Requirements for Beef, Pork and Poultry Processing and Packing Facilities During the COVID-19 Pandemic | Modified Isolation and Quarantine Requirements

Updated March 15, 2021

This guide provides prevention and control recommendations that meat processing and packing facilities should implement to reduce the chances of COVID-19 outbreaks within a facility. This guide also specifically addresses requirements around maintaining continuity of operations in the situation where outbreaks are already occurring; mainly the modified quarantine requirements for close contacts of a case. This guide has been adopted from CDC's Critical Infrastructure guidance and includes some specific engineering and administrative controls that must be in place before the modified quarantine of close contacts is allowed.

BACKGROUND:

COVID-19 is a respiratory disease caused by a coronavirus (SARS-CoV-2) which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. Studies show that asymptomatic people and people in the pre-symptomatic phase (2-3 days before symptoms begin) can be a source of infection.

The most common symptoms of COVID-19 are fever and lower respiratory symptoms including coughing, shortness of breath or difficulty breathing. However, there are many other symptoms that may be associated with COVID-19 (see Definition of Person Under Investigation). About 80% of people who get COVID-19 experience a mild case, about as serious as a regular cold, and recover without needing any special treatment. About one in six people become seriously ill. The elderly and people with underlying medical problems such as high blood pressure, heart problems or diabetes, or chronic respiratory conditions, are at a greater risk of serious illness from COVID-19.

CURRENT ISOLATION AND QUARANTINE REQUIREMENTS:

A Person Under Investigation (PUI) is someone who is suspected of having COVID-19 disease. A person who is being tested for COVID-19 is required to be in isolation until test results are received. Possible outcomes of the test result include: 1) If the test result is positive, then the person becomes a case or 2) If the test result is negative and the person has a known exposure, then the person must finish their quarantine Isolation and quarantine guidance may differ for people who are fully vaccinated. See Isolation and Quarantine FAQ https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-15-21. (See shortened quarantine guidance) or
3) If the test result is negative and there was no known exposure, then the person is released from isolation.

Cases are released from isolation 10 days after symptom onset OR 72 hours fever free without the use of medication and significant improvement in symptoms, whichever is longer. Meaning, it is a minimum of 10 days. Isolation and quarantine guidance may differ for people who are fully vaccinated. See Isolation and Quarantine FAQ https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-15-21.

Definition of a Person Under Investigation (PUI)
Report PUIs to KDHE immediately via the Kansas Reportable Disease Portal
https://diseasereporting.kdhe.ks.gov/

Epidemiologic Risk (Exposure)	&	Clinical Features
Close contact^ with a person that has laboratory-confirmed COVID-19 Travel to locations on the KDHE Travel Related Quarantine Table https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran	and	Asymptomatic§ OR Developed one or more of the following symptoms within 14 days of last exposure: fever*, chills, rigors, Myalgia, Malaise, Headache, sore throat, lower respiratory illness (cough, shortness of breath, or difficulty breathing), new olfactory and taste disorders, congestion or runny nose, nausea or vomiting, diarrhea without an alternate more likely diagnosis.
No source of exposure has been identified	and	One or more of the following symptoms: fever*, chills, rigors, myalgia, malaise, headache, sore throat, lower respiratory illness (cough, shortness of breath, or difficulty breathing), new olfactory and taste disorders, congestion or runny nose, nausea or vomiting, diarrhea without an alternate more likely diagnosis.

^ You are a "**close contact**" if any of the following situations happened while you spent time with a person with COVID-19, even if they didn't have symptoms:

- Were within 6 feet of the person for 10 consecutive minutes or more
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).
- Live with the person or stayed overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, you may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period.

The final decision on what constitutes close contact is made at the discretion of public health.

§ Most people develop disease 5 to 7 days after exposure. Asymptomatic testing should be done on day 7 or later.

* Measured fever of ≥100.4°F (≥38°C). Fever CANNOT be subjective.

Revised 10-29-2020

Close contacts of a confirmed case are in quarantine for either 7,10 or 14days after their last contact with a case, depending on whether they were tested for COVID-19 and the preference of the local health officer. Isolation and quarantine guidance may differ for people who are fully vaccinated. See Isolation and Quarantine FAQ: https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-15-21. A close contact is defined above. The time period for close contact tracing includes any day(s) the case worked and the preceding 48 hours prior to symptom onset.

MODIFIED QUARANTINE REQUIRMENTS:

These modified quarantine requirements are contingent on the close contact of a case remaining asymptomatic. Workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- o Pre-screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before

the individual enters the facility. If an infrared device is used to check temperature, accuracy may be an issue so any employee measuring 99.0° F or higher should receive a more accurate temperature check and in-depth symptom screening.

- o Regular monitoring: As long as the employee does not have a fever or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- o Employees identified as close contacts check in with medical staff at specified time periods. Employees who develop illness compatible with COVID-19 during the quarantine period should notify occupational health so referral for testing can be made.
- o If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled and shared with the local health department. Others at the facility with close contact ([see definition](#)) of the employee during this time would be considered exposed.
- o Wear a mask: The employee should wear a face mask/face covering at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages. KDHE recommends wearing a mask that fits snuggly around the nose, mouth, and chin and has multiple layers of fabric. Alternatively, a thinner disposable mask may be worn underneath a cloth face mask to improve the fit. For more information on the mask guidance visit: https://www.coronavirus.kdheks.gov/DocumentCenter/View/441/KDHE-Mask-Guidance-PDF---3-1-21.
- o Social distance: The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- o Disinfect and clean workspaces: Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

There are no modifications for isolation of a PUI while awaiting test results or for a case under isolation. Companies can decide which approach, either the current isolation and quarantine requirements or the modified requirements, works best for their individual facility. One option may be to implement the current approach and if/when the number of employee close contacts excluded from the workforce becomes large and operations cannot be maintained, the modified guidance may be implemented.

