FEEDING AMERICA®

WORKPLACE HEALTH AND SAFETY RECOMMENDATIONS FOR FOOD BANKS

RISK MITIGATION MODULE

As closures and social distancing orders meant to limit spread of the novel Coronavirus (COVID-19) sweep across the country, the impact is being felt in communities large and small. These and other changes are disrupting the lives of nearly everyone in some way. Food-insecure individuals numbered 37 million in 2018—a number that is expected to grow. The Feeding America network of food banks is responding to a surge in demand for charitable food assistance.[1]

Food banks face unique health and safety challenges brought on by the COVID-19 pandemic. Feeding America's 200-member food banks are educating staff and partners and adapting service models to slow the spread and minimize risk of transmission while helping those in need.

At Feeding America, the health and safety of our workplaces is paramount. As part of our COVID-19 response, FANO has formed a Health and Safety work group consisting of members of FANO staff with public health backgrounds and national subject matter experts. Our goal is to 1) offer food banks customized guidance based on federal guidelines (CDC, OSHA, USDA, FDA and EPA) and to 2) share emerging practices that help us understand how to protect the health and safety of our members, partners and clients. This document is the second in a series that provides customized recommendations to food banks on how to respond to health and safety issues during the COVID-19 pandemic.

The COVID-19 Workplace Health and Safety Risk Mitigation Module contains step by step guidance to minimize exposure and infection risks designed for food banks and their partners to share among staff and volunteers. Each community is unique, and appropriate risk mitigation strategies may vary based on the level of transmission, community characteristics, and local capacity.

Feeding America would like to acknowledge the following individuals across our organization who contributed their time and expertise to this publication in support of our COVID-19 Workplace Health and Safety initiative.

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A REMINDER
Please continue to practice personal, interpersonal and workplace hygiene measures to avoid the spread of germs and limit possible exposure to the coronavirus. Etiquette, proper cleaning and disinfecting go hand in hand in slowing the spread of disease.

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Individual Actions to Slow the Spread

Stay at Home Orders During COVID-19

A majority of states in the country have issued stay at home orders, which direct residents to stay home except for essential needs. Most states have issued restrictions on social gatherings and are encouraging social distancing.

As of May 2020, states have begun lifting stay at home orders, and slowly reopening their local economies. This includes opening restaurants, retail stores, hair salons, etc. at limited capacity. It is important to understand stay at home orders for your state and locale to maintain the health and safety of yourself and those around you. Here is an interactive map.

What are stay at home orders?
Stay at home orders issued during public health emergencies require residents to stay inside their homes as much as possible. Only certain activities are permissible during these orders that are imposed at either the state or local level. Ignoring Stay at Home orders can result in a fine and/or arrest.

Activities that are allowed during Stay at Home orders when social distancing is practiced:

- Trips to the grocery store
- Picking up medicine from the pharmacy
- Exercising outside (ex. running, walking, biking)
- Going to job deemed "essential"
- Food Banks are considered essential services in all states where Stay at Home orders are in place; food bank staff and volunteers are considered essential workers and can continue working during public health emergencies (see CDC guidelines for more information)
- Some states have included "places of worship" as an exempted entity
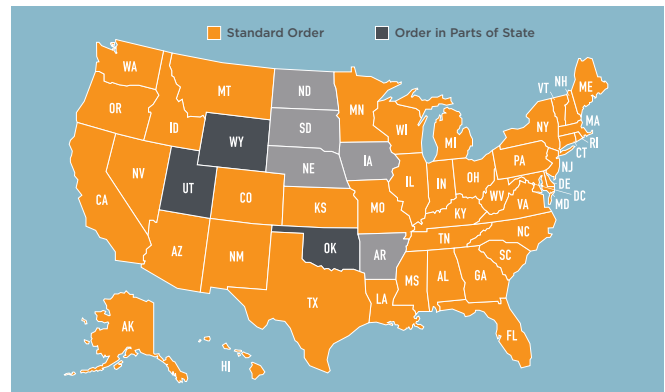
States with Stay at Home Orders
For details on your state click here

Precautions to take when in public:

- Maintain social distancing of at least six feet
- Always wear a mask or cloth covering when going to public places:
  - The CDC has created a guide on creating a mask at home
- When exercising outside, ensure that you are engaging in solo activities such as running, biking, or walking and maintaining social distance
- Always wash your hands when entering and leaving a new space, and when that isn't possible, use hand sanitizer comprising of at least 60% alcohol

Sources: CDC, New York Times

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Self-Monitor, Self-Quarantine, Self-Isolation

TERMS

Self-Monitor is used if you or someone in your home might have been exposed to a person with confirmed or suspected COVID-19.

