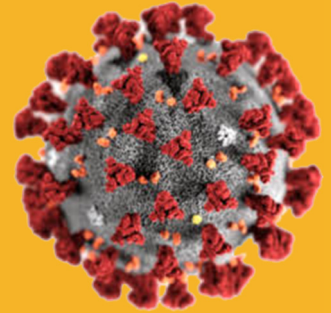




TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



Health and Safety Guidance for Preventing Exposure in Food Processing Coronavirus (COVID-19, SARS-CoV-2)

(June 2, 2020)

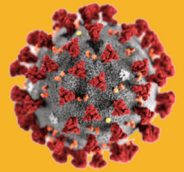
Outbreaks of COVID-19 are increasing in food processing facilities in the United States. Thousands of workers have gotten exposed and sick and plants have had to close. This fact sheet presents health and safety measures food processing workers and their employers can take to prevent infections with COVID-19. The IBT has developed another fact sheet for meat and poultry processing workers.

While much of the information in this fact sheet comes from the Centers for Disease Control and Prevention ([CDC](https://www.cdc.gov)¹) and the Occupational Safety and Health Administration (OSHA), this fact sheet provides more information to help protect our members. OSHA does not have a standard for respiratory infectious diseases, like COVID-19 and -despite a petition by the IBT and other labor unions - is not planning to issue any new standards specific to preventing infections in the workplace.

Exposure Risks to Food Processing Workers

Workers in food processing can be exposed at work to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus which causes the COVID-19 disease. The virus spreads in infected people's exhaled breaths, coughs, and sneezes. The virus might land on surfaces and objects. When workers breathe contaminated air or touch contaminated places and then touch their eyes, nose, or mouth, they can get infected too. The infection is not spread through food.

¹ *Meat and Poultry Processing Workers and Employers
Interim Guidance from CDC and the Occupational Safety and Health Administration (OSHA)*
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/meat-poultry-processing-workers-employers.html>



At the time of this writing, there is no vaccine or effective treatment for infections other than supportive treatment. There is at least one drug under research that can shorten the time victims are sick.

Exposure Risk Factors

- **Sharing breathing air** – When infected workers in the plant cough or sneeze or even talk or breathe, they release the virus in their breath. When other workers breathe that air, they can be infected also.
- **Distance between workers** – Meat and poultry processing workers often work close to one another on processing lines. The closer they are, the more they share the air. Workers may also be near one another at other times, such as when clocking in or out, during breaks, or in locker/changing rooms.
- **Touching contaminated surfaces** – Exposure can also occur from touching contaminated surfaces, such as tools, equipment, door handles, and break room furniture.
- **Other work-related exposures** - Outside of the immediate work area, shared spaces such as break rooms, locker rooms, and entrances/exits to the facility may contribute to their risk. Outside of work shared transportation such as shuttle vehicles, car-pools, and buses can be sources of exposure.

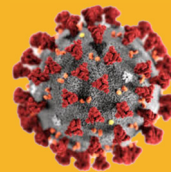
Criteria for Continuing Operations

CDC's *Critical Infrastructure Guidance*² advises that essential/critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, if they remain without symptoms (asymptomatic) **and** additional precautions are implemented to protect them and the community. Many people, however, have the infection have no symptoms but can still spread the disease. Masks do not always work. We think no one should be at work if they might have been in close contact with someone who was infected.

1. Work directly with appropriate state and local public health officials and with authorized employee representatives;
2. Incorporate relevant aspects of CDC guidance, including but not limited to this document and the CDC's [Critical Infrastructure Guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html)³; and
3. Incorporate guidance from other authoritative sources or regulatory bodies, such as the Occupational Safety and Health Administration (OSHA), and the Food and Inspection Service (FSIS), as needed.