REQUIRED ENGINEERING AND ADMINISTRATIVE CONTROLS AND WORK PRACTICES:

The following controls are required prior to implementing the modified quarantine of close contacts.

- o Work with the local health officer to make sure they allow the modified quarantine of close contacts.
- o Pre-screen of everyone entering facility: For each person, including employees, management, inspectors, vendors, etc. the facility should measure the temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility. If an infrared device is used to check temperature, accuracy may be an issue so any employee measuring 99.0° F or higher should receive a more accurate temperature check and in-depth symptom screening.
- o Lists of symptoms should be prominently and frequently displayed in the various

languages spoken by employees. List of symptoms should be displayed in pre-screen areas.

- o Masks for everyone entering facility: Employees should wear a face mask/face covering at all times while in the workplace. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages. At this time, we are discouraging the procurement of medical masks as they remain in extremely short supply and should be reserved for healthcare workers. All visitors to the facility should also wear a face mask. Plans and procedures should be in place to ensure 100% mask use while in the facility. Health education should be provided on the importance of masks.
- o Social distance: All employees should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- o Modify or adjust workstations to minimize close contact of workers with other workers. Consider transparent shields or barriers where possible.
- o Use methods to physically separate workers in all areas of the facilities other than working areas, to include break rooms, parking lots, entrance/exit areas. Consider practices such as use of visual cues (e.g., floor markings, signs) and tents or other temporary shelters.
- o Slow chain speed down during breaks and lunches and/or expand break areas. For example, use staggered break times or temporary buildings or tents to allow for social distancing.
- o Employers should slow down and stagger shifts, breaks and start times so that common areas are not crowded and to minimize intermingling of employees.
- o Provide workers adequate time and access to soap, clean water, single use paper towels for handwashing. Use alcohol-based hand sanitizers containing at least 60% alcohol if soap/water not available. Provide an adequate number of stations in areas where staff eat including any temporary or expanded break areas.
- o Emphasize proper hand hygiene after gloves or facial coverings are removed.
- o Workers should continue to be provided and wear PPE required for job tasks being performed
- o Provide training and post instructions on donning/doffing PPE (in all common languages used by workers)
- o Instructions posted for disposing used/contaminated PPE (face masks, gloves)
- o Instructions posted for cleaning and storing reusable PPE (respirators, boots, gowns/coveralls, safety glasses or goggles)

RECOMMENDED ENGINEERING AND ADMINISTRATIVE CONTROLS AND WORK PRACTICES:

- o As a best practice, have a third party or a person associated with the facility's medical clinic collect symptom information from employees rather than having security personnel perform this function.
- o Create a health and safety committee, which includes representatives from management, employees and union representatives to identify and resolve issues specific to COVID-19.
- o All non-essential meetings, huddles, conferences should be cancelled.
- o All non-necessary visitors should be turned away from facility.
- o Enhanced cleaning of all common areas, including additional downtime for fogging with a sanitizer as needed.
- o Employees should not be penalized for taking sick leave and should be encouraged to

frequently monitor their health.

- o Limit incentivizing based on attendance. Rather, a best practice is to increase the hourly wage rather than paying an incentive based on attendance.
- o Reduce production line staffing to extent feasible to minimize close worker contact - consider line speed as an important factor in this.
- o Provide temporary toilet spaces in expanded or temporary break areas to help avoid congregating in bathrooms.
- o Use no-touch receptacles when possible.
- o Provide infection control information and training for all workers
- o 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.

REQUIRED CLEANING/DISINFECTION/SANITATION

- o Disinfect high-touch surfaces 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.
- o Coordinate cleaning product use with United States Department of Agriculture (USDA) if used in food production areas.
- o For other high-touch surfaces, use products that meet EPA criteria, diluted household bleach solutions, or alcohol solutions with at least 70% alcohol, appropriate for surface disinfection.
- o If tools are used by multiple workers – disinfect between shared use.
- o Conduct targeted and more frequent cleaning of high-touch surfaces of shared spaces (e.g., time clocks, break room tables and chairs, locker rooms, vending machines, railings, door handles).

Shortened Quarantine Guidance

KDHE continues to recommend a 14-day quarantine following exposure to COVID-19, as the incubation period for this disease is 14 days. CDC has released modified guidance allowing for shorter quarantine periods to increase better compliance with quarantine and increase people getting tested. Local Health Departments may choose to opt into this guidance. For information in your county, please contact your local health department.

How the Shortened Time Period Works (Please check in with your local health department for specific information in your community).

7 Day Quarantine (Includes Testing and No Symptoms)

- After exposure, you monitor yourself for symptoms daily or participate in monitoring by Public Health for 7 days.
- If you have no symptoms during this time frame, on or after Day 6, you may get a PCR test (antigen and antibody tests are NOT allowed for this purpose).
- If the test is negative, and you remain symptom-free, you can be removed from quarantine on or after Day 7.
- If Testing Results are pending on Day 7, you must wait until you receive results.

10 Day Quarantine (No Testing and No Symptoms)

- After exposure, you monitor yourself for symptoms daily or participate in Public Health monitoring for 10 days.
- If you have no symptoms during the 10 days, you can be released from the quarantine without a test.

KDHE recommends all exposed people should self-monitor for fourteen (14) days from exposure and contact healthcare provider if symptoms develop. Disease can still develop through day 14.

Who is Not Eligible for Shortened Quarantine:

- Residents of long-term care and assisted living facilities
- Offender populations in Department of Corrections prisons

Isolation and quarantine guidance may differ for people who are fully vaccinated. See Isolation and Quarantine FAQ https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-15-21.

Kansas
Department of Health
and Environment