



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interim Coronavirus Disease 2019 (COVID-19) Guidance for Employers of H2B Seafood Processors and Housing Providers

March 30, 2020

No one has immunity to the new coronavirus (COVID-19) that is currently causing this pandemic. COVID-19 can spread especially easily in settings when many people live in close proximity, such as the residential facilities set up to house H2B seafood processors. Seafood processing plant owners, managers and all who provide housing for seafood workers should implement plans to prevent exposure to the virus that causes COVID-19, care for individuals with COVID-19, and prevent the spread of the disease among their workers.

Individuals who are 65 years of age or older and people with pre-existing medical conditions such as diabetes, chronic lung or heart disease, or who have a compromised immune system (e.g., cancer or taking immunosuppressant medications) have a greater risk of severe illness due to COVID-19. Complications of COVID-19 infection include the need to be hospitalized, receive mechanical ventilation and death.

The following recommendations from the North Carolina Department of Health and Human Services are intended to prevent exposure to COVID-19, if possible, and protect the public health of the state and this important work force. Immigrant seafood processors are a uniquely vulnerable population given the many barriers to accessing health care they experience such as language barriers, lack of independent transportation, lack of insurance, fear regarding immigration status, and unfamiliarity with local resources and systems.

The key components of a prevention plan for H2B seafood processors include 1) minimizing the risk for exposure to the virus, 2) early detection of people with symptoms of COVID-19, and 3) caring for individuals with COVID-19 while ensuring that they do not give the infection to anyone else.

If you have questions related to H2B seafood processor housing, please contact the North Carolina Department of Labor's Agricultural Safety and Health Bureau at 919-707-7820.

Helpful definitions:

COVID-19 is the infection caused by the novel coronavirus identified for the first time in December of 2019.

A **COVID-19 case** is a person with a laboratory confirmed COVID-19 infection.

A **suspect COVID-19** case is a person with symptoms consistent with COVID-19 infection, but without a laboratory confirmed diagnosis.

Isolation is separating confirmed and suspect COVID-19 cases from other workers who have no signs or symptoms of infection.

Quarantine is keeping workers who have been exposed to a confirmed or suspect COVID-19 case, but have no symptoms of infection, away from non-exposed workers (as much as possible) for the duration

of the virus' incubation period (incubation period is 14 days after last exposure to a confirmed or suspect COVID-19 case).

A **significant exposure** is defined as being within 6 feet of a confirmed or suspect COVID-19 case for at least 10 minutes.

Be Prepared, Have a Plan

Have an emergency plan for how you will care for and isolate COVID-19 infected workers.

- Make sure that you have emergency contact numbers for each of your workers that are willing to provide it.
- Make sure that you have the phone number of your local health department. OSHA requires "camp superintendents" (or those providing the housing) to report immediately to the local health officer the name and address of any individual in the camp known to have or suspected of having a communicable disease. (29 CFR 1910.142(l)(1)). The health department will help to guide you in your specific situation, including how, when and if, to test workers with symptoms.
- People with symptoms of COVID-19 (e.g., fever, cough, shortness of breath) are considered suspect COVID cases until tested and must be housed in a separate room with a separate bathroom from people who are not sick. They should not share cooking or eating facilities.
- People who have tested positive are considered confirmed COVID-19 cases and should be housed only with other confirmed COVID-19 cases. They should have separate bathroom, cooking and eating facilities from all others.
- When available, provide surgical facemasks and store them near the doors for people with suspected and confirmed COVID-19 infections. Facemasks should be worn by both groups when they are outside of their room, when people are in their rooms, and by the people who enter their rooms to care for them.
- Ventilate the room where persons with COVID-19 are housed on regular intervals, as much as possible (e.g., by opening windows to the outside to allow fresh air to circulate in).
- Your plan should outline how and who will pay for and provide food, water, and medical supplies to symptomatic workers in isolation or exposed but asymptomatic workers in quarantine as they may be unable to provide for themselves during this time.
- Your plan should outline by whom and how transportation will be provided for ill workers who need medical evaluation or treatment. You must consider how the person doing the transporting is to be protected, where the closest facilities are located and how testing and/or care will be paid for.
- Create a plan for what to do if many workers are sick at the same time.

Identify the nearest healthcare facility that provides free or low-cost care to uninsured people.

- Most Migrant and Community Health Centers are able to provide telehealth evaluation. Some are also able to provide COVID-19 testing at sliding scale fees. You must call first in order to allow the Health Center to prepare for a suspect COVID-19 patient.
- H2B workers have 60 days from entry into the country to sign up for heavily subsidized and thus affordable health insurance on the national marketplace. Migrant and Community Health Centers have bilingual patient navigators that can help them to sign up. Contact your closest center to get your H2B workers enrolled in health insurance plans when they first arrive and **before** anyone becomes ill.
- To view a list of healthcare facilities providing care for uninsured patients, click [here](#).
- If you cannot find a free or low-cost facility in your area, [contact your local health department for assistance](#).

