

Communicable Disease Emergency Response Plan

Emergency Management Plan Annex

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Section 1. Purpose

The Snoqualmie Tribe prioritizes the health and safety of all community members, neighboring jurisdictions, and people that visit. The Communicable Disease Emergency Response Plan provides the framework for all communicable disease-specific response strategies to maintain the health and wellness of the entire community. The response guidelines outlined in this plan are designed to minimize the transmission of communicable diseases that pose a threat to public health and to maintain critical services ongoing for the Snoqualmie Tribe.

1.2. Scope

The Communicable Disease Emergency Response Plan serves as an Annex of the Snoqualmie Comprehensive Emergency Management Plan (CEMP). This Annex, however, does not replace the responsibility for specific departments involved in responding to a communicable disease emergency to develop their own appropriate response-related operations, policies, and procedures.

Once activated, this annex will serve as a guide to:

- Describe employee responsibilities to respond to a communicable disease event
- Outline the processes for distribution and request of resources
- Outline workplace protective measures and tribal administration re-opening protocols

1.3. Authority

The Snoqualmie Tribal Council holds the sovereign authority to protect the health and welfare of the members of the Snoqualmie Tribe. These powers consist of, but are not limited to, developing, and implementing a Communicable Disease Emergency Response Plan during a public health emergency affecting the tribal community. Final decisions about emergency response and the activation of this plan are made through collaboration between the Snoqualmie Tribal Council and tribal staff. The Snoqualmie Tribal Council has the authority to approve this plan as prepared by the Director of Emergency Management or designee.

1.4. Planning Assumptions

There are conditions expected during any communicable disease outbreak that may affect tribal emergency response, such as limited personal protective equipment (PPE), disruptions to the supply chain, keeping critical business operating through virtual platforms, and the need to identify priority groups. During a response, the specific nature of the incident may require alternate strategies. Also, as a response progresses, circumstances may change and require an adjustment to planned approaches. Below are more in-depth descriptions of assumptions to anticipate during a communicable disease outbreak.

1.4.1. Snoqualmie Tribe Authority

The Snoqualmie Tribe has the sovereign authority to lead the public health and medical response to a communicable disease emergency for its jurisdiction. The Snoqualmie Tribe may choose to follow guidance from Washington State or federal agencies such as the Centers for Disease Control and Prevention (CDC) to build their response plan and protocols against the communicable disease threat.

1.4.2. Coordination with Other Jurisdictions

To ensure an effective response and access to essential resources, the Snoqualmie Tribal Council and staff will coordinate efforts with other jurisdictions, including but not limited to: King County, Washington State Department of Health, East Side Fire and Rescue District, and the American Indian Health Commission (AIHC). Federal agencies such as the CDC may or may not provide direct assistance to Snoqualmie Tribe and instead request the state to aid.



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1.4.3. Jurisdictions and Agencies Resources and Assistance

The Snoqualmie Tribe can access resources and assistance from federal, state, and/or local jurisdictions and agencies. Federal assistance includes agencies such as the CDC, Assistant Secretary for Preparedness and Response (ASPR), AIHC, and Indian Health Service (IHS).

1.4.4. Culturally Based Approaches

The Snoqualmie Tribe will use culturally based and compassionate interventions to minimize and control the spread of the communicable disease. The Snoqualmie Tribe will prioritize an approach in which voluntary compliance with outbreak interventions, including isolation and quarantine, which will be gained through informing tribal community members of their role in controlling the spread of disease and providing supportive resources.

1.4.5. Impacts on the Tribal Community

A communicable disease emergency has significant impact on the tribal community. Tribal administration and business enterprises can experience high rates of absenteeism due to direct and indirect effects of the disease. Such absence can require employees to work remotely. Access to everyday supplies may be difficult due to higher demand or disruption in the markets. Services may need to be suspended temporarily to prevent the spread of disease.

1.4.6. Unavailable or Limited Vaccines and Other Preventive Prophylaxes

Vaccines and other preventative prophylaxes may take months to develop and become accessible to the public. For communicable disease emergencies caused by novel viruses, there may not be vaccines or other preventive prophylaxes available to counteract the spread of disease for months, if not longer.

1.4.7. Scarcity of Supplies, Equipment, and Other Resources

During communicable disease emergencies, supplies, equipment, and other resources such as PPE may not be available for months, if not longer. Lack of availability of resources may require the Snoqualmie Tribe to submit requests for resources to multiple jurisdictions.

1.4.8. Activation of Incident Command System

Snoqualmie Tribe will operate under the Incident Command System (ICS) and in adherence to the National Incident Management System (NIMS). Snoqualmie Tribe will activate its Emergency Operations Center (EOC) and a Coordinating Work Group. The Coordinating Work Group consists of designated staff leadership representing different departments as appointed by the Tribal Council.

1.4.9. Business Impact Analysis

The Snoqualmie Tribe conducted a business impact analysis to determine the effect of system failures and employee absenteeism on the viability and operations of critical government functions. Critical functions identify and prioritize functions and services that are most vulnerable or those which tribal members most rely on during a public health emergency.

A communicable disease emergency can result in significant disruptions for the tribal community, including:

- Snoqualmie Tribal Council, tribal staff, and business enterprises may experience high rates of absenteeism due to direct and indirect effects of the disease.
- Access to supplies and resources may be difficult due to increased demand or disruption to supply chains.
- Essential services, like programs catered to support the elderly population and financial aid public services may need to be suspended temporarily to prevent the spread of disease.

Additionally, a communicable disease emergency is likely to decrease tribal capabilities to provide services based on many factors, including:



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- Inability to hold gatherings such as staff meetings or training sessions
- Potential public travel restrictions
- Potential shortage of services and supplies
- High absenteeism due to employee and employee family illnesses
- High burnout rate due to overtime of employees not affected
- Potential community quarantine
- School and business closings
- Power and communication outages
- Employee fear and anxiety
- Panic buying, hoarding, and theft risks associated with a potential shortage of food, medicine, and other daily supplies



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The interruptions of essential services directly affect the ability for tribal community members to withstand the severe impacts caused by the communicable disease emergency. **Table 1** includes employees for which one of the following conditions is true:

1. Employees have occupational exposure to a communicable disease emergency beyond ordinary co-worker to co-worker transmission.
2. Employee responsibilities are considered a critical function which must maintain continuity during a public health emergency.