² <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

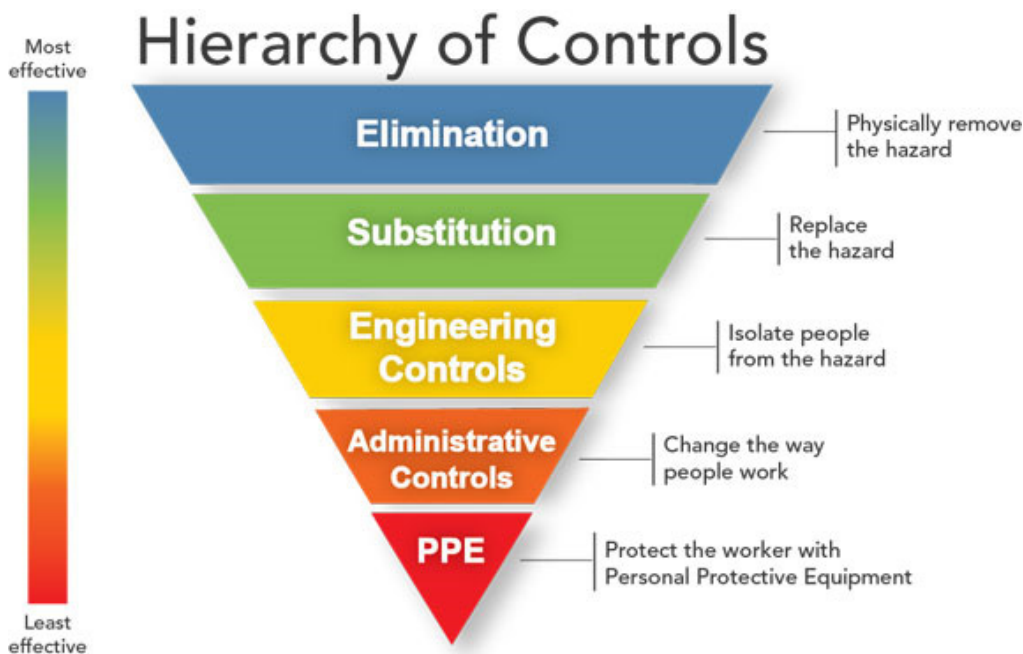


COVID-19 Assessment and Control Plan

Employers should adopt infection control strategies based on a thorough hazard assessment, following the [hierarchy of controls](#)⁴ as recommended by the Teamsters. This approach ranks control methods based on how effective they are in reducing or removing hazards. These controls include using appropriate combinations of following in order from most protective to least protective: **Hazard Elimination, Engineering Controls, Administrative Controls (training and safe work practices), and Personal Protective Equipment (PPE).**

Exposure Controls

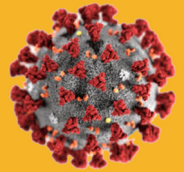
Employers should adopt infection control strategies based on a comprehensive worksite hazard assessment, following the hierarchy of controls, which are a widely recognized strategy that ranks control methods based on how effective they are in reducing or removing hazards. These controls include using appropriate combinations of the following measures in order from most protective to least protective: **Hazard Elimination, Engineering Controls, Administrative Controls (Training and education, Safe work practices), and Personal Protective Equipment (PPE).** (For details, refer to OSHA document, *Guidance on Preparing Workplaces for COVID-19*).



The Centers for Disease Control and Prevention (CDC)⁵

⁴ *Guidance on Preparing Workplaces for COVID-19* <https://www.osha.gov/Publications/OSHA3990.pdf>

⁵ Hierarchy of Controls, CDC, <https://www.cdc.gov/niosh/topics/hierarchy/default.html>



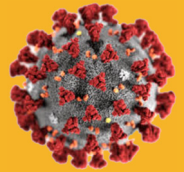
Hazard Elimination

Employers should develop and implement a comprehensive screening and monitoring program aimed at preventing the introduction of COVID-19 into the worksite. This program should include screening workers before entering the workplace, criteria for return to work of exposed and recovered (those who have had signs or symptoms of COVID-19 but have gotten better), and criteria for excluding sick workers. Unfortunately, many people are infectious before they start showing symptoms, so screening is not 100% effective. Screening must be consistent and be coordinated to the extent possible with local public health authorities and with authorized employee representatives.

