

**SAINT PAUL ISLAND, ALASKA  
COVID-19 COMMUNITY/WORKFORCE PROTECTION PLAN**

At least five (5) business days before traveling to Saint Paul Island, all essential workers, must provide the City of Saint Paul with a copy of their Community/Workforce Protection Plan. Timely submission of an approved Community/Workforce Protections Plan is required prior to travel being approved.

**DATE:** \_\_\_\_\_

**CONTACT INFORMATION AND LOCATION**

Essential Worker Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Location on Saint Paul Island: \_\_\_\_\_

Purpose: \_\_\_\_\_

Travel Itinerary: \_\_\_\_\_

**NOTE:** “Applicable Quarantine Period” means a 5-day quarantine period for all individuals.

**EMPLOYEE SCREENING REQUIREMENTS** (*Initial if you agree*)

\_\_\_\_\_ I have submitted a current and completed COVID-19 Travel Form to the City of Saint Paul Island.

\_\_\_\_\_ I will provide a COVID-19 test with negative test results from a molecular-based test within 48- 72 hours or a provider proctored antigen-based test taken within 48 hours and again on the day of departure to Saint Paul Island.

\_\_\_\_\_ I will limit interactions with co-workers and all community members while on island.

\_\_\_\_\_ I will notify management (contact on island \_\_\_\_\_) and (contact off island \_\_\_\_\_) if I exhibit any symptoms including fever, shortness of breath, cough, chills, sore throat, muscle pain, headache, or any new loss of smell or taste and will not report to work if symptoms present anytime while working.

\_\_\_\_\_ I will provide a COVID-19 test with negative test results from a molecular-based test at day five (5) or a proctored antigen-based test on the day three (3) and again on day five (5) post travel to Saint Paul Island.

**TRAVEL REQUIREMENTS** (*Initial if you agree*)

\_\_\_\_\_ I agree to maintain physical distancing (6 foot) guidelines and as much as possible on the airplane out to Saint Paul Island and in vehicles during transit.

\_\_\_\_\_ I agree to wear a mask when in enclosed spaces including buildings, on the plane ride to and from Saint Paul Island and in vehicles on island. I will take seriously and wear a mask when social distancing (6 foot) guidelines cannot be met.

\_\_\_\_\_ I will maintain the expected standard with hand washing thoroughly and frequently including use of hand sanitizer provided on work site and in any work vehicles.

\_\_\_\_\_ I will maintain quarantine “if” I have an unexpected travel layover in route to Saint Paul Island.

**SELF-QUARANTINE DETAILS** (*Initial if you agree*)

\_\_\_\_\_ I will be staying at: \_\_\_\_\_

\_\_\_\_\_ I will not enter private homes, invite others into my place of stay, and enter public/private facilities during the Applicable Quarantine Period.

**WORKPLACE PROTECTIVE MEASURES** (*Initial if you agree*)

\_\_\_\_\_ I agree to limit movement on island during the Applicable Quarantine Period to be between housing and work site. I am permitted to be outdoors if alone.

\_\_\_\_\_ If I am provided a work vehicle, I will be responsible for daily cleaning of vehicle with disinfectant wipes (e.g., steering wheel, door handles, seats, radio tuner, all high touch spots).

\_\_\_\_\_ I will practice limited to no interaction with other employees as much as feasibly possible to do the following work while on island:

\_\_\_\_\_ I will diligently wear a mask if working with another person.

\_\_\_\_\_ I will be modifying my work schedule or location. My work hours will be \_\_\_\_\_ instead of \_\_\_\_\_. My work location will be \_\_\_\_\_ instead of \_\_\_\_\_.

**PROCEDURES TO PROTECT CUSTOMERS/PUBLIC** *(Initial if you agree)*

- \_\_\_\_\_ Co-workers and colleagues at my company \_\_\_\_\_ and community stakeholders have been informed that protective measures are in place.
- \_\_\_\_\_ I confirm that all employees working on the same project are required to wear a mask in public spaces.
- \_\_\_\_\_ I confirm that myself and co-workers are aware about the requirement to clean community workspaces and maintain it sanitized every two hours, including the following location where I will be doing most of my work:
- \_\_\_\_\_ I will not enter the Aleut Community Store, US Post Office, City Hall or other public facilities I will either bring my own food or order groceries, during the Applicable Quarantine Period.
- \_\_\_\_\_ I will either bring my own food or order groceries, during the Applicable Quarantine Period by contacting the Aleut Community Store by phone at (907) 546-2209 for delivery to provided housing.

