



**COVID-19**  
**Pandemic Preparedness Guidance (Draft)**  
**for**  
**Airlines and Airline Catering**

**International Flight Services Association**  
**(IFSA)**

Based on Center Disease Control (CDC), Occupational Safety and Health Administration (OSHA), Food & Drug Administration (FDA), and World Health Organization (WHO) – Guidance and Recommendations for Prevention of COVID-19

**May 8, 2020**

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## I. Preface

A pandemic is a term used in public health to describe an epidemic that crosses international boundaries and impacts a large number of people. A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold. The World Health Organization (WHO) has officially classified COVID-19 as a pandemic on March 11, 2020 due to the spread and severity. The U.S. president declared national emergency to combat COVID-19. This document is intended to be useful for coronavirus disease 2019 (officially known as COVID-19) pandemic infectious disease outbreak.

See more info on CDC website FAQs basics:

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Coronavirus-Disease-2019-Basics>

This document is not for implementation. It is specifically designed to support Airline and Airline Catering Industry in North America to undertake the necessary contingency planning and proactive action to prepare and respond to COVID-19 pandemic. All the contents in this document are based on COVID-19 guidance and recommendations from U.S. Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), the World Health Organization (WHO), and other U.S. regulatory authorities as of the date of the document, which could continue to evolve throughout the pandemic. Facilities should develop and implement policies and procedures based on the specifics of their operations and current public recommendations and are strongly encouraged to coordinate with state and local health officials so timely and accurate information can guide appropriate responses.

As you read through this, we would address some practices to respond different case scenarios related to COVID-19 and COVID-19 exposures. In the meantime, we would share best practices may help prevent spread and exposure to COVID-19 at workplace. We invite industry participants to share comments and suggestions with International Flight Services Association (IFSA) to improve our ongoing efforts to help the entire industry prepare for this pandemic emergency.

## II. Monitoring the Situation

IFSA management team will continue monitoring the progress of all guidance and updates for this COVID-19 pandemic disease threats from U.S. official sites of government regulatory and information agencies.

## III. Overview

Coronavirus disease 2019 (COVID-19) is a respiratory illness that spreads mainly from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Most people infected with the COVID-19 will experience mild to moderate respiratory illness and recover without requiring special treatment. COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. For additional information about those at high-risk for severe illness from COVID-19 go to:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

The best way to prevent and slow down transmission is to be well informed about the COVID-19, the disease it causes and how it spreads. Protect yourself and others from infection by properly washing your hands and not touching your face.

The virus that causes COVID-19 spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow) and keep 6 feet (2 meters) social distance with others at public and work places. Currently there is no evidence of food or food packaging or water or ice being associated with transmission of COVID-19.

Recent studies indicate that **the virus can be spread by people before they develop symptoms or who never develop symptoms.** It also may be possible that a person can get COVID-19 by

touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way the virus spreads.

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments.

**Reference:**

[https://www.who.int/health-topics/coronavirus#tab=tab\\_2](https://www.who.int/health-topics/coronavirus#tab=tab_2)

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html>

<https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>

<https://www.fmi.org/>

**Symptoms:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

These symptoms may appear **2-14 days after exposure to the virus:**

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
  
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**.  
Emergency warning signs include\*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

*Reference: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>*

#### **IV. Guidance for Essential Business and Critical Infrastructure Workers**

##### **Objectives**

To identify essential business and critical infrastructure workers. Note: Airlines and supporting vendors to include maintenance, airline support crews, and catering facilities are defined as essential business and critical infrastructure workers.

*Reference: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>*

*Reference: <https://www.who.int/news-room/detail/30-03-2020-who-releases-guidelines-to-help-countries-maintain-essential-health-services-during-the-covid-19-pandemic>*

The World Health Organization (WHO) focuses on healthcare and identifies medical and health workers as critical infrastructure workers. The WHO released guidelines to help countries maintain essential health services during the COVID-19 pandemic.

*Reference: <https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>*

***CDC refers to CISA for guidance for essential critical infrastructure workforce.***

##### **Identifying Critical Infrastructure During COVID-19**

Functioning critical infrastructure is imperative during the response to the COVID-19 emergency for both public health and safety as well as community well-being. Certain critical infrastructure industries have a special responsibility in these times to continue operations.

This guidance and accompanying list are intended to support State, Local, and industry partners in identifying the critical infrastructure sectors and the essential workers needed to maintain the services and functions Americans depend on daily and need to be able to operate resiliently during the COVID-19 pandemic response.

This document gives guidance to state, local, tribal, and territorial jurisdictions and the private sector on defining essential critical infrastructure workers. Promoting the ability of such workers to continue to work during periods of community restriction, access management,

social distancing, or closure orders/directives is crucial to community resilience and continuity of essential functions. CISA made a technical update to the document on March 23, 2020 to clarify the description of a small number of essential services and functions in the list. If you have feedback or additional questions, please reach out to: [CISA.CAT@cisa.dhs.gov](mailto:CISA.CAT@cisa.dhs.gov)



### Food and Agriculture

The Food and Agriculture Sector-Specific Plan details how the National Infrastructure Protection Plan risk management framework is implemented within the context of the unique characteristics and risk landscape of the sector. Each Sector-Specific Agency develops a sector-specific plan through a coordinated effort involving its public and private sector partners. The Department of Agriculture and the Department of Health and Human Services are designated as the co-Sector-Specific Agencies for the Food and Agriculture Sector.

The Food and Agriculture Sector-Specific Plan details how the National Infrastructure Protection Plan risk management framework is implemented within the context of the unique characteristics and risk landscape of the sector. Each Sector-Specific Agency develops a sector-specific plan through a coordinated effort involving its public and private sector partners. The Department of Agriculture and the Department of Health and Human

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Services are designated as the co-Sector-Specific Agencies for the Food and Agriculture Sector.

For resources available to Food and Agriculture Sector partners, visit the Department of Agriculture and the Food and Drug Administration websites.

*References:*

<https://www.usda.gov/>

<https://www.fda.gov/>

*FOOD AND AGRICULTURE SECTOR-SPECIFIC PLAN – 2015*

<https://www.cisa.gov/sites/default/files/publications/nipp-ssp-food-ag-2015-508.pdf>

### **Transportation and Logistics (Aviation)**

Aviation includes aircraft, air traffic control systems, and about 19,700 airports, heliports, and landing strips. Approximately 500 provide commercial aviation services at civil and joint-use military airports, heliports, and sea plane bases. In addition, the aviation mode includes commercial and recreational aircraft (manned and unmanned) and a wide-variety of support services, such as aircraft repair stations, fueling facilities, navigation aids, and flight schools.

The Transportation Systems Sector-Specific Plan details how the National Infrastructure Protection Plan risk management framework is implemented within the context of the unique characteristics and risk landscape of the sector. Each Sector-Specific Agency develops a sector-specific plan through a coordinated effort involving its public and private sector partners. The Postal and Shipping Sector was consolidated within the Transportation Systems Sector in 2013 under Presidential Policy Directive 21. The Department of Homeland Security and the Department of Transportation are designated as the Co-Sector-Specific Agencies for the Transportation Systems Sector.

For resources available to Transportation Systems Sector partners, go to the Department of Transportation website or the Transportation Security Administration website.



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### References:

<https://www.tsa.gov/for-industry>

TRANSPORTATION SYSTEMS SECTOR-SPECIFIC PLAN - 2015

<https://www.cisa.gov/sites/default/files/publications/nipp-ssp-transportation-systems-2015-508.pdf>

### Considerations for Government and Business COVID-19 Response Efforts

Essential Business and Critical Infrastructure Workers list was developed in consultation with federal agency partners, industry experts, and state and local officials, and is based on several key principles:

1. Response efforts to the COVID-19 pandemic are locally executed, state managed and federally supported.
2. Everyone should follow guidance from the CDC, as well as State and local government officials, regarding strategies to limit disease spread.
3. Workers should be encouraged to work remotely when possible and focus on core business activities. In-person, non-mandatory activities should be delayed until the resumption of normal operations.
4. When continuous remote work is not possible, businesses should enlist strategies to reduce the likelihood of spreading the disease. This includes, but is not necessary limited to, separating staff by off-setting shift hours or days and/or social distancing. These steps can preserve the workforce and allow operations to continue.
5. All organizations should implement their business continuity and pandemic plans or put plans in place if they do not exist. Delaying implementation is not advised and puts at risk the viability of the business and the health and safety of the employees.
6. Reliance on technology and just-in-time supply chains means that certain workers must be able to access certain sites, facilities, and assets to ensure continuity of functions.
7. Government employees, such as emergency managers, and the business community need to establish and maintain lines of communication.

8. When government and businesses engage in discussions about essential critical infrastructure workers, they need to consider the implications of business operations beyond the jurisdiction where the asset or facility is located. Businesses can have sizeable economic and societal impacts as well as supply chain dependencies that are geographically distributed.

Whenever possible, jurisdictions should align success ad movement control policies related to critical infrastructure workers to lower the burden of workers crossing jurisdictional boundaries.

### **CDC Guidance for Essential Business and Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19**

1. To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers **may be permitted to continue work** following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.
2. A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.
3. Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:
  - Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
  - Regular Monitoring: As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.

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- **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
  - **Social Distance:** The employee should maintain 6 feet (2 meters) and practice social distancing as work duties permit in the workplace.
  - **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.
4. If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet (2 meters) of the employee during this time would be considered exposed.
5. Employers should implement the recommendations in the CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.
6. Additional considerations:
- Employees should not share headsets or other objects that are near mouth or nose.
  - Employers should increase the frequency of cleaning commonly touched surfaces.
  - Employees and employers should consider pilot testing the use of face coverings\* to ensure they do not interfere with work assignments.
  - Employers should work with facility maintenance staff to increase air exchanges in room.
  - Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.

**\*Face coverings consistent with state or local public health authority. INCLUDE with links as APPENDIX PER FDA GUIDANCE**

**Reference: [https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html?deliveryName=USCDC\\_2067-DM25522](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html?deliveryName=USCDC_2067-DM25522)**

**IFSA considerations for this recommendation**

**We do not encourage airline catering facilities permit employees to continue work following potential exposure to COVID-19 unless the facility is facing condition of extreme labor/management shortage for business continuous. Considering exposure Risk Management for Asymptomatic (Healthy) Person remains unknown and different facility may vary in risk management implementation.**

**V. Infectious Disease Prevention Strategy Plan**

**Objectives**

Based on CDC recommendations - Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), all employers need to consider how best to decrease the spread of COVID-19 and lower the impact in their workplace. This may include activities in one or more of the following areas:

- a. reduce transmission among employees,
- b. maintain healthy business operations, and
- c. maintain a healthy work environment.