If a worker gets sick with COVID-19, tell any workers who might have been exposed. The employer must maintain confidentiality as required by the Americans with Disabilities Act (ADA). The employer should have possibly exposed workers to follow the rules in the [CDC Public Health Recommendations for Community-Related Exposure](#).

Engineering Controls

- Because it is known that SARS-CoV-2 can spread by those with no symptoms (asymptomatic), work environments should be set up so that workers are kept at least six feet apart. This may require changes in production practices to maintain appropriate distances among workers.
- **Ensure adequate ventilation in work areas:** Facilities should have at least six outside air changes per hour. Try to eliminate recirculated air. Air that is recirculated should be filtered with 16 MERV (Minimum Efficiency Reporting Volume) or HEPA (High-efficiency Particulate Air) filters to remove viruses. Have a thorough engineering study done to check that the ventilation system is working as it is designed. Facilities may need to consult with an industrial hygienist or ventilation engineer to help minimize workers' potential exposures.
- **Minimize air from fans blowing from one worker directly to another worker.** Fans should not blow horizontally. If fans are removed, employers should remain aware of, and take steps to prevent [heat hazards](#).
- Set up workplaces so workers are kept at least six feet apart. This may require changes in production practices to maintain appropriate distances.
 - **Modify the alignment of workstations**, including along processing lines, so workers are at least six feet apart in all directions. Workers should not work directly facing each other.
 - **Use markings and signs** to remind workers to maintain their location at their station away from each other and stay apart on breaks.
- **Use physical barriers**, such as strip curtains, clear plastic or similar materials, or other impermeable dividers or partitions, to separate workers from each other. Make sure the barriers are placed and are large enough, so the workers always have the barrier between them.
- **Place handwashing stations or hand sanitizers** with at least 60% alcohol at each workstation to encourage hand hygiene. If possible, choose hand sanitizer stations that are touch-free.
- **Add additional clock in/out stations**, if possible, that are spaced apart, to reduce crowding in these areas. Use as touch-free methods or staggering times for workers to clock in/out when possible.



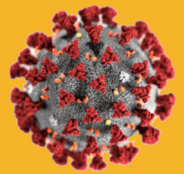
- **Remove or rearrange chairs and tables**, or add partitions to tables, in break rooms and other areas workers may frequent to increase worker separation. Identify alternative areas to accommodate overflow volumes such as training and conference rooms or using outside tents for break and lunch areas.
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Administrative Controls

- **Encourage single-file movement** with a six-foot distance between each worker through the facility, where possible.
- **Monitor** distancing on processing floor lines.
- **Stagger break times** and provide temporary break areas and restrooms to avoid groups of workers during breaks. Workers should always maintain at least six feet of distance from others, including on breaks.
- **Stagger workers' arrival and departure times** to avoid gatherings of workers in parking areas, locker rooms, and near time clocks.
- **Clean and disinfect** commonly touched surfaces, including frequently touched surfaces, tools, and equipment, using disinfectants registered with the Environmental Protection Agency (EPA) that are effective against SARS-CoV-2 (See EPA website [List N](#)⁶).
Workers who perform cleaning and disinfection tasks would need additional protections from chemical hazards. Note: Employers must ensure their written hazard communication program (29 CFR 1910.1200) and training is up to date for all employees.