Table 1. Essential Employees and Critical Functions				
Role	Location	Critical Function/Task	Primary Contact	Back-Up Contact
Public Safety (Security & Police)	All Tribal properties	Respond to security threats or hazards on tribal properties; ensure the security of tribal administration and enterprise facilities; control access to properties	Chief of Police	Police Officer
Snoqualmie Tribal Council	<i>Can be conducted remotely</i>	Legal decision-making authority; tribal governance; initiate coordination with neighboring jurisdictions for assistance	Council Chair	Council Officers
Tribal Member Communications	<i>Can be conducted remotely</i>	Manage and update the central portal for information sharing with tribal members	Communications Department Director	Government Affairs Manager
Facilities Management	All Tribal properties	Ensure facilities are properly sanitized and cleaned; secure adequate supplies	Facilities Manager	Senior Property Maint. Tech.
Financial Services	Administration	Provide direct financial assistance to tribal members; manage financial resources; initiate payroll to tribal staff members; ensure adequate record keeping	Accounting Supervisor	Accounting Manager
Administration/ General Management	<i>Can be conducted remotely</i>	Direct government and staff activities; ensure ongoing contact with members through Community Services Department	General Manager	Community Services Director
Behavioral Health Services	<i>Can be conducted remotely</i>	Provide outpatient services including substance use disorder and mental health support. Some intake and assessment services are conducted in-person	Health and Wellness Director	Health and Wellness Administrator
Purchased and Referred Care	<i>Can be conducted remotely</i>	Provide assistance with payments for healthcare services for tribal members	Health and Wellness Director	Health and Wellness Administrator



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Table 1. Essential Employees and Critical Functions

Role	Location	Critical Function/Task	Primary Contact	Back-Up Contact
Snoqualmie Indian Child Welfare (SICW)	Administration; client/family homes and care sites	Joint Child Protective investigations; case management services; placement and advocacy services; Tribal Court	SICW Program Manager	Community Services Director
Elder Care Program	<i>Can be conducted remotely</i>	Provide welfare checks and other assistance to tribal elders. Some services, including transportation, are conducted in-person.	Health and Wellness Director	Health and Wellness Administrator
Community Health Representatives	<i>Tribal vehicles</i>	Assist vulnerable members with transportation access to medical care	Health and Wellness Director	Health and Wellness Administrator

Full-time, part-time, temporary, contract, and per diem employees have been considered above. For the purposes of this plan, subcontractors or service providers will be treated in the same manner as employees and require the same level of training to enter and operate at a tribal facility.

This analysis does not include tribal enterprises or tribal businesses, including the Snoqualmie Casino, Crescent Market, Eighth Generation, and Salish Lodge. Employees working within these entities may have a greater exposure to the public during a communicable disease emergency and directly contribute to the financial sustainability of Snoqualmie Tribe. These entities are included in enterprise-specific emergency planning efforts, but may adhere to the Annex as applicable.



Section 2. Concept of Operations

The Snoqualmie Tribal Council and tribal staff will monitor the severity of the communicable disease emergency and establish continuity activation triggers to address the unique nature of the threat. The Concept of Operations section outlines the procedures and strategies to respond to the approaching communicable disease emergency.

2.1. Response Goals and Objectives

Based on the business impact analysis, the immediate goals for containing and recovering from a communicable disease emergency include:

- Support the health and safety of Snoqualmie Tribe members and staff.
- Ensure the continuity of mission essential functions and business operations.
- Follow best available public health guidance to inform all decision-making.
- Maintain the financial health of the tribal government and enterprises through the duration of the emergency.

These goals will be accomplished through the following response objectives:

- Obtain, distribute, and maintain PPE and other essential supplies for distribution to staff and tribal members.
- Facilitate quick, appropriate, and transparent decision-making by Tribal Council, the General Manager, and department leadership.
- Identify and secure grant funds and other reimbursement options through regular research and outreach.
- Leverage resources through partnerships with neighboring jurisdictions and the State of Washington.

2.2. Emergency Operations Responsibilities

Below are positions that will be initiated to uphold specific responsibilities to respond to the communicable disease emergency.

Plan Administrator	<ol style="list-style-type: none"> 1. Activate the Communicable Disease Emergency Response Plan when directed by the Tribal Council, which will be based on the activation triggers set forth in this Plan. 2. Ensure health and safety protocols are maintained throughout the event. 3. Coordinate with business enterprise facilities. 4. Develop and implement access control, identify verification, and facility security procedures (such as temperature checks, sign-in, badge control, etc.) for all tribal properties. 5. Ensure appropriate training for Tribal Council and staff on the Plan and associated procedures, as well as regular exercise and maintenance of the Plan. Maintain training records.
General Manager	<ol style="list-style-type: none"> 1. Determine employee exposure risks for routine and non-routine tasks, including those with higher exposure risks than normal and routine tasks covered by this procedure, using a job safety analysis. 2. Provide regular updates to Tribal Council. 3. Ensure continuity of critical functions and adequate staffing resources for tribal government departments. 4. Identify critical supply and service providers and manage contracts to secure and maintain inventory.



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Facilities Manager	<ol style="list-style-type: none"> 1. Ensure employees receive the proper PPE supplies and corresponding training. 2. Maintain appropriate amounts of hand sanitizer, PPE, etc. and monitor proper access control of supplies. 3. Ensure regular housekeeping practices are implemented, including routine (daily or more frequent) cleaning, and disinfecting of surfaces, shared tools and equipment, and other elements of the work environment. Clean and disinfect the tools, equipment, and areas in accordance with relevant CDC guidelines. 4. Contact the Plan Administrator to provide suggestions for improvements to the Plan. 5. Execute contracts for daily cleaning and the sub-contractor responsible for disinfecting after an outbreak.
Governmental Affairs	<ol style="list-style-type: none"> 1. Coordinate with neighboring jurisdictions and legal counsel to implement public health measures and access to services, such as vaccination clinics. 2. Support the Coordinating Work Group in identifying and securing grant and reimbursement support for activities during emergency response.
Human Resources	<ol style="list-style-type: none"> 1. Conduct contact tracing of employees testing positive for the communicable disease. 2. Notify close contacts of a confirmed positive case and communicate case numbers and any potential outbreaks to the General Manager and Plan Administrator. 3. Maintain records for employee emergency contacts, health and medical needs, vaccination status, and other employee-specific details relevant to the communicable disease emergency.
Health and Wellness	<ol style="list-style-type: none"> 1. Facilitate access to funding for protective health measures such as PPE, supplies, and testing resources. 2. Distribute supplies to tribal members and facilitate access to services such as testing and vaccination as available.
Tribal Council	<ol style="list-style-type: none"> 1. Declare a State of Public Health Emergency as described in Section 2.3.
Employees	<ol style="list-style-type: none"> 1. Understand the requirements of the Communicable Disease Emergency Response Plan. 2. Use controls and/or PPE provided by the Snoqualmie Tribe to minimize exposure. 3. Notify the Human Resources department and supervisor if showing symptoms of a communicable disease. If possible, make notifications remotely using email or cell phone. 4. Stay home if showing symptoms related to a communicable disease or as directed by a health care provider. 5. Use proper respiratory etiquette, including covering coughs and sneezes. 6. Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other areas of the work environment.



