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Subject: Strategies to reduce transmission of SARs-CoV-2, the virus that causes COVID-19,
                among workers at the Empire Kosher Poultry Plant, Mifflintown, Pennsylvania

Background

On May 8, 2020, the Pennsylvania Department of Health (PA DOH) requested technical assistance from the Centers for Disease Control and Prevention (CDC) for an assessment of strategies to help mitigate transmission of SARs-CoV-2, the virus that causes COVID-19, among workers in six food processing and distribution facilities in northcentral, southcentral, and southeastern Pennsylvania. On May 13, 2020, a CDC field team traveled to Harrisburg, Pennsylvania. The team included a physician, an industrial hygienist who specializes in occupational safety and health, two epidemiologists, and an environmental health officer. The CDC team worked with PA DOH staff to determine the deployment objectives.

On May 19, 2020, the team visited the Empire Kosher Poultry Inc. (Empire Kosher) plant to evaluate existing health and safety controls for COVID-19 and provide recommendations to help prevent and mitigate the spread of COVID-19 between workers. The observations provided in this report are based on that visit, and conversations with management are specific to the Empire Kosher plant in Mifflintown, Pennsylvania. The recommendations are steps Empire Kosher should implement to address items identified at the plant, but also may be helpful in developing strategies for other Empire Kosher facilities.

Setting and Facility Description

At the time of our visit, the Empire Kosher Poultry Plant was running two processing shifts per day with operations Monday through Thursday. The Empire Kosher Poultry Plant located in Mifflintown, PA is approximately 300,000 square feet and began operating in the 1960s, focusing on the processing and packaging of fresh kosher poultry. Empire Kosher is the largest producer of kosher poultry in the United States, and Juniata County's largest employer. Normal processing amounts are approximately 65,000 chickens per day, and between 6,000-7,000 turkeys per week. There are an estimated 610 Empire Kosher workers, which includes 60 rabbis, 520 United Food and Commercial Workers Union (UFCW) Local

1776 employees, and 10 sanitation contractors. Most employees live and commute from approximately a 30-40-mile radius from the plant. Currently, an additional $2/hour hazard pay is offered by the facility. Nine U.S. Department of Agriculture/Food Safety and Inspection Service (USDA/FSIS) staff are assigned to this plant. Approximately 25% of the workers are Hispanic and speak English and/or Spanish. Sanitation operations begin around 5:00 pm and run for the entire third shift. At the time of the visit, the plant reported 44 total cases of COVID-19, which included 6 rabbis, 2 employee hospitalizations (one resulting in death), and 36 employees who have returned to work. Those that have not returned are on short-term disability. The plant closed for two weeks in April 2020 due to multiple employees testing positive for COVID-19. The closure also coincided with the Passover holiday. Shortly after the outbreak occurred in the plant, the company hired a third-party safety consultant to assist with identifying vulnerable areas within the plant and recommend corrective actions.

During the site visit, our team observed the poultry (chicken) harvesting, processing, and packaging processes that were running at a reduced rate (75%) compared to their normal operations. Turkeys were not being processed during our visit. The packaging area is where processed chicken products are packaged for distribution. We also toured areas outside of processing, focusing on locations where workers might congregate, including the building entry, locker rooms, indoor cafeterias, outdoor seating, and smoking areas. We discussed multiple topics with management such as:

1. Worker screening
2. Personal protective equipment (PPE)
3. Contact tracing
4. Communications
5. Sick leave policies
6. Worker and supervisor training
7. Managing workers who are asymptomatic, symptomatic, or exposed
8. Future COVID-19 prevention policies and/or plans
9. Relationships with medical providers

The harvesting area is where animals are manually killed by the rabbi in accordance with kosher regulations, eviscerated, and processed. The fabrication area moves the chicken carcasses into various locations of the plant before being shipped. We observed the shechita (kosher slaughter), grading, USDA/FSIS inspection process, rabbinical inspection processes performed by the mashgiach (supervisor), and final product packaging. The processing area was under the watch of contractually employed rabbis. Workers, excluding rabbis, commute from surrounding areas. Rabbis are on the premises Sunday through Thursday. Rabbis commute from New York, New Jersey, and Maryland. Rabbis are provided with single-room dormitories, a cafeteria separate from other non-rabbinical workers, and a synagogue. At the time of the visit, the synagogue was closed per the governor's order disallowing religious gatherings, but an outside overflow area that allows for social distancing is being used as a prayer area. Rabbis that reside in Baltimore, Maryland may choose to commute by carpool periodically throughout the week instead of residing in the dormitories.