⁶ List N: Disinfectants for Use Against SARS-CoV-2

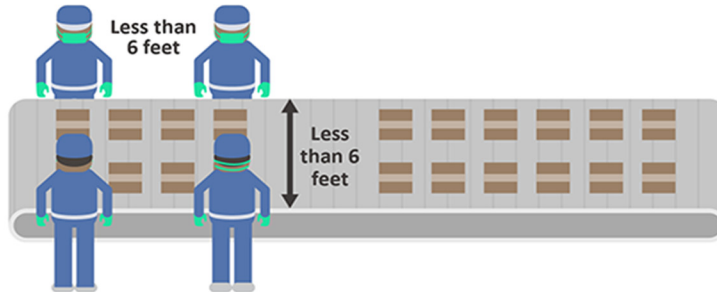
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



How to Align Manufacturing Workstations, If Feasible

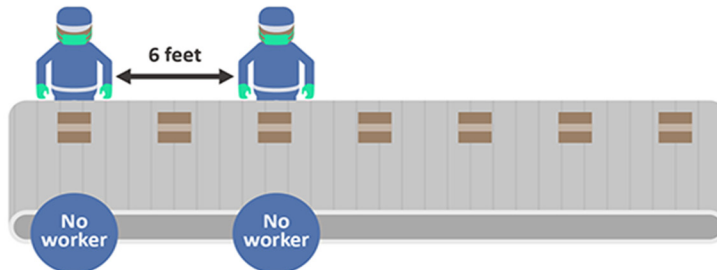
Bad:

Workers are within six feet of one another, including at side-by-side or facing workstations.



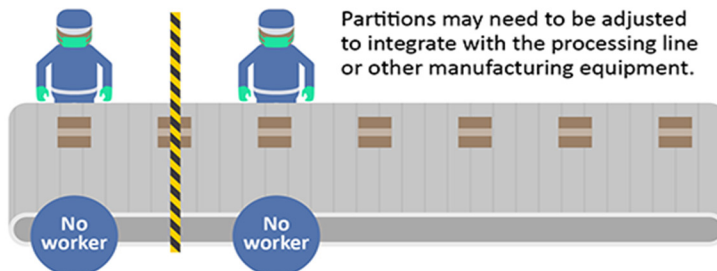
Good:

Workers are spaced at least six feet apart, not facing one another. Another setup may be used to achieve similar distancing between workers.



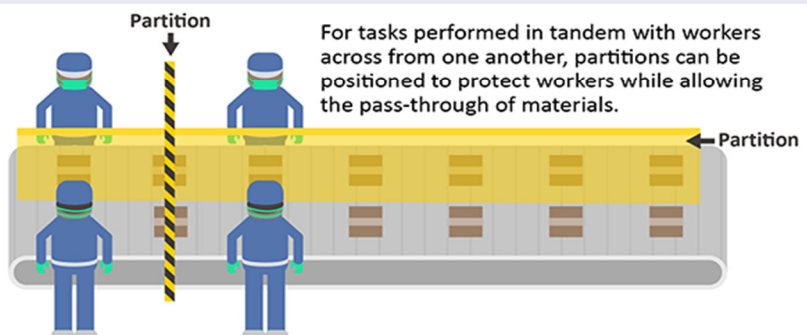
Good:

Physical barriers, such as partitions, separate workers from each other.

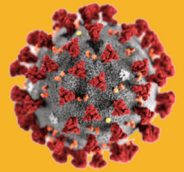


Good:

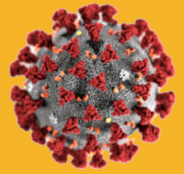
Physical barriers, such as partitions, separate workers from each other, including where workers need to perform tasks in tandem across from one another.



Manufacturing Workers and Employers Interim: Guidance from CDC and the Occupational Safety and Health Administration (OSHA).