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2.2.1. Coordinating Work Group

For a communicable disease emergency, a Coordinating Work Group will be established. The group should include representatives from the following departments:

- Businesses(Crescent Market, Eighth Generation, Snoqualmie Casino, and Salish Lodge)
- General Manager/Administration
- Governmental Affairs and Special Projects
- Environmental and Natural Resources
- Facilities
- Finance
- Health and Wellness
- Human Resources
- Public Safety
- Tribal Services
- Other departments as designated by the Tribal Council

The Coordinating Work Group is responsible for implementing Tribal Council directives to respond to and recover from a communicable disease emergency. This includes securing grant funding and other resources to support public health protective measures, tribal member support services, and other services as needed.

2.3. Declaring a Public Health Emergency

A State of Public Health Emergency may be declared by the Tribal Council. The Plan Administrator may recommend to the Tribal Council to declare a public health emergency and assist with drafting a proposed declaration. The resolution should include the following:

1. The nature of the public health emergency
2. The political subdivision(s) or geographic area(s) subject to the declaration
3. The conditions that have brought about the public health emergency
4. The duration of the state of the public health emergency, if less than 30 days
5. The authority of the Communicable Disease Emergency Response Plan Administrator to respond to the emergency

3.3.1. Effect of Declaration

Declaration of the public health emergency authorizes the deployment and use of emergency roles and procedures as detailed in the plan, as well as the use or distribution of any supplies, equipment, and materials and facilities assembled, stockpiled, or available pursuant to the Declaration or tribal code.

2.4. Activating the Plan

This Plan may be activated by Tribal Council during an event that involves a communicable disease outbreak or other public health emergency where actions must be taken to save lives and prevent disease transmission. The Snoqualmie Tribe Emergency Operations Center (ST-EOC) will activate concurrently with this plan, as described further in the CEMP. The following events will trigger Plan and ST-EOC activation:

- A disease outbreak that requires more than the Snoqualmie Tribe's routine resources.
- Illness or death among numbers of animals that precedes or accompanies illness or death in numbers of humans.
- The World Health Organization (WHO) declares a Public Health Emergency of International Concern.
- The State of Washington or a neighboring local jurisdiction declares a public health



emergency.

2.4.1. Notification of Activation

Upon activation of this Plan, the following partners will be notified by the Plan Administrator:

- King County Health Officer
- King County Department of Emergency Management
- Washington State Department of Health
- Healthcare Coalition - Western Washington: Northwest Healthcare Response Network

The Tribal Council and Plan Administrator may also choose to notify additional partners, such as the American Indian Health Commission for Washington State (AIHC), Indian Health Service (IHS), Northwest Portland Area Indian Health Board, and others.

2.5. Requesting a Mission Number

The Plan Administrator will request a mission number from the Washington State Emergency Management Division (EMD) because there are disaster reimbursement funds that require a mission number for eligibility. Having a mission number facilitates access to resources and assistance, if needed. To request a mission number, the Plan Administrator will call EMD's 24/7 Alert and Warning Center at (800) 258-5990 or send an email to: dutyofficer@mil.wa.gov.

2.6. Snoqualmie Tribe Emergency Operations Center

ST-EOC is the location from where the Snoqualmie Tribe will coordinate all response activities. The ST-EOC houses the staff, equipment, and communication technology the Snoqualmie Tribal Council needs during the emergency response.

The ST-EOC structure is detailed further in the Base Plan. In a communicable disease emergency, the ST-EOC structure may be modified to accommodate specific public health or medical needs of the Tribe. In some cases, Snoqualmie Tribe may choose to serve in an integrated role within the King County EOC (KC-EOC) or another neighboring jurisdiction.

2.6.1. Location

During a communicable disease emergency, the optimal location for ST-EOC setup is a virtual workspace. Once it is safe to have gatherings, the ST-EOC setup can be moved into a secure room for continued operations. To prevent distractions and spread of misinformation, the ST-EOC will be located away from areas easily accessible to the public. The ST-EOC location will also be selected to provide a safe and healthy work environment.

Section 3. Direction, Control, and Coordination

All decision-making responsibilities for a disaster event reflect normal operations. A more in-depth description of the direction and control responsibilities in addition to the roles of important coordinating partners can be found in the CEMP Base Plan.



Section 4. Public and Tribal Member Communications

Activating the Plan will require a great deal of coordination with tribal members, the public, and key stakeholders. Responsibilities and procedures are detailed in the CEMP Public Information & Warning Annex. Any important considerations for communications during a public health emergency are described in this section.

4.1. Contact Verification

Snoqualmie Tribe will provide key partners, such as King County Public Health, Washington State Department of Health (DOH), and neighboring cities with current, accurate contact information so they can quickly and accurately share information with Snoqualmie Tribe during the response. The Plan Administrator will continue to verify contact information to reach key partners for specific purposes during the response.

4.2. Public Information

Communications professionals from Snoqualmie Tribe will work closely with the King County communications team and other response agencies. The Tribal Council will play a critical role in presenting a unified message to tribal community members in the appropriate language and format. This is achieved through ongoing participation in regional and statewide emergency communication activities with IHS, King County, other response agencies. This participation will help identify and train lead tribal subject-specific spokespersons to take up this role. This type of training will aid distribution of messages and materials to tribal community members, increase the knowledge and understanding of the different aspects of communicable disease emergency, and help explain what to expect during different phases of a communicable disease emergency. Lastly, educating the public about allegations, misinformation, and disinformation will decrease fears and concerns regarding response.