Observations and Discussion

This report is not intended to document every observation and intervention that occurred at the plant. It is

a summary of the plant's implementation of the CDC Interim Guidance: [Meat and Poultry Processing Workers and Employers: Interim Guidance from CDC and the Occupational Safety and Health Administration (OSHA)](). We observed that the plant had implemented many recommended changes by the time of our site visit. We discussed preliminary recommendations with plant managers while onsite to facilitate their timely implementation. We also discussed the observations and recommendations with state public health partners prior to issuing the report.

Worker and Visitor Screening

Screening for employees, visitors, and poultry delivery personnel is conducted at the guard house at the main entrance to the facility. Workers arrive to the plant by personal automobile, motorcycle, or carpool. There is no company-sponsored transportation. A security guard, while wearing a disposable facemask and nitrile gloves performs the screening, which consists of a temperature check with a handheld temporal thermometer and a questionnaire that asks 1) are you experiencing any symptoms to such as fever, cough, or shortness of breath; 2) have you traveled overseas at any time in the past 30 days; 3) to the best of your knowledge, have you been in contact with anyone diagnosed with COVID-19 in the past 14 days.

We noticed, upon pulling up to the security gate, there were no visible signs about screening, prevention messages, or requiring a cloth face covering or disposable facemask before entry beyond the gates.

If the answers to the screening questions are no, and the temperature is below 100.4°F, the person can enter the facility. If the person answers yes to any of the questions or has a temperature greater than 100.4°F, visitors are denied entry while employees are sent inside the facility to the nurse's office, which is approximately 75 yards from the plant entry door. At this point, the nurse, while wearing a disposable facemask and nitrile gloves, performs a medical assessment consisting of a second temperature check and an interview to determine if the worker needs to be sent home. If the second temperature reading remains at or above 100.4°F, and /or the employee reports symptoms, the employee is instructed to go home and call their healthcare provider to schedule an evaluation and possible testing. At this point, human resources management is notified, and the employee is tracked using an Excel spreadsheet. Human resources also performs contact tracing. If someone gets sick at work, the nurse performs an assessment consisting of a temperature check and an evaluation for symptoms such as headache, nausea, fever, chills, and shortness of breath. Anyone who becomes ill at work with the symptoms described above is sent home and then checked the next day by the nurse. If a second elevated temperature is observed, or symptoms remain, the employee is not allowed to return to work. For rabbis, temperature checks are performed upon entry to the facility and every 24 hours thereafter around 6:00 pm. If rabbis report feeling ill, they are not allowed to enter the facility and are sent home.

Occupational Health and Worker Benefits

The plant has an onsite medical department staffed by a licensed practical nurse (LPN) during the day (5:30 am to 3:00 pm) and a medical assistant at night (2:30 pm to midnight). Medical staff does not participate in initial worker screening as described above but they do perform secondary screening. Resources provided onsite include wellness events, counseling, workers compensation, first aid, and general occupational health guidance.

If an employee has potential exposure to COVID-19, they are monitored for 48 hours with temperature checks occurring three times per day. There is no log of employee temperatures. Furthermore, the company reported that it deactivates the badges of workers who test positive to ensure that workers with COVID-19 do not return to work.