**A. Workplace Pandemic Team and Workplace Coordinator**

Employer should build COVID-19 pandemic team and identify the workplace coordinator to keep close communication with company’s Pandemic Crisis Committee (if applicable) and tracking latest updates at local level. ***(Refer to Company’s Workplace Crisis manual if applicable)***

Team Member Name	Title	Signature	Team Role	Contact info (Cell# and Email)
	Operational VP/General Manager		Team Leader	
	Quality Management		Workplace Coordinator	
	Human Resource Management		Labor consultant	
	Sales Representative		Customer Relations	
	Occupational Safety Representative		Employee Work Safety	
	Operation Representative		Essential supply management	
	Sanitation Representative		Cleaning and disinfecting	

**B. Risk Exposures Management**

Employers should plan to respond in a flexible way to varying levels of disease transmission in the community and be prepared to refine their business response plans as needed.

Person	Exposure to	Recommended Precautions for the Public
<ul style="list-style-type: none"> <li>Household member</li> <li>Intimate partner</li> <li>Individual providing care in a household without using recommended <u>infection control</u> precaution</li> <li>Individual who has had close contact (&lt; 6 feet)** for a prolonged period of time ***</li> </ul>	<ul style="list-style-type: none"> <li>Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for <u>discontinuing home isolation</u> (can be a laboratory-confirmed disease or a clinically compatible illness <u>in a state or territory with widespread community transmission</u>)</li> </ul>	<ul style="list-style-type: none"> <li>Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times</li> <li>Self-monitor for symptoms Check temperature twice a day Watch for fever*, cough, or shortness of breath</li> <li>Avoid contact with <u>people at higher risk for severe illness</u> (unless they live in the same home and had same exposure)</li> <li>Follow <u>CDC guidance</u> if symptoms develop</li> </ul>
<ul style="list-style-type: none"> <li>All U.S. residents, other than those with a known risk exposure</li> </ul>	<ul style="list-style-type: none"> <li>Possible unrecognized COVID-19 exposures in U.S. communities</li> </ul>	<ul style="list-style-type: none"> <li>Be alert for symptoms</li> <li>Watch for fever*, cough, or shortness of breath Take temperature if symptoms develop</li> <li>Practice social distancing Maintain 6 feet of distance from others Stay out of crowded places</li> <li>Follow <u>CDC guidance</u> if symptoms develop</li> </ul>

\*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4oF (38oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

\*\* Data are limited to define of close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

\*\*\*Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

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Exposure	Recommended Precautions
<ul style="list-style-type: none"> <li>Travel from a country with <u>widespread ongoing transmission</u> (as of March, 27<sup>th</sup>, 2020, this includes all countries)</li> <li>Travel on cruise ship or river boat</li> </ul>	<ul style="list-style-type: none"> <li>Stay home until 14 days after arrival and maintain a distance of at least 6 feet (2 meters) from others<sup>2</sup></li> <li>Self-monitor for symptoms</li> <li>Check temperature twice a day</li> <li>Watch for fever<sup>3</sup>, cough, shortness of breath</li> <li>Avoid contact with <u>people at higher risk for severe illness</u> (unless they live in the same home and had same exposure)</li> <li>Follow <u>CDC guidance</u> if symptoms develop</li> </ul>
<ul style="list-style-type: none"> <li>Travel from a country with <u>ongoing community transmission</u></li> </ul>	<ul style="list-style-type: none"> <li>Practice social distancing Maintain a distance of at least 6 feet (2 meters) from others Stay out of crowded places</li> <li>Be alert for symptoms Watch for fever<sup>3</sup>, cough, shortness of breath Take temperature if symptoms develop</li> <li>Follow <u>CDC guidance</u> if symptoms develop</li> </ul>

The epidemic of respiratory illness (COVID-19) caused by novel coronavirus (SARS-CoV-2) is spreading in all regions internationally as well as in many communities in the United States. As part of a strategy aimed to limit continued COVID-19 seeding of US communities, the US government has recommended that travelers stay home voluntarily for 14 days after traveling from countries with widespread ongoing transmission or on cruise ships or river cruises.

<p>Crews on Passenger or Cargo Flights</p>	<p><b>Please follow recommendations from Department of Transportation: COVID-19: Interim Health Guidance for Air Carriers and Crews</b></p> <p><a href="https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20003.pdf">https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20003.pdf</a></p>
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References:

**CDC reference for Self-Management if Symptomatic:** <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

**CDC Reference for Public Health Recommendations for Community-Related Exposure:** <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

**Public Health Recommendations after Travel-Associated COVID-19 Exposure:** <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

### C. Recommended Practices for Airline and Airline Catering Industry

#### Section 1: Illness report for COVID-19

According to CDC “Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019”, below are some industry practices for employers to decrease the spread of COVID-19 and lower the impact in their workplace. As discussed in previous section, IFSA would not encourage airline catering facilities permit employees to continue work following potential exposure to COVID-19 unless the facility is facing condition of extreme labor/management shortage for business continuous.

- Employees who have symptoms (i.e., fever, cough, or shortness of breath) should notify their supervisor and stay home or go home.
- Employees who are well but who have a sick household member at home with COVID-19 should notify their supervisor and stay home.
- Employee exposed to persons with known or suspected COVID-19 or possible COVID-19 notify their supervisor and stay home or go home.

#### Section 2: Handling COVID-19 related illness report

*Note: Per CDC recommendation, employers **should not** require a positive COVID-19 test result or a healthcare provider’s note (Doctor Note) for employees who are sick to validate their illness, qualify for sick leave, or to return to work.*

References: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

#### a. Employee with Known or Suspected COVID-19 or Possible COVID-19 outside of the company

1. Instruct potentially sick person to contact her/his medical provider immediately.

Please fill information below:

local healthcare provider phone number

Local state health department hotline:

*Reference to Appendix 1 State health department number and Local HR for phone numbers.*



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2. Document affected employee's contact information and advise employee a follow up call will be conducted by HR after employee received direction from healthcare provider.
3. HR or designee conduct follow up call with employee who suspected with COVID-19.

Note: Skip step 2&3 if employee already contacted healthcare provider and received clear recommendation and directory.

4. If affected employee was advised self-isolation/quarantine or waiting for test/test result or tested positive for COVID-19 document employee's basic information and close contact history follow "Case Questionnaire for COVID-19".

Reference to Employee screening: COVID-19 case questionnaires

5. HR or designee follows communication flow for COVID-19 and ensure all the responsible party are properly informed in a timely manner.
6. HR or designee inform employees were identified in "Case Questionnaire for COVID-19" who had close contact with employee with COVID-19 (maintain confidentiality as required by the Americans With Disabilities Act - ADA) and advise those affected employees self-isolation/quarantine and self-monitor health condition per CDC recommendations.
7. Reinforce Cleaning & Disinfecting in the areas that suspected or confirmed employee with COVID-19 worked or visited, focusing especially on frequently touched surfaces and document cleaning and disinfecting activities.
8. HR or designee conduct follow up call with all affected employees and confirm their status.

### **b. Suspect COVID-19 employee shows symptoms at workplace**

1. Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day should immediately be separated from other employees, customers, and visitors and sent home.

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2. Keep minimum **6 feet** (2 meters) social distance with potentially sick employee and offer face covering to employee (if applicable) and advise employee to cover their noses and mouths with a tissue when coughing or sneezing if face covering is not worn.
3. Instruct potentially sick person to contact her/his medical provider.

Please fill information below:

local healthcare provider phone number

Local state health department hotline:

*Reference to [Appendix 1 State health department number and Local HR for phone numbers.](#)*

4. Document affected employee's contact information and advise employee a follow up call will be conducted by HR after employee received directory from healthcare provider.
- 5. Send potentially sick employee home immediately.**
6. HR or designee conduct follow up call with employee who suspected with COVID-19.
7. If affected employee was advised self-isolation/quarantine or waiting for test/test result or tested positive for COVID-19, document employee's basic information and close contact history follow "Case Questionnaire for COVID-19".

*Reference to [Employee screening: COVID-19 case questionnaires](#)*

8. HR or designee follows communication flow for COVID-19 and ensure all the responsible party are properly informed in a timely manner.
9. HR or designee inform employees were identified in "Case Questionnaire for COVID-19" who had close contact with employee with COVID-19 (maintain confidentiality as required by the Americans With Disabilities Act - ADA) and advise those affected employees self-isolation/quarantine and self-monitor health per CDC recommendations.
10. Reinforce Cleaning & Disinfecting in the areas that suspected or confirmed employee with COVID-19 worked or visited, focusing especially on frequently touched surfaces and document cleaning and disinfecting activities.

11. HR or designee conduct follow up call with all affected employees and confirm their status.

**c. Employee reports household member with COVID-19 and under self-isolation/quarantine**

1. HR or designee document employee's information.
2. HR or designee advise employee to do not come to work and follow CDC recommendations **if employee had close contact** with household member with COVID-19 and self-monitor health condition.
3. Provide proper information kit with CDC instruction of "caring for someone at home" and "disinfecting your home if someone is sick".
4. HR or designee follows communication flow for COVID-19 and ensure all the responsible party are properly informed in a timely manner.
5. HR or designee conduct follow up call with all affected employees and confirm their status.

**d. Employee reports household member had close contact with COVID-19 sick person and under self-isolation/quarantine but not symptomatic**

1. HR or designee advise employee follow CDC recommendation and self-monitor health condition (i.e., fever, cough, or shortness of breath).
2. Document employee's information

**e. Employee had international and cruise travel**

1. HR or designee documents employee's information
2. Based on information is collected, advise employee to follow "Risk Management for After Travel-Associated COVID-19 Exposure" recommendations from CDC.
3. HR or designee follow communication flow for COVID-19 and ensure all the responsible party are properly informed in a timely manner.
4. HR or designee conduct follow up call with all affected employees and confirm their status.

*Reference:*

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

**Section 3: Environmental Cleaning and Disinfection for facility with suspect or confirmed COVID-19 case**

**a. Recommendations and procedures for the cleaning and disinfection of rooms or areas or surfaces of those with suspected or with confirmed COVID-19 had visited**

1. Workplace coordinator identify the areas visited or used by the ill person based on information was collected on “Case Questionnaire for COVID-19” and fill out “Cleaning and Disinfecting Checklist”.
2. Close off areas used by the sick person and restrict entry access.
3. Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.