Section 5. Resource Requests

This section addresses public health resources that may need to be secured, including medicines, PPE, vaccines, medical supplies, and equipment. This section will also include strategies for accessing those resources, like the Federal Strategic National Stockpile (SNS) or local healthcare coalitions that help with acquiring medical countermeasures (MCM) and resources.

5.1. Accessing Medical Countermeasures from the Federal SNS

If the Snoqualmie Tribe is unable to source and/or procure resources through customary sources or other sources in Washington state, the Snoqualmie Tribe may request and access medical countermeasures from the Federal Strategic National Stockpile.

5.2. Scarce Supplies, Equipment, and Other Resources

During communicable disease emergencies, supplies, equipment, and other resources such as PPE or vaccines may not be available for months, if not longer. The lack of availability of resources may require the Snoqualmie Tribe to submit requests for resources to multiple jurisdictions. Memorandums of Understanding (MOU) will be established to describe the processes for distributing the requested resources to the Snoqualmie Tribe.

5.3. Unavailable Vaccines and Other Preventive Prophylaxes

Vaccines can take months to develop and become accessible to the public. For communicable disease emergencies caused by novel viruses, there may not be vaccines or other preventive prophylaxes available to counteract the spread of disease during the highest time of transmission in the community.

5.4. Supply Chain Disruptions

Since tribal supply chains may become disrupted in a communicable disease emergency, the Snoqualmie Tribe will stockpile critical supply inventories during the pre-communicable disease emergency stage (e.g., regular supplies, soap, rubbing alcohol, towelettes, facial tissue, respirators, packaged food and water, and additional technological equipment for telecommuters and teleconferencing). Below is an example of categorizing the requested inventory.

Supply Item	
Model	
Supplier	
Quantity	

Currently inventoried and secured PPE includes the following:

Supply Type	Disinfectants
Inventoried Supplies	<ol style="list-style-type: none"> 1. Anti-Disinfectant Wipes 2. Oxivir TB Wipes 3. Sani Cloth Germicidal Disposable Wipes 4. Clorox Disinfectant Wipes 5. 35 (5 gallon buckets) Spray Disinfectant



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Supply Type	Sanitizers
Inventoried Supplies	<ol style="list-style-type: none"> 1. 16.9fl oz. Aillia Fresh Hand Sanitizer 2. 8fl oz. Purell Hand Sanitizer 3. 1.6fl oz. BYD Hand Sanitizer 4. 1 gallon unscented Hand Sanitizer 5. 128fl oz. Westland Hand Sanitizer 6. 33.8fl oz. Hand Sanitizer 7. Ultra-Defense Hand Sanitizer
Supply Type	Cleaners
Inventoried Supplies	<ol style="list-style-type: none"> 1. 32fl oz. Isopropyl Rubbing Alcohol 2. 16fl oz. Hydrogen Peroxide 3. 18fl oz. McKesson Antibacterial Soap 4. 10fl oz. Method Green Tea + Aloe Soap 5. 1lb. 8fl oz. Lysol foam Cleaner 6. 32fl oz. Lysol all-purpose Cleaner 7. 400 Single Bar Soaps
Supply Type	Disposable Masks
Inventoried Supplies	<ol style="list-style-type: none"> 1. HNN Disposable Protective Masks 2. BYD Face Masks 3. Comic – Kids Disposable Masks 4. Snoqualmie Tribe logo Masks 5. 3M – 8000 – Particle Respirators 6. Moldex – 2201N95 – Particle Respirators 7. Sperian – N95 Masks 8. ValuMax Disposable Masks – Sensitive 9. Face Shields – Splash Protection 10. White Cloth Face Masks
Supply Type	Gloves
Inventoried Supplies	<ol style="list-style-type: none"> 1. My Med Care Gloves – Medium 2. Noble – Powder Free Nitrile Exam Gloves – Small 3. Blue Advance Gloves – Medium 4. Confiderm – Nitrile Exam Gloves Powder free – Small 5. Disposable Vinyl Gloves – Large 6. Disposable Vinyl Gloves – X-Large
Supply Type	Miscellaneous
Inventoried Supplies	<ol style="list-style-type: none"> 1. PDI – Alcohol Prep Pads 2. Dayoumed – Infrared Thermometer



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Once a communicable disease emergency outbreak occurs at a tribal facility or once supplies and services are affected by a communicable disease emergency outbreak elsewhere, the Snoqualmie Tribal Council and tribal staff will rely on the business assessment and the critical supply list to identify supply needs. Once a supply need is identified, the General Manager will notify the Facilities Manager so that they may order it. Should supplies become depleted unexpectedly, employees are to notify the Plan Administrator immediately.

5.5. Submitting a Request

If the Snoqualmie Tribe is unable to source and/or procure resources, such as medications, supplies, equipment, and staff, through customary sources, the Tribe will determine which of the following (some or all) sources to contact.

5.5.1. Request to State

The Snoqualmie Tribe may submit resource requests to the State Emergency Operations Center (SEOC). This can be accomplished by completing a Washington State Resource Request Form (ICS Form 213 RR) and submit the form to the SEOC at rfa@mil.wa.gov.

5.5.2. Request to Local Health and/or Local Emergency Management Agencies

In order for Snoqualmie Tribe to submit resource requests to a local health jurisdiction and/or local emergency management agency, a Washington State Resource Request Form (ICS Form 213 RR) must be completed and submitted to a pre-established contact at the King County local health jurisdiction and/or King County department of emergency management.

For any reason, if the King County local health jurisdiction and/or King County department of emergency management is unable to meet the request, then King County will inform the Snoqualmie Tribe and subsequently submit the request to the SEOC.

5.5.3. Mutual Aid Agreements

Current mutual aid agreements are outlined in the CEMP Base Plan. Snoqualmie Tribe can activate relevant agreements during a public health emergency as needed.

5.5.4. Request to a Healthcare Coalition

The Snoqualmie Tribe may submit resource requests to the regional healthcare coalition. Given the Tribe resides in Western Washington, they can also submit a resource request to the Northwest Healthcare Response Network (<https://nwhrn.org/213rr-resource-request-form/>).

5.5.5. Tribal Request to Indian Health Service or Other Federal Agencies

The Snoqualmie Tribe will contact American Indian Health Commission and Indian Health Service using pre-established processes. This will fall under the responsibility of the Plan Administrator or their designee.