If any worker (or close contact) is absent from work due to quarantine or COVID-19 symptoms, they are provided up to 80 hours full-pay. Management informed us that they do not require any formal documentation for workers to receive this benefit, but they encourage workers to provide some type of documentation, if possible, for their absence by their 14th day away from work. If the employee is still absent after the 14th day, then the employee is not paid. Management stated that the local healthcare community has been overwhelmed and employees are having difficulty obtaining healthcare visit documentation and return to work clearance.

Management indicates that they typically hear about COVID-19 cases from the infected workers themselves and are currently in direct communication with local and state public health officials. When there is a confirmed case in a worker, contact tracing is performed by human resources to determine close contacts at work, carpool, and household members.

Increasing Distance Between Workers During Work and Breaks

The cafeteria area has a bi-directional flow and visual cues (green dots) on the floor to remind workers to maintain social distancing. There were multiple racks and refrigerators in the cafeteria where workers stored lunch boxes; these were full of lunch bags. The cafeteria tabletops have plexiglass dividers installed down the middle so only two workers can occupy one table. Handwritten notes in English and Spanish on pieces of cardboard were present instructing employees to separate during lunch breaks. We did not observe surface cleaning or sanitation being performed after each employee left a lunch table. Two overflow cafeterias were set up inside four tents located outside. Rabbis have their own cafeteria and are provided prepared lunches.

Staggered break times have been implemented to decrease the density of workers in the cafeteria and management reported some occasions where social distancing was not being maintained, primarily during breaks. Posters, written in English and Spanish, were visible in the break room and along hallways to encourage social distancing.

Overall production has been reduced to create more space and social distancing when applicable. Floor markings have been installed along production lines, where feasible, to maintain social distancing among workers. In areas where social distancing might not be possible, they have installed plexiglass dividers. All employees were observed wearing some type of face covering. In areas of fabrication or harvesting where workers are unable to maintain social distancing and barriers cannot be installed, management is providing workers with a hard hat-mounted face shield that are reportedly washed and sanitized by the employee.

Supplementary Infection Control Measures

Touchless wall-mounted and pump-top hand sanitizer dispensers were present throughout the plant. Most worker restrooms we observed had touchless handwashing stations and wall-mounted hand dryer units or paper towel dispensers. It was observed in the men's restroom in the administration area that the wall-mounted hand sanitizer unit was empty. Management stated that additional touchless hand soap dispensers were on backorder.

At this plant, there were no restrooms present in the locker rooms. The locker room had one entrance/exit and the number of employees allowed to enter has been reduced and is monitored by management.

Staff are cleaning and sanitizing commonly touched surfaces such as handrails, doors and door handles, lockers, vending machines, and lunch tables more frequently. Cleaning agents used include a water/chlorine solution; peracetic acid; and quaternary ammonium. Management stated that areas such as offices and meeting rooms are being cleaned more frequently with a chlorinated product.

Use of Face Shields and Face Coverings

Workers are always required to wear a cloth face covering or a disposable facemask while in the plant, except when they are eating or drinking. Disposable facemasks are provided by the plant. It was reported that some employees are unable to wear masks due to health conditions, so face shields are provided. During our visit, we observed most workers wearing their cloth face coverings or disposable facemasks correctly. However, we observed several employees improperly wearing their facemasks (e.g., mask pulled down below the nose).

Most workers we observed were wearing their face shields correctly, but some did not (e.g., face shield tipped up at a 45-degree angle). Management allows employees to take their face shields home. There was no specific area where donning and doffing of PPE was to be performed. Additional PPE worn by employees included slip resistant shoes, smocks, nitrile gloves, and plastic arm sleeve coverings. The use of the additional PPE depended on an employees' job duties within the plant.

Educating Workers on COVID-19 Risks, Prevention, and Company Policies

Informational flyers with pictures representing COVID-19 symptoms, social distancing, and hand hygiene were placed on walls throughout the plant and/or displayed on television monitors located throughout the plant. All information is written in English and Spanish. Most signage was well-organized on the walls and laminated. However, one handwritten sign in front of the nurse's station stated that it was "okay to go back to work when sick". There were opportunities for more signage in some common areas, such as locker rooms or the cafeteria. There also were opportunities for increased messaging on the television monitors in the cafeteria. There is also a possible need for messaging written in Hebrew for rabbis.

