

## Coronavirus COVID-19 Response Guidance for the Food Industry

In response to the expanding Coronavirus pandemic, IEH has developed the following response guidelines. The goal of this guidance is to ensure the safety of your employees and consumers while minimizing interruption to business.

### Current Status

The first draft of this document was produced at the beginning of March. At that time, we had less than 100 cases of confirmed illnesses in the USA, we wrote:” It is logical to assume that the number of cases will rise over the next few months. The current status of the Coronavirus outbreak is best described as a pandemic (internationally) and at pre-epidemic stage in the US. If the number of cases grow significantly, we may enter into the epidemic stage, where the cases will be in many regions of the country with the number of cases increasing rapidly. The significance of the pandemic is its worldwide nature and further spread within each country and into other countries. Whether or not we will get into the epidemic stage in the US depends on the controls imposed by public health authorities and the level of compliance by the public.”

Today we are at over 11,000 confirmed cases. We are officially in an epidemic phase, which proves that the initial public health response has totally failed. At this point it is safe to say that the COVID-19 has everyone’s attention.

We also wrote: “All institutions and businesses could have as little as a few weeks to implement control programs and educate their employees. This guidance is divided into two phases: 1) pre-epidemic phase (the current phase) and 2) epidemic phase. The types of controls needed for the two phases are very similar and differ mainly by the stringency of infection controls. The controls that we recommend below are intended to reduce the spread of the illness to, and among, employees of a food production or food service facility.”

The response to this epidemic needs to be a thorough, logical approach. The food industry needs to produce at the same pace, if not more, to prevent panic in the population. Educating the workforce is the strongest weapon we have to prevent the spread of the disease and to maintain the majority of the workforce.

### Response to the Epidemic

This section describes measures companies can take to educate their employees about COVID-19 and its risks, as well as actions and policies to prevent further exposure.

- i. **Education** – It is critically important to educate your employees about COVID-19 and how to prevent its spread. When educated, your employees will take this knowledge home and share it with family and friends, and this will help reduce the spread of the disease. Important terms and concepts for an education program:
  - a. **Coronavirus COVID-19:** *COVID-19* is an abbreviation for **coronavirus disease-2019**. Coronaviruses are a large family of zoonotic viruses, meaning they are transmitted between animals and people. Many different species of animals, including camels, cattle, cats, swine, birds, and bats have been known to carry this virus. Rarely, animal coronaviruses can infect

people and then spread between people. During the past decade three coronaviruses have caused major outbreaks in humans: Severe Acute Respiratory Syndrome Coronavirus (**SARS-COV**), Middle East Respiratory Syndrome Coronavirus (**MERS-COV**), and the causative agent of the current pandemic **COVID-19**.

- b. The Origin of COVID-19:** We do not have any certainty as to the source of the outbreak. Genetically, COVID-19 is very similar to bat Coronavirus. Many epidemiologists believe that the virus originated in the bat population in Asia.
- c. Mode of Transmission (how it spreads):** While person-to-person transmission remains the most significant route, other routes of transmission exist. It is likely possible for a person to become infected with COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes.
  - I. Fomites:** Fomites are objects, materials, or surfaces that can become contaminated with an infectious agent. Fomites can be contaminated by infected persons, then spread to others when they touch the same object. Refer to page 4 (section h) for findings for survival time on surfaces.
  - II. Person to Person Transmission:** This is believed to be the main mode of transmission of the disease. Transmission occurs when an uninfected person is in close proximity (approximately 6 feet) to an infected person who coughs or sneezes. The aerosol droplets from a cough or sneeze can contain large numbers of the highly infectious virus. Shaking hands with an infected person can be another route of transmission. If a person shedding the virus shakes someone's hand, the virus will be transferred to the second person's hand. If this person doesn't promptly wash and sanitize their hands, before touching their eyes, nose or mouth, they may become infected.
  - III. Fecal-Oral Transmission:** Since the virus is shed in feces, it may be possible to transmit the virus by failing to thoroughly wash one's hands after using the restroom. Contaminated hands can spread the virus by direct contact with other persons or by touching fomites such as doorknobs, handrails, and utensils.
- d. Symptoms and Incubation period –** COVID 19 has an average incubation period of about 6.4 days (Range 2-24 days). A study from China's CDC showed that a majority of patients (80.9%) were asymptomatic or suffered from only mild symptoms. However, they shed large numbers of the virus during the early phase of infection, which makes it difficult to contain the epidemic.

