The United States Antarctic Program – COVID-19 Safety Pledge

I understand that maintaining safe and healthy community conditions is everyone’s responsibility, including mine.

I WILL

• call medical staff immediately if I have a fever or any other symptom associated with COVID-19 (including cough, runny nose, new loss of smell or taste, headache, chills, sore throat, shortness of breath, nausea, or vomiting).
• follow USAP and gateway government requirements while traveling to Antarctica and always follow the stricter requirement.
• wear my COVID-19 prevention personal protective equipment (PPE) and observe physical distancing as practical when/where required and expect my co-workers to do the same.
• frequently wash and sanitize my hands at work, in my dorm and when in common areas.
• follow USAP station and vessel requirements while deployed.
• alert my supervisor if I cannot perform my work safely or if I observe unsafe conditions or behaviors.
• support others in my team and make every effort to be part of the solution as I recognize that this is a stressful and overwhelming time for many.

I understand that breaking this pledge could be considered a Polar Code of Conduct violation. I acknowledge that while it may be challenging, I understand the consequences (and risk to those around me) of not upholding my pledge and I commit fully to the above actions.

Participant Name (printed): ___________________________ Organization/Event: __________

Participant Signature: ___________________________ Date: __________________________