We learned that information on several COVID-19–related topics such as hand hygiene, proper cloth face covering and disposable facemask wear, and COVID-19 health symptoms has been provided to workers using various media such as posters, television monitors, and other wall-mounted signage. We also learned that management verbally addresses workers during shift meetings to disseminate any new information and discuss the options and policies in place should they become ill with COVID-19. Management and supervisory staff have trained new employees on subjects such as social distancing and proper cloth face covering and disposable facemask wear and care, and are responsible for enforcing COVID-19 policies. Management indicated that additional information is shared via word of mouth, in-person training in small groups of 5–7 employees, and direct employee mailings. Management stated that they hired a Spanish translator to assist supervisors with training and education related to communicating with employees in Spanish.

Conclusions

The company has implemented many controls at the plant to help reduce and mitigate the spread of SARs-

CoV-2 between workers while in the plant. In addition, implementation of additional controls is in progress. Additional recommendations are provided below to help management, workers, the union, PA DOH, and strategic community partners potentially limit virus transmission among workers in the plant. The company should consult with Pennsylvania Department of Agriculture (PDA) and USDA/FSIS staff at the plant to determine if proposed controls are acceptable with regards to food safety and sanitation.

Recommendations

The following actions are recommended to reduce the spread of SARs-CoV-2between workers. With ongoing community transmission, COVID-19 cases among staff will continue to be identified. However, a combination of control measures with ongoing education and training could help reduce transmission in the workplace.

Interim recommendations for meat and poultry processing industries are available ([CDC Interim Guidance Meat and Poultry Processing Workers and Employers](#)) and should be considered in developing or refining plant COVID-19 response plans. The recommendations in this report are specific to the Empire Kosher Poultry Inc. Plant. Plant management, PA DOH, PDA, and community partners should continue to work together to implement recommendations and plans at the facility and among its workers to further reduce the spread of COVID-19.

Hierarchy of Controls

The following recommendations should be implemented according to the hierarchy of controls. [Hierarchy of controls](#) is an approach to hazard intervention which ranks the controls perceived to be most effective first, followed by those considered least effective. In most cases, the preferred approach is to eliminate a hazard or exposures, install engineering controls, and implement appropriate sanitation and cleaning to reduce worker exposure. Until such controls are in place, or if they are not adequately effective or feasible, administrative measures, personal protective equipment (PPE), and source controls may be needed.

Entry Screening

Screening workers for COVID-19 symptoms is a strategy to help ensure that symptomatic workers or visitors do not enter the facility. Screening policies and procedures should be developed in consultation with state and local health officials and occupational medicine professionals. Actions to improve existing screening policies and processes include:

1. Continue to screen all individuals entering the plant (e.g., workers, management, contractors, USDA/Food Safety and Inspection Service (FSIS) inspectors, package and poultry delivery drivers).

    a. Exclude all non-essential visitors from entering the premises. For essential services, like package delivery and poultry, limit drivers' access to the building.

    b. Continue to screen essential visitors. Those who screen positive for fever or other COVID-19 symptoms should be denied entry to the plant.

    c. If screeners are within 6 feet of workers, provide them with [appropriate PPE](#).

2. In addition to measuring temperature, continue providing verbal or written screening for symptoms in accordance with the most current CDC guidelines.

3. Workers who screen positive for fever or other COVID-19 symptoms should continue to undergo a comprehensive secondary screening process conducted by the nurse outside the facility.

4. Workers who are ill should stay home and not report for work or be allowed in the workplace.

    a. Surfaces and tools used in their workspace should be cleaned and disinfected immediately.

5. Continue educating workers to report to supervisors if they get sick during work.

    a. Ensure that supervisors know and follow protocols on how to manage ill workers.

    b. Continue sending workers home immediately if they become ill during work. Follow up with ill workers to determine if their symptoms or fever have subsided.

