



Mitigation of Outbreaks Associated with Meat and Poultry Processing Plants

Meat and poultry processing plants exist throughout the state and appear to be high risk settings for transmission of COVID-19 due to the nature of the work, challenge for employees to practice social distancing, the continuous nature of the plant operations and the demographics of the workforce.

Local health departments (LHDs) should prepare for outbreaks in their communities within these facilities, partner with facility management and obtain information about meat and poultry processing plants [as listed by the Centers for Disease Control and Prevention](#) (CDC).

It will be imperative to identify partners in the community, in addition to the plant and the LHD, that can assist with plant outbreaks for:

- Testing, contact tracing and result management.
- Access to medical care for symptomatic patients (e.g., federally qualified health clinics [the North Carolina Community Health Center Association](#), rural health clinics, free/charitable care clinics).
- Housing, transportation and food assistance for persons under isolation and quarantine.
- Appropriate community education.

Inevitably questions will arise about broader testing within the facility, whether from the company itself or other interested parties. Testing some or all of the employees should be considered because it can help prevent disease spread, identify the scope and magnitude of infection and inform additional prevention and control efforts that might be needed. Companies are not currently required to test their employees. If they are interested in testing, the CDC has published a comprehensive document describing different testing strategies: [Testing Strategy for Coronavirus \(COVID-19\) in High-Density Critical Infrastructure Workplaces after a COVID 19 Case is Identified](#).

Each LHD, in coordination with their community medical partner(s) and the facility, will need to determine what the best course of action is for their community. Whether or not the facility implements a testing program, the LHD could consider expanding testing in the community that serves the facility. If the facility is not testing employees, then expanded testing events could be targeted at employees and their families. Many resources exist through county channels, such as the National Guard CST and FEMA resources. In addition, Federally Qualified Health Centers (FQHC) in many counties are able to provide significant testing assistance. The NC Division of Public Health (DPH) is available for consultation as necessary to support the counties affected. (See below for more information)

Regardless of what testing is performed for employees and/or their families, several items must be taken into consideration in the development/organization of a rapid response:

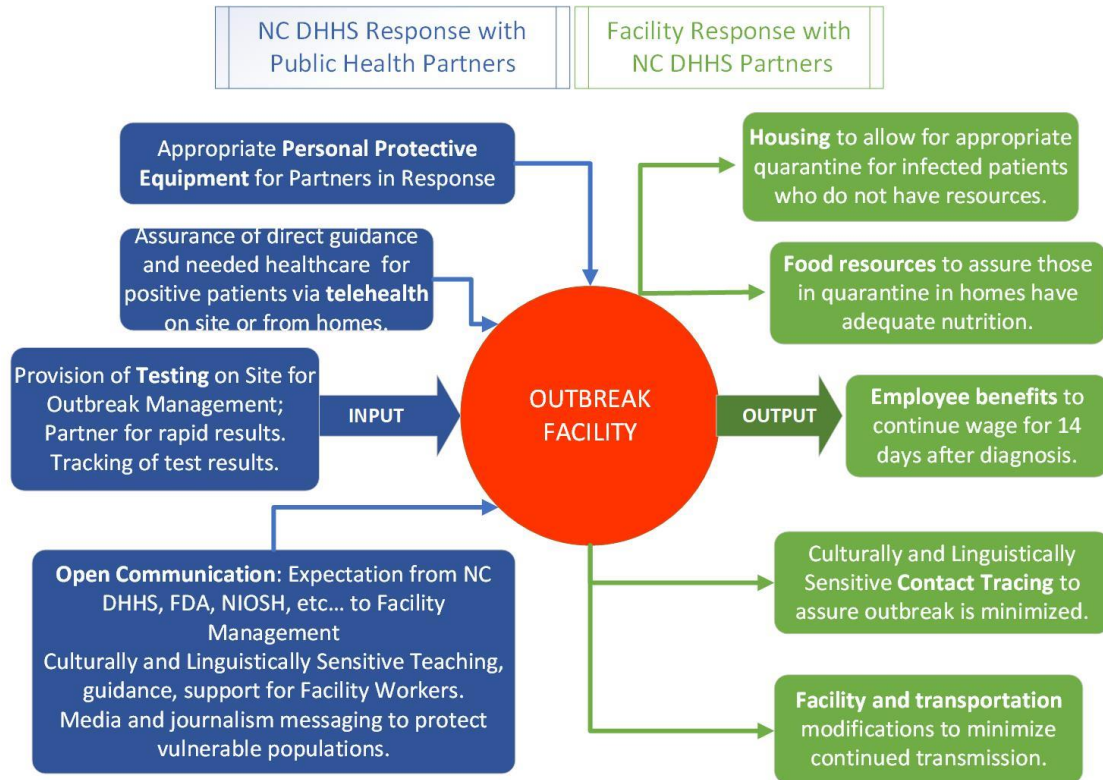
- Ensure that facility management and the LHD are providing the same information and education in a manner that is understandable by the employees in all pertinent languages and at the literacy level that is appropriate for the entire workforce.