Section 6. Workplace Safety Measures

Implementing preventative measures to ensure workplace safety is critical to reduce exposure and severity of the communicable disease emergency among the workforce. These measures include protocols for tribal facilities, cleaning protocols, building improvements, and employee guidance and education. Additionally, more specific practices tailored to specific work areas and operations may apply.

6.1. Safety Measures

Work safe practices include developing a response team if there is a major outbreak within the work environment. The first safety measure will be a risk assessment for all on-site processes and field work (work performed away from the facility or office) conducted by the General Manager. Following that, the Facilities Manager will conduct a PPE analysis to determine required PPE in the workplace and appropriate training for staff members.

Adequate masks must be worn at all times, regardless of if an employee works behind a Plexiglas barrier. As tribal employees enter the workplace, they will be screened by being asked the following questions for "Go/No Determinations". If any of the following questions are answered YES, those workers will be isolated:

1. Have you tested positive for the communicable disease?
2. Is your temperature >100.4 degrees and do you have a persistent cough, shortness of breath, trouble breathing, persistent pain or pressure in chest, or new confusion or inability to stay awake?
3. Have you experienced any of these symptoms within the last 2-14 days: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea?

The Snoqualmie Tribe will then determine essential work performed by contractors or temporary staff and postpone non-essential work activities. For essential work activities, assigning two-way radios and vehicles/equipment is recommended, if possible.

The work environment must promote proper personal hygiene and resources available to employees. Based on CDC guidelines, there will be regular cleaning protocols and disinfection of workspaces and a written schedule for cleaning and method(s) of decontamination based on the tasks and activities being performed in the area.

Furthermore, heating, ventilation, and air conditioning filters must be cleaned and/or changed regularly to help with optimal air circulation and filtration. Snoqualmie Tribe will then encourage respiratory etiquette, including proper covering of coughs and sneezes from their employees. These measures can be promoted through signage and message materials placed throughout the workplace.

Social distancing measures will be established based on site-specific details to help prevent the spread of the communicable disease. Such measures may include:

- Limiting direct skin contact, such as hand shaking/holding.
- Limiting or ensuring in person gatherings are completed virtually such as, face-to-face meetings, socializing public events and group trainings.
- Recreational activities on public property should be suspended.



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- If a gathering is needed, employers must provide area/room large enough for people to be spread out more than 6 feet apart, or a different distance as directed by the CDC.
- Regular workplace layouts will prevent crowding by allowing or requiring three staggered shifts to keep employees apart.
- Employees should limit eating in lunchrooms, breakrooms, or cafeterias, and have staggered lunch periods.
- Telecommuting will be prioritized or required for appropriate job positions.
- Employees should limit carpooling and have flexible hours to avoid public rush hours.

The Snoqualmie Tribe will implement training for employees to self-monitor temperature and wellness and encourage sick employees to stay home. Additionally, the Tribe may implement flexible sick leave policies that are consistent with public health guidance and have employees aware of these policies.

If visitors or contractors are permitted in the workplace, the Snoqualmie Tribe will update visitor/contractor safety briefings to include new protocols pertaining to reducing the spread of the communicable disease. In addition, new protocols will be in place for new hire orientations.

To avoid any confusion regarding protocols or information, it is important for the Snoqualmie Tribe to develop emergency communications plans, including:

- Provide a forum for answering workers' concerns and internet-based communications, if feasible.
- Provide workers with remote/in-house current education and training on pathogen risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Train workers according to their job duties on proper hygiene, PPE, cleaning and disinfecting, telecommuting, self-monitoring, etc. and the training requirements of this procedure. Training material should be easy to understand and available in the appropriate language and literacy level for all workers. All training must be documented.

6.2. Hazard Education

For the Snoqualmie Tribe to continue to minimize exposure of the communicable disease and provide protective behaviors that reduce the spread from co-workers, education is used with other necessary tools to promote protective behaviors by employees. Spreading safety education includes posting CDC information, such as recommendations on risk factors, and informing employees of the importance of good hand hygiene. Information will also be posted in Snoqualmie Tribe's facility, educating individuals on ways to reduce the spread of the communicable disease.

6.3. Minimizing General Public Exposure

Establishing safety and health is not only dependent on the actions from individuals in the workforce, but also from all the public. Health and safety actions will be determined by a phased approach. At the start of the communicable disease outbreak, there will be very restrictive workplace protocols in place. Beginning with invitation-only onsite meetings, virtual meetings, and finally transitioning to onsite meetings with appropriate precautions. Any individual entering Snoqualmie Tribe properties must follow all requirements as established by the Tribe. This may include having their temperature checked and/or a questionnaire completed prior to entry, following policy regarding mask wearing, and maintain proper hygiene. Symptoms of the communicable disease may be assessed, and individuals with symptoms will be removed from the workplace. To promote Snoqualmie Tribe employee protection, physical barriers between



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staff and the public will be considered in high impact areas (i.e., shielding at the front desk areas). Masks may be available to the public as well as appropriate disinfectants so individuals can clean work areas before and after use.

6.4. Facility Safety Measures

First and foremost, any visitor or employee who is feeling sick should not enter any facility. Each facility will have a designated entrance point with a PPE station upon entry and hands-free hand sanitizer dispensers will be located at key locations throughout the workplace. When it is necessary to use an elevator, two (2) people are allowed on the elevator at a time to ensure proper social distancing. All employees and visitors should follow guidance on wearing facial coverings and social distancing in all common areas. Any type of “high touch” surfaces, such as elevator buttons, doorknobs/handles, microwave handles, refrigerator doors, sinks, workstations, keyboards, phones, printers, and bathroom facilities will be more frequent cleaned using disinfectants approved by the CDC for several times a day. Employees will be advised to avoid touching their eyes, nose, or mouth after touching surfaces in public areas of the facility.

6.5. General Guidelines for Working in Snoqualmie Tribe Buildings

Consistent with Tribal policy, the General Manager will determine the return-to-work schedules for managers and supervisors based on need. Subsequently, each department lead will develop a staggered work schedule for their employees, allowing for the maximum operational efficiencies while adhering to social distancing and area occupancy requirements. It is essential for the General Manager and department leads to communicate with all employees on the proposed work schedule plan and provide them with necessary information, tools, and resources. Lastly, the General Manager must ensure that the provisions of this Plan are implemented in the areas/operations and among the employees under their responsibility.