6. Workers who are sent home either from secondary screening or throughout the workday should be provided with written materials including information on how to self-isolate at home, how to contact a healthcare provider, the facility's return-to-work policy, and worker benefits for workers with COVID-19.

    a. Translate this information into other languages commonly spoken in the plant to improve communication with workers.

    b. Consider adding CDC guidance: "What to do if you are sick" to the information provided to workers being sent home after screening or during the workday. This information is available in multiple languages on the CDC website.

Contact Tracing

Contact tracing is important for identifying workers who have been exposed to a person with COVID-19, so they can be excluded from the workplace and monitored for symptom onset. Policies and procedures for contact tracing should be developed in consultation with state and local health officials and conducted under the supervision of the facility's nurse within the occupational health program. Actions to improve existing policies and procedures include:

1. Continue to conduct a contact investigation for each COVID-19 case by identifying close contacts of the case while at work during the time the worker had symptoms and 2 days prior to symptom onset, as defined by the CDC Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with suspected or Confirmed COVID-19. These might include co-workers who work in the same area of the plant, take breaks together, ride to work together, or live in the same household.

2. Workers determined to be a close contact of a confirmed case may be permitted to continue working, provided they remain asymptomatic and additional temperature and symptom checks are conducted during the workday for 14 days after last exposure.

3. If any employee develops symptoms during the day, they should be sent home immediately.

4. Consider posting or sharing the cumulative number of cases within the facility by date with workers to increase transparency and awareness among workers.

Sick Leave Policies

Review leave and incentive policies to ensure that workers who are sick with COVID-19 do not come to work. Consider the following actions to improve the existing sick leave policies and practices:

1. Continue to analyze leave and short-term disability policies and consider modifying them to ensure that ill workers are not in the workplace. Ensure that workers are aware of and understand these policies, particularly how they might differ from usual policies.

    a. Consider formulating a plan or policy for addressing a scenario where full-time workers may exhaust Paid Time Off (PTO), flextime, or vacation time.

2. Analyze incentive programs so that workers are not penalized for taking leave or short-term disability if they have COVID-19.

Social Distancing

In addition to everyday steps to prevent COVID-19, keeping space between individuals (social distancing) is one of the best strategies to avoid being exposed to the virus and slowing its spread. In addition to work areas, social distancing should be emphasized in all areas where workers congregate, such as break rooms, parking lots, hallways and corridors, entrance/exit areas, and locker rooms.

Barriers are one method to physically separate workers in areas of the plant where social distancing is not possible. Physical barriers should not be used as a replacement for social distancing and should only be used when distancing is not possible, due to work design or task to be completed (e.g., two people needing to work together on a single product or tasks that need to be done next to one another).

Consider the following actions to improve the existing social distancing procedures in common areas:

1. Consider employing social distancing "champions" to monitor and reinforce proper social distancing and cloth face covering and disposable facemask use in parking lots, throughout screening, in hallways, locker rooms, cafeteria and break areas, and any other spaces in your plant where workers congregate. This is especially important in areas like the locker rooms where social distancing is harder given the physical space.
2. Empower workers to provide corrective guidance to other workers about improper social distancing and cloth face covering and disposable facemask use.
3. Add more visual cues at 6-foot intervals (e.g., floor markings, wall markings, signs, traffic cones) in the building entries, screening areas, cafeterias, locker rooms, and other areas where lines or groups may form.
4. Continue to use break and lunch areas outdoors to reduce the density of workers in existing breakrooms and cafeterias and encourage workers to spend their breaks in locations with air movement and space for social distancing.
5. Consider providing training online, by video, or using other methods to increase distance between workers while receiving any in-person training.
6. Consider developing and implementing a procedure for sanitizing and disinfecting face shields instead of relying on employees to do it. Also, do not allow employees to take face shields home. Instead, create a clean storage area for properly disinfected face shields.
7. Consider the following actions to improve the existing social distancing procedures in production areas:

a. Continue staggering shifts, start times, and break times as much as feasible to decrease the number of workers in locker rooms, break areas, and cafeterias at one time. If feasible, strictly prescribe the time that the next shift can come into the plant so that these workers are not congregating in the locker rooms and cafeteria for long periods of time before their shifts start.

b. Install additional touchless clock in/out stations to reduce crowding and congregating at these areas.