Steps to take:

- Be alert for symptoms. Watch for fever (temperature of 100.4°F or higher), cough, shortness of breath, or other symptoms (difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell).
- Take your temperature if symptoms develop.
- Practice social distancing. Maintain 6 feet of distance from others and stay out of crowded places.
- Follow CDC guidance if symptoms develop.

Self-Quarantine is used to keep someone who might have been exposed (via close contact, defined as being within 6 feet of a person with confirmed or suspected COVID-19 for at least 10-30 minutes) 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. Take these steps if you recently had close contact with a person with confirmed or suspected COVID-19, or traveled from somewhere outside the US or on a cruise ship.

Steps to take:

- Stay at home for 14 days and self-monitor by checking your temperature twice a day and watching for symptoms (e.g., fever of 100.4°F or higher, cough, shortness of breath).
- Stay away from people who are high-risk for getting very ill from COVID-19 (e.g., people over 60 years of age, those living with existing chronic disease [lung disease, diabetes, hypertension, etc.], those who are immunocompromised, etc.).
- Limit movement outside of home.

Self-Isolation is used to separate sick people from healthy people. Take these steps if any of the following is true: (1) you have been diagnosed with COVID-19, (2) you are waiting for test results, or (3) you have symptoms such as cough, fever, or shortness of breath.

Steps to take:

- Stay at home.
- Stay in a specific "sick room" or area and away from other people and pets.
- If possible, use a separate bathroom.
- Read important information about caring for yourself or someone else who is sick.

References

- https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

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Facemask and Face Covering Use

Use of Facemasks and Cloth Face Coverings in the Food and Agriculture Sector During COVID-19

The CDC recommends that face coverings be considered when individuals are unable to maintain social distance of six feet or more. Many food bank and pantry partners (retail grocery and food warehouses) are now requiring employees and visitors to wear masks or cloth face coverings during their operational hours. This has led to questions from the Food and Agriculture Sector about what respirators, disposable facemasks, such as surgical or medical masks, or cloth face coverings are most appropriate for various settings. This fact sheet provides a quick reference to these items potentially worn by workers in the Food and Agriculture Sector. If, prior to the COVID-19 pandemic, you were required to wear a respirator or disposable facemask on the job, based on a workplace hazard assessment, you should continue to do so.

NOTE: Cloth face coverings are recommended for food bank and pantry workers. If you have trouble breathing or are unable to remove the cloth face covering without assistance, cloth face coverings are not recommended.

When should I cover my face:

- When required by local authorities
- When required by food banks and partners
- In situations where social distancing cannot be effectively maintained

RESPIRATORS, DISPOSABLE FACEMASKS, AND CLOTH FACE COVERINGS:

Respirators
- Respirators are required equipment for workers performing some jobs in the Food and Agriculture Sector.

Disposable Facemasks
- Disposable facemasks act as a protective barrier to prevent splashes, sprays, large droplets, or splatter from entering the wearer's mouth and nose. The protective quality of disposable facemasks varies depending on type of material used to make the facemask.
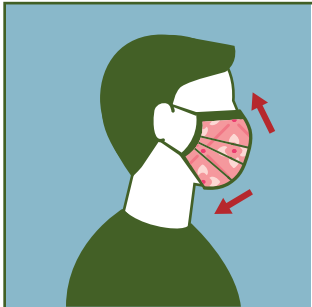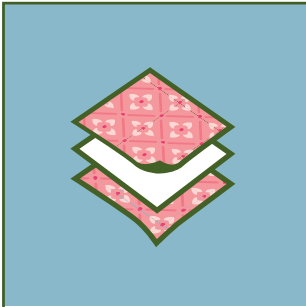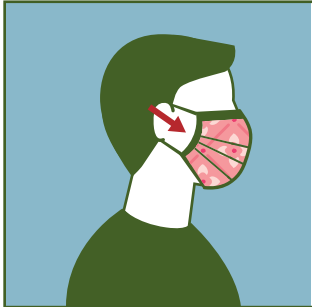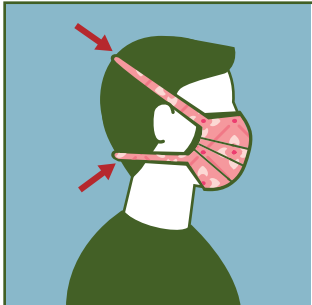