6.6. Employee Guidelines

Tribal employees also have a responsibility for preventing the spread of communicable disease and to reduce the potential risk of exposure to the workforce and visitors. Therefore, tribal employees are not to report to work if they are experiencing symptoms or feel sick. Employees must adhere to established guidelines related to how and when to report to work, as well as for functioning inside any facility. Employees must follow the on-site work schedules established by their manager/supervisor and they must comply with daily screening of employees for signs/symptoms of illness.

Proper PPE usage, including wearing an appropriate mask, must be adhered to at all times while at work or in tribal facilities. Exceptions include working alone or a medical condition documented by a physician that prevents the wearing of a mask. In such cases, the employer will work with the individual to attempt to determine a reasonable accommodation.

While inside tribal facilities, employees must always maintain social distancing of at least six feet (or other distance as may be established by the CDC) from others while at work. Signage and floor markings should be posted throughout the facilities to demonstrate where employees may stand to ensure social distancing.



Section 7. Surveillance and Public Health Measures

This section describes public health protective measures, including working with local health departments and federal partners, administering vaccines or treatments, and monitoring the spread of the disease in the local community.

7.1. Public Health Services Partners

The Plan Administrator and Executive Director of Governmental Affairs & Special Projects will coordinate with the King County Public Health Department to ensure emergency services and public health protective measures are accessible to tribal members. These services may include testing, distributing PPE, implementing workplace safety measures, and others.

Snoqualmie Tribe will leverage resources provided through Indian Health Services, American Indian Health Commission, and Northwest Portland Area Indian Health Board.

7.2. Vaccine Administration and Treatments

The Executive Director of Governmental Affairs & Special Projects may partner with Eastside Fire and Rescue District or other certified vaccine providers to establish vaccination clinics for tribal members, tribal employees and members of the general public once a vaccine is available. The process should be similar to that used by the Tribe to stand up a DOH approved COVID-19 vaccination clinic in 2020. Additional departments to take part in vaccination administration and treatments may include the Health and Wellness Department. Snoqualmie Tribe has developed a member user portal to share resources with tribal members and staff regarding a public health emergency, including vaccine information and other resources.

7.3. Community-Based Public Health Surveillance

Public health surveillance is the structured collection, analysis, and interpretation of information needed for planning, implementing, and assessing public health actions. Responding to a communicable disease emergency requires identifying infected individuals quickly, locating persons who may have encountered infected individuals, and other potential sources of infection. This information is necessary to develop targeted interventions and implement effective disease control measures. Surveillance measures may include:

1. 24/7 Reporting Line
2. Data Collection
3. Data Management
4. Case, Suspect Case, Contact Definition
5. Case, Suspect Case, Contact Monitoring
6. At-Risk Population Definition
7. Data Sharing
8. Notifiable Conditions



Section 8. Plan Maintenance

This section includes standard guidance on how to keep the Communicable Disease Emergency Response Plan updated and relevant through reporting, training, and exercise activities, as well as regular review and evaluation of the plan.

8.1. After-Action Reporting

Snoqualmie Tribe will conduct an after-action review before the ST-EOC and staff are deactivated and dismissed. This review will include an exercise to evaluate the strengths and challenges with ST-EOC operations. The results of this review by ST-EOC staff will be documented in an After-Action Report (AAR) and Improvement Plan. This Response Plan will be updated and improved based on after-action findings and recommendations.

8.2. Post-Incident Activities

8.2.1. Deactivation

The Plan Administrator will make the decision to end Snoqualmie Tribe emergency response activities and return to normal operations, under the direction of Tribal Council, and in consultation with the General Manager. The following events will trigger Plan deactivation:

- The disease outbreak no longer requires more than the Snoqualmie Tribe's routine resources.
- Illness or death among community members returns to pre-event levels.
- The state of Washington or a neighboring local jurisdiction declares an end to the public health emergency.

8.2.2 Demobilization

The Tribal Council will decide when to demobilize Snoqualmie Tribe's response staff.

A Demobilization Plan will be developed and executed by the Plan Administrator under the direction of the Tribal Council. The ST-EOC will demobilize response staff and volunteers and ensure medical supplies and equipment are properly accounted for, recovered, and reconstituted in preparation for any future event or incident. The ST-EOC will use the Demobilization of Recovered Assets Checklist described below.

- Coordination with KC-EOC and Washington State EOC for demobilization and return of remaining federal and/or state purchased medical materials or pharmaceuticals in accordance with agreements.
- Recover unused pharmaceuticals and supplies, and return to Snoqualmie Tribe's inventory, as appropriate.
- Recover and return borrowed assets to partners.
- Reallocate and/or repurpose unused or excess supplies, as appropriate.
- Recover functional and/or repairable equipment and return for repurposing or preparation for use in future events.
- Dispose of materials that are no longer usable; proper precautions and procedures for disposal of medical materials will be followed.



8.3. Training, Exercises, and Plan Maintenance

Trainings and exercises will be conducted as needed to maintain the Snoqualmie Tribe's and partners' understanding of this Plan, and to update and improve this plan on a continuous basis. Training for all communicable disease response activities, plans, and operations is coordinated by the Plan Administrator. The Public Safety Department will coordinate exercises to regularly test this plan.

Information and proper communication are at the heart of communicable disease emergency planning and containment. The goal is to ensure employees' comprehension and understanding of how they may be exposed to the communicable disease, what their responsibilities are, and what protective measures they can take. Due to the complexity of a communicable disease emergency and the continuity and recovery process, the Snoqualmie Tribe will provide timely current training on this plan, with particular emphasis on the following elements:

- Communicable disease emergency fundamentals including explanation of the signs and symptoms and the modes of transmission of relevant infectious diseases.
- Methods for recognizing tasks and other activities that may involve exposure to potentially infectious personnel or materials.
- Methods to prevent or reduce exposure, including appropriate engineering controls, work practices, and PPE and their limitations:
 - PPE: when to use; what is necessary; how to properly don (put on), use, and doff (take off); and how to properly decontaminate or dispose of PPE.
 - Provide an explanation of the basis for selection of PPE.
- An explanation of the elements of this plan and employees assigned roles and responsibilities, including:
 - Information on the availability, efficacy, safety, method of administration, and benefits of available vaccines and treatments.
 - Social isolation practices.
 - Appropriate actions to take and persons to contact in an emergency involving potentially infectious materials.
 - An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the available medical follow-up actions.
 - Information on the post-exposure evaluation and follow-up for the employee after an exposure incident.
 - An explanation of the signs and labels used to convey hazards, cautions, and warnings associated with applicable disease(s).
- Training on how to report illness.
- Appreciating healthy living practices, e.g., getting proper rest and diet.
- Understanding sick leave, time off, overtime/wage and vacation policies and how they have changed due to the high absenteeism
- At-home care of ill employees and family members, especially for vulnerable groups.
- Vaccinations, declinations, quarantines, and return-to work policies and resources and knowing where to access them.
- Notification procedures activated in a communicable disease emergency outbreak situation.
- Community sources of timely/ accurate communicable disease emergency information.
- Being aware of alternative options to get to work when public transportation is shut down.



