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**COVID-19 Outbreaks in Meat Factories in Ireland Outbreak Control Team**

**Interim Guidance on COVID-19**

**V1.9. 17.08.2021**

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Version	Date	Updates
1.9	17/08/2021	Added caveat regarding 17 day restricted movement for household contacts
1.8	21/06/2021	Added advice for those who are fully vaccinated
1.7	19/05/2021	Updated new advice for close contacts who are vaccinated
1.6	23/04/2021	Updated the groups (high-risk and very high-risk) where surgical face masks are now recommended in certain settings
1.5	04/03/2021	Updated high-risk and very high-risk groups
1.4	10/02/2021	Updated day 0 and day 10 testing for contact tracing

The following advice is based on best evidence available currently. As COVID-19 is a new illness with an evolving scientific evidence base, it is likely that some of the advice in this letter will be superseded in the coming weeks and months. Therefore, this is interim guidance.

The overall objective of the advice is to:

1. prevent cases entering plants,
2. prevent spread within plants,
3. prevent spread in the wider community (including spread to high risk and very high risk people),
4. reduce impacts on production and output of plants in an essential industry

The advice comes under four broad headings:

- 1. Infection prevention and control measures which should always be in place in order to prevent cases and control outbreaks – at the entry site, throughout the facility, in the canteen, in the production areas, in the locker room and toilets, and in the office.**
- 2. Steps to be taken when an individual case is suspected or confirmed**
- 3. Additional steps to be taken as soon as an outbreak has been detected**
- 4. Factors external to the working environment**

It is now critical for all plants to review all systems, review all Standard Operating Procedures and to undertake joint tours of the plant with DAFM staff and environmental health professionals to check that all advice is being properly implemented.

Contracting of occupational health services should be considered an absolute priority (supported by appropriate translation services) to ensure that the health and communication needs of employees can be easily met.

Movement of staff between establishments including factory workers, canteen staff (if contract caterers), cleaning staff or veterinary staff should be minimised.

**Infection prevention and control measures within the factory should always be in place in order to prevent cases and control outbreaks**

### *Entry Site*

1. A permanent screening station at the point of entry into the workplace must be in place to screen every employee. This should include a screening questionnaire for symptoms, completed by a manager, and a staff temperature check. Staff should be sent home if they fail either the screening questionnaire or screening temperature check (i.e. if they have symptoms or a temperature more than or equal to 38.0°C). This applies regardless of the vaccination status of the staff member. You may need professional occupational health assistance with this.
2. Hand washing facilities<sup>1</sup> or alcohol-based hand gel must be available at the entry site.
3. Ensure social distancing of 2 metres while awaiting entry screening.
4. Starting times should be staggered, for example at 15-minute intervals, to ensure social distancing while waiting for screening. In some facilities with multiple operations (e.g. slaughtering / cutting / cooking) different business units can be started at different times.
5. Screening, hand hygiene and social distancing also applies to all hauliers and contractors.
6. Ensure hauliers and contractors do not mix with staff on site. Preferably they should have separate entrances and gates.
7. All unnecessary visits to site should be cancelled.
8. Screening at entry site should be supervised by Occupational Health or by a suitable dedicated trained individual.

### *Throughout the facility*

1. Hand washing facilities with hot and cold running water, soap and hand drying facilities must be provided. Disposable paper towels should be used for hand drying. Hand Hygiene should take place on entry to the facility, on breaks and before moving through the plant. Supervision may be required and audits performed to ensure compliance. Queues should be avoided. Additional units may need to be installed.
2. Alcohol-based hand gel (minimum 60% ethanol) must be available throughout the factory. They should be placed at frequent intervals throughout the plant and be sufficient in number to avoid queues. These should be checked regularly to ensure that they do not become empty.
3. Social distancing of 2 metres between workers must be facilitated, both alongside each other and face-to-face. If belts are narrower than 2 meters, face-to-face working should be avoided. Avoid shoulder to shoulder working. This includes:
  - a. in smoking areas and corridors.
  - b. on the production line – including Food Business operator staff, DAFM employees and contractors.
  - c. in the canteen (or during other breaks)
  - d. in the locker room and toilets
  - e. on entering and exiting the factory
  - f. in offices

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<sup>1</sup> Hand washing instructions can be found on the [HSE website](#) and handwashing facilities should be of a standard to HSE Health Protection Surveillance Centre. [www.hpsc.ie](http://www.hpsc.ie)

permit handwashing to this level.

