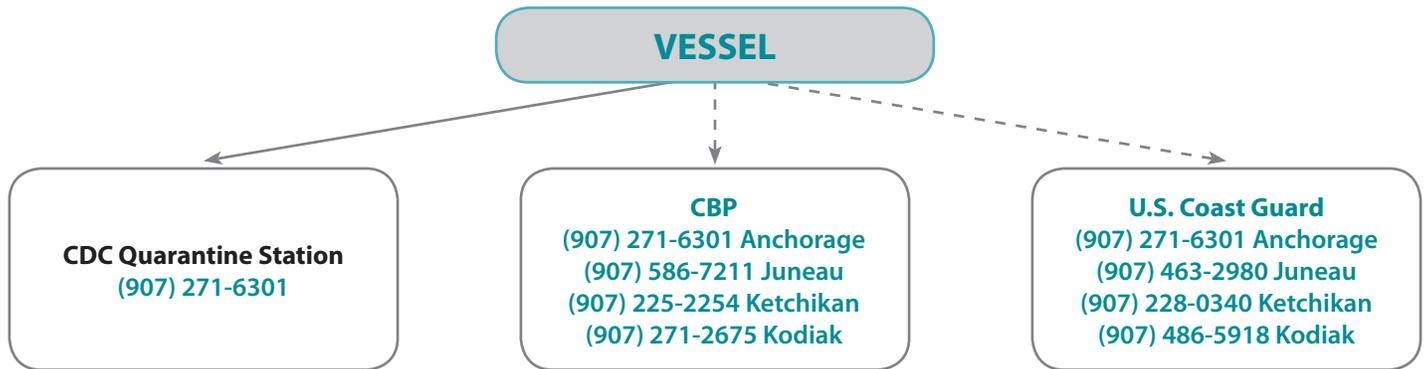
SeaTac, WA 98158

Fax: (206) 553-0855

If contact cannot be made with the nearest station, please call the CDC Quarantine Duty Officer on call at 1.866.694.4867.

SPECIAL CONSIDERATIONS FOR VESSELS *continued*

Agency Notification List for Alaska



Assignment of Responsibilities

1. Master/Crew of Vessel

- Immediately report to the nearest CDC Quarantine Station and Captain of the Port (COTP) any death or illness, suggestive of a communicable disease or as required by quarantine regulations, among passengers or crew during the voyage. To report an illness or death onboard, use the Maritime Conveyance Illness or Death Investigation Form.
- Seek assistance from medical professionals on board the vessel (including telephonic advisory group) or at the next port of call to make an initial assessment of the situation and communicate pertinent information to CDC personnel.
- Isolate the ill person(s) to the extent possible and provide a mask.

2. Vessel Company (including land-based agent)

- Coordinate operations and maintain communication between the Master of the vessel, CBP, COTP and CDC to monitor the status of ill person.
- Facilitate information exchange between CDC as well as other port authorities and ship, and provide instructions to the Master and crew on ship as necessary.
- Assist in facilitating testing of ill persons if necessary and implementing control measures recommended by CDC.
- Coordinate with CDC and state and local health departments on media relations and press management.