Cloth Face Coverings
- Cloth face coverings, whether provided by the employer or brought from home by the worker, are not respirators or disposable facemasks and do not protect the worker wearing them from exposures.
- Wearing them may help people who unknowingly have the virus from spreading it to others.
- Clean cloth face coverings should be used and changed out as needed.
- A cloth face covering is intended to protect people around you. If you are symptomatic or infected, please stay home.

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Considerations for use of cloth face coverings

Consider the following if you choose to wear a cloth face covering to slow the spread of COVID-19:

PROPER WEAR AND CARE OF A CLOTH FACE COVERING

- Cover the nose and below the chin

- Include multiple layers of fabric

- Fit snugly but comfortably against the side of the face

- Allow for breathing without restriction

- Be secured with ties or ear loops

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

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.

If you have symptoms and feel sick, stay home.

While this guidance was developed with information from the CDC, food banks should consult local public health agencies, the CDC COVID-19 site, the Feeding America COVID-19 site for updates, or other sources as needed. For more information see CDC's Use of Cloth Face Coverings to Help Slow the Spread of COVID-19.

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Workplace Actions to Slow the Spread

COVID-19 Verbal Screening Process

Verbal screening entails asking questions in order to identify individuals with common symptoms of COVID-19 (fever, cough, and shortness of breath) as well as potential exposure.

DEVELOPMENT AND IMPLEMENTATION OF VERBAL SCREENING FOR COVID-19:

1 Determine the location where screening will take place

- Verbal screening of employees and volunteers may be done remotely (by phone, computer) or on premises before or immediately upon entry into the food bank facility.

- Verbal screening of visitors can be done before entry into the facility.

2 Determine the frequency of employee and volunteer screening, e.g., daily or more than once per day

3 Consider having staggered shifts for screening of employees and volunteers to reduce the volume of individuals waiting to be screened at a given time

4 Communicate the screening policy broadly

- Inform all employees and volunteers via regular communication channels

- Inform regular suppliers, distributors, regulatory agencies, etc. as relevant

- Immediately inform new visitors of the screening policy upon their arrival to the food bank

5 Apply the screening policy consistently and in a non-discriminatory manner for all similarly situated employees, volunteers, and visitors

- Do not make determinations of risk based on race or country of origin

6 Maintain social distancing (6 feet) when implementing screening procedures, e.g.,

- Between individuals waiting to be screening

- Between the screener and the individual being screened

7 Protect the privacy of individuals being screened and maintain confidentiality of screening results

- Medical information regarding symptoms or screening results should be maintained on separate forms and outside of the personnel or volunteer files and treated as a confidential medical record

- Medical information should not be revealed to others except for company officials with a need to know (e.g., human resources)

- Consider having a separate exit route for employees who may exhibit symptoms or otherwise screen positive

8 Avoid potential stigma for employees who may show symptoms

COVID-19 verbal screening process

Verbal screening for symptoms of COVID-19 and potential exposure to COVID-19 should include the following questions:

(1) Today or in the past 24 hours, have you had any of the following symptoms?

- Fever (temperature of 100.4°F or higher), felt feverish, or had chills?

- Cough?

- Difficulty breathing?

- Other symptoms, like muscle pain, repeated shaking with chills, headache, sore throat, or new loss of taste or smell?

(2) In the past 14 days, have you been in close contact (within 6 feet) with someone with COVID-19 or showing symptoms of COVID-19?

Additional screening questions may include:

(3) Have you been diagnosed with or otherwise tested positive for COVID-19?

(4) Have you recently traveled from an area with heightened community transmission?