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The trainings will be formatted such as classroom instruction that uses lecture, discussion, video, and/or conference formats, and/or practical instruction that uses demonstration, practical exercise, and/or hands-on instruction formats.

Appendix 1. COVID-19 Re-Opening Plan

The Snoqualmie Tribe will follow the four-phase approach to reopening tribal operations in alignment with the State of Washington Re-Opening Strategy. The approach is based on four factors: health care system readiness, testing capacity/ability, case and contact investigations, and the ability to protect high-risk populations. Snoqualmie Tribe's progress through the re-opening process may follow the State of Washington's phases.

This approach helps to reduce the risk of a communicable disease to the Snoqualmie Tribe's most vulnerable populations and preserves capacity in Tribal Council, while safely opening workplaces, businesses, gatherings, and recreation. The plan allows for the Tribal Council and other tribal staff to holistically review the communicable disease emergency and the ability for the Tribal Council to respond when determining if the Snoqualmie Tribe is ready to move forward to another phase.

This Tribal Re-Opening Plan is:

- Based on scientific modeling from public health experts
- Intended to mitigate risk of resurgence
- Intended to protect the Tribe's most vulnerable citizens and staff from the threat of the communicable disease

Each phase, starting with Phase I, will continue for the duration of 30 days, during which Tribal Council will evaluate the current data and track case trends. Progression to the next phase can be achieved when King County has a 10% decrease in case rates over the prior two weeks and a test positivity rate below 10%. Additionally, there should be a 10% or more in two-week rate decrease in local hospital COVID-19 admission rates and an Intensive Care Unit (ICU) occupancy rate below 90%.

Subsequently, each evaluation of the phase has the potential to:

1. Create an emergency closure
2. Remain steady in a phase for an extended period
3. Experience phase regression
4. Progress to the next phase

The decision to regress to the previous phase should be based on metrics for case counts and hospitalizations. If cases surge to a rate of 10% or more than the previous rate, then the Tribe will regress to the previous phase. This pattern mirrors the King County phase progression and regression strategy. However, if at any point the ICU capacity in the State of Washington reaches greater than 90%, the Snoqualmie Tribe will regress one phase. As with phase progression, the Tribe will remain in this phase for a duration of 30 days before re-assessment.

This Appendix may be updated as new COVID-19 variants are identified and/or the CDC issues new guidance concerning best practices to avoid spreading the disease.



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Phase I – Limited Return to Work

At this phase, tribal facilities will be restricted only to employees that do not fall into the vulnerable category as defined by the CDC (65 years or older, those with underlying health issues, or those who are immunocompromised). New prevention and preparedness policies will be implemented for the safety of everyone.

- All employees reporting to work will be temperature screened and asked the following questions, if any are answered YES, isolate workers.
 - Have you tested positive for COVID-19 either through an antigen or PCR test?
 - Is your temperature >100.4 degrees?
 - Do you have a persistent cough, shortness of breath, trouble breathing, persistent pain or pressure in chest, or new confusion or inability to stay awake?
- An employee who experiences COVID-19 symptoms, such as fever and/or respiratory issues, will be required to stay home and not report to work. An employee may only return to work a doctor confirms the employee's fever or other symptoms are not related.
- All visitors on tribal property will also be screened for COVID-19.
- Employees working in any tribal facility will be required to use appropriate PPE and maintain proper hygiene. PPE shall be provided by the Tribe.
- Employees shall always wear an adequate mask while on tribal property, including when outside or in a private office, unless the employee has a medical condition, documented by their physician, that prevents them from wearing a mask.

Implemented Safety Measures

Any visitor or employee who is feeling sick will not enter any facility. The Tribe will place hands-free dispensers of hand sanitizers at key locations throughout the workplace area on tribal property. Each facility will have a designated entrance point with a PPE station upon entry. When it is necessary to use an elevator, two (2) people are allowed on the elevator at a time to ensure proper social distancing. All employees and visitors should follow guidance on wearing facial coverings and socially distancing in all common areas. Any type of "high touch" surfaces, such as elevator buttons, doorknobs/handles, microwave handles, refrigerator doors, sinks, workstations, keyboards, phones, printers, and bathroom facilities will be more frequent cleaned using disinfectants approved by the CDC for several times a day. Employees will be advised to avoid touching their eyes, nose, or mouth after touching surfaces in public areas of the facility. Facilities will install Plexiglas at work stations to maintain 6 feet distancing among employees.

To ensure proper social distancing, the Tribe will post signage and markings on floors throughout all facilities on tribal property. Furthermore, the Tribe will remove extra furniture in conference rooms and indicate sitting areas with signage and decals to increase proper social distancing in these closed areas. Social distancing is maintained by placing tables or desks at least six feet apart to reduce occupancy, placing markings on floors to assure distancing, and arranging seating in a way that minimizes face-to-face contact. The maximum number of individuals allowed in each conference room will also be accessible to view and must be adhered to. Public or cultural gatherings will be prohibited during this stage.

To confirm employees are aware of the key components of the Re-Opening Plan, the Tribe will have developed a training module in which all tribal employees will be required to participate. Lastly, employees will be encouraged to stay home if they are experiencing symptoms. New protocols and/or protective measures will be implemented as deemed necessary.



