

OPERATOR MUTUAL AID AGREEMENT

This agreement is between _____ (“Operator”) and the City of False Pass, Alaska (“City”).

While both the City and Operator acknowledge the importance of Operator’s right to engage in lawful business within the City without interference by local government, both parties recognize that the significant risk posed to public health and safety requires both Operator and City to take measures to protect Operator, his, her or its employees, the False Pass community, and the greater Alaskan community, from the spread of COVID-19. To this end, Operator agrees to comply with the following requirements:

1. Educate self and employees regarding COVID-19 symptoms and safety measures that may provide greater protection from COVID-19, including but not limited to frequent hand washing and social distancing;
2. Limit interaction with the community and other Operators to the fullest extent possible while tied up or purchasing supplies;
3. Complete the Health Risk Assessment Form attached to this Agreement as Appendix A for Operator and all persons employed by Operator who will be working within the City of False Pass or on its waters;
4. Notify the City in writing at cityoffalsepass@ak.net or call the City Office on Channel 6/548-4000 to report any and all failed Health Risk Assessments within 24 hours of the failure and confirm the individual who failed the assessment has been placed into quarantine and is receiving medical care. Notification of failed health risk assessments should include the following information:
 - Name of individual(s) failing the assessment
 - Steps taken to isolate the individual(s)
 - Confirmation that the individual has been or will be tested, along with a date of the test.
5. In the event Operator or an employee or contractor for Operator tests positive for COVID-19 after or during working for Operator within False Pass or its waters, Operator agrees to notify the City at cityoffalsepass@ak.net or City Office within 24 hours of receiving the positive test result.
6. Failure to comply with the terms of this Agreement shall constitute a breach of Agreement and the City shall have all remedies available to it under law.

Both parties hereby acknowledge and attest that all the information provided in this Agreement is true to the best of their knowledge, under penalty of perjury. This Agreement is signed _____, 2020 and becomes effective immediately upon execution.

Operator (signature)

Carleen Hoblet,
Deputy Clerk, City of False
Pass

Operator (print name)

Please Email completed form to: cityoffalsepass@ak.net
Or drop off at Harbor House

Appendix A

Mutual Aid Agreement for Operator

Vessel Expectations

Vessels will report any illness of Captain or Crew noted during the voluntary 14-day quarantine period and thereafter throughout the fishing season to the EATs False Pass Clinic (548-4008) for further triage as deemed necessary. This measure is to be taken for the safety of the Captain, Crew and members of the surrounding community.

Any Captain or Crew not quarantined on the vessel must list the **place** where they will be residing for the interim of their designated quarantine period.

Name _____ Place of Quarantine _____

Name _____ Place of Quarantine _____

Name _____ Place of Quarantine _____

Name _____ Place of Quarantine _____

Name _____ Place of Quarantine _____

Name _____ Place of Quarantine _____

Captain or crew members not residing on the Vessel will be expected to return to their place of residence after work hours.

During the voluntary 14 Day Quarantine, Captain and Crew on board vessels may proceed with routine work as necessary but must keep social distance of no less than 6 feet from all non-crew members. It is expected that, when able, social distance between crew members will be practiced.

Outdoor recreation such as walking, running, and hiking is acceptable if 6-foot social distancing is maintained from other community members.

Please minimize the number of trips to the stores to limit your exposure to the community.

Operator agrees to notify the City at cityoffalsepass@ak.net or call the City Office within 24 hours of receiving the positive test result.

Appendix B Mutual Aid Agreement for Operator

Name of Vessel _____ **Name of Owner** _____

Contact Phone # _____ Email _____

Name of Captain _____ **Contact Phone #** _____

Email _____ **Arrival Date** _____

Traveled From _____ Flight Number _____

Name of Crew Member #1 _____ Arrival Date _____

Traveled From _____ Flight Number _____

Name of Crew Member #2 _____ Arrival Date _____

Traveled From _____ Flight Number _____

Name of Crew Member #3 _____ Arrival Date _____

Traveled From _____ Flight Number _____

Name of Crew Member #4 _____ Arrival Date _____

Traveled From _____ Flight Number _____

Name of Crew Member #5 _____ Arrival Date _____

Traveled From _____ Flight Number _____

Name of Crew Member #6 _____ Arrival Date _____

Traveled From _____ Flight Number _____

Please circle **Y** for yes and **N** for no in response to the questions below. Have any of the above, since traveling, had:

- Fever of 100.3F (38C) or above? Y / N
- Dry cough? Y / N
- Sore throat? Y / N
- Shortness of breath or trouble breathing? Y / N

If you answered **Yes** to any of the questions above, please list the crewmember's name along with a brief description of symptoms below:

Additionally, please call False Pass Clinic (548-4008) and they will triage based on symptoms to determine whether a test for COVID-19 may be necessary.

Appendix B

Mutual Aid Agreement for Boat Owner

It is recommended that VESSELS develop policy and strategies on:

Monitoring for illness: Taking crew temperature daily will give early notice of possible illness. Know the symptoms of COVID-19: Fever, Dry Cough, Shortness of Breath, Trouble Breathing

Less commonly: Diarrhea and Loss of Smell

Report Illness Immediately to False Pass Clinic (548-4008).

Practicing Good Social Hygiene:

- Wash Hands often with soap and water for at least 20 seconds.
- Keep hands away from the eyes, nose and mouth.
- Cover your cough or sneeze with a tissue and dispose of it properly.
- Do not share personal items.
- Maintain distance from people who may be ill.

Cleaning Common Areas:

- Galleys
- Bunks
- Restrooms
- Deck and Wheelhouse

Sanitize these areas as regularly as possible. COVID-19 can live on different types of surfaces, some for days or hours. Common household disinfectants such as Lysol, Bleach and Clorox Wipes are effective. Please remember these wipes are NOT flushable!

The City of False Pass thanks you for your due diligence and concern tending to this matter for the safety of the fleet itself and the community. By signing below, you are stating that all information above is correct and true to the best of your knowledge and the terms therein are agreed upon. In addition, that you have received and or kept a copy of this form for your records and reference as needed.

Signature: _____ Date: _____

Email to: cityoffalsepass@ak.net or drop off at Harbor House

More information on the pandemic and keeping your crew safe can be found below:

<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>

<https://www.amsea.org/post/covid-19-catcher-tender-vessel-procedures>

<http://www.ufafish.org/ufa-covid-19/>