Introduction
COVID-19 can spread easily in settings where many people work in close proximity, such as food processing plants. Plant owners, managers and crew supervisors should implement plans to reduce exposure to the virus that causes COVID-19 to prevent the spread of the disease among plant workers. Individuals who are over the age of 65 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.

These interim recommendations were developed with input from the National Institute of Occupational Safety and Health (NIOSH) and have been adapted for use in North Carolina by the Department of Agriculture and Consumer Services (NCDA&CS) and the Department of Health and Human Services (NCDHHS). They will be updated as new information becomes available. The recommendations are intended to prevent exposure to COVID-19, when possible, and protect the health of North Carolina’s communities which includes this important work force. Food processing facilities are an essential business and play a critical role in ensuring a continuous supply of safe and healthy food. These recommendations are intended to provide management options by which the safety of workers can be enhanced. They are not intended to replace any existing worker safety and health plans required by the NC Department of Labor (NCDOL), but should be viewed as an addition to those.

Food processing facilities in NC have historically been regulated by the NCDOL for industrial hazards, and the US Department of Agriculture-Food Safety and Inspection Service (USDA-FSIS) and NCDA&CS for food safety and hygiene. Recently, outbreaks of COVID-19 at facilities in other states, and now NC, have required the development of guidance for a new type of hazard (transmission of respiratory virus from employee to employee) that has not been historically recognized in these facilities. With input from the CDC-NIOSH, NCDHHS’ Division of Public Health and NCDA&CS have rapidly developed this guidance in an attempt to support food processing facilities.

The key components of a prevention plan for meat processing workers include 1) minimizing the risk for exposure to the virus, 2) early detection of people with symptoms of COVID-19, and 3) isolating suspected or positive cases from others until they are no longer infectious.
Create a COVID-19 Infection Control Plan
Reducing the spread of an outbreak and the continuation of operations requires preparing for and implementing modifications at the plant.

- Identify workplace coordinators for COVID-19 issues
- Establish a worksite wellness coordinator to follow the wellness protocols described below
- Determine how you will operate with a reduced workforce
- Implement plans to continue your essential business functions
- Institute flexible workplace and paid time off policies that are shared with all workers
- Cross-train workers to perform essential functions to maintain operations
- Implement structural changes to create space and barriers between workers
- Implement thorough disinfecting practices in all areas of the plant
- Secure isolation housing for symptomatic workers who need to be isolated but cannot isolate themselves at home
- Develop a communications plan to share information daily to reinforce educational messages, provide updated information about the number of confirmed cases at the plant, and to share updates about steps being taken to keep the workers safe, including testing and contact tracing

Conduct worksite assessments to identify COVID-19 risks and prevention strategies.

- In addition to work areas, other areas to consider include transportation to and from the worksite, break room, cafeteria, locker rooms, tool rooms, check-in areas, routes of entry and exit to work areas, and similar areas
- Personal protective equipment (PPE), identified as necessary in these assessments, should be supplied by management and replaced as necessary (for example, when dirty or contaminated)
- Alcohol-based hand sanitizer and hand soap should be provided to employees to use

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

See website for details – selected key points below:

- Pre-screen workers for fever (>100.4 F) and symptoms prior to work and prior to entering plant transportation such as vans and buses
- Workers should report to supervisors if they get sick during work shift
- Workers who are ill should not work and should be referred for medical evaluation and possible COVID–19 testing
- Workers who are ill should be informed that their family members and close contacts may also be assessed for symptoms
- Workers experiencing shortness of breath or inability to stand on their own should be cared for immediately by calling 911 and reporting a suspected COVID-19 case with severe symptoms
- Workers so excluded from work should receive paid time off until results are available and while being isolated if positive
- Workers should wear a mask to cover their nose and mouth.
- Maintain social distance as feasible in the workplace – see section below
- Disinfect and clean workspaces – see section below
- Concerning continuation of work or return-to-work issues for individual workers:
For workers who have been ill and must return to work:

- **Non-test-based strategy.** Exclude from work until:
  - At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
  - At least 7 days have passed *since symptoms first appeared*
- Workers so excluded from work should have paid time off for duration of exclusion time

**Contact Tracing**
- Contact tracing should be performed for any cases that are identified. This will be a joint function of corporate occupational or employee safety and health and state and local entities. Since workers may be equally exposed at the job site and at their home it is imperative that commercial and private entities cooperate in this function

**Follow the hierarchy of controls when implementing infection control practices specific to facilities, and include a combination of controls noted below**

**Engineering controls**
- Adapt workstations to minimize close contact of workers with other workers
  - Install transparent shields or barriers where possible
- Utilize methods to physically separate workers in all areas of the facilities other than working areas, including break rooms, parking lots, entrance/exit areas
  - Utilize practices such as visual cues (e.g., floor markings, signs), tents or other temporary shelters
- If fans are used in the facility, ensure that fans blow clean air at the workers' breathing zone

**Cleaning/Disinfection/Sanitation**
- Disinfect high-touch areas in food production areas with products meeting Environmental Protection Agency (EPA) criteria for use against SARS-CoV-2 and approved under the facility’s sanitation standard operating procedures
- Coordinate cleaning product use with USDA if used in food production areas
- For other high-touch areas, use products that meet EPA criteria, diluted household bleach solutions, or alcohol solutions with at least 70% alcohol, and are appropriate for surface disinfection
- If tools are used by multiple workers – disinfect between shared use
- Conduct targeted and more frequent cleaning of high-touch areas of shared spaces (e.g., time clocks, bathroom fixtures, break room tables and chairs, locker rooms, vending machines, railings, door handles)

**Administrative controls**
- Worker screening – see section above
- Reduce production line staffing to extent feasible to minimize close worker contact - consider line speed as an important factor in this
- Stagger shifts, start times and break times as feasible
- Provide workers adequate time and access to soap, water and single-use towels for handwashing
- Use no-touch receptacles when possible
• Use alcohol-based hand sanitizers containing at least 60% alcohol if soap/water not available

**Personal Protective Equipment (PPE) and Source Control**
• Workers should continue to be provided and wear PPE required for job tasks being performed
• Use mask as noted above; replace when contaminated or dirty
• Stress proper manner to put on and take off items such as masks to minimize becoming dirty or contaminated
• Emphasize proper hand hygiene after gloves or facial coverings are removed

**Provide infection control information and training for all workers**
• Communication/training should be easy to understand, in languages appropriate to preferred language(s) spoken or read by the workers, and include accurate and timely information
• Topics including, but not limited to: staying home when ill, social distancing, PPE, hand hygiene practices, and potential routes of transmission (and how to minimize them) in community