*Note: Skip step 3, if suspect or confirmed COVID-19 employee’s last visit to affected areas was more than **72hours**. CDC recommended that COVID-19 may spread 48 hours before person develops symptoms. We recommend adding 24hours as operational control point to reduce the risk of COVID-19 spread at workplace.*

4. Sanitation crew should wash hands properly and wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash. (If splashing is possible, eye protection, such as a face shield or goggles and face covering may be required according to the manufacture’s label)
5. Follow procedures to clean and disinfect all areas and surfaces were visited and used by the person with COVID-19 include operational areas (dish room, cold food, hot food, etc.) and non-operational areas (office, locker room, restroom, café, etc.). Focusing especially on frequently touched surfaces (doorknobs, touch panels, etc.)
6. Sanitation crew should remove and dispose disposable gears and equipment (remove disposable gloves at the last), wash hands properly
7. Workplace coordinator should document all the cleaning and disinfecting activities on “Cleaning and Disinfecting Checklist” and maintain the records.

*Note: If the ill person is a Driver, then the truck must be clean and sanitized (box and cabin), refer to truck cleaning and disinfecting procedure.*

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

**b. Cleaning and disinfecting chemical and concentration**

1. Disinfectant: most common EPA-registered household disinfectants should be effective.

*EPA List N: Disinfectants for Use Against SARS-CoV-2:*

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

- i. Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
- ii. To avoid chemical exposure when using disinfectants, follow the label's "precautionary statements".
- iii. Diluted household bleach solutions may also be used if appropriate for the surface: (Bleach is not recommended for airline catering facility, please verify with local regulations)

Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and **proper ventilation**. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for at least 1 minute.

Prepare a bleach solution by mixing:

5 tablespoons (1/3 cup) bleach per gallon of water or

4 teaspoons bleach per quart of water

- iv. Alcohol solutions with at least 70% alcohol may also be used.

References: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

2. Degreaser

- i. Degreaser must be rinsed with potable water if clean food contact surface and surfaces nearby food contact surface
- ii. Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.

**c. Clean and disinfect food contact surface and surfaces nearby food contact surface**

**1. Dishwasher thermal disinfecting method**

- i. Workplace coordinator or designee must physically present and monitor the sanitation activity.
- ii. Wash hands, wear disposable gloves and gowns.
- iii. Collect all the equipment classified as FCS (Food Contact Surface) that may have contact with ill person, and make it pass through at the dishwasher (if applicable) ensure that is running at required surface temperature 160F.

**2. Other food contact surfaces and surfaces nearby food contact surface that may not applicable for thermal disinfecting such as table surface**

- i. Wash hands properly and wear disposable gloves and gowns
- ii. Apply degreaser/soap on surface and clean with disposable paper towel or micro-fiber cloth
- iii. Use potable water rinse the surface to remove debris and degreaser residue.
- iv. Remove excess water on the surface
- v. Apply sufficient amount disinfectant with verified concentration on surface and ensure disinfecting contact time reached per manufacture instruction.
- vi. Use potable water rinse the surface to remove disinfectant (or according to manufacture instruction).
- vii. Remove excess water on the surface.
- viii. Apply sufficient amount of food surface sanitizer with verified concentration on surface and allow air dry.

- ix. Safely remove and dispose disposable gears and equipment (remove disposable gloves at the last), wash hands properly and complete “Cleaning and Disinfecting Checklist”

*Note: this method also can clean and disinfect food contact surfaces are able to pass through dishwasher (small objects) such as pot and pans, small kitchen utensils, etc. Soak small objects into disinfectant with correct concentration and contact time.*

**d. Clean and disinfect Non-food contact surfaces**

**1. Non-food contact surfaces that away from food contact surfaces**

- i. Wash hands properly, wear disposable gloves and gowns.
- ii. Apply degreaser/soap on surface and clean with disposable paper towel or micro-fiber cloth
- iii. Use potable water rinse the surface to remove debris and degreaser residue
- iv. Remove excess water on the surface (You may skip step ii, iii, and iv, if surface is visible clean in non-hygiene area)
- v. Apply sufficient amount disinfectant with verified concentration on surface and ensure disinfecting contact time reached per manufacture instruction.
- vi. Remove excess disinfectant per manufacture instruction.
- vii. Safely remove and dispose disposable gears and equipment (remove disposable gloves at the last), wash hands properly and complete “Cleaning and Disinfecting Checklist”

**2. Office and administrative areas and general high touched surfaces**

- i. Wash your hands properly and wear disposable gloves.
- ii. Clean surfaces using cleaning detergent and wipe with disposable paper towel.
- iii. Disinfecting surfaces by apply sufficient amount of disinfectant with verified concentration on surface and ensure disinfecting contact time reached per manufacture instruction. (You may also use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly)

Reference for 70% alcohol: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

- iv. Remove excess disinfectant per manufacture instruction. (if applicable)
- v. Dispose used paper towel and properly remove and dispose gloves as well.
- vi. Properly wash hands for 20 seconds and rinse with water for 5 seconds.
- vii. Complete “Cleaning and Disinfecting Checklist” (if applicable)

### **3. Electronics**

- i. Follow manufacturer’s instruction for cleaning and disinfecting, if available.
- ii. If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

Note: Procedures in 2. Office and administrative areas and general high touched surfaces can be used to clean Electronics. However, **DO NOT** spray chemicals directly on any electronic equipment such as: telephones, cell phones, printers, touch panels, mouse, computers, keyboards, remote controls, etc. **Using a paper towel moistened with cleaning or disinfecting detergent to wipe the surfaces.**

### **4. Vehicles driver cabin**

- i. Wash your hands properly and wear disposable gloves.
- ii. Clean surfaces using a paper towel moistened with cleaning detergent and wipe the surface.
- iii. Use a paper towel or micro-fiber cloth moistened with water to remove excess cleaning detergent from surfaces.
- iv. Disinfecting surfaces by using a paper towel moistened with disinfectant with verified concentration on surface and ensure disinfecting contact time reached per manufacture instruction. (You may also use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly)
- v. Remove excess disinfectant per manufacture instruction. (if applicable)
- vi. Dispose used paper towel/wipes and properly remove and dispose gloves as well.
- vii. Properly wash hands for 20 seconds and rinse with water for 5 seconds.
- viii. Complete “Cleaning and Disinfecting Checklist” (if applicable)

### **5. Vehicles box/loading bed/Cabin**



- i. Wash hands properly, wear disposable gloves and gowns.
- ii. With box doors open and clean surfaces using cleaning detergent and wipe with disposable paper towel or micro-fiber cloth (Optional, if surface area visible clean)
- iii. Keep doors open and disinfecting surfaces by apply sufficient amount of disinfectant with verified concentration on surface and ensure disinfecting contact time reached per manufacture instruction.
- iv. Remove excess disinfectant per manufacture instruction. (if applicable)
- v. Safely remove and dispose disposable gears and equipment (remove disposable gloves at the last), wash hands properly and complete "Cleaning and Disinfecting Checklist"

**6. Airline trolley/cart surfaces** (We recommend disinfecting all exterior surfaces of Non-COVID-19 infected airline trolley/cart as soon as arrived facility and before strip and wash. Disinfecting both interior and exterior if airline trolley/equipment exposed to COVID-19 related case.)

- i. Wash hands properly, wear disposable gloves and gowns.
- ii. Disinfecting surfaces by apply sufficient amount of disinfectant with verified concentration on surface and ensure disinfecting contact time reached per manufacture instruction.
- iii. Remove excess disinfectant per manufacture instruction. (if applicable)
- iv. Safely remove and dispose disposable gears and equipment (remove disposable gloves at the last), wash hands properly and complete "Cleaning and Disinfecting Checklist"

**e. Consider these steps to reduce your risk when using disinfectants**

- To avoid chemical exposure when using disinfectants, follow the label's "precautionary statements". If no label guidance is provided, consider wearing gloves, eye protection, shoes with socks, and long sleeves/pants.
- Keep children, pets, and other people away during the application until the product is dry and there is no odor.

- Open windows and use fans to ventilate. Step away from odors if they become too strong.
- Wash your hands after using any disinfectant, including surface wipes.
- Keep lids tightly closed when not in use. Spills and accidents are more likely to happen when containers are open.
- Do not allow children to use disinfectant wipes. Keep cleaners and disinfectants out of reach from children and pets.
- Throw away disposable items like gloves and face covering after use. They cannot be cleaned.
- Do not use disinfectant wipes to clean hands or as baby wipes.

*Reference:* <http://npic.orst.edu/ingred/ptype/amicrob/covid19.html>

**f. Enhanced routine Cleaning and Sanitization Program**

**Four areas in consideration of enhancement for routine cleaning and disinfecting:**

- **Common Areas:** Café, locker room, restroom, punch in (or out) area, entrance door, stairs, hallway, smoking area, water drinking station, elevators etc.
- **General Administrative Areas:** General office, meeting room, copy & printing room, dispatch office, HR office, document storage room, etc.
- **Operational Areas:** Dishroom, Assembly, LML, Hot/Cold Production, Coolers, Material Warehouse, Equipment Warehouse, etc.
- **Catering Vehicles:**
  - Catering trucks: Loading bed/trunk, driver cabin
  - Support vehicles: driver cabin, back trunk

**Recommendations for enhancement of routine cleaning and disinfecting:**

- Facility may increase the cleaning and sanitation frequency for high touched surfaces in both operational and non-operational areas.
- Facility may reinforce routine cleaning and sanitation tasks for high traffic areas such as catering vehicles, inbound areas, dishwashing areas, and assembly areas.
- Ensure cleaning and disinfecting in hygiene areas. The schedule and frequency can be revised based on production volume. **However, all the food contact**

surfaces involved in production on the same day of operation must be cleaned and disinfected in a timely manner.

- All the sanitation records should be properly documented and retained with both task performing employee sign off and qualified individual verification.
- All the sanitation crew who perform COVID-19 related sanitation and disinfecting tasks which may out of routine sanitation scope should receive proper training and under supervision of workplace coordinator.
- Facility should maintain regular sanitation activities and make adjustments based on production volume.
- Review people flow and identify surfaces employees may be able to avoid touching, for example, keep internal doors open, do not share office supplies and equipment.
- Follow people flow and process task steps to identify high touch areas such as door handle, pouch in/out clock, chair handle, locker lock, keyboard, etc.

**g. Surfaces Cleaning & Disinfecting Checklist for Covid-19 Case may include**

- Designated sanitation management or quality management must monitor, verify the surfaces disinfecting activity and complete the checklist.
- Date, time start and complete disinfecting, name of management prepared checklist and names employees performed tasks.
- Verification of employee PPE before cleaning and disinfecting
- Verification of dispose all disposable PPE and equipment after cleaning and disinfecting
- List of all affected areas and verification of completion of cleaning and disinfecting.
- Verification of chemical used include concentrations, contact time, name of chemical
- If use dishwashing machine disinfecting method, collect verification of surface temperature

Date and time areas was released for use and approval name/initial.