If an employee, volunteer, or visitor responds "yes" to any of the above questions, or refuses to answer the questions, the employer may decide to prohibit their entry into the facility. Individuals responding to screening questions that are done remotely should be clearly advised not to report to work. See "Guidance for Symptomatic Individuals at Work" for next steps after identifying individuals who appear to have symptoms or who have had potential exposure to a COVID-19 case. Policies should be applied

Notes

While this guidance was developed with information from multiple sources (e.g., network examples, subject matter experts, external health and safety organizations), food banks should consult local public health agencies, the CDC COVID-19 site, the Feeding America COVID-19 site for updates, or other sources as needed to adapt the recommendations for local implementation.

References

- Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

- Verbal Screening and Temperature Check Protocols for Incarcerated/ Detained Persons, Staff, and Visitors: https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#verbal-screening

- Guidance on Preparing Workplaces for COVID-19: https://www.osha.gov/Publications/OSHA3990.pdf

- COVID-19 Employer FAQs – Haynesboone: https://feedingamerica.sharepoint.com/fsop/dr/COVID19/files/COVID-19%20Employer%20FAQs%20-%2 Haynesboone.pdf

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COVID-19 Temperature Screening Process

The level of screening that is appropriate and practical will differ by situation (e.g., by location, local rates of transmission, presence of personnel testing positive, etc.)

RECOMMENDED PROCESS

Develop a screening process and procedures for your organization. Key factors to consider include:

Who will be screened:
Food banks should determine if all personnel and visitors will be screened or if screening is limited to a particular group of individuals (e.g., only essential workers who were or may have been exposed to a person suspected or confirmed to have COVID-19, all food bank staff but not visitors, all staff and all visitors). Individuals should be selected for temperature screening on a nondiscriminatory basis. Consult counsel if a group of employees (or an employee on behalf of others) objects to the test, if an employee demands a religious exemption, or a similar action.

- In general, if a food bank opts to systematically screen personnel, then all staff, volunteers, and visitors who come on-site should be screened.
- Sites that are not screening all staff should still follow CDC recommendations for staff with a known exposure (those staff should screen themselves or be screened daily before entering site).

Who will do the screening:
The options for who will do the screening range from the individual taking their own temperature and showing or reporting the thermometer's results to a screener, to having one or more designated food bank staff assigned this task,

to using third party contractors with healthcare backgrounds. Where food banks designate staff to perform screenings, such individuals should be carefully selected (e.g., ideally personnel with a medical/health background or human resources personnel), trained regarding confidentiality (e.g., how to handle the temperature information), and safety (e.g., wearing proper personal protective equipment, operation of the thermometer). If a food bank contracts with a third-party entity to administer the temperature screenings, it likely needs to have each employee authorize the third-party to provide the results to the company to comply with privacy laws, such as HIPAA. Even with this authorization, results should be kept confidential.

Which type of thermometer will be used:
There are many thermometer options. When selecting a thermometer, food banks should consider the availability of different types of thermometers and how soon they can obtain them, the speed at which the thermometer works (taking into account the number of employees you expect to screen each day and the number of screeners you will use), the accuracy of the thermometer, and the ease of use.

- A contact forehead thermometer is fast and accurate but must be cleaned with a new alcohol wipe after each use.

COVID-19 temperature screening process

- A non-contact infrared thermometer with auto-measurement reduces the need for physical contact.

- Oral thermometers may be more readily available but should have a plastic tip that detaches and can be discarded after taking each individual's temperature.

- Personal-use thermometers are also an option if only to be used by one individual.

Where and how often will screenings be conducted:
Temperature screenings can be conducted at an individuals' home (e.g., taken at home and entered into an online spreadsheet or survey form prior to coming onsite), outside the food bank building near an entrance, or inside the food bank immediately upon entry. Food banks should ensure all individuals practice social distancing if screening is conducted onsite at the food bank. Ideally, screening should take place prior to entry into the facility. Another consideration is the frequency at which screenings are conducted. For example, are screenings only conducted prior to an individual entering the facility, or on a regularly scheduled basis (e.g., every 4 hours during a shift)?

Procedures if someone has a fever:
Food banks should consider, in advance of screening, what action will be taken if a staff has an elevated (>100.4°F) temperature, such as sending the individual home or conducting further screening. It is best to confirm a heightened temperature with a second test, in a confidential manner. If an individual is sent home, food banks should consider how this directive pertains to their sick-leave policy, employee entitlements to wages for the day, and employee entitlements to any other leave, such as under the Families First Coronavirus Relief Act (effective April 1, 2020), or other applicable federal, state or local law.