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- Ensure that facility management does not place undue pressure on employees to return to work who have symptoms, close positive contacts or are awaiting test results.
- Ensure that facility management encourages symptomatic patients to present for testing at the earliest possible symptom development.
- Assess the control measures that have been implemented by the plant and offer guidance on additional measures that would help to reduce transmission.
- Determine whether the plant has on-site health care, whether health insurance benefits are widely available and (if known) which local health care providers treat their workers.
- What entity will perform specimen collection, what type of specimen will be collected, what laboratory will perform the test and how the test results will be communicated to the patient and the plant.
 - For laboratories that do not utilize ELR into NCEDSS, ensure enough staff for data entry.
 - The testing entity will be responsible for following test results back to the patient; the LHD is responsible for communication back to the plant.
 - At the time of testing, collect adequate information to ease the contact tracing component. This is a critical step.
- For persons with positive results:
 - How will contact tracing be performed both at the worksite and in the community?
 - What will the communication be to the patient and the plant related to return to work?
 - Is there housing adequate for isolation and quarantine for families who live in small or congested households or with a high-risk person?
 - How will the facility operate with employees out on isolation and quarantine?
 - Is paid sick leave provided to all staff with positive COVID tests?
- For persons with negative results:
 - How will you determine who can return to work and when?
 - How will you protect them from exposure in the future?

There are several ways plants have managed COVID-19 outbreaks in meat processing plants around the country. The best option depends on the circumstances in your county, plant and workforce. It is not the role of NCDHHS to direct your testing strategy but rather to help/encourage you to forge a partnership at the local level to pursue the best option. Failure to manage the outbreak in the most efficient manner will have significant negative consequences for all involved, so timely partnership is critical.

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Expanded Access to Testing in the Community

The goal of this expanded access to testing is NOT to test every employee; rather, it is to make testing easily available to employees and members of the employees' communities. This service can provide a link to care, an opportunity for education/building trust with the community and an opportunity to identify and address housing and social service needs. This will also provide some additional insight on the extent of COVID-19 cases. See image above.

1. Create a coordinated media and education campaign.
 - a. Communicate early and often.
 - b. Ensure that the corporate level of the plant is aligned with local management.
 - c. Ensure partners agree on the message.
 - d. Work with local community groups to develop and push out education about:
 - i. Staying home when sick.
 - ii. Where to get testing, link to care.
 - iii. Talking with your employer about sick leave.
2. Coordinate health hazards evaluation with joint CDC/state team. Ideally this will occur before any expanded/advertised testing campaigns.
3. Access to testing should be advertised to symptomatic employees, their close contacts and members of their household.
 - a. Plant management will advertise to their employees that testing is available through the medical partner and provide reassurance that the decision to be tested will not result in negative consequences.
 - i. In many communities, this service has been available for some time near most plants; however, as cases worsen in a plant, the ability of the medical community to manage the disease burden can become problematic.
 - ii. Ascertain if the medical partner can handle increased numbers.
 - iii. Verify lab used, method and specimen collection. Some labs do not use ELR into NCEDSS, which will increase CDB workload.

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- iv. Results will be reported to LHD in the employee's county of residence.
- v. County of residence LHD will perform contact tracing (though in a large outbreak, they may need community support).
- b. Counties where employees live, but not necessarily where the plant is located, can also provide expanded access to testing for community members and company employees.
 - i. Work with this medical entity does not have to be concurrent with other efforts but should be coordinated.
 - ii. If testing potential is very large, consider using NCNG CST for surge capacity and rapid response.
 - iii. Verify lab used for testing and specimens collected.
 - iv. Results will be reported to county of residence.
 - v. County of residence LHD will perform contact tracing (may need community support).

Processing Plant Outbreak Mass Testing Pro Tips

Advance Planning: Perhaps the most important part of a successful mass testing is the coordination and clear identification of all partners early in the process. A site visit in advance of testing gives you the ability to plan for missing requirements, such as water, Wi-Fi, shelter, etc.

Location of Testing: Benefits of On-Site Testing: employees easily able to access testing, rapport building with site management, protected space, resources such as running water and Wi-Fi Challenges of On-Site Testing: lack of privacy (cameras in parking spaces), unintentional influence of plant leadership presence on workers' decision to test

Logistics of Testing Site: Staff at testing sites will be out in the elements for long periods of time. There are certain basic needs that should be attended to thoughtfully, to include at a minimum:

- Toilet facilities (port-a-potty rental if indoor facility is not close)
- Handwashing facilities (portable station if indoor facility is not close)
- Eating location with seats and cover away from testing or patient locations
- Shelter in the form of several secure, heavy-duty tents to endure heavy wind, rain, sun, adequate to social distance and to cover the medical team and their electronics, health department educators, testers, etc.
- Basic beverage and food provision (consider coffee/pastries at start up, bottled water all day, lunch delivered to site)
- Cool container to store samples prior to transport to lab

Access to Wi-Fi is critical for the medical partner to register patients, whether through expanded network near the testing spot, or adequately powered hotspot.

Identification of Testing Site Staff: Team members need to be easily and clearly identified. Without a standardized identification (could be as simple as a colored sticky name tag on the chest) it is difficult to tell who is there to be tested and who is a volunteer since everyone has different face coverings. Clear identification keeps the environment safe for privacy (if not well identified, media can access areas not intended for non-staff) and makes it easy for people presenting for testing to know who to ask questions.

Clear Command on the Ground: It is critical to identify the Commander of the operation before the event begins. This will not be the National Guard CST resource, but they will work with whomever is serving as the dedicated leader (ideally someone from NCDHHS). This individual should be empowered to make critical decisions on the fly related to testing parameters, complications in logistics, conflicts, etc. This person should have the contact information of the executive leaders from each organization participating in the testing event.

Clear Communication: If the Commander on site is not an NCDHHS leader, it is critical to have someone from the state level immediately available by phone. Additionally, a physician leader on site (who can be the Commander) is value add to manage medical guidance in the moment.