4. A health and safety risk assessment should be carried out to determine appropriate PPE by appropriately qualified personnel, e.g. health and safety manager or equivalent. Ensure that all staff (including DAFM staff and contractors) wear both a mask and a visor (or a mask and goggles where goggles are available) in scenarios where there is a particular problem with physical distancing, provided both can be worn without compromising the ability of the individual to carry out their work in a competent and safe manner. If both cannot be worn, surgical masks are recommended above other types of masks on their own, which are preferable to visors on their own. If a visor is worn, it should be a full-face visor.

**Please note:** there are certain groups of people for whom the use of surgical face masks rather than cloth face coverings is recommended by NPHET. Surgical face masks rather than cloth face coverings are now recommended to be worn by people who are in [high-risk](#) and [very high-risk](#) cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces.

Additional PPE requirements may be required depending on situation / risk assessment. Ensure that staff/contractors know and use the correct technique for putting them on and taking them off and that they know how to clean and / or dispose of them. Each plant should develop a training module so that staff are trained how to correctly put on and take off this personal protective equipment (PPE), as this is the time when contamination is most likely. There must be appropriate cleaning and disposal of this equipment.

5. A policy of respiratory etiquette must apply at all times – coughing into a tissue and binning it immediately or coughing into the elbow. Infographics or posters in appropriate languages should be displayed throughout the factory. Anyone coughing or with other possible COVID-19 symptoms should be immediately excluded from work. This applies regardless of the vaccination status of the individual.

6. Notice boards and television units should display information on COVID-19, particularly on hand-hygiene, physical distancing and respiratory etiquette. Infographics should be used where possible. If infographics are not used, communication material should be made widely available in all of the languages of the workforce.

7. TV screen guidance on the following should be developed (HSE can help):

- a. People who have a positive test for COVID-19 must self-isolate for 10 full days, the last 5 days of which should be fever free. If isolation is insufficient, contacts of that case may have to restrict movements for significantly longer.
- b. Contacts of case will be excluded from work and may end the period of restricted movements on receipt of a 'not detected' test result from a test conducted on Day10 since last exposure, so long as they remain asymptomatic.
- c. Information on City West Hotel as an isolation facility
- d. Avoiding car-pooling outside of household members.

\*Exclusion from work can be up to 17 days for family and housemates e.g. if a case does not fully isolate in the home for 10 full days as advised. This is regardless of whether further cases are identified in the household.

### *Canteen*

1. Hand washing facilities should be available at the entrance to the canteen and should be supervised. Failing that, alcohol gel dispensers must be available, and used before entry into the canteen area.
2. Break times should be staggered to ensure no overcrowding so that social distancing can be implemented.
3. Social distancing must be enforced by management. If a corridor is too narrow to permit adequate physical distancing, consideration must be given to setting up a one-way system to minimise unnecessary close contact.
4. Queue points on the floor should be clearly marked to ensure physical distancing.
5. Consider erecting a marquee as extra canteen space to ensure physical distancing.
6. Consider small standing only tables to reduce time spent and the numbers of people at any one table and to avoid chairs becoming vehicles of transmission. Alternatively, provide tables with just one chair or tables with a perspex screen (which would allow two people per table - one at each side of the screen).
7. There should be no sharing of food and drink such as drink bottles or bags of crisps.
8. The frequency of cleaning and sanitising in all common areas, most especially hand touch surfaces (such as tables tops, drinks levers, keypads, grab-rails, elevator buttons, light switches, door handles, chair backs, delph and cutlery), and any surface or item which is designed to be, or has a high likelihood of being touched by hands, should be increased. The chemicals used must be verified as being effective against viruses and the correct contact times must be adhered to. Cleaning should take place using a detergent followed by a disinfectant solution with anti-viral properties, such as a chlorine-based disinfectant to a concentration of 1:1000 free chlorine, or equivalent.
9. A system to reduce the use of cash for food or the exclusive use of credit/debit cards should be considered.
10. In so far as possible food should be individually wrapped to further avoid any contamination
11. Where possible, pods of workers should be matched to zoned canteen areas (see below for description of pod working).
12. Canteen food workers should have separate changing rooms and toilets.
13. All doors and windows (subject to appropriate fly screening) in the canteen should remain open to allow greater air exchange and prevent touching of window handles.
14. The Environmental Health Service of the HSE is available to review canteen and food operations.