**Section 4: Procedures for Loading or Unloading Aircraft with a Suspected COVID-19 Person**

**a. Meeting planes with a suspected or confirmed COVID-19**

- i. Airline must inform the CDC or local health authorities about the suspected and/or confirmed person. CDC/health authority checks passenger temperature, for COVID-19 symptoms AND determines if passenger and plane can be released.
- ii. The catering team will approach the airplane AFTER it is released by either the CDC or the local health authorities.
- iii. If aircraft is cleared due to low risk situation, the PSE Pandemic Kit is optional.
- iv. If there was a confirmed case of COVID-19 or case that requires the airline to disinfect prior to access, personnel must wear the applicable PSE Kit prior to opening the door of the aircraft.
- v. The Airline or Health Authorities will advise when it is clear to access the suspect aircraft
- vi. NO Ground personnel shall enter the aircraft when passengers are still on board
- vii. Define appropriate personal protective equipment and consider creating ready made kits which should be used while unloading an aircraft reported with a COVID-19 person. If local authorities precautions are more stringent than the personal protective equipment must comply with the local authorities requirements.

Note: PPE Kit will now be known as the "PSE Kit" Precautionary Safety Equipment Kit (PPE refers to OSHA guidelines and cannot be used in the context as it is stated).

**b. Unloading planes with a suspected or confirmed COVID-19 person**

- i. Wear Precautionary Safety Equipment properly
- ii. Push all trolleys to the truck box.
- iii. Disinfecting all the equipment (trolleys and carrier units) both inside and outside.
- iv. Take off and DISPOSE of your used PSE in the following order:
  - a. Disposable overshoes
  - b. Disposable coat
  - c. Disposable hood
  - d. Disposable gloves
- v. Dispose everything in a plastic trash bag and seal completely. Drive back to the facility.
- vi. Wash hands properly when you arrive at the facility.

- vii. Inform management about the affected equipment when handing them over

**c. Precautionary Safety Equipment Kit**

When the aircraft is released by either the CDC or the local health authorities and communicate by the airline customer the PSE Kit is optional. If local authorities are more stringent than the PSE Kit please comply with the local authority's requirements.

**d. Airline Equipment and Sanitation**

- i. Dishwashing employees must wear disposable gloves and **eye protection**
- ii. Segregate all equipment from the affected flight into the designated area. Prioritize to front of queue and wash all on one machine if possible.
- iii. Ensure the dish machine is running at required temperature 160F (test temperature) prior to washing equipment and record as required by your documentation system.
- iv. Dispose of all items from flight including snacks and sodas as regulated trash if you have that capability. If not, secure trash bags by knotting or using zip ties
- v. Test the Sanitizer concentration and record the concentration as required by your documentation system.
- vi. Disinfect empty carts and carriers with Sanitizer at manufacturer recommended ppm and let sit for ten minutes.

## **Section 5: Screening for visitors, employees and vendors**

### **a. Temperature Check Procedures**

#### **Purpose:**

Protecting our Employees and Visitors (Customers, Vendors, and Partners) are of utmost importance to us during COVID-19 disease outbreak and taking precautionary measures to reduce transmission among employees, visitors and vendors.

#### **Scope:**

ALL Employees and Visitors must stop at the main entrance door to take their temperature before entering the facility. (Temperature check will not replace Screening Questionnaire for Employees and Visitors)

#### **Responsibility:**

Management team: Apply the screening questionnaire and take temperature for all Employees, Customers, Visitors, and Partners.

Human Resources: Assure the temperature check procedure is implemented. If the person's temperature is AT OR ABOVE 100.4F/38C or Fails to meet the questionnaire criteria, the screening questionnaire must be filed and retained by qualified HR management.

#### **Required Materials:**

- Temperature check station at the main entrance door (i.e, security booth)
- Non-contact infrared forehead thermometer (must be calibrated by manufacturer)
- Pen with indelible ink (blue/black ink)
- Alcohol pads to disinfect the non-contact infrared forehead thermometer and pen on shift change
- Printed copies of screening questionnaire for documentation
- Disposable gloves

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- Face covering (optional)
- Trash bin with lid for used alcohol wipes and packets, disposable face covering, disposable gloves

### **Good Hygiene Practices (for the screener):**

- Gloves must be changed and the thermometer and pen must be disinfected, if during the process, the screener accidentally touches someone.
- Remove and dispose the gloves and wash hands following the handwashing instructions during the breaks or if they touch other surfaces or parts of their body (i.e, face, nose, eyes, etc.).
- Properly remove face covering; wash hands following the hand wash procedure (water and soap for 20 seconds). If no hand sink available, use at least 60% alcohol hand sanitizer to disinfect the hands.
- Screener must receive proper training for temperature taking procedure and non-contact infrared forehead thermometer usage according to manufacture instructions.

### **Temperature Taking Procedure:**

- Set up a Temperature check station at the main entrance door (i.e., security booth)
- The person in charge of the temperature check (screener) is required to wear a long sleeve lab coat uniform and gloves (gloves do not need to be changed between each temperature check as the process does not call for touching employees). The screener can also choose to wear a face covering if available. Screener must follow the Good Hygiene Practices (please see below)
- The non-contact infrared forehead thermometer must be disinfected with alcohol pads prior to start of every shift.
- The pen must be disinfected with alcohol pads prior to start of every shift and after each use.
- Train the screener in charge of taking temperatures according to the thermometer manufacturer instructions

Note: Body temperature reading from non-contact infrared forehead thermometer may have reading limitations and deviations such as weather, sweat body surface, gender, age, the range of temperature was taken, physical activity, the use of antipyretic drugs and the emotional state, but the list is not exhaustive.

Reference: <https://www.ncbi.nlm.nih.gov/books/NBK263242/#S27>

- The thermometer must directly align with the forehead at all times (aim at foreheads) and temperature must be taken from distance that thermometer manufacturer recommended.
- The process for taking temperature of each person takes less than 5 seconds, and immediately the screener will move back to the required social distance of 6 feet (2 meters).
- If the person's temperature is BELOW 100.4F/38C, the person must answer all questions on the screening questionnaire which will be completed by the screener.
- If the person's temperature is AT OR ABOVE 100.4F/38C, the person must sign the completed screening questionnaire and will automatically be DENIED access to the facility.
- If the individual refuses to take the temperature, please notify the manager and deny the person access to the building.

#### **Screening Questionnaire Procedure**

- If the individual is AT OR ABOVE 100.4F/38C, the screener in charge of temperature check will offer the person a face covering to wear in order to protect others (if available), and needs to maintain the required social distance of 6 feet (2 meters).
- The screener will provide a screening questionnaire to the individual, and request they answer the questions by circling YES or NO and sign/date the form.
- The screener will also sign/date the completed screening questionnaire.
- The screener will instruct the person AT OR ABOVE 100.4F/38C to contact their health provider, and to go home as soon as possible.



- The screener will notify management that the person will not be at work that day and shall not share any information regarding the individual except with management with a need to know.

**b. Screening Questionnaire for Employees and Visitors**

**Purpose:**

To assure screening of all employees, visitors and vendors for COVID-19 symptoms.

**Scope:**

Any personnel entering facility with COVID-19 symptoms or had close contact with person with COVID-19 may include employees, visitors and vendors.

**Responsibility:**

General Manager – Responsible for overseeing all activities at facility.

Human Resources – Assure this questionnaire is implemented. Maintain confidentiality and secure questionnaire

**Procedure:**

- All personnel entering facility must review questionnaire contents daily and **Only** fill out questionnaire if personnel had any COVID-19 related symptomatic, contact history.
- **Only business critical/essential business visitors are permitted access facility at this time.**
- Answering Yes to any of the screening questions, should deny entry, and take appropriate actions as listed in the questionnaire.
- Notify Pandemic Crisis Team when applicable.

**Screening questionnaire may include:**

- Questions and confirmation for personnel current health status such as main symptoms for COVID-19 (fever, cough, shortness of breath)

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- Questions and confirmation for personnel contact history for COVID-19 in the last 14 days.
- Questions and confirmation for personnel travel history in the last 14 days (international and domestic travel from COVID-19 widespread areas/countries)
- Proper actions taken if personnel have symptoms, in close contact with a person with COVID-19 and had travel history from widespread areas/countries.
- The main action could include:
  - Deny access of facility
  - Advise personnel seek medical attention if you are ill and have these symptoms.
  - Advise personnel self-isolate/self-quarantine at home for at least 7 days since the symptoms first appeared, and be fever free for at least 3 days before you may return to work. (Answered have symptoms only)
  - Self-isolate/self-quarantine at home for 14 days.
- Name, signature and date for both personnel conducted questionnaire and answered questionnaire.

### **c. Employee Return to Work Screening**

#### **Procedures:**

1. HR handles the process with employee via phone call.
2. Any confirmed answer with COVID-19 related risk exposures and symptoms on the screening questionnaire will result deny for return to work and conduct action per instructions.
3. Submit screening questionnaire for approval if employee answered all questions clear and ready return to work and provided sufficient support documents as requested on questionnaire.
4. HR document questionnaire and retain confidentiality

#### **Employee return to work screening questionnaire may include:**

- Statement declares that this questionnaire is designed for qualified individual (HR) use only (ADA/HIPPA reason).
- Case definitions for reasons of employee absent from workplace:
  - Employee had COVID-19 lab test confirmed
  - Employee had COVID-19 Symptomatic without Lab test

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- Employee was Non-symptoms self-isolation/quarantine (i.e., household member with COVID-19, in close contact of COVID-19 sick person)
- Employee was sick but not related with COVID-19 (Any other type of sick call)
- For employees had COVID-19 lab test confirmed or COVID-19 Symptomatic without Lab test must meet requirements of discontinue home-isolation:
- People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:
  - i. If you will not have a test to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)  
AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)  
AND
    - at least 7 days have passed since your symptoms first appeared
  - i. If you will be tested to determine if you are still contagious, you can leave home after these three things have happened:
    - You no longer have a fever (without the use medicine that reduces fevers)  
AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)  
AND
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.
- For employee was Non-symptoms self-isolation/quarantine (i.e., household member with COVID-19, in close contact of COVID-19 sick person):

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- Employee must maintain self-isolation/quarantine until 14 days after the last day be in close contact with the sick person with COVID-19 and specify the date start and end of isolation and total count of days on the questionnaire.
- Employee must have no symptoms (fever, cough and shortness of breath) during the 14 days after the last day be in close contact with the sick person with COVID-19.
- If employee have household member with COVID-19 Symptomatic or COVID-19 confirmed, the date start counting self-isolation/quarantine should after the date employee's household discontinued self-isolation/quarantine.
- Employee was sick but not related with COVID-19 (Any other type of sick call) must follow company's sickness policy when return to work.
- Name, signature and date for both personnel conducted questionnaire and answered questionnaire.
- The return must be approved by designated management member with date and signature.