- **Require masks.** Masks reduce the amount of virus getting into the room air from an infected person. When the wearer breathes/coughs/sneezes directly into the mask it can catch and hold the wet virus particles. Cloth masks and surgical masks are about equally effective at catching coughs and sneezes. Since many people are infected without knowing it, everyone should wear a mask. Unless the mask is a NIOSH-approved particulate respirator, it does not protect the wearer. (See PPE section below for more information on respirators and other masks.) If workers use a respirator with an exhalation valve, have them wear a cloth or surgical mask to cover the valve. The mask over the exhalation valve does not have to have a tight seal. Replace all masks when they get wet or dirty.
- **Provide floor markings or signs** as a reminder to workers to maintain distancing.
- **Encourage workers to avoid carpooling** to and from work, if possible.
 - If carpooling or using company shuttle vehicles is a necessity for workers, the following control practices should be used:
 - **Limit the number** of people per vehicle as much as possible. This may mean using more vehicles.
 - Encourage employees to **stay apart** as much as possible.
 - Encourage employees to **use hand hygiene** before entering the vehicle and when arriving at the destination.
 - **Clean and disinfect** commonly touched surfaces after each carpool or shuttle trip.
 - Workers should [cough and sneeze](#) into their elbows or a tissue.
- **Modify the alignment of processing or production lines** and stagger workers across shifts to minimize exposure to the coronavirus.
 - For example, a plant that normally operates on one daytime shift may be able to split workers into two shifts throughout 24 hours.
- **Review leave and incentivize policies:**
 - Modify sick leave policies to make sure that ill workers are not in the workplace. Make sure that employees understand these policies.
 - Change any incentive programs so that employees are not penalized for taking sick leave.
 - Allow employees to donate sick leave to others and give advances on future sick leave.
- **Group together (cohort)** workers so that groups of workers are always assigned to the same shifts with the same coworkers to reduce the spread of workplace SARS-CoV-2 transmission by minimizing the number of different individuals who come into close contact with each other over a week. Wherever possible, implement cohorting of small, consistent teams to minimize the number of potential exposures for each person. Cohorting will also simplify the identification process of possible exposed workers if a case of COVID-19 is confirmed.



- **Have workers tell their supervisors** if they are sick or had close contact with someone who is sick.
- **Provide regular, frequent access to soap, clean running water**, and paper towels for handwashing.
 - **Place no-touch hand sanitizer dispensers by every workstation and throughout the rest of the workplace.**
 - **Provide tissues and no-touch trash receptacles** for workers to use.
- **Workers should be told not to touch their faces**, including their eyes, noses, and mouths, particularly until after they have washed their hands upon completing work and/or removing personal protective equipment (PPE). Using cigarettes and smokeless tobacco make people touch their faces.

The CDC recommends wearing cloth face coverings as a protective measure, in addition to social distancing (i.e., staying at least 6 feet away from others) and to comply with state and local requirements for their use. Cloth face coverings are intended to protect the people *around the user* by catching coughs and sneezes. They may be helpful in the following ways:

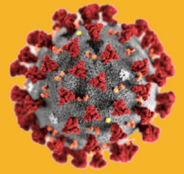
- When distancing is not possible or technically feasible based on working conditions;
- By reducing the amount of large respiratory droplets that a person spreads when talking, sneezing, or coughing;
- By preventing people who do not know they have the virus that causes COVID-19 from spreading it to others.

Cloth face coverings, as well as surgical masks, are not PPE and are not appropriate substitutes for PPE such as respirators (like N95 respirators) or surgical mask because they do not have effective filters for particles the size of viruses and do not seal to the users face like a respirator, so they allow air to leak around them. Employers must comply with OSHA's Respiratory Protection Standard whenever respirators are used in the workplace. The respirator standard requires a written program medical exams, fit testing, and training. Employers who determine that cloth face coverings should be worn in the workplace should ensure that they meet criteria involving fit, material, breathability, dryness, and sanitation. (For details, refer to the joint *CDC-OSHA Interim Guidance for Manufacturing Workers and Employers*).

Training

All communication and training should be easy to understand, in the languages spoken or read by the workers, and include information about:

- Signs and symptoms of COVID-19, how it spreads, risks for workplace exposures,
- The employer's infection control plan;
- How workers can protect themselves;
- Proper handwashing and hand sanitizer use;
- Cough and sneeze etiquette;



- How to put on, take off and maintain PPE and cloth face coverings (non-PPE);
- The employer's sick leave policy.