**PROCEDURES FOR EMPLOYEES WHO BECOME ILL** *(Initial if you agree)*

- \_\_\_\_\_ If I confirm one or more symptoms of COVID-19, I will stay, or return to provided quarantine housing and notify manager of the Saint Paul Health Center and my company. Treatment shall be in accordance with the Saint Paul Health Center standards.
- \_\_\_\_\_ I will remain isolated in provided housing until a negative test result is confirmed, and symptoms are resolved.
- \_\_\_\_\_ I will utilize established community resources for groceries and medical care for those in isolation.
- \_\_\_\_\_ If treatment is required in the Saint Paul Health Center, I will call to be scheduled and will wear a mask and gloves to the enter clinic through an isolated entrance.

**NOTIFICATION PROTOCOL FOR ILL WORKERS** *(Initial if you agree)*

- \_\_\_\_\_ I agree that if rapid testing or PCR testing results show a positive result, notification will be provided to the State of Alaska through established procedures.
- \_\_\_\_\_ If I test positive, the Saint Paul Island Unified Command will be notified of a positive case, to enact City protocols for community safety in the event of a positive case.
- \_\_\_\_\_ If I test positive, the SCF clinic administrator and medical director will be notified, as well as clinic team of a positive case.
- \_\_\_\_\_ OSHA: If I test positive (while on the job), protocols for reporting will be completed meeting OSHA standards.

**FAILURE TO COMPLY WITH A COMMUNITY/WORKFORCE PROTECTION PLAN** *(Initial if you agree)*

- \_\_\_\_\_ I or my company has submitted to the City of Saint Paul company policies, procedures, and/or processes that are in place to address how my employer will correct my actions or behavior for failing to comply with my Community/Workforce Protection Plan.

**CONTINUED MAINTENANCE/OPERATION OF CRITICAL INFRASTRUCTURE** *(Initial if you agree)*

- \_\_\_\_\_ If I become ill on the job, my company will ensure that any work is completed by local subject matter experts while I quarantine until testing negative.
- \_\_\_\_\_ Additional support would be requested from my company outside of Saint Paul Island if needed for coverage, if necessary.
- \_\_\_\_\_ My company maintains an updated COVID-19 protocol. Protocols are consistent with the State of Alaska during COVID-19 Pandemic. Such procedures are congruent with the requirements of the City of Saint Paul.

**FULLY VACCINATED OR PREVIOUSLY TESTED POSITIVE** *(if applicable, initial by the following options)*

- \_\_\_\_\_ I received a COVID-19 Vaccine and will continue to comply with all sections of the City of Saint Paul Emergency Ordinances pertaining to COVID-19.
- \_\_\_\_\_ I previously tested positive for COVID-19 and will continue to comply with all sections of the City of Saint Paul Emergency Ordinances pertaining to COVID-19.

**CITY ADMINISTRATIVE PROCESS FOR FAILURE TO COMPLY WITH A COMMUNITY/WORKFORCE PROTECTION PLAN**

- (1) If the City is notified of an employee's alleged noncompliance with an approved CWPP, the City shall notify the employer of the suspected noncompliance compliance; and
- (2) The employer shall take all necessary actions to ensure employee compliance with the CWPP.
- (3) If the CWPP noncompliance occurred around individuals not subject to a CWPP, the exposed individuals remain subject to the procedures set forth in this EO and, if applicable, must complete a CWPP to continue working.

\_\_\_\_\_ I acknowledge and understand the above City administrative process for failure to comply with my CWPP.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed form along with any internal company COVID-19 policies or protocols via email to [snpcovid19@stpaulak.com](mailto:snpcovid19@stpaulak.com).

---

*(For City Use Only)*

Reviewed On: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Approved On: \_\_\_\_\_ Approved By: \_\_\_\_\_