### *Production:*

1. Production levels should be set at a level that allows physical distancing to be put in place.
2. If 2 metres of space between work stations cannot be attained, Perspex screens should be installed between each person. They should be cleaned at the end of every shift. Staff in the production area should wear PPE as outlined above.
3. Start times should be staggered to allow for social distancing.
4. The number of workers per shift should be reduced as much as possible.
5. There should be a break in the time between the end of one shift and the start of another to ensure physical distancing and effecting cleaning of working area and hand-touch surfaces (i.e. Perspex screens etc).
6. The frequency of sanitising and fogging should be reviewed and increased where possible.

*Office:*

1. Office staff should work from home where possible.
2. Meetings should take place by teleconference or online.
3. COVID-19- specific management meetings should be put in place and occur regularly.
4. All PC screens, keyboards, mouse etc throughout the plant should be cleaned regularly.

*A pod approach:*

1. Workers should be organised into pods or groups, where possible. Pod members work together, take their breaks together, change together and as far as possible even travel to work together, etc. If one person then becomes a suspected or confirmed case only members of their pod are contacts and the pod can be appropriately followed up together in line with public health guidance.
2. Workers travelling in pods should wear face masks and wash their hands before and after travelling together. Surgical face masks, rather than cloth face coverings are recommended to be worn by people who are in [high risk](#) and [very high-risk](#) cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces. Where possible, the canteen should be split into zones and specific zones then assigned to specific pods in the production area. Break times and subsequent cleaning should be staggered along zone / pod lines.

*Locker room and toilets:*

1. Systematic, frequent and effective cleaning of locker rooms and toilets should be documented, implemented and verified. Again, most emphasis should be on hand touch surfaces. Transmission is as likely to occur here as anywhere else in the factory with a higher risk at the start and end of each shift.
2. If physical distancing is not possible in the locker room, consider more space e.g. erecting temporary or marquee or prefabricated additional space.
3. Consider providing a portable WC outside so that staff do not need to go through a locker room, queue for toilets or stand side by side at a urinal. Such a portable WC should be included in a cleaning programme with frequent cleaning.

4. Set a maximum number of people in locker rooms and toilets at any time to facilitate physical distancing
5. Assign staff to ensure employees stay no longer than 15 minutes in locker room or toilets and to monitor locker rooms to ensure physical distancing.
6. Standard Operating Procedures for cleaning locker rooms and toilets should be in place.

*Further cleaning:*

1. The frequency and effectiveness of standard fogging in the production rooms, toilets, locker rooms, and PPE stores should be reviewed and increased if necessary.
2. All touch points should be cleaned **at least once per hour**.
3. All employed or contracted cleaning staff should be trained in the correct use of the cleaning materials, and abide by rules of where protective clothing is worn and where it is not worn. Additional staff or replacement staff should also be properly trained in cleaning techniques and know the cleaning SOPs thoroughly.

**Steps to be taken when an individual case of COVID-19 is suspected or confirmed (both fully vaccinated and unvaccinated individuals)**

1. Any staff member who fails the screening questionnaire or temperature check on entry to the facility should be sent home and told to contact their GP or occupational health doctor for medical assessment before returning to work.
2. Any staff member regardless of vaccination status, who develops symptoms while at work should be immediately isolated, sent home and told to contact their GP or occupational health doctor for medical assessment.
3. There should be a designated isolation room onsite for symptomatic staff. This should be cleaned after a suspected or confirmed case leaves. Surgical face masks should be provided for every person using this room. It is recommended that surgical masks be worn by those people with a confirmed COVID-19 diagnosis during their infectious period, by those people who have symptoms suggestive of COVID-19 and those who are household contacts of confirmed COVID-19 cases. This is a form of barrier to limit potential emission of infectious particles.
4. Confirmed and suspected cases and their household and travel contacts should be actively excluded from work for the appropriate time:
  - a. *Confirmed cases:* 10 full days from onset of symptoms, the last 5 of which should be fever free or 10 full days from the date of swab for a person who has experienced no symptoms
  - b. *Suspected case:* 10 days from onset of symptoms, for review when the swab result is available
  - c. *Close contact:* Advice for close contacts vary and depend on a number of factors such as: previous infection, vaccination status and whether the contact(s) have been exposed to a confirmed case who has travelled from a designated state. Close contacts that are not vaccinated may end the period of restricted movements on receipt of a 'not detected' test result from a test conducted on Day10 since last exposure, so long as they remain asymptomatic. For close contacts that are