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Phase II – Lifted Employee Restrictions

In Phase II, all employees will be allowed to return to campus to resume to their respective work. Phase II will continue to follow some protocols of Phase I, except for:

- Vulnerable/high-risk employees will only return to their workplace if they adhere to all social distancing, PPE, and disinfecting protocols.
- Adequate mask wearing will continue among all employees.
- Access to all Tribal offices will be limited to only one, single visitor in the facility at a time.
- Visitor access within tribal facilities will be limited to the common areas only, however, restrooms in tribal properties will not be accessible to visitors.
- All visitors will be required to continue wear a mask upon entering a tribal facility.
- Any outdoor gathering or recreation can only involve five (5) people outside the same household.
- An employee who experiences symptoms, such as fever and/or respiratory issues, will be required to stay home and not report to work.
 - Asymptomatic employees under quarantine for direct exposure are required to telecommute during their isolation period.
 - Employees with symptoms while after having direct exposure may be suspend telecommute until symptoms are gone and/or employee can report a negative test to Tribal Administration to return to work.
- Public or cultural gatherings will be at the discretion of the Tribal Council.
- Telework is still strongly encouraged for employees.

Phase III – Lift Public Restrictions

In Phase III, the public will have more access to tribal properties and group gatherings will be increased. Phase III will continue to follow some protocols of Phase II, except for:

- Any outdoor group recreational activity will be allowed for groups sizes between 5-50 people.
- Recreational facilities can be filled up to 50% capacity.
- Access to all Snoqualmie Tribe properties will be limited to ten visitors at a time and up to two visitors at a time can gather in each office.
- Restrooms will be accessible to visitors.
- Employees may resume non-essential travel.
- Telework is still strongly encouraged for employees.

Phase IV – Returning to a New “Normal”

Moving into Phase IV will require the threat to diminish significantly with a continual decrease in the trajectory of positive cases and the introduction of a vaccine to combat the communicable disease. Phase IV will follow Phase III protocol; however, it will be less restrictive regarding:

- All employees may travel freely between Snoqualmie Tribal office buildings.
- Public or cultural gatherings will be at the discretion of the Tribal Council.
- All work-related travel will resume, and employees are required to follow CDC guidance to prevent the return of any previous stage.
- An employee who experiences symptoms, such as fever and/or respiratory issues, will be required to stay home and not report to work.
- Asymptomatic employees under quarantine for direct exposure are required to telecommute during their isolation period.



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- Employees with symptoms after having direct exposure may telecommute until symptoms are gone and/or employee can report a negative test to Tribal Administration to return to work.

Fully Vaccinated Employee Protocol

The Snoqualmie Tribe will request proof of vaccination for all staff who chose to receive the vaccine. The Human Resources Department will maintain these records in a separate location from employee personnel files. If an employee is vaccinated, they will send proof directly and only to the HR Inbox at hr@snoqualmietribe.us. A copy of the vaccination card will be sufficient and approved. Vaccinated employees should only visit with unvaccinated people from a single household who are at low risk for the communicable disease.

Testing Employee Protocol

During the COVID-19 pandemic, the Tribe administered over 700 antigen rapid tests on-site and had DOH approval as an official testing location. Such testing is the most effective measure of identify exposure. All employees working on tribal property, regardless of vaccination status, will be required to test for the communicable disease twice a month. Testing must be administered by a provider. Self-administered tests will not be accepted for proof of diagnostics. Given differences in authority, the Snoqualmie Gaming Commission employees will be exempt from this requirement. Regular employees will have to submit testing results directly to HR, then HR will track and maintain results to ensure employees are meeting the requirements while working on campus. The employees will be responsible for scheduling and completing their required tests. Time spent undergoing testing will be tracked and counted toward an employee's hours worked. Testing resources and locations will be made through King County's free testing sites. An example of testing sites offered during the COVID-19 pandemic can be found at this link: <https://www.kingcounty.gov/depts/health/covid-19/testing.aspx>

Close Contact Protocols

Snoqualmie Tribe has outlined the following process in case an employee or a close contact of an employee becomes symptomatic or is diagnosed with COVID-19. Symptoms outlined by the CDC, will be looked for after an exposure is proclaimed.

Close contact may include family member, coworker, roommate, significant other, friend, neighbor, or someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Regardless of vaccination status, if a tribal employee has been exposed by a coworker or close contact showing symptoms and waiting for test results, the employee will need to take precautionary steps. These steps include:

- Informing their supervisor and HR if exposed outside of the work place
- Beginning self-quarantine for seven (7) days starting as of the day of exposure
- Presenting the Tribe with a negative diagnostic test result towards the end of their quarantine period before returning to work (test must be done on day 5 or later)



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Positive Result Protocols

If an employee receives a confirmed positive test result, regardless of if they have symptoms or not, the employee must:

- Inform their supervisor and HR
- Begin self-quarantine for seven (7) days starting as of the day of exposure
- Present the Tribe with a negative diagnostic test result towards the end of their quarantine period before returning to work (test must be done on day 5 or later)

This employee must adhere to the following safety protocols:

- Limiting their contact with others
- Wearing a mask or face covering
- Continuing to stay 6 feet away from others for an additional three (3) days (72 hours) following the isolation period, for a total of 10 days.

Tested positive employees will also be required to present the Tribe with a negative diagnostic test result towards the end of your quarantine period before they can return to work.

Negative Results Following Exposure/Potential Exposure

It is important to note that a negative test result does not prove that an individual does not have the disease. The test does not always identify people who are infected. However, if an employee receives a confirmed negative test result after being exposed or potentially exposed, the employee must also monitor their symptoms and complete their time in quarantine. Employees will then need to present the Tribe with a negative diagnostic test result towards the end of their seven (7) day quarantine period before they can return to work. Even with a negative result, employees must finish the quarantine before returning to work.

Contact Tracing

HR will investigate with cooperation of the employee if health conditions permit, following the CDC Contact Tracing Guidelines. Such guidelines include:

- Interviewing the infected employee to identify everyone they had close contact with during the time they may have been infectious;
- Notifying contacts of their potential exposure (without identifying the name of the employee with the diagnosis);
- Referring contacts for testing;
- Monitoring contacts for signs and symptoms of the communicable disease; and
- Connecting contacts with services they might need during the self-quarantine period.

Snoqualmie Tribe will not share with other employees the identity of infected employees other than those in HR or management officials with a need-to-know. However, the employer will advise employees who have worked in close contact with any infected or exposed employee so that they are aware that they may have been exposed and can take steps to obtain a diagnostic test.