Personal protective equipment (PPE)

OSHA's PPE standards⁷ (29 CFR 1910.132-138) require employers to conduct a hazard assessment⁸, documented in writing, to determine if hazards are present, or are likely to be present, for which workers need PPE. The results of that assessment will be the basis of workplace controls (including PPE) needed to protect workers. Specifically, when engineering and administrative controls are difficult to maintain and there may be exposure to other workplace hazards, such as splashes or sprays of liquids on processing lines or disinfectants used for facility cleaning, PPE should be considered.

When using PPE instead of more effective control measures employers must:

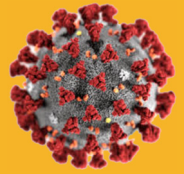
- Select and provide appropriate PPE at no charge to employees.
- Train workers on how to use PPE. Use videos or in-person visual demonstrations of proper PPE donning and doffing procedures. (Maintain social distancing during these demonstrations.)
- Emphasize that care must be taken when putting on and taking off PPE to ensure that the worker or the item does not become contaminated.
- Provide PPE that is either disposable (preferred) or, if reusable, ensure it is properly disinfected and stored in a clean location when not in use.
- PPE worn at the facility should not be taken home or shared.

Face shields may protect the wearer and workers around them.

- If helmets are being used, use face shields designed to attach to helmets.
- Face shields can provide additional protection from both potential process-related splashes and potential droplets spread from person-to-person.
 - Safety glasses may fog up when used in combination with masks or cloth face coverings.
 - Only some face shields are acceptable substitutions for eye protection (such as safety glasses) that are used for impact protection; facilities should consult with an occupational safety and health professional concerning the use of face shields.
- Face shields can help minimize contamination of masks and cloth face coverings.
- If used, face shields should be cleaned and decontaminated after each shift, and when not in use they should be kept in a clean location at the work facility.
- If used, face shields should also wrap around the sides of the wearer's face and extend to below the chin.

⁷ COVID-19, OSHA Standards <https://www.osha.gov/SLTC/covid-19/standards.html>

⁸ The employer shall verify that the required workplace hazard assessment has been performed through a written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment; and, which identifies the document as a certification of hazard assessment. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.132>.



During the COVID-19 pandemic, meat and poultry processing employers should allow workers to use **respirators**, such as an N95, if available, even if respirators are not normally required. If workers use a respirator with an exhalation valve, have them wear a cloth or surgical mask to cover the valve. The mask over the exhalation valve does not have to have a tight seal. Replace all masks when they get wet or dirty.

In addition to the PPE noted above, when cleaning and disinfecting the plant workers may need to use **gloves, face, and eye protection**, and other types of PPE when cleaning and disinfecting meat and poultry processing plants (including frequently touched surfaces, tools, and equipment).

When PPE is used, employers should put in precautions for the additional hazards created by poorly fitting PPE (e.g., mask ties that dangle or catch; PPE that is loose and requires frequent adjustment or tends to fall off) or by the work environment (e.g., machinery in which PPE could get caught).

Workers' Rights and the Role of the Local Union

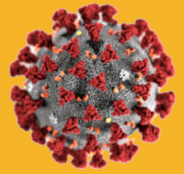
Since CDC guidance frequently does not represent the best practices for protecting workers and OSHA has gone home for the day, hazard controls must go beyond OSHA regulations and CDC guidance. Local unions must play a leadership role in getting employers to protect their workers.

The union can enforce OSHA standards through the grievance process, even if it is not specified in the contract. Despite the labor unions' petition, OSHA has refused to issue a standard for COVID-19; however, OSHA requires employers to provide "a place of employment that is "free from recognized hazards that are causing or are likely to cause death or serious physical harm." You can grieve that too.

Under the National Labor Relations Act (NLRA), the Union has a right to bargain over the conditions of work, including hazard controls, testing, work hours, and sick leave. Whenever working conditions change, such as the occurrence of a pandemic, even during the life of a contract, the union has a right to demand to bargain over changes. A demand to bargain should be in writing and delivered to the employer by a union representative.