### **d. Case Questionnaire for COVID-19**

#### **Procedure:**

1. This questionnaire shall be used by HR when the employee informs the company that is in quarantine or waiting for test result for COVID19 due to health provider advise
2. HR phone call follow-up with affected employee after they spoke with healthcare provider and fill out the questionnaire.
3. HR document questionnaire and retain confidentiality (No doctors note is required)

#### **Case questionnaire for COVID-19 may include:**

- Statement declares that this questionnaire is designed for qualified individual (HR) use only (because ADA/HIPPA reason).
- Case definitions for reasons of conducting this questionnaire:
  - Employee is Symptomatic
  - Employee tested and pending result for COVID-19
  - Employee is confirmed with COVID-19 positive
- When did the employee start developing symptoms (feeling sick) - specify date and time

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- If symptoms began at work, name of management person was notified
- Confirmation of suspected employee be removed from work immediately
- Date and results employee was tested (if applicable)
- Shift start and end times of the last shift the employee worked prior to becoming ill.
- List the work locations the affected employee was assigned to work in the facility.
- Personnel names of those who may have had exposure to affected employee,  
(Sustained close contact within 6 feet (2 meters) for 10 minutes or longer)
- Information for specific job classifications under high risk such as driver/helper and ramp employees may have more opportunity in close contact with suspected employee.
- Suspected employee basic information such as home address, phone number, employee identification number, shift/days off, etc.
- Name, signature and date for both personnel conducted questionnaire and answered questionnaire.

## Section 6: Precautionary Controls for COVID-19

### a. Basic Good Manufacture Practices (GMP)

GMPs are the foundation for food manufacturing facility. Maintaining good GMPs will slow the spread of COVID-19. Some GMP examples below may support prevention of COVID-19:

- Uniforms must be properly worn, clean and cover all personal clothes (**Including cloth face covering**) in all operational areas of the facility.
- Uniform and other production clothing must be commercially laundered and remain visibly clean during production.
- Proper hair restraints must be worn in all non-administrative work areas and completely cover the hair. Beards /mustache guards must be worn with all beards and mustaches.
- Hands must be washed properly for at least 20 seconds.
- Disposable gloves must be worn properly
- No jewelry is allowed to be worn in operational areas with the exception of a plain wedding band.
- Nail polish and false fingernails are prohibited, and nails must not extend beyond the fingertips and be trimmed.
- Personal property is prohibited in operational areas
- Personal food is prohibited in all operational areas
- Smoking is prohibited in all areas which are designated as non-smoking areas.
- Eating and drinking is prohibited in operational areas
- Disclose any and all transmissible or communicable diseases (including COVID-19) to the Human Resources and /or appropriate management representative. Also disclose any symptoms such as diarrhea, fever, vomiting, jaundice, sore throat, or any other condition that may pose a food safety/operational safety risk.
- Small, clean wounds must be covered with a blue bandage.

**b. Respiratory Hygiene/Cough Etiquette:** Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of

respiratory illness (e.g., influenza and cold viruses). A respiratory infection is spread when a person who is infected with a virus coughs or sneezes. The droplets released from an ill person's cough or sneeze can travel for several feet reaching the nose or mouth of others and causing illness. Viruses can spread easily from person to person through direct contact via touching or shaking hands. Droplets can also live for a short time on a variety of objects in the environment such as bed rails, doorknobs, wheelchairs, or patient care equipment where they can be touched by another person. Maintain good respiratory hygiene will prevent spread of COVID-19 at workplace.

- Cover your mouth and nose with a tissue when coughing or sneezing (If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.)
- Use in the nearest waste receptacle to dispose of the tissue after use.
- Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials.
- Place hand sanitizers in multiple locations to encourage hand hygiene.
- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Discourage handshaking – encourage the use of other noncontact methods of greeting

*References:*

[http://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/RespiratoryHygieneCoughEtiquette\\_FAQ.pdf](http://www.vdh.virginia.gov/content/uploads/sites/3/2016/01/RespiratoryHygieneCoughEtiquette_FAQ.pdf)

<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

**c. Hands Wash**

Hands wash is one of the most effective way to prevent spread of COVID-19. soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. If hands are visibly dirty, soap and water should be chosen over hand sanitizer.

Reference for 60% alcohol: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

**1. When to wash your hands:**

- Before/after work
- Before/after wearing disposable gloves
- During food preparation, at least once every hour
- After touching raw poultry, eggshells, meats or fish
- Before/after touching head, hair, mouth, wounds or sores
- After coughing, sneezing, blowing or touching the nose
- After changing products
- After using chemical detergent
- After touching trash, floors or soiled linen
- After touching dirty dishes, equipment or utensils
- Before/After a break, eating or drinking
- Before/after chewing gum or using toothpicks
- After using bathrooms
- Before/after wiping perspiration from face
- **Return from ramp**
- **After entering the building (employee who touched door when entering must locate the closest hands wash station and wash hands immediately)**


**2. Hands wash procedures:**

- i. Wet hands with clean (warm) running water
- ii. Apply anti-microbial or sanitizing soap
- iii. Rub in thoroughly in hands for 20 seconds (see how to rub hands in reference below)
- iv. Rinse hands with clean (warm) running water
- v. Dry hands with a disposable hand towel or air dry



## HOW TO HANDRUB?

### RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

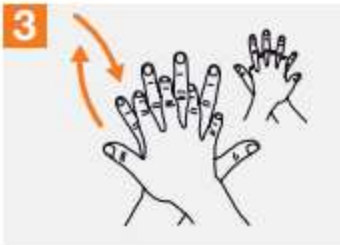


2



Rub hands palm to palm;

3



Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.

Reference: [https://www.who.int/qpsc/5may/Hand\\_Hygiene\\_Why\\_How\\_and\\_When\\_Brochure.pdf](https://www.who.int/qpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf)

**d. Social Distance**

Prevent and slow the spread of COVID-19 by practicing social distancing. (Referring to CDC website in reference section)

**1. What is social distancing?**

Social distancing, also called “physical distancing,” means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (2 meters) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

In addition to everyday steps to prevent COVID-19, keeping space between you and others is one of the best tools we have to avoid being exposed to this virus and slowing its spread locally and across the country and world.

When COVID-19 is spreading in your area, everyone should limit close contact with individuals outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you have no symptoms. Social distancing is especially important for people who are at higher risk of getting very sick.

**1. Why practice social distancing?**

COVID-19 spreads mainly among people who are in close contact (within about 6 feet) for a prolonged period. Spread happens when an infected person coughs, sneezes, or talks, and droplets from their mouth or nose are launched into the air and land in the mouths or noses of people nearby. The droplets can also be inhaled into the lungs. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. However, this is not thought to be the main way the virus spreads. COVID-19 can live for hours or days on a surface, depending on factors such as sun light and humidity. Social distancing helps limit contact with infected people and contaminated surfaces.

Although the risk of severe illness may be different for everyone, anyone can get and spread COVID-19. Everyone has a role to play in slowing the spread and protecting themselves, their family, and their community.

## **2. Tips for social distancing**

- Follow guidance from authorities where you live.
- Stay at least 6 feet (2 meters) away from others.
- Cover your mouth and nose with a **cloth face cover** when around others, including when you have to go out in public, for example to the grocery store.
- Stay at least 6 feet (2 meters) between yourself and others, even when you wear a face covering.
- Avoid large and small gatherings in facility such as daily meeting, face to face briefing and training.
- Work from home when possible.
- If possible, avoid using any kind of public transportation, ridesharing, or taxis.

## **3. FDA recommendations for food facility keep social distance**

To prevent spread of COVID-19, CDC is recommending individuals employ social distancing or maintaining approximately 6 feet (2 meters) from others, when possible. In food production/processing facilities and retail food establishments, an evaluation should be made to identify and implement operational changes that increase employee separation. However, social distancing to the full 6 feet (2 meters) will not be possible in some food facilities.

The risk of an employee transmitting COVID-19 to another is dependent on distance between employees, the duration of the exposure, and the effectiveness of employee hygiene practices and sanitation. When it's impractical for employees in these settings to maintain social distancing, effective hygiene practices should be maintained to reduce the chance of spreading the virus.

*Reference:* <https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

#### **4. What is the difference between quarantine and isolation?**

##### **Quarantine**

Quarantine is used to **keep someone who *might* have been exposed to COVID-19 away from others**. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

##### **Isolation**

Isolation is used to **separate sick people from healthy people**. People who are in isolation should stay home. In the home, anyone sick should separate themselves from others by staying in a specific "sick" bedroom or space and using a different bathroom (if possible).

*Reference:* <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

##### **e. Training and education**

Employee training and education is always key to implement and maintain operation procedures in manufacture facility. Sufficient training to all employees and

managements (include existing and new hire employees) base on different level of exposure will provide great support on prevention of COVID-19 spread.

**1. The training materials should stress** (Maintaining training record is recommended):

- How COVID-19 spread and how to prevent the spread of COVID-19.
- COVID-19 symptoms (Cough, Fever, shortness of breath, etc.) and report any symptoms are discovered at workplace and home
- Sanitation and disinfecting procedures for cleaning crews are assigned to handle COVID-19 related cleaning and disinfecting.
- Aircraft approaching, loading and unloading for transportation crews are assigned to direct handle
- Visitor and employee screening procedures and visitor policy for management and receivers.
- Handle different COVID-19 case situations for facility management

**2. Educate employees about how they can reduce the spread of COVID-19**

- Employees can take steps to protect themselves at work and at home. Older people and people with serious chronic medical conditions are at higher risk for complications.
- Follow the policies and procedures of your employer related to illness, cleaning and disinfecting, and work meetings and travel.
- Stay home if you are sick, except to get medical care. Learn what to do if you are sick.
- Inform your supervisor if you have a sick family member at home with COVID-19. Learn what to do if someone in your house is sick.
- Wash your hands often with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash and immediately wash hands with soap and water for at least 20 seconds. If soap and water are not

available, use hand sanitizer containing at least 60% alcohol. Learn more about coughing and sneezing etiquette on the CDC website.