vaccinated, please see [here](#) for advice.

5. The distinction between self-isolation for cases and all that it involves, and restricting movements for close contacts where relevant, should be explained to employees and their understanding should be confirmed. Resources to explain this information can be found on HSE website (<https://www.hse.ie/eng/services/news/newsfeatures/covid19-updates/partner-resources/covid-19-translated-resources/>) in a variety of different languages.
6. It is important to note for a family who is self-isolating together and, if the close contact is unvaccinated, they should be excluded from work and only end the period of restricted movements on receipt of a 'not detected' test result from a test conducted on Day10 since last exposure, so long as they remain asymptomatic. For a working person, who is an unvaccinated close contact of a confirmed family case or housemate or travel companion, this can mean up to 17 days restricted movement and not working for this entire period. This is regardless of whether further cases are identified in the household. This is why it is very important for cases to self-isolate immediately and effectively.
7. Exclusion of cases, suspected cases and close contacts is complicated and should be overseen by an Occupational Health clinical service. This can be contracted out if such a service is not already available to you.
8. Self-isolation at home is not recommended if high risk or very high risk also reside in the same house or apartment. People at high risk include people over 60 and people with [underlying medical conditions](#), including heart disease, high blood pressure and diabetes. People at very high risk include people over 70 and people with certain underlying medical conditions, for example people on dialysis or who are having chemotherapy. A list of those at high and very high risk is available on the [HSE website](#)
9. In such instances, cases who are able to self-care should be offered a place in the State's isolation facilities, currently the City West Hotel, so that they can self-isolate away from family and unaffected housemates. Cases should be directed to their GP / occupational health doctor to arrange this (the local department of public health can advise on this). More information is available at <https://www2.hse.ie/services/coronavirus-self-isolation-facilities/>
10. A mechanism to identify high risk and very high risk people (available on the [HSE website](#)) should be put in place and a risk assessment by a suitably qualified professional should be performed with alternative working arrangements implemented where deemed necessary.
11. It is crucial that staff understand their illness entitlements. Assistance should be provided to staff, by HR, to make sure they know and understand how to access payments.
12. A fitness to work certificate is required from Occupational Health or the employee's GP prior to them returning to work after self-isolation and after exclusion for any reason.
13. There should be an on-the-spot return to work interview following any absences, whether the reasons for the absence are known or not.
14. A single point of contact from senior management should be arranged for liaising with relevant agencies during the investigation of the case.



### **Additional steps to be taken as soon as an outbreak is detected**

1. An outbreak of COVID-19 is when two or more cases of the disease are linked by time, place or person. There must be a high index of suspicion of an outbreak even if there is only one case in a plant. Contact your local Public Health Department (see enclosed) if you think there is a problem.
2. Infection Prevention and Control measures and the steps taken in response to an individual case of COVID-19 should continue to be strictly followed during an outbreak.
3. There should be a designated manager / HR staff member to liaise with staff on COVID-19 issues and liaise directly with the local Public Health Department for advice and support during an outbreak.
4. The employer should keep an up-to-date log of all employees in the workplace with contact numbers and addresses. A record should also be kept of the DAFM staff and contractors that have visited the plant. These lists will enable mass testing if it is required.
5. The employer should give some consideration, in advance, as to how mass testing of the entire staff could be achieved if indicated. This can ultimately be planned in collaboration with HSE testing staff and Public Health.
6. Where possible, the employer should also know who are every employee's close contacts: (i) while at work, (ii) during travel to/from work and (iii) at home, so that they can be identified and excluded as close contacts and tested if indicated. The pod system, previously described, may be useful here.
7. Where possible, they should also know which employees live together, so that close contacts can be identified and excluded and tested if indicated.
8. Ensure staff are made aware of the outbreak, including Dept of Agriculture staff and contractors that go on site.
9. The occupational health service should assist in the response to an outbreak.
10. In the event of a sufficiently extensive outbreak, consideration should be given by the local outbreak control team to temporary closure of the plant or part of the plant. However, prior to this decision there should be clear agreed criteria for re-opening.
11. Management should ensure that all workers are aware of the necessity to have a General Practitioner.