Face coverings (cloth face coverings and disposable facemasks)

Source control is a term used to describe measures intended to prevent infected individuals from spreading disease. Evidence suggests that COVID-19 may be spread by workers what are not showing symptoms or asymptomatic individuals prior to being diagnosed. In the context of this COVID-19 pandemic, source control refers to the practice of wearing a mask to reduce the likelihood of transmitting the virus. Cloth face coverings or disposable facemasks are generally recommended as an addition to social distancing for source control as they help keep the person wearing the cloth face covering or disposable mask from spreading respiratory droplets when talking, sneezing, or coughing. Cloth face coverings and disposable facemasks are meant to protect other people in case workers are infected but not symptomatic. Face shields also can serve as a second level of source control when worn with cloth face coverings and disposable facemasks. Consider the following actions to improve source control:

1. Continue to enforce your policy of requiring either cloth face coverings or issuing disposable facemasks to all workers and visitors. Continue to ensure cloth face covering use meets CDC guidelines.

   a. Cloth face coverings and disposable facemasks should allow for breathing without restriction, not be touched after putting on to prevent transferring infected materials and be discarded and replaced when dirty or wet.

   b. Have replacement cloth face coverings and disposable facemasks available in case a worker's cloth face covering or disposable facemask becomes wet or soiled. This will be important in areas where the work is wet, dirty, or hot.

   c. Educate workers to avoid touching their faces, including their eyes, noses, and mouths, particularly until after they have thoroughly washed their hands upon completing work and/or removing PPE. This includes adjusting their cloth face coverings or disposable facemasks once they have been donned.

   d. Instruct workers to talk with their supervisor if their cloth face covering or disposable facemask needs to be adjusted frequently or if it interferes with their job-specific PPE. Supervisors should work to address these issues.

2. Continue reinforcing proper cloth face covering and disposable facemask use and social distancing in parking lots, throughout screening, in hallways, locker rooms, cafeteria and break areas, and any other spaces in your plant where workers congregate.

3. Continue requiring all workers and visitors to wear disposable facemasks properly covering their nose and mouth in all areas of the plant (including break areas and locker rooms, except when removing briefly to eat or drink).

4. If a worker cannot wear a face covering in accordance with CDC/OSHA guidelines, the company should investigate alternative measures. Face shields are intended to supplement the use of the disposable facemasks and cloth face coverings.

5. Consider developing a facility-managed process for decontaminating face shields during and after each shift.

6. Continue to train management and supervisors to educate and encourage workers to follow these guidelines.

7. Distribute disposable facemasks in a contactless manner while allowing for control of the number of disposable facemasks distributed. For example, consider placing disposable facemasks on a table and having workers step forward one at a time while another worker oversees the process.

    a. The worker distributing disposable facemasks should follow appropriate social distancing and wear appropriate PPE (gloves) and a cloth face covering or disposable facemask.

8. Work with USDA/FSIS partners to communicate any new COVID-19 policies and practices being rolled out in the plant.

9. Face shields are not acceptable substitutions for eye protection (such as safety glasses) that are used for impact protection. If needed and feasible, face shields should be used in addition to the eye protection, not as a replacement for jobs requiring eye protection, as identified by the plant's OSHA PPE hazard assessment (29 CFR 1910.132).