- Clean AND disinfect frequently touched objects and surfaces such as workstations, keyboards, telephones, handrails, and doorknobs. Dirty surfaces can be cleaned with soap and water prior to disinfection. To disinfect, use products that meet EPA's criteria for use against SARS-CoV-2<sup>external icon</sup>, the cause of COVID-19, and are appropriate for the surface.
- Avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.
- Practice social distancing by avoiding large gatherings and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

*References:* <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

**f. Assess your essential functions**

- Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations if needed).
- Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable. For instance: cleaning and disinfecting chemical, toilet paper, hands sanitizer, critical food items, etc.
- 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 leave policies.
- Talk with business partners about your response plans. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

**g. Cloth Face Covering**

CDC recommends the use of simple cloth face coverings as a voluntary public health measure in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies).

For workers on farms, and in food production, processing, and retail settings who do not typically wear masks as part of their jobs, consider the following if you choose to use a cloth face covering to slow the spread of COVID-19:

- Maintain face coverings in accordance with parameters in FDA’s Model Food Code sections 4-801.11 Clean Linens and 4.802.11 Specifications.
- Launder reusable face coverings before each daily use.
- CDC also has additional information on the use of face coverings, including washing instructions and information on how to make homemade face covers.

**IMPORTANT:** Hand hygiene is an important infection prevention and control measure. Wash your hands with soap and water for at least 20 seconds after putting on, touching, or removing respirators, masks, or cloth face coverings.

The use of cloth face coverings in the work environment should be used in addition to other control measures, including engineering controls such as implementing social distance practices and physical partitions or barriers; and administrative controls such as frequent cleaning and disinfection protocols.

Cloth face coverings should:



**Cover the nose and below the chin**

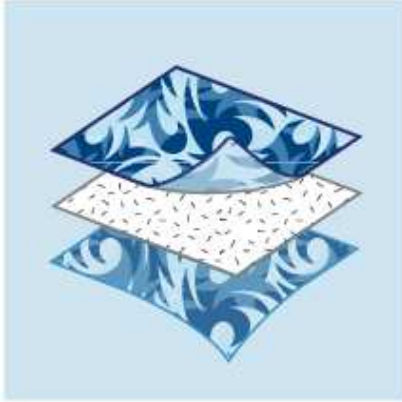


**Fit snugly but comfortably against the side of the face**



**Be secured with ties or ear loops**





**Include multiple layers of fabric**



**Allow for breathing without restriction**



**Be able to be laundered and machine dried without damage or change in shape**

NOTE: The cloth face coverings recommended by CDC are **not** surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

*Reference:*

<https://www.fda.gov/food/food-safety-during-emergencies/use-respirators-facemasks-and-cloth-face-coverings-food-and-agriculture-sector-during-coronavirus>

## IFSA-COVID-19 Pandemic Preparedness Guidance

<https://www.fda.gov/food/food-safety-during-emergencies/what-do-if-you-have-covid-19-confirmed-positive-or-exposed-workers-your-food-production-storage-or>

<https://www.fda.gov/food/food-safety-during-emergencies/food-safety-and-coronavirus-disease-2019-covid-19>

IFSA-COVID-19 Pandemic Preparedness Guidance

Appendix 1: U.S. Local Health Department Contact Information

Reference: <https://resources.cste.org/EpiAfterHours>

Jurisdiction	After Hours/Epi-on-Call Phone Number	Infectious Disease Outbreak-Related Questions
Alabama	(800) 338-8374	(800) 338-8374
Alaska	(800) 478-0084	(800) 478-0084 or (907) 269-8000
America Samoa	(684) 733-4924	(684) 733-4924
Arizona	(480) 303-1191	(480) 303-1191
Arkansas	(501) 661-2136	(501) 661-2136 or (501) 661-2142
California	(916) 328-3605	(916) 328-3605
California, LA County	(213) 974-1234	(213) 240-7941
California, San Francisco	(415) 554-2830	(415) 554-2830
Colorado	(303) 370-9395	(303) 692-2700
Connecticut	(860) 509-8000	(860) 509-8000
Delaware	(888) 295-5156	(302) 744-4700 or (888) 295-5156
Federated States of Micronesia	N/A	N/A
Florida	(850) 245-4401	(850) 245-4401
Georgia	(866) 782-4584	(866) 782-4584
Guam	(671) 888-9276	(671) 888-9276
Hawaii	(808) 600-3625	(808) 586-4586 or (808) 600-3625
Idaho	(800) 632-8000	(208) 334-5939
Illinois	(800) 782-7860 or (217) 782-7860	(800) 782-7860 or (217) 782-7860
Illinois, Chicago	(312) 744-5000	(312) 744-5000
Indiana	(317) 233-1325	(317) 233-1325
Iowa	(800) 362-2736	(800) 362-2736 or (515) 323-4360
Kansas	(877) 427-7317	(877) 427-7317
Kentucky	(888) 973-7678	(888) 973-7678
Louisiana	(800) 256-2748	(800) 256-2748
Maine	(800) 821-5821	(800) 821-5821
Maryland	(410) 795-7365	(410) 795-7365
Massachusetts	(617) 983-6800	(617) 983-6800
Michigan	(517) 335-9030	(517) 335-9030
Minnesota	(651) 201-5414	(651) 201-5414 or (877)676-5414
Mississippi	(601) 576-7400	(601) 576-7400
Missouri	(800) 392-0272	(800) 392-0272
Montana	(406) 444-0273	(406) 444-0273
Nebraska	(402) 471-2937	(402) 471-2937

IFSA-COVID-19 Pandemic Preparedness Guidance

Nevada	(775) 400-0333	(775) 400-0333 or (775) 843-4673
Nevada, Las Vegas	(702) 759-1300	(702) 759-1300
New Hampshire	(603) 271-5300	(603) 271-5300 or (603) 271-4496
New Jersey	(609) 392-2020	(609) 826-5964
New Mexico	(505) 827-0006	(505) 827-0006
New York	(866) 881-2809	(866) 881-2809
New York, New York City	(866) 692-3641	(866) 692-3641
North Carolina	(919) 733-3419	(919) 733-3419
North Dakota	(701) 220-0819	(701) 328-2270 or (701) 328-2378
Northern Mariana Island	N/A	N/A
Ohio	(614) 995-5599	(614) 995-5599
Oklahoma	(405) 271-4060	(405) 271-4060
Oregon	(971) 673-1111	(971) 673-1111
Pennsylvania	(717) 787-3350	(877) 724-3258 or (717) 787-3350
Pennsylvania, Philadelphia	(215) 686-4514	(215) 686-4514
Pennsylvania, Pittsburgh	(412) 687-2243	(412) 687-2243
Puerto Rico	(787) 679-6257 or (787) 399-9565	(787) 679-6257 or (787) 399-9565
Rhode Island	(401) 276-8046	(401) 276-8046 or (401) 222-2577
South Carolina	(888) 847-0902	(803) 898-0861 or (888) 847-0902
South Dakota	(605) 773-3737	(800) 592-1861
Tennessee	(615) 741-7247	(615) 741-7247
Texas	(800) 705-8868	(800) 705-8868
Texas, Dallas	(877) 605-2660	(214) 819-2004 or (877) 605-2660
Texas, Harris County	(713) 755-5000	(713) 755-5000
Texas, Houston	(832) 393-5080	(832) 393-5080
Texas, San Antonio	(210) 207-8876	(210) 207-8876
Texas, Tarrant County	(817) 321-5350	(817) 321-5350
Utah	(888) 374-8824	(888) 374-8824
Vermont	(802) 863-7240	(802) 863-7240
Virgin Islands	N/A	N/A
Virginia	(877) 275-8343	(877) 275-8343
Washington	(206) 418-5500	(206) 418-5500
Washington D.C.	(844) 493-2652	(844) 493-2652
West Virginia	(304) 558-5358 Ext. 1	(304) 558-5358, Ext: 1
Wisconsin	(608) 258-0099	(608) 258-0099 or (608) 267-9003
Wyoming	(888) 996-9104	(888) 996-9104

Appendix 2: Airports Quarantine Station Quick Reference List

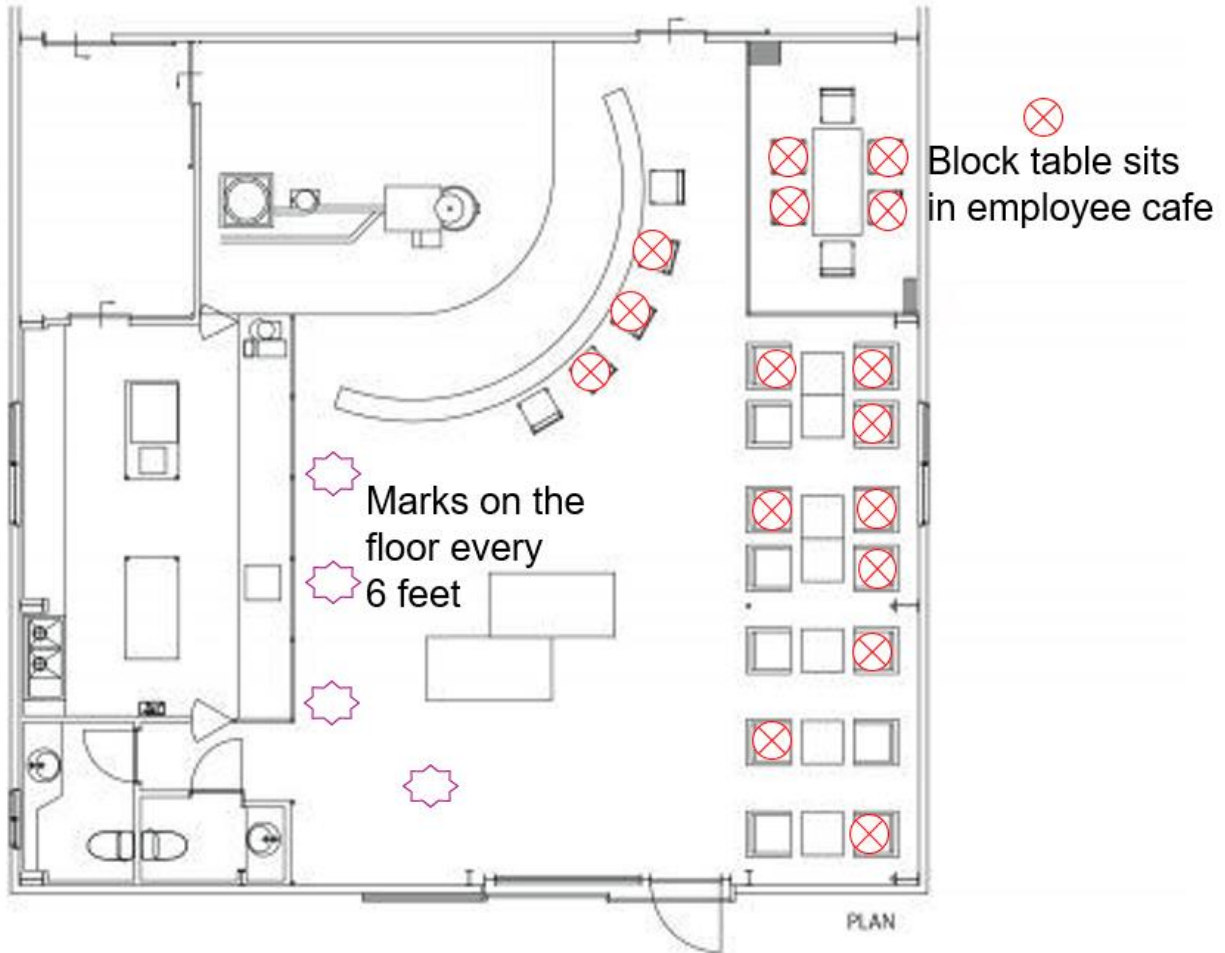
References: <https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html>