### **Engagement and communication with staff**

1. Continuous, effective communication to all staff is vital.
  2. Initiating communication before there is a case or an outbreak will help with control of an outbreak if it occurs.
  3. English may not be the first language of many workers and some may not fully understand preventive messages and the national, personal and population imperatives to control COVID-19.
  4. Ensure all messages are communicated in the employee's primary language (see Multilingual COVID-19 Online Resources section at the end of this document).
  5. Use infographics and communication in the range of languages spoken by the workers.
- HSE Health Protection Surveillance Centre. [www.hpsc.ie](http://www.hpsc.ie)

6. Use translators as necessary.
7. Identify key leaders / staff representatives in the various worker communities that can reinforce messaging.
8. Put up posters and display TV screens with HSE COVID-19 information in all the relevant languages, throughout the factory.
9. Strong emphasis should be put on;
  - reporting any symptoms, even minor ones
  - not working while ill
  - if symptoms develop, going home, isolating and getting tested
  - if confirmed as a case, self-isolation must be effective
  - the potentially long restricted movement time for close contacts that are unvaccinated if the case does not effectively isolate
  - the mechanism for receiving illness benefits or the Government COVID-19 payment
10. Cases who are unable to self-isolate in their own home should be offered a place in the State's isolation facilities, currently City West, so that they can self-isolate away from other household members. This may not be perceived well by workers. It should be understood that this facility is available to everyone in Ireland who is a case who cannot self-isolate successfully in their home. People avail of it for a variety of reasons including worry about specific household members who may be at high risk or very high risk or where the case realises that their household members' period of restricted movement starts on the last day of contact with them while they are infectious – which can be up to 17 days for other household members. A vast range of people from all walks of life and all socio-economic backgrounds have availed of this facility. It is a comfortable 4\*accommodation, meals are provided, there is medical supervision on site, transport will be arranged and there is no cost.
11. Good communication is essential to effective workplace infection, prevention and control. A collaborative approach based on good working relations between employers and employees facilitates good communication while at the same time respecting the employee's right to privacy and confidentiality. The occupational health service will advise further.

## Factors external to the working environment

### *Living conditions*

1. Every effort should be made to ensure workers can maintain social distancing in every setting and can self-isolate, if required. For more advice see: <https://www2.hse.ie/conditions/coronavirus/protect-yourself-and-others.html>
2. Some isolation facilities are available for cases who can self-care e.g. City West. For more information see: <https://www2.hse.ie/services/coronavirus-self-isolation-facilities/>

### *Travelling to work*

1. Management should consider providing transport for workers.
2. Physical distancing should be maintained on transport while travelling to work, and workers should wear a face covering/mask and wash their hands before and after travelling. Surgical face masks, rather than cloth face coverings, are recommended to be worn by people who are in [high risk](#) and [very high-risk](#) cohorts and older age groups when in crowded outdoor spaces or confined indoor community spaces.
3. Those who walk to work should be strongly encouraged to social distance at 2 metres while doing so.
4. Ideally, car-pooling would only be for workers within the same household.

### *Financial Support for workers*

Further information available from the Department of Employment Affairs and Social Protection: <https://services.mywelfare.ie/en/topics/covid-19-payments/>

## Multilingual COVID-19 Online Resources

### **NASC - the Migrant and Refugee Rights Centre**

- [COVID-19 World Service](#) (information videos in many languages)
- [COVID-19 World Service Twitter](#)

### **Health Service Executive (HSE)**

- [COVID-19 Translated Resources](#) (in many languages)