A more recent study by Johns Hopkins University<sup>1</sup> determined that the average incubation period for the virus is 5.1 days and that 97.5% of persons who develop symptoms will do so within 11.5 days. Presently, a 14-day quarantine period is reasonable, and it is estimated that for every 10,000 exposed persons who go through a 14 day quarantine, only 101 persons will develop symptoms after the quarantine period.

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<sup>1</sup> Stephen A. Lauer, Kyra H. Grantz, Qifang Bi, Forrest K. Jones, Qulu Zheng, Hannah R. Meredith, Andrew S. Azman, Nicholas G. Reich, Justin Lessler. 2020. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of Internal Med.* (accessed 3-18-2020, <https://annals.org/aim/fullarticle/2762808/incubation-period-coronavirus-disease-2019-covid-19-from-publicly-reported>)

The most common symptoms of the infection are fever (83–98%), cough (76–82%) and shortness of breath (31–55%). It is important to realize that these symptoms are **non-specific** and can be typical of many other viral and bacterial diseases. The disease is usually self-limiting in healthy individuals, but can progress to pneumonia, respiratory failure, kidney failure, and death in more vulnerable populations.

**Reproductive Number (R):** The average number of people (secondary cases) that will be infected by each infected individual (primary case). The reproductive number of COVID-19 ranges from 2-3.5, which is higher than that of the H1N1 influenza virus that caused the 1918 pandemic, which had an R value of 1.8.<sup>2</sup> This means that the COVID-19 virus may be more infectious and more difficult to contain than the 1918 influenza virus.

- e. **Susceptible population** – Based on a [WHO-China joint mission report](#), everyone is assumed to be susceptible, although the virus poses the highest risk to people over age 60 and for those with underlying conditions, such as immunodeficiency, hypertension, diabetes, cardiovascular disease, chronic respiratory disease, and cancer. Those who are pregnant, or immunocompromised, or smokers are also at a higher risk. The Joint Mission reported that there's a relatively low infection rate with children—those under 18. Of the reported cases that the Mission analyzed, only 2.4 percent involved children.
- f. **Viral Shedding by infected individuals:** Infected individuals, both symptomatic and asymptomatic, shed the virus. The virus is found in the nasal and oral cavity, and in the intestinal tract. Saliva, sputum, feces and nasal drainage in an infected person contain viable virus particles. It has not been found in breast milk and it does not appear to cross the placental barrier.
- g. **COVID-19 Survival on Surfaces and in Aerosols:** A survey of 22 scientific reports on the survival of various human coronaviruses at ambient temperatures show that the viral particles can remain infectious on inanimate surfaces for up to 9 days at ambient temperatures. Surfaces included steel, aluminum, wood, paper, glass, plastic, silicon rubber, latex gloves, ceramic, Teflon®, and disposable gowns. This is likely a worst-case estimate. We believe that in most situations where an infected person touches a surface and transfers the virus to that surface, the virus is likely to survive no more than 1 or 2 days. A recent study led by NIH scientists found that the virus can remain viable in aerosols for hours and on surfaces for days.<sup>3</sup> Specifically, they tested for survival of the virus in aerosols and on plastic, stainless steel, copper and cardboard. The COVID-19 virus remained viable in aerosols for the duration of the experiment (3 hours). The virus survived longer on plastic and stainless steel than on copper or cardboard. The virus survived for up to 3 days on plastic and stainless steel, but with a 3-log reduction after 72 hours on plastic and a 3 log reduction after 48 hours on stainless steel. On copper, no viable virus could be detected after only 4 hours and on cardboard no viable virus was detected after 24 hours.