<b>Quarantine Station</b>	<b>Phone: 24-hour access</b>
Anchorage Quarantine Station	907-271-6301
Atlanta Quarantine Station	404-639-1220
Boston Quarantine Station	718-553-1685 (New York)
Chicago Quarantine Station	773-894-2960
Dallas Quarantine Station	281-230-3874 (Houston)
Detroit Quarantine Station	734-955-6197
El Paso Quarantine Station	915-834-5950 (daytime) 866-638-9753 (24-hour access)
Honolulu Quarantine Station	808-861-8530
Houston Quarantine Station	281-230-3874
Los Angeles Quarantine Station	310-215-2365
Miami Quarantine Station	305-526-2910
Minneapolis-St. Paul Quarantine Station	612-725-3005
New York Quarantine Station	718-553-1685
Newark Quarantine Station	973-368-6200
Philadelphia Quarantine Station	215-365-6401
San Diego Quarantine Station	619-692-5665 (daytime) 866-638-9753 (24-hour access)
San Francisco Quarantine Station	650-876-2872
San Juan Quarantine Station	787-253-7880 (24-hour access number) 866-638-9753 (backup 24-hour access)
Seattle Quarantine Station	206-553-4519
Washington D.C. Quarantine Station	703-661-1320

Appendix 3: Social distance practice examples (Please design policies base on facility operation and real-time situation)

- All management meetings will be conducted using Web based meeting until further notice.
- 1 person maximum per office. We placed do not enter straps at entrance to Dispatch, Front Office, and Retail Office to limit number of people.
- Allowed more management to work from home – HR Manager, Account Manager, Finance Manager.
- 1 person maximum for entrance into the building for employee screening. Stand in line 6 feet (2 meters) apart while waiting – placed marks on the floor.
- 1 person maximum for bag searches. Stand in line 6 feet (2 meters) apart while waiting – placed marks on the floor.
- 1 person at a time when washing hands. Stand in line 6 feet (2 meters) apart while waiting – placed marks on the floor.
- 1 person per table in the cafeteria. Extra chairs are covered to prevent sitting.
- Break/Lunch times have been altered to minimize number of employees in the cafeteria at the same time.
- Cafeteria utensils are now individually wrapped.
- Cafeteria condiments are now single serve items. Eliminated salt/pepper shakers, hot sauce bottles, ketchup bottles, etc.
- Cafeteria napkins are dispensed at one location. Eliminated napkin dispensers at every table.
- Added food server for cafeteria buffet line.
  - Employees will grab their own plate/bowl.
  - Server will put food on it.
- Salad bar moved to same side as buffet line. Lettuce will be placed by the server. All other items will be picked by employee using their own utensil. No serving tongs.
- One person allowed at hot food station. One person allowed at salad bar station. Stand in line 6 feet (2 meters) apart while waiting – placed marks on the floor.
- 1 person per vehicle when catering – 2 trucks, truck/van.
- 1 person per worktable in production areas.
- Production floor – more lines with less people. Goal of 3 feet apart minimum for all employees.
- Only print when absolutely necessary to limit the number of people at the copier machines.

Example for social distance reminder in employee café:



Appendix 4: Aircraft cleaning and disinfecting recommendations (COVID-19: Interim Health Guidance for Air Carriers and Crews)

**Cleaning of Aircraft after Flight (For reference only)**

**1. If no symptomatic passengers were identified during or immediately after the flight:**

- i. Follow routine operating procedures for cleaning aircraft, managing solid waste, and wearing PPE.

**2. If symptomatic passenger(s) are identified during or immediately after the flight, routine cleaning procedures should be followed, and enhanced cleaning procedures should also be used as follows:**

- i. Clean porous (soft) surfaces (e.g., cloth seats, cloth seat belts) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions.
  - Clean porous (soft) surfaces (e.g. seat covers and carpet) by removing visible contamination if present and using appropriate cleaners that are compatible with aircraft surfaces and components in accordance with the manufacturer's instructions. For items that can be laundered, use the warm setting and dry items completely on high heat.
- ii. Clean non-porous (hard) surfaces (e.g., leather or vinyl seats) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions, including: armrests, plastic and metal parts of the seats and seatbacks, tray tables, seat belt latches, light and air controls, cabin crew call button, overhead compartment handles, adjacent walls, bulkheads, windows and window shades, and individual video monitors.
  - Clean non-porous (hard) surfaces with disinfectant products with EPA-approved emerging viral pathogens claims that are expected to be effective against the virus that causes COVID-19 (SARS-CoV-2) and ensure these products are compatible with aircraft surfaces and components. All products should be used according to label instructions (e.g., concentration, application method and contact time, PPE).
- iii. Clean lavatories used by the symptomatic passenger(s), including: door handle, locking device, toilet seat, faucet, washbasin, adjacent walls, and counter.
- iv. Properly dispose of any items that cannot be cleaned (e.g., pillows, passenger safety placards, and other similar items as described below).

Reference: <https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html>



#### Appendix 5: COVID-19: Interim Health Guidance for Air Carriers and Crews

**Purpose:** This SAFO cancels and replaces SAFO 20001 and provides interim health guidance from the Centers for Disease Control and Prevention (CDC) and the Federal Aviation Administration (FAA) for Air Carriers and Crewmembers regarding COVID-19. The CDC and FAA are providing this health guidance for air carriers and crews to protect crewmembers from exposure and reduce the risk of transmission of COVID-19 onboard aircraft or through air travel.

**Background:** The CDC is responding to an outbreak of respiratory illness (COVID-19) caused by a novel (new) coronavirus (SARS-CoV-2) that was first detected in Wuhan, Hubei Province, China, and which has now been detected in more than 100 locations internationally, including the United States. Air carriers and crews conducting flight operations that have a nexus to affected countries, as identified by the CDC, including the United States, should be particularly aware of potential exposure and follow the associated CDC and FAA health guidance.

**Discussion:** On January 30, 2020, the World Health Organization (WHO) declared that the outbreak of COVID-19 constitutes a Public Health Emergency of International Concern (PHEIC), and, on March 11, 2020, WHO characterized the outbreak of COVID-19 as a pandemic. The Secretary of the U.S. Department of Health and Human Services has declared that COVID-19 constitutes a public health emergency.

Although CDC publishes information on COVID-19 transmission internationally and domestically within the United States, because of the rapidly changing situation, this information cannot be relied on to accurately judge the risk to crewmembers in any given location. Therefore, FAA and CDC recommend that air carriers and crewmembers take precautions to avoid exposure to COVID-19 and to ensure crewmembers do not work while symptomatic, regardless of crewmembers' places of residence or flight itineraries. The strength of the global aviation system depends upon the health of air crewmembers.

**Recommended Action:** All U.S.-based air carriers and crewmembers and non-U.S.-based crewmembers on flights with a U.S. nexus should use the CDC and FAA health guidance in the attached appendix regarding practices for limiting the spread of COVID-19. Air carriers should also review the CDC guidance for airlines and aircrew:

<https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html>

**Contact:** Questions or comments regarding this SAFO should be directed to the FAA Washington Operations Center, 202-267-3333.

Appendix 6: COVID-19: Interim Health Guidance from the Federal Aviation Administration and the Centers for Disease Control and Prevention for Air Carriers and Crews

### **Guidance for Flight and Cabin Crews on Passenger or Cargo Flights**

Crew members who are on layovers internationally or in the United States should stay in their hotel rooms to the extent possible, limit their activities in public, and practice social distancing. Social distancing means avoiding crowded places, not going to mass gatherings, and, generally staying about 6 feet (2 meters) from others, when possible. This recommendation is made because COVID-19 is spreading in many countries around the world and also in the United States.

Crew members should also pay attention to their health at all times and remain in communication with their employer's occupational health program. If they develop fever, cough, or difficulty breathing, crew members should immediately self-isolate and be excluded from work on flights until cleared by public health authorities. Crew members with high-risk exposures to COVID-19 (defined as exposure to a sick household member or intimate partner, or providing care in a household to a person with a confirmed case of COVID-19) may also need to be excluded from work until no longer at risk for becoming infectious.

### **U.S.-based crews**

#### **While on a layover in the United States or internationally:**

- Travel as a group in private transport provided by the air carrier when traveling between the airport and hotel.
  - Minimize contact with ground personnel and time in public areas while moving between the aircraft and the private transport.
  - Do not use public transportation, including when traveling between the airport and hotel.
- Stay in your hotel room to the extent possible.
- Minimize going out into the general population and use social distancing (maintain a distance of approximately 6 feet, if possible) whenever out in public. Avoid crowds, stores, sporting or mass entertainment events, and other situations likely to attract large numbers of people.
- Eat in your hotel room with either room service or delivery service. If in-room dining options are not available, eat at a restaurant located in the hotel. If not available at the hotel, eat at a restaurant located close to the hotel.
- Avoid contact with sick people.
- Wash your hands often with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer. Use soap and water when your hands are visibly soiled.
- Avoid touching your face.

**While at your U.S. residence or home base:**

- Be aware of the risk of COVID-19 in your local community.
- Follow guidance of your state or local health department.
- Avoid crowded places and use social distancing.
- Avoid contact with sick people.
- If you become sick, or have had a high-risk exposure to COVID-19, follow the guidance applicable to those situations in the Monitor your health before, during, and after travel section of this document, below.