Hand Hygiene and Sanitation

Hand hygiene and sanitation (infection prevention and control) are important tools to avoid being exposed to the virus and slowing its spread. Follow and frequently monitor the CDC recommendations for cleaning and disinfection during the COVID-19 response for updates. Cleaning and disinfection of surfaces and objects that are frequently touched, especially in common areas, several times per day is an important component to control the spread of SARS-CoV-2. Consider the following actions to improve hand hygiene and sanitation:

1. Encourage frequent handwashing with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
    a. Consider providing hand sanitizing wipes in the cafeteria so that workers can sanitize their hands after they remove their cloth face covering or disposable facemask at their lunch cubicle.
    b. Ensure adequate amounts of soap is present in dispensers at all times.
2. Educate workers on proper alcohol-based hand sanitizer use.
    a. Additional information on proper hand sanitizer use can be found at: https://www.cdc.gov/handwashing/hand-sanitizer-use.html.
    b. Consider the use of videos such as these videos from YouTube: https://www.youtube.com/watch?v=Qe5bvXjEmkY or https://www.youtube.com/watch?v=ZnSjFr6J9HI. Videos in languages other than English are also available.
3. Continue to frequently disinfect high-touch areas in food production areas with products meeting EPA's criteria for use against COVID-19 and approved under the facility's sanitation standard

operating procedures.

       a. If EPA-registered disinfectants are not available, diluted household bleach solutions (final concentration at least 1000 ppm sodium hypochlorite), or alcohol solutions with at least [70% alcohol](#), can be used. Additional guidance on cleaning and disinfecting non-food production areas of the facility can be found on the [CDC website](#).

Training and Communication

When developing training and communication materials, the plant should use current, correct messaging from a trusted source. Training should be reinforced by the use of signage (preferably infographics or simple signs with a single, clear message) placed in strategic locations. Graphics and suggested messages are [available from CDC](#) for use on social media profiles and web pages. [Print resources](#) and [communication guidance](#)also are available from CDC and are available in multiple languages. Videos are also available for use. Use definitions and examples to explain technical terminology and concepts used in training or communications to help improve understanding.

CDC's [Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19](#)also provides a thorough list of topics for educating workers about how they can reduce the spread of COVID-19. Consider the following actions to improve your training and communication efforts:

1. Continue to provide COVID-19 informational signage throughout the plant and consider adding Hebrew to all training and educational material.
2. Add additional signage in cafeterias, locker rooms, break areas, and other areas where workers might congregate to remind workers about hand hygiene, social distancing, and cloth face covering and disposable facemask use.
3. Remove handmade sign outside of nurses' office which stated that it was okay to return to work if feeling ill.
4. Enlarge and simplify COVID-19 signage.
5. Remove as much outdated signage as possible. "Refreshing" messages by putting up new signs (even if they have a similar message) helps make the signs stand out to workers.
6. Do not post signs in spaces that are already congested with other signs or postings as they are hard to pick out in these settings.
7. Use more pictures/pictograms and add more languages to increase the percentage of the workforce that engages with signs and messaging.
8. Ensure signage is at eye level and can be easily seen by the workers. Consider hanging signs from the ceiling so that workers do not have to look to the side to see all messaging.
9. Install additional video monitors for displaying messaging to workers throughout the day. Simple, eye catching messages that refresh frequently can be a simple way to provide information to more workers. As with signs, use pictures/pictograms and many languages to increase the percentage of the workforce that engages with this messaging. Consider developing videos in multiple languages using plant workers who speak those languages.
10. Consider alternative sources for communicating with your workers. You can send hyperlinks along with your messages to provide additional COVID-19 information.
11. Explore alternate means of group communication used by workers, such as Viber and WhatsApp. Engage with workers and community organizations to understand which apps and methods are most used by plant workers.

12. Increase the number of signs, ensuring use of multiple languages, regarding proper hand hygiene near hand washing stations.
13. Consider developing closed (private) worker-only Facebook or other social media pages and invite workers to follow the page. Post guidance and information on the page in a variety of languages to ensure maximum reach.

Updated information and Guidance

Check back frequently on the CDC COVID-19 webpage for updated information and guidance on preventing and mitigating the spread of COVID-19 among your workers while they are at work. The company should consult with USDA/FSIS and PDA to determine if proposed controls are acceptable with regards to food safety and sanitation. Continue communicating and working with PA DOH, strategic community partners, and union leadership.

End of Memo