Under OSHA and NLRA, workers have the right to refuse dangerous work. Workers should make it clear they are refusing just the dangerous work, not all work. They should not leave the work site unless permitted by their supervisor. Refusing dangerous work is not a strike, so the employer must retaliate against the workers. Refusing dangerous work is best done as a group.

OSHA prohibits employers from retaliating against workers for raising concerns about safety and health conditions. Firing, laying off, demoting, denying overtime or promotion, or reducing pay or hours, for engaging in activities protected by OSHA's [whistleblower laws](#) is illegal. Workers only have thirty days after their employer retaliates against them to file their complaint with OSHA. The IBT can help file the complaint.



Local unions should also use customary tactics to pressure the employer, stickers, solidarity meetings, press conferences, etc. Right now, the public is on the worker's side when they see employers putting them at risk.

Under OSHA's recordkeeping requirements, COVID-19 is a recordable illness, and employers are responsible for recording cases of COVID-19 if several criteria are met.

Because of the difficulty with determining work-relatedness⁹, to assess employers' efforts in this regard, OSHA compliance officers should apply the following considerations:

- *The reasonableness of the employer's investigation into work-relatedness.*
- *The evidence was available to the employer.*
- *The evidence that a COVID-19 illness was contracted at work.*

If, after exercising reasonable and good faith efforts, "the employer cannot determine whether it is more likely than not that exposure in the workplace played a causal role concerning a particular case of COVID-19, the employer does not need to record that COVID-19 illness. In all events, it is important as a matter of worker health and safety, as well as public health, for an employer to examine COVID-19 cases among workers and respond appropriately to protect workers, regardless of whether a case is ultimately determined to be work-related¹⁰."

Rights to Information

The union has a right to nearly any record the employer has related to workplace health safety. This includes the OSHA Log which lists all the injuries and illnesses (including COVID-19 infections) that occur on the job including the name of the affected worker. COVID-19 would be listed in the injury/illness column as a 'respiratory' illness. A worker may voluntarily request that the employer treats the exposure or infection as a "privacy concern case" and not enter his or her name on the OSHA 300 log.

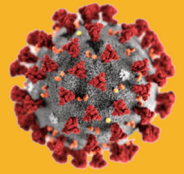
The employer must also provide on request:

- Measurements, such as air monitoring or noise exposure
- Test results, such as asbestos in floor tiles or lead in paint
- Inspections, such as fire extinguisher or forklift, and
- Reports, such as from safety consultants.

Workers also have a right to their medical records. The union can also get individual medical records with the workers' permission.

⁹ <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>

¹⁰ <https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>



ADDITIONAL INFORMATION AND RESOURCES

Stay informed, talk to your employer, supervisor, and union representative.

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>.

See these sources for more information on worker exposures to COVID-19:

- IBT Safety and Health Department **COVID-19 Resource Page:** www.teamstersafety.org/covid-19
- OSHA COVID19: <https://www.osha.gov/SLTC/covid-19/>
- COVID-19 Guidance for the Manufacturing Industry Workforce
<https://www.osha.gov/Publications/OSHA4002.pdf>
- **OSHA Guidance on Preparing Workplaces for COVID-19**
<https://www.osha.gov/Publications/OSHA3990.pdf>
- CDC COVID19: www.cdc.gov/coronavirus/2019-ncov/
- **CDC-OSHA Manufacturing Workers and Employers: Interim Guidance**
<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-manufacturing-workers-employers.html>
- **CDC Interim Guidance for Businesses and Employers** www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
- **CDC Resources for Businesses and Employers:**
Responding to Coronavirus Disease 2019 (COVID-19), May 2020
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html>
- **NIOSH Workplace Safety and Health Topic:** www.cdc.gov/niosh/emres/2019_ncov.html