**Monitor your health before, during, and after travel:**

- Know how to contact the state or local health department for your residence.
- Monitor your health condition, following the guidance provided by your employer's occupational health program.
  - During periods when you are working, take your temperature twice a day (morning and evening). Monitor yourself for fever, cough, or difficulty breathing.
  - Fever means feeling feverish OR having a measured temperature of 100.4 degrees F (38 degrees C) or higher.
  - At all other times, pay attention to your health. If you feel feverish or develop a cough or difficulty breathing, take your temperature.
  - Your employer's occupational health program also is recommended to check in with you periodically to make sure you are well.
- If you develop fever, cough, or difficulty breathing:
  - Stay home or in your hotel room and avoid contact with others.
  - Immediately report your symptoms to your employer's occupational health program.
    - Seek occupational health clearance before working your next flight segment. You or your employer's occupational health program should also get clearance from public health officials before you return to work.
  - If symptoms occur during flight, separate yourself from others following CDC's guidance, to the extent possible.
  - If you are at your residence, call your state or local health department or a doctor for medical advice before seeking care. Tell them your symptoms and that you work as a crewmember for an air carrier.
  - If you are in the United States, your employer's occupational health program should notify the state or local health department where you are located at the time. If you are at an international location, your employer should notify the public health authority for that location and help you get health care, as needed.
  - Your employer should also notify CDC if you worked one or more flight segments while symptomatic.
  - If you are sick, do not travel via jump seat, deadheading, or as a regular passenger.
  - Wash your hands frequently and use hand sanitizers.
- Notify your employer's occupational health program if you have

Your employer's occupational health program may choose to exceed these recommendations based on their own policies.

### **Crews based in other countries**

#### **While on a layover in the United States:**

- Travel as a group in private transport provided by the air carrier when traveling between the airport and hotel.
  - Minimize contact with ground personnel and time in public areas while moving between the aircraft and the private transport.
  - Do not use public transportation, including when traveling between the airport and hotel.
- Stay in your hotel to the extent possible.
- Minimize going out into the general population and use social distancing (maintain a distance of approximately 6 feet, if possible) whenever out in public. Avoid crowds, stores, sporting or mass entertainment events, and other situations likely to attract large numbers of people.
- Eat in your hotel room with either room service or delivery service. If in-room dining options are not available, eat at a restaurant located in the hotel. If not available at the hotel, eat at a restaurant located close to the hotel.
- Avoid contact with sick people.
- Wash your hands often with soap and water for at least 20 seconds or use at least a 60% alcohol-based hand sanitizer. Use soap and water when your hands are visibly soiled.
- Avoid touching your face.

#### **Monitor your health while on flights with a U.S. nexus or during layovers in the United States:**

- Monitor your health condition, following the guidance provided by your employer's occupational health program.
  - Take your temperature twice a day (morning and evening). Monitor yourself for fever, cough or difficulty breathing.
    - Fever means feeling feverish OR having a measured temperature of 100.4 degrees F (38 degrees C) or higher.
  - Your employer's occupational health program also is recommended to check in with you periodically to make sure you are well.
- If you develop fever, cough, or difficulty breathing:
  - Stay in your hotel room and avoid contact with others.
  - Immediately report your symptoms to your employer's occupational health program.
    - Seek occupational health clearance before working your next flight segment. Your employer's occupational health program should also get clearance from public health officials before you return to work.
  - If symptoms occur during flight, separate yourself from others following CDC's guidance, to the extent possible.

- Your employer’s occupational health program should notify the state or local health department where you are located and help you get health care, as needed. Your employer should also notify CDC.
- If you are sick, do not travel via jump seat, deadheading, or as a regular passenger.
- Wash your hands frequently and use hand sanitizers.

Your employer’s occupational health program may choose to exceed these recommendations based on their own policies. Also follow instructions from public health authorities in your country of residence.

### **Guidance for U.S. Air Carriers**

Regardless of residence or travel history, crewmembers who have known exposure to persons with COVID-19 should be assessed and managed on a case-by-case basis. Crewmembers with high-risk exposures may need to be excluded from work.

### **Housing flight and cabin crews on layovers (in the United States or internationally):**

- Arrange to move crewmembers as a group between the airport and the hotel aboard private ground transport that has been sanitized in advance. Advise your crews to avoid public transport unless it is an emergency.
- Arrange to house flight crews in hotels that are in close proximity to the airport. Ensure that the hotel rooms are sanitized in advance of the crews’ arrival.
- Provide crew with at least a 60% alcohol-based hand sanitizer.
- Encourage crews to:
  - Avoid contact with sick people
  - Stay in their hotel rooms to the extent possible
  - Minimize going out into the general population
  - Use social distancing (maintain a distance of approximately 6 feet, if possible) whenever out in public
  - Avoid crowds, stores, sporting or mass entertainment events, and other situations likely to attract large numbers of people
  - Eat in their hotel rooms with either room service or delivery service. If in-room dining options are not available, they should eat at a restaurant located in the hotel. If not available at the hotel, they should eat at a restaurant located close to the hotel.
- Crewmembers may commute to their residence when they return to their home bases.

### **Supervising self-monitoring of flight and cabin crews:**

- Develop a plan in the event a crewmember becomes symptomatic during an overnight layover.
  - Know how to contact public health authorities in locations where crew remain overnight.

- Contact information for U.S. state and local health departments for COVID-19 is available at [https://www.cdc.gov/coronavirus/2019-ncov/downloads/PhoneNumbers\\_State-and-Local-Health-Departments.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/PhoneNumbers_State-and-Local-Health-Departments.pdf)
- Provide information to crewmembers regarding medical facilities in the vicinity of cities in which crewmembers remain overnight.
- Develop a plan in the event a crewmember becomes symptomatic while in the crewmember's lodging or personal residence.
  - Ensure crewmembers know how to contact their state or local health department.
  - Advise crewmembers to notify their state or local health department if they become symptomatic, in addition to reporting to the employer's occupational health program.
- Crewmembers may continue to work flight segments as long as they remain asymptomatic.
- Supervise crewmembers self-monitoring of their health condition through the air carrier's occupational health program.
  - Direct crewmembers to take their temperature twice daily during periods when they are working.
    - Consider providing crewmembers with non-contact infrared forehead thermometers.
  - Remind crewmembers to immediately report a fever, cough, or any difficulty breathing.
  - Check in with crewmembers periodically to make sure they continue to self-monitor and are not symptomatic.
  - Ensure crewmembers are asymptomatic before they board a flight.
- Crewmembers who are symptomatic with fever, cough or difficulty breathing should not work subsequent flight segments until they have been cleared by occupational health and public health officials.
  - Notify the state or local health department where the crewmember is located at the time (if the crewmember is located in the United States). If the crewmember is in an international location, notify the public health authority for that location.
  - Immediately report to CDC any crewmember who has a fever, cough, difficulty breathing, or other flu-like symptoms or is diagnosed with COVID-19 if the crew member worked one or more flight segments while symptomatic. Additionally, consult with CDC if a crewmember is identified to have a high-risk exposure to COVID-19, such as a sick household member with a confirmed or suspected case of COVID-19.
    - Contact CDC by calling the CDC quarantine station with jurisdiction for the airport where the crewmember is located or by calling the CDC Emergency Operations Center at 770-488-7100.
    - CDC can also assist in contacting state or local health departments or foreign public health authorities, if needed.

The U.S. air carrier occupational health program may choose to exceed these recommendations based on their own policies.

## **Guidance for Foreign Air carriers Operating in the United States**

### **Housing flight and cabin crews on layovers in the United States:**

- Arrange to move crewmembers as a group between the airport and the hotel aboard private ground transport that has been sanitized in advance. Advise your crews to avoid public transport unless it is an emergency.
- Arrange to house flight crews in hotels that are in close proximity to the airport. Ensure that the hotel rooms are sanitized in advance of the crews' arrival.
- Encourage crews to:
  - Avoid contact with sick people
  - Stay in their hotel rooms to the extent possible
  - Minimize going out into the general population
  - Use social distancing (maintain a distance of approximately 6 feet, if possible) whenever out in public
  - Avoid crowds, stores, sporting or mass entertainment events, and other situations likely to attract large numbers of people
  - Eat within their hotel rooms with either room service or delivery service. If in-room dining options aren't available, they should eat at a restaurant located in the hotel. If not available at the hotel, they should eat at a restaurant located close to the hotel.

### **Supervising self-monitoring of flight and cabin crews on flights with a U.S. nexus and during layovers in the United States:**

- Establish contact with U.S. state or local health departments responsible for airports at which the airline operates.
  - Contact information for U.S. state and local health departments for COVID-19 is available at [https://www.cdc.gov/coronavirus/2019-ncov/downloads/Phone-Numbers\\_State-andLocal-Health-Departments.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/Phone-Numbers_State-andLocal-Health-Departments.pdf).
  - The CDC quarantine station responsible for the airport can also help establish contact with the health department.
  - Follow any instructions of the health department for what to do if any of your crewmembers become sick while on a layover at that airport.
- Crewmembers may continue to work flight segments with a U.S. nexus as long as they remain asymptomatic.
- Supervise crewmembers self-monitoring of their health condition through the air carrier's occupational health program.
  - Direct crewmembers to take their temperature twice daily.
  - Remind crewmembers to immediately report a fever, cough, or any difficulty breathing.
  - Check in with crewmembers periodically to make sure they continue to self-monitor and are not symptomatic.
  - Ensure crewmembers are asymptomatic before they board a flight with a U.S. nexus.

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- Crewmembers who are symptomatic with fever, cough or difficulty breathing should not work subsequent flight segments until they have been cleared by occupational health and public health officials.
  - Immediately notify the state or local health department responsible for the airport and CDC.
- Contact CDC by calling the CDC quarantine station responsible for the airport or you can call the CDC Emergency Operations Center at 770-488-7100.
- CDC can also assist in contacting the state or local health department, if needed.

The foreign air carrier occupational health program may choose to exceed these recommendations based on their own policies.

Distributed

Reference:

[https://www.faa.gov/other\\_visit/aviation\\_industry/airline\\_operators/airline\\_safety/safo/all\\_safos/media/2020/SAFO20003.pdf](https://www.faa.gov/other_visit/aviation_industry/airline_operators/airline_safety/safo/all_safos/media/2020/SAFO20003.pdf)



## IFSA-COVID-19 Pandemic Preparedness Guidance

### Appendix 7: Main reference resources

CDC COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

FDA COVID-19:

<https://www.fda.gov/emergency-preparedness-and-response/counterterrorism-and-emerging-threats/coronavirus-disease-2019-covid-19>

USDA COVID-19:

<https://www.usda.gov/coronavirus>

OSHA Guidance on Preparing Workplaces for COVID-19:

<https://www.osha.gov/Publications/OSHA3990.pdf>

WHO COVID-19:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU):

<https://coronavirus.jhu.edu/map.html>

Information for Pandemic plan

<https://www.fmi.org/>