The virus survives longer under refrigeration. At approximately 4°C (39.2°F), some strains of coronavirus survived for up to 28 days. At 30–40°C (86–104°F), coronaviruses survived for a shorter period of time. The persistence of the virus is dependent on the surface and environmental

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<sup>2</sup> Biggerstaff, M., Cauchemez, S., Reed, C., Gamhvir, M., and Finelli, L. 2014. Estimates of the reproductive number for seasonal, pandemic and zoonotic influenza: a systematic review of the literature. BMC Infect. Dis. 14:480. <https://bmcinfectdis.biomedcentral.com/articles/10.1186/1471-2334-14-480>

<sup>3</sup> Van Doremalen, N. et al., 2020. Aerosol and Surface Stability of SARS-CoV-2 as compared with SARS-CoV-1. New Eng. J. Med., March 17, 2020. DOI: 10.1056/NEJMc2004973. <https://www.nejm.org/doi/10.1056/NEJMc2004973>

conditions (such as temperature and humidity) as well as the manner in which the virus is deposited on the surface and whether or not there is protective organic matter present.

In a study of hospital patient rooms, researchers sampled two patient rooms after sanitation. All samples were negative. A third patient room was sampled before sanitation. Thirteen (87%) of 15 samples tested positive. Three (toilet bowl, sink, and door handle) of the five lavatory sites tested positive.

- h. Disinfection:** Human coronaviruses on surfaces can be inactivated within 1 minute by disinfection procedures using 62 - 71% ethanol, 0.5% hydrogen peroxide or 0.1% solution of sodium hypochlorite (chlorine bleach). Other biocidal agents such as 0.05–0.2% benzalkonium chloride or 0.02% chlorhexidine digluconate have been shown to be less effective. Sanitizers based on ethyl or isopropyl alcohol, quaternary ammonium compounds, peroxyacetic acid and chlorine are known to be effective. The U.S. Environmental Protection agency has published a list of sanitizers that have been proven effective for killing Coronaviruses. See [https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list\\_03-03-2020.pdf](https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf). Few sanitizers have actually been tested against the COVID-19 virus. However, any sanitizer that has been shown to be effective against the SARS virus (which is very similar to COVID-19) should be effective. Also, any sanitizer that is effective against more resistant viruses, such as Norovirus, Poliovirus or Hepatitis A virus should also be effective against COVID-19.
- i. Treatment** –While there are approved treatments for the disease in China, there is presently no specific antiviral treatment recommended for COVID-19 in the US. Currently, treatment consists of supportive care, bed rest and fluids. This is one of the most active areas of research at both universities and pharmaceutical companies. There is emerging evidence that several existing medications may be effective against the virus.
- j. Mortality rate** – The global mortality rate is currently between 3 and 4%, which is many times more than that of the common flu, which is reported at less than 0.1%.<sup>4</sup> This number is an average of all cases, the mortality rate in young healthy patients is far less than 3%, and that in the older, susceptible population where it is higher. Current data indicates that 80% of COVID-19 infections are mild or asymptomatic, 15% are severe infections requiring oxygen and 5% are critical infections requiring ventilation.
- k.** Share the WHO [training video](#) on COVID-19 with your employees.

## ii. Preventative measures

- a. Sick leave policy** – Companies should institute a paid sick leave policy for all employees to cover respiratory illnesses.
- b. Acute respiratory illnesses/flu-like symptoms** – Employees with flu-like symptoms should notify their supervisors and HR and should stay home until the symptoms resolve. Since an infected person can start shedding before becoming symptomatic, *the decision to stay home should be at the very beginning of the illness when symptoms first become evident.* Avoid contact with others and visit medical facilities only after discussing your symptoms with a healthcare professional and being advised of the need for hospital care. This will allow these facilities to

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<sup>4</sup> World Health Organization. [https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200306-sitrep-46-covid-19.pdf?sfvrsn=96b04adf_2)

operate more effectively and help protect you and others from contracting COVID-19 and other viruses.

- c. Exposed employees** – If an employee has come in contact with a person diagnosed with COVID-19, they should notify their supervisor and HR and self-quarantine. According to the CDC, a close contact is defined as:
- I. being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.
  - II. having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Exposed persons should stay at home during the lengthy incubation period (up to 24 days). Alternatively, they should be tested before returning to work at company sites. Companies should inform their local public health officials of exposed employees.