Consult with a labor attorney:
Consultation with a labor attorney is encouraged to ensure personnel temperature screening is conducted practically and in accordance with federal, state, and local laws. It is recommended to develop a consistent examination process for all similarly situated personnel, protect individuals' privacy during the examination, maintain results as confidential medical records separate from personnel files, and avoid any potential stigma for personnel who may show symptoms or test positive for the virus.

Communicate the screening process and procedures
Communicate the final process and procedures that will be implemented with staff, volunteers, and other visitors. Processes should be clearly communicated and consistently applied.

Implement health and safety measures
Food banks should follow all CDC recommended health and safety guidelines when implementing temperature screenings.

Notes
While this guidance was developed with information from multiple sources (e.g., network examples, subject matter experts, external health and safety organizations), food banks should consult local public health agencies, the CDC COVID-19 site, the Feeding America COVID-19 site for updates, or other sources as needed to adapt the recommendations for local implementation.

References
- Links to purchase an infrared forehead thermometer:
- Amazon
- QA Supplies
- U.S. Equal Employment Opportunity Commission Pandemic Preparedness Memorandum (states that a company may take the temperatures of its employees [and visitors] before they enter the workplace)
- CDC Guidance for Businesses and Employers to Plan and Respond to COVID-19
- OSHA Guidance on Preparing Workplaces for COVID-19

Returning to Work After Exposure

The 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, the workplace, and the community.

DEFINITIONS

Potential exposure: having "close contact" (see below) or being a household contact (living in the same household) of an individual with confirmed or suspected COVID-19. The timeframe to consider a potential exposure includes a time period of 48 hours (2 days) before the individual became symptomatic.

Close contact: being in close proximity (less than 6 feet) for a prolonged period of time (10-30+ minutes); 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). See CDC recommendations for additional details.

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Returning to work after exposure

PROCEDURES

Food banks and their employees should follow these practices prior to and during their work shifts:

- **Pre-Screen**: Food banks should measure employees' temperature and assess symptoms prior to them starting work. See Temperature Screening Process document for suggested protocols to measure temperature. Staff can also self-monitor their temperature before and during shifts.

- **Regular monitoring:** As long as the employee doesn't have a temperature (100.4°F or greater) or symptoms, they should self-monitor. See COVID-19 Terms: Slowing the Spread document for the definition of self-monitoring and steps to take while self-monitoring.

- **Wear a mask:** The employee should wear a face covering while in the workplace and for 14 days after last exposure. Food banks can provide face masks or approve homemade cloth face coverings in the event of shortages.

- **Social distance:** The employee should practice social distancing (6 feet or more) as work duties permit.

- **Disinfect and clean workspaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment regularly. See CDC guidance on proper disinfecting of facilities.

If an employee has a temperature or becomes sick during the day, they should be sent home immediately. All surfaces they came into contact with should be cleaned and disinfected.

- Other employees/people in the facility who had **close contact** (see above) with the individual 2 days before symptoms occurred would be considered exposed and should begin to follow this potential exposure protocol.

- For additional recommendations, see **Guidance on Individuals that Develop COVID-19 Symptoms Onsite**

Guidance for employees who become ill after potential exposure to COVID-19
Any employee who becomes ill and has had a potential exposure to COVID-19 should **self-isolate** at home and not return to work until the following conditions are met:

- 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 of medicine that reduces fevers) AND

  - other symptoms have improved (for example, when your cough or shortness of breath has improved) AND

  - at least 7 days have passed since your symptoms first appeared.

- 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 of medicine that reduces fevers) AND

  - other symptoms have improved (for example, when your cough or shortness of breath has improved) AND

  - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

References
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf

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Guidance for Symptomatic Individuals At Work

Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.

PROCESS

1 Identify individuals who appear to have symptoms (i.e., fever, cough, shortness of breath, difficulty breathing) upon arriving to work or who exhibit/report symptoms or become sick during the workday.

2 Immediately isolate those individuals from other employees, customers, and visitors.

3 Provide a face covering, if they do not already have one, and ask the person to wear it until they can safely exit the building.

