

## Memorandum

**To:** Tradepoint Atlantic Corporate Office & Site Personnel  
**From:** Tradepoint Atlantic Management  
**Date:** 6/17/20  
**Re:** On-site Contractor/Corporate Office (north wing) for DXI – COVID-19 confirmed

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Following the CDC Guidance, we are advising that there has been a confirmed COVID-19 case on the premise. The following precautions are required since it has been 7 days or more since the contractor's employee used the facility.

Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

- Clean dirty surfaces with soap and water before disinfecting them.
- Disinfect vehicles and/or office surfaces. Use products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and/or other PPE appropriate for the chemicals being used when you are cleaning and disinfecting.

**Determine and contact all employees or other third parties that may have been exposed to the virus and may need to take additional precautions:**

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).
- Critical infrastructure workers should follow the guidance on the attached Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19. (attached)
- Workplaces may also consider following the CDC's current guidance based on community exposure, for people expose to people with known or suspected COVID-19 or possible COVID-19. Public Health Guidance for Community-Related Exposure (attached)

# Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

## INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

## ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or other objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in room.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.

# Coronavirus Disease 2019 (COVID-19)

## Public Health Guidance for Community-Related Exposure

The following guidance is provided for definitions and management of contacts of people with COVID-19. Separate guidance is available for [international travelers](#). Healthcare personnel (HCP) should follow CDC’s [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) regarding work restrictions if they have potential exposure to people with COVID-19. However, such HCP should also follow this Guidance for Community-Related Exposure for what to do in the community. See also CDC’s guidance for [Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#). Individuals should always follow guidance of the state and local authorities.

Public health recommendations have been updated to accommodate new scientific evidence, evolving epidemiology, and the need to simplify risk assessment. New recommendations are based on:

- Growing evidence of transmission risk from infected people without symptoms (asymptomatic) or before the onset of recognized symptoms (presymptomatic);
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public;
- Continued focus on reducing transmission through social distancing and other [personal prevention strategies](#).

### Summary of Changes:

On June 4, 2020

1. Added exposure to people with confirmed COVID-19 who have not had any symptoms to this Guidance.

Current guidance based on community exposure, for people exposed to people with known or suspected COVID-19 or possible COVID-19

Person	Exposure to	Recommended Precautions for the Public
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<ul style="list-style-type: none"> <li>Individual who has had close contact (&lt; 6 feet)** for ≥15 minutes***</li> </ul>	<ul style="list-style-type: none"> <li>Person with COVID-19 who has <b>symptoms</b> (in the period from 2 days before symptom onset until they meet criteria for <b>discontinuing home isolation</b>; can be laboratory-confirmed or a clinically compatible illness)</li> <li>Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any <b>symptoms</b> (in the 2 days before the date of specimen collection until they meet criteria for <b>discontinuing home isolation</b>)</li> </ul>	<ul style="list-style-type: none"> <li>Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times</li> <li>Self-monitor for symptoms <ul style="list-style-type: none"> <li>Check temperature twice a day</li> <li>Watch for fever*, cough, or shortness of breath, or other <b>symptoms</b> of COVID-19</li> </ul> </li> <li>Avoid contact with <b>people at higher risk for severe illness</b> from COVID-19</li> <li>Follow <b>CDC guidance</b> if symptoms develop</li> </ul>
<p>All U.S. residents, other than those with a known risk exposure</p>	<ul style="list-style-type: none"> <li>Possible unrecognized COVID-19 exposures in U.S. communities</li> </ul>	<ul style="list-style-type: none"> <li><b>Practice social distancing and other personal prevention strategies</b></li> <li>Be alert for symptoms <ul style="list-style-type: none"> <li>Watch for fever*, cough, or shortness of breath, or other <b>symptoms</b> of COVID-19</li> <li>Check temperature if symptoms develop</li> </ul> </li> <li>Follow <b>CDC guidance</b> if symptoms develop</li> </ul>

\*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDs]).

\*\* Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk).

\*\*\*Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the infected person cough directly into the face of the exposed individual) remain important.

Integration of these definitions and actions into communications and actions of public health authorities can be guided by CDC's "Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission" 