- d. Travel Policy** – All travel to countries with elevated numbers of cases should be suspended. [CDC](#) and [WHO](#) websites can be consulted to maintain an active travel policy. Employees coming back from countries with elevated numbers of cases should work from home for 2-4 weeks and only be allowed back to work at company sites after consultation with an infectious disease expert. They may be allowed back earlier with a valid negative test result.
- e. Actively encourage sick employees to stay home** - Employees who have symptoms of respiratory illness should stay home, and notify their supervisors and HR. Please note that infected individuals will shed the virus before becoming symptomatic. It is essential to encourage employees to stay home if they are not feeling well before they become fully symptomatic.
- I. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
  - II. Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive sick leave policies.
  - III. Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
  - IV. You should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than usual.
- f. Separate sick employees** – CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or who become sick during the day should be immediately separated from other employees and be sent home. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available). See “How to React to an Employee Being Diagnosed with COVID-19” below.

- g. Reduce workplace density** – According to the CDC, maintaining at least [6 feet of distance between yourself](#) and anyone who is coughing or sneezing will reduce your chance of contracting the virus. In a crowded workplace, this may be difficult to achieve without disrupting operations. Therefore, consider staggering shifts and allowing people to work from home whenever possible.
- h. Employee Zoning:** Assign each employee in office or production facility to a specific zone, meaning define the areas that the employee is allowed to access. By doing this each group of employees can only be in certain areas, if one tests positive for COVID-19, then that area is the only place that would need immediate attention as opposed to the entire plant of so many acres. Restrict each group of employees to a given bathroom. Bathrooms, locker rooms, and all common areas need to be constantly sanitized.
- i. Consider closing the break rooms:** in offices employees can eat at their desks, in plants they can eat in their cars. In cafeteria's food should only be served to go.
- j. Practice Food Safety** – Requirements for maintaining sanitary conditions within food facilities and at home, including separating raw and cooked/ready-to-eat (RTE) products and the tools used in their preparation, thorough cooking/processing of products, and preventing cross-traffic between these areas, and regularly sanitizing surfaces will help reduce the dissemination of the virus within the facility or home.
- k. Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**

  - I. Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - II. Provide tissues and no-touch disposal receptacles for use by employees.
  - III. Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Washing your hands with soap and water or using alcohol-based hand rub [kills viruses \(WHO\)](#) that may be on your hands. Soap and water should be used preferentially if hands are visibly dirty.
  - IV. Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
  - V. Visit the CDC's [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information. Instruct employees to avoid touching their nose and mouth as their hands can pick up the viruses that they can transmit to other people or surfaces.
- l. Perform frequent routine environmental cleaning:**

  - I. Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, doorknobs, buttons on equipment panels, tabletops and chairs in breakrooms, bathrooms, lockers, microwave handles and controls, vending machines, water coolers and dispensers, doorknobs and handrails. Use sanitizing agents that are effective against the virus (60-70% alcohol, 0.1% bleach). For more cleaning agents please refer to the attached EPA list of cleaning agents.
  - II. Sanitize these surfaces both during and after operations.

- III. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use. Alternatively, provide disinfectant in spray bottles and paper towels.
- IV. The American Chemistry Council's Center for Biocides has compiled a [list of products](#) that have been approved by the Environmental Protection Agency (EPA) for use against viral pathogens such as COVID-19. This product list is not exhaustive but can be used by business owners, health professionals, and the public to identify suitable products.

**m. Advise employees about travel precautions:**

- I. Cancel all vacations for essential employees. This is essential for the ability to continue production.
- II. Cancel all non-essential travel.
- III. Cancel all vacations.
- IV. People who are in a high-risk age group or have underlying medical conditions (immuno-compromised, high blood pressure, diabetes, respiratory deficiency, and kidney disease) should be banned from all travel.
- V. Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China can be found at on the [CDC website](#).
- VI. Ensure that employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
- VII. If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

**n. Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19 virus:**

- I. Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisors, HR and health authorities. They should work from home and self-quarantine until all members of their household have been well for at least 14 days.
- II. If an employee is confirmed to have COVID-19, employers should inform their supervisor and HR immediately. The company should conduct a risk assessment, identify potentially exposed employees, and conduct a deep cleaning of the employee's immediate environment. Potentially exposed employees should work from home during a period of self-quarantine.