Promote Healthy Habits

Educate workers about hand hygiene, respiratory etiquette and emergency response

- [Provide signs in English, Spanish and all pertinent languages](#) with information about when and how to properly wash hands, physical distancing of at least 6 feet, need to cough and sneeze into an elbow instead of a hand, to protect themselves and others from germs.
- Clean and disinfect worker housing, bathrooms and transportation vehicles daily.
- Transport workers in ways that allow them to stay at least 6 feet apart in the vehicle even though this may mean multiple trips are required. Disinfect the vehicle between trips.
- Arrange beds in worker housing six feet apart, if possible.
- Post the address and phone number of your local health department centrally where your workers can find it.
- Post the workers' housing address centrally so workers will be able to give to a 911 operator if needed

Provide weekly supplies to each worker to fight COVID-19 like alcohol-based hand sanitizer (if available), tissues, disinfectants and lined trash cans.

- Make sure that workers have access to these supplies at the worksite, in common areas, where they sleep, and where they eat.
- Use hand sanitizer containing at least 60% ethanol (or 70% isopropanol).
- Provide [a disinfectant that is active against coronaviruses](#) to sanitize counters, bathrooms and other areas. Create a daily schedule for this to be done.
- Ensure that worksite sanitation supplies of soap, single-use paper towels, and water are well stocked in each location.
- Require workers to wash hands before and after work, meals and bathroom breaks. Remind them to wash hands upon entering and exiting high-density areas such as stores, laundromats, buses and vans.
- Make sure that trash cans are emptied whenever full and at least weekly.

Prevent the Spread of COVID-19

- Screen arriving workers for symptoms of COVID-19 such as fever, cough, or shortness of breath.** Workers with symptoms should be housed in the area designated for suspect COVID-19 cases and arrange for them to consult with a medical provider. If the worker needs to be seen at a healthcare facility, call the medical provider in advance so they can take appropriate precautionary measures. Be sure that the medical provider knows that this patient lives in a congregate living situation.
- Workers with symptoms of respiratory illness should take a private vehicle to get to the medical provider. If they do not have their own vehicle, you must assist with transportation. Circulate air by partially lowering windows (weather permitting) and have all people in the vehicle, including the patient, wear a surgical mask.

If a worker starts having symptoms of COVID-19 such as fever, cough, or shortness of breath:

- Have the worker stop working immediately and isolate the person from other workers. People with these symptoms should not be working.
- If there is an onsite room designated for ill workers that is unoccupied, suspect COVID-19 cases should be directed to that room at the time of symptom onset until appropriate isolation plans can be enacted.
- Follow the instructions above to arrange for them to be evaluated by a medical provider.

Let all workers who have symptoms of respiratory illness rest until they feel better.

- Make sure they have enough food and water as they will not be able to go to the store and may not have the funds to buy their own.
- Check frequently on the ill worker in isolation to monitor for worsening symptoms. About 20% of all COVID-19 infected people will develop severe respiratory symptoms that may require hospitalization.
- Public health officials (e.g., local health department staff) will provide further instructions about isolation and the criteria to release the worker from isolation.

If a worker is suspected or confirmed to have COVID-19:

- [Contact your local health department](#) as required by OSHA.
- Instruct workers who had close contact* with a COVID-19 patient to self-monitor for symptoms of COVID-19 (e.g., fever or onset of respiratory symptoms such as cough or shortness of breath) for 14 days. These exposed workers should be separated from non-exposed workers for 14 days (e.g., sleep in a separate room, work in a separate area, use separate bathroom and cooking facilities). If they develop symptoms of COVID-19, contact your local health department.

**close contact per the CDC is greater than 10 minutes in an enclosed space without personal protective equipment (e.g., mask)*

To learn more about caring for people with COVID-19 in a group setting, please read the [NC Congregate Living Guidance](#).

For additional information, please see the following resources:

[NC DHHS Coronavirus Website](#)

[CDC Coronavirus Website](#)

[CDC Cleaning and Disinfection for Non-Healthcare Settings](#)

Legal Considerations

- Failure to provide separate housing for infected workers could reasonably be expected to cause death or serious harm to the uninfected workers, which violates the Migrant Housing Act of North Carolina which requires housing providers to immediately provide safe housing.
- No infected or exposed H2B workers should be allowed or forced to return home prior to being cleared by the health department for travel. This would present a public health risk and there could be criminal consequences pursuant to North Carolina's laws governing communicable disease control (G.S. 130A-25).
- If workers would like to make a CONFIDENTIAL complaint about unsafe working or employer provided living conditions in English or Spanish, they can contact the NC Department of Labor at 1-800-NC-LABOR.
- It is unlawful for employers and housing providers of seafood processors to retaliate/take any adverse employment action against any worker who files a complaint or otherwise asserts their right to safe working and/or migrant housing conditions in NC under the NC Retaliatory Employment Discrimination Act.