

Incident Action Plan for a Confirmed Case of COVID-19 in a Meat Processing Facility

Purpose

The purpose of this document is to provide guidance to manage an outbreak of COVID-19 and prevent further transmission in Meat Processing Facilities. It has been developed by NSW Health in consultation with Safework NSW and the NSW Department of Primary Industries.

Objectives include:

- Identify and manage confirmed cases
- Rapidly define close contact group among staff
- Provide support, expert advice and information
- Immediate implementation of outbreak control measures
- Identify risks of ongoing transmission in the facility and liaise with Public Health Unit

Setting

Meat production facilities have proven to be loci of COVID transmission both in Australia and overseas. Inherent risks of transmission of SARS-COV-2 in these facilities include;

- Meat and poultry processing workers often work close to one another on processing lines, when clocking in or out, during breaks, or in changing rooms.
- Meat and poultry processing workers often have prolonged closeness to co-workers (e.g., for 10-12 hours per shift).
- Meat and poultry processing workers may be exposed to the infectious virus through respiratory droplets in the air or from contact with contaminated surfaces or objects, such as tools, workstations, or break room tables. Shared spaces such as break rooms, locker rooms, and entrances/exits to the facility may contribute to their risk.
- The ambient temperature and humidity of these plants may also be conducive to SARS-COV-2 transmission

Other distinctive factors that may increase risk among these workers include:

- Sharing transportation such as ride-share vans or shuttle vehicles, car-pools, and public transportation.
- Frequent contact with fellow workers in community settings in areas where there is ongoing community transmission.
- Casual or itinerant migrant labour who may have limited English and/or be poorly informed about COVID risks. This is particularly true for workers in sections processing low value products such as those such as in boning rooms.

Principles

- 1. A single case of COVID-19 constitutes an outbreak in this setting**
- 2. An outbreak will be managed by**
 - arranging appropriate clinical management for cases and suspected cases,
 - implementing outbreak control measures, and
 - reporting line lists of cases to their local Public Health Unit (PHU)

Notification and Outbreak Response Co-ordination Team

The outbreak response co-ordination team should consist of the following core membership:

- Site Manager
- Public Health Unit

Specialized support from Local Health District (LHD) is available and might include;

- outreach (on-site) testing of asymptomatic co-workers who do meet close contact definition;
- prioritised testing of symptomatic contacts/co-workers;
- linking to health and welfare support for isolated cases and quarantined contacts;
- risk communication support for managers and staff

Roles and Responsibilities of the Business

Preparedness

A COVID-19 Safety and Preparedness Plan will minimize the impact of an outbreak should it occur. Worksafe Victoria have developed comprehensive guidance about developing a preparedness plan and this is available at

<https://www.worksafe.vic.gov.au/managing-covid-19-exposure-meat-and-poultry-processing>

Provide Information

- Identify any risks/ close contacts in a prompt manner (including enhanced surveillance throughout the outbreak)
- As part of your preparedness keep a record of the name and a mobile number and/or email address for all staff and contractors for a period of at least 28 days. Ensure records are used only for the purposes of tracing COVID-19 infections and are stored confidentially and securely. This will be essential information if there is an outbreak.

Enable Ongoing Surveillance of Staff

- Employers should make staff aware of the COVIDSafe app and the benefits of the app to support contact tracing if required. The Commonwealth Privacy Act 1988 must be complied with in relation to the COVIDSafe app.
- Enhance on-site surveillance (temperature checks, symptoms checking) throughout the outbreak and refer all febrile/unwell staff for prompt testing and isolation until results available)

Communicate with the Public Health Unit and Staff

- support PHU with communication by being the point of contact for staff and their families.
- Provide prompt communication to staff with support from the PHU

A. Case and Contact Management

On the first day or within 12 hours of the identification of a case

1. Identification of close contacts

- In consultation with PHU Identify all staff close contacts and enter into line list.
This will require access to rosters over this period
- Email line list to PHU in a timely manner
- Organise appropriate isolation for affected staff and close contacts
- Identify any other risk factors (recent staff travel/ visitor logs etc.)

NB. A close contact can be defined as " face-to-face contact in any setting with a confirmed or probable case, for greater than 15 minutes cumulative over the course of a week, in the period extending from 48 hours before onset of symptoms in the confirmed or probable case,

OR

sharing of a closed space or workroom with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed or probable case."

From 12-72 hours after the identification of a case

2. Contact management and further investigation

- In consultation with PHU arrange testing of other staff as required
- Continue surveillance for further cases (symptom monitoring to identify any new onset of flu-like illness or other symptoms in staff)
- As a minimum, symptom monitoring includes daily temperatures and assessment of signs and symptoms in all staff
- COVID-19 can be a mild illness for about 80% of cases, with fever and cough being the most commonly reported symptoms. Other symptoms include headache, sore throat, tiredness, shortness of breath, muscle aches, loss of smell and taste, chills and vomiting. Early evidence suggests that children have milder clinical symptoms than adults. Severe or fatal outcomes occur more frequently in the elderly and those with underlying health conditions

B. Enhanced Infection Control

- Ensure adequate supplies of appropriate PPE, hand wash and cleaning products and escalate supply issues to line management and PHU
- Restrict all visitors (delay external contractors/providers)
- Appropriate cleaning and waste disposal (enhanced cleaning and utilising a 2-step clean or 2-in1 clean)
- Appropriate signage from NSW Health
- Excluding unwell staff members in accordance with current recommendations and commence surge staff planning
- Identify any staff who have travelled within the last 14 days
- Influenza preparedness activities including staff vaccination planning, where relevant.

C. Communications

- PHU receives a positive COVID-19 lab result for a staff member, contacts staff member and gains consent to inform employer.

- PHU informs the plant manager of the positive test result.
- The manager is responsible for internal communications
- PHU advises the manager to establish and implement processes for a COVID-19 outbreak.
- PHU, in discussion with the manager, will organize a teleconference with key stakeholders which may include representatives of NSW Health PHEOC
- Management to provide timely written communication to all staff
- Management to provide (at least) daily situational updates to PHU throughout the outbreak, identify any potential risks and notify PHU of hospitalisations and/or deaths
- Criteria for resumption of operations
 - All close contacts identified and quarantined; any extended screening activities completed
 - All remedial/risk reduction actions completed
- Outbreak will be declared over when there are no new cases associated with facility for 14 days

**For additional information please contact your Public Health Unit on:
Phone number: 1300 066 055**