## How to React to an Employee Being Diagnosed with COVID-19

The US Food and Drug Administration has recently issued [new guidance](#) on COVID-19 that includes recommendations on how to react to a worker in a food processing facility or farm that has tested positive for COVID-19.

Upon learning that an employee has been diagnosed with COVID-19, you should immediately inform fellow employees of their possible exposure to COVID-19 but maintain confidentiality. You should consider having those employees who worked closely with or in close proximity to the affected employee go home and self-quarantine for 14 days. Employees who are sick should follow CDC's guidance: [What to do if you are sick with coronavirus disease 2019 \(COVID-19\)](#).

COVID-19 is thought to be spread almost entirely from person-to-person through inhaled droplets or hand-to-face contamination. Presently, there is no evidence that the virus is spread by contaminated food. FDA has stated that they do not anticipate that food products would need to be recalled or be withdrawn simply because an employee became infected with the virus. However, if the affected worker was near exposed ready-to-eat foods or handled ready-to-eat foods, you should conduct a risk assessment to determine the disposition of the product. Bear in mind that an infected worker may have been shedding the virus for two or three days prior to developing symptoms of illness. Please contact IEH for assistance in conducting a risk assessment for instances where food could have become contaminated.

Upon learning that an employee has been diagnosed with COVID-19, you should immediately stop work and clean and sanitize all areas of the facility that the employee may have come into contact with. Pay particular attention to keyboards, touchscreens, desktops, handrails, dining or break rooms, locker rooms, and restroom facilities. You should also ask employees to wash their hands more frequently, e.g., every 30 – 60 minutes. Limit the number of employees in the locker room at any one time, perhaps have employees who work together as a group, go through the locker room as a group, sanitizing surfaces in between groups. Encourage employees to segregate themselves from one another in break rooms or dining rooms. If possible, have employees who work together go through the dining or break room together and sanitize surfaces (tabletops, door handles, vending machines, microwaves, etc.) in the room in between groups.

At some point, it becomes difficult to operate a manufacturing facility if most of your employees are ill or quarantined. You should try to keep groups of employees who work together segregated from other groups of employees and this is particularly important when an employee has tested positive for the virus. In order to protect other employees, it may be necessary to send workers in an exposed group home to self-quarantine for 14 days.

Note that the local health department may engage with you upon learning of an infected food production worker. At this time is important to be able to show the health department the steps you have taken to protect your workforce and to prevent the spread of the virus within your workforce. The health department may ask you to close your facility for some period of time if they feel that the risk of person-to-person spread is too great, but such a decision should not be based on a food safety risk.

## Further Planning Considerations as the Epidemic Expands to More Areas

The COVID-19 outbreak has reached epidemic proportions in the US, which means that our earlier efforts to limit the spread of the virus have not been sufficiently effective. Going forward, we will need to impose more stringent restrictions to prevent the spread of the disease. You will need to consider how best to further decrease the spread of acute respiratory illness and lower the impact of COVID-19 at your business location. You should consider:

1. Further reducing the number of people in confined workspaces.
2. Prepare for operating your manufacturing facilities with the minimum number of staff.
3. Implementing a total ban on air travel and attendance at large meetings.
4. Ensuring that staff members who have ill family members at home do not come to work until their households have been free of illness for at least 14 days.
5. Intensifying efforts to frequently sanitize surfaces that could spread the virus (e.g., doorknobs, handrails, rest rooms, keyboards, etc.).
6. Cross-training employees to be able to perform other job functions.

Some of the key considerations when making decisions on appropriate responses are:

- i. Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where your business is located.
- ii. Number of asymptomatic cases in the community: these are individuals who are infected and are not showing any symptoms of the disease. For every hospitalized patient there may be as many as 5-10 individuals who don't know that they are infected, and that can pass the disease to others.
- iii. Rate of absenteeism at your facility at that of other businesses in your area.
- iv. School closures that could result in your employees having to remain home to care for their children.
- v. Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
- vi. The actions and recommendations coming your local and state health officials. You will need to engage with these officials to ensure that their recommendations are reasonable and risk-based and that they communicate accurate information. Since the intensity of an outbreak may differ by geographic location, local health officials will be issuing guidance specific to their communities.

## Important Considerations for Creating an Infectious Disease Outbreak Response Plan

In an era of an increasingly global economy, COVID-19 may be an indicator of the future. It would be wise to prepare an Infectious Disease Outbreak Response Plan based on learnings from the COVID-19 outbreak. The plan should emphasize strategies to protect the workforce from COVID-19 and ensure the continuity of operations.

### Elements of a Response Plan:

- a. The plan should allow for different levels of response according to the severity of the outbreak.
- b. The plan should be focused on the continuity of business operations and ensuring the health of employees and their families and avoiding the spread of disease in your facility.

- c. The plan should provide for both routine and enhanced employee training related to preventing the spread of illness.
- d. Update the plan regularly to incorporate new information and measures to prevent illness, e.g., the availability of new vaccines.
- e. The plan should be shared with key members of your supply chain and other businesses in your community and promote a dialog about best practices.

### **Recommendations for an Infectious Disease Outbreak Response Plan:**

- a. Involve your employees in the development of the plan and seek input and guidance from public health experts.
- b. Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to protect workers from COVID-19. See <https://www.osha.gov/SLTC/covid-19/>
- c. Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the [Department of Labor's website](#) and the [Equal Employment Opportunity Commission's website](#)).
- d. To the extent possible, establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees. State and local health authorities may recommend the use of social distancing strategies such as avoiding large gatherings of people. Supervisors should encourage employees to telework instead of coming into the workplace. Ensure that you have the information technology and infrastructure needed to support the many employees who may be able to work from home.
- e. Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) that are required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or if supply chains are interrupted. Having qualified back up raw material suppliers from non-impacted regions will ensure consistent product supply.
- f. Transportation may be disrupted during an epidemic, e.g., a shortage of truck drivers. To the extent possible, identify alternate transportation providers.
- g. Establish authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- h. Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- i. Eliminate or greatly minimize outside visitors to company facilities. Visitors must be in good health, not have been recently exposed to persons diagnosed with an outbreak-related illness or have close family members who are ill with symptoms of the disease.
- j. Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly. This may require actively monitoring social and mainstream media outlets for any information pertaining to your organization.
- k. In some communities, early childhood programs and K-12 schools may be dismissed, particularly in a severe disease outbreak. Determine how you will operate if absenteeism spikes from increases in sick employees, those who must stay home to care for sick family members, and those who must stay home to care for children who are dismissed from school. Prepare to institute flexible workplace and leave policies for these employees.

- l. Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- m. If the disease outbreak is severe and has spread throughout the US or the world, consider canceling non-essential business travel. [Refer to the CDC website for travel recommendations.](#)
- n. Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
- o. Consider cancelling large work-related meetings or events.
- p. Identify a means for developing a dialog with your local and state health departments to confirm channels of communication and methods for communicating local outbreak.

### Resources for more information:

#### CDC Guidance

- [COVID-19 Website](#)
- [What You Need to Know About COVID-19](#)
- [What to do if you are sick with coronavirus disease 2019 \(COVID-19\)](#)
- [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposure in Travel-associated or Community Settings](#)
- [Health Alert Network](#)
- [Travelers' Health Website](#)
- [CDC/National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Planner](#)

**IEH Emergency Response Team:** We are facing an unprecedented challenge with COVID-19 and how it will impact the food industry. The food industry is vital to the well-being of the nation and we must maintain our food supply during an epidemic. IEH has worked with industry as well as the federal, state, and local health agencies in responding to crises for over 20 years. Call us if you have questions and learn how we can help your business be ready for COVID-19. Our emergency response team is available 24/7 for IEH clients.

**IEH Coronavirus COVID-19 Test:** IEH is in the process of validating its COVID-19 test. It will be available to the industry, should there be a need, by March 20, 2020.

**IEH Coronavirus challenge studies and validation studies:** We will be able to offer these services by March 27, 2020.

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**About IEH** – With laboratories and consultants throughout the US and the world, IEH partners with food and beverage companies to implement proactive approaches to manage food safety risks and protect public health. Please visit us at <http://www.iehinc.com/>