4 Advise the person to contact their health care provider and follow CDC recommendations for staying home when sick.

5 Restrict other personnel from entering isolation area and maintain social distancing of a minimum of 6 feet until the symptomatic individual can leave the facility.

6 Identify all staff or volunteers who had close contact (less than 6 feet for at least 10-30 minutes) with the symptomatic person. Information on persons who had contact with the symptomatic individual during the time they had symptoms and 2 days prior to symptoms should be compiled. This group should be informed of a possible exposure and follow CDC guidance for post-exposure practices.

7 Identify all areas where the symptomatic individual was working and follow the CDC cleaning and disinfection guidance.

8 If the symptomatic person is a food bank staff and ultimately reports suspected or confirmed COVID-19 infection, follow recommendations to report the case to the local public health department and inform staff, partners, and the media (as needed, see FA templates for staff/volunteers or CEO/ED who test positive).

Notes
This guidance was developed with information from multiple sources. Food banks should also consult with their local public health agencies, the CDC COVID-19 site, the Feeding America COVID-19 site for updates, or other sources as needed to adapt the recommendations for local implementation.

References
- https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
- https://www.osha.gov/Publications/OSHA3990.pdf
- https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html

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Workplace Guidance on Testing Positive

Protocol for Personnel Positive COVID-19 Test

PROCESS

Send the individual home

- If the staff member or volunteer is onsite at the facility, send them home immediately.

- If sending them home is not immediately possible, isolate by sending the individual to a designated area with closeable doors until the individual can go home. This area should be as removed as possible from areas of the facility where others are working.

  - If possible, provide a face covering to the individual and ask them to wear it. Follow guidance from the WHO on when and how to use a facemask

  - Restrict the number of people entering isolation areas, especially coming within 6 feet of infected individuals

- If the individual is already at home, do not permit them to come back to the food bank or to an agency.

Conduct a phone interview and ask the following questions:

- When did you first start feeling sick?

- What was your schedule for the past 2 weeks (or period recommended by the local health department) prior to feeling sick? During that time frame:

  - What meetings or volunteer events did you attend? On what days exactly?

  - What areas of the facility were you in?

  - Which food bank staff or other volunteers have you had the most contact with?

  - Who else have you had contact with (within the food bank and outside the food bank)?

  - Have you traveled recently? If so, where?

  - Did you handle or sort food products in the past two weeks?

Contact your local health department

- If a staff member or volunteer tests positive for COVID-19, you will need to immediately contact your local health department for guidance. The local health department will need to know who has had close contact (< 6 feet for at least 10-30 minutes) with the person who tested positive while they were at the food bank. The local health department will provide guidance on the disposition of any food products or non-food items that may have been handled by the COVID-19 positive employee/volunteer.

- Follow any special instructions for operations, closure if ordered, and cleaning/sanitizing.

Inform food bank staff, volunteers, agency partners, and other stakeholders

- The food bank should inform all staff and fellow volunteers of their possible exposure to COVID-19 but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Detail the event along with actions taken to safeguard staff, volunteers, food recipients, and food/non-food products. Food bank staff and volunteers should then self-monitor for symptoms (i.e., fever, cough, shortness of breath).

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Protocol for personnel positive COVID-19 Test

- Communications to staff should include information from human resources about their rights and responsibilities, insurance coverage (if applicable), and next steps for returning to work.

- Inform other stakeholders that have been in contact with staff and volunteers, including all agency partners or food donors that have been on site. If appropriate, issue a press release with information that a staff/volunteer or the food bank CEO/ED tested positive for COVID-19, including if the food bank will be closed temporarily and steps that will be taken as a result of the positive case (e.g., enhanced cleaning and disinfection, home isolation, etc.).

- Staff or volunteers who were working in the vicinity of (within 6 feet) or in contact with the individual who tested positive should follow CDC recommendations for essential workers who have had an exposure to a person with COVID-19 (personnel can continue working if asymptomatic, pre-screen and monitor daily, wear a mask, etc.).

Perform enhanced cleaning and disinfection
- Following the advice of the local health department, and depending on where the person was in the facility, a portion of or the entire facility may need to be temporarily shut down to deep clean and sanitize all areas that may have been affected. The length of closure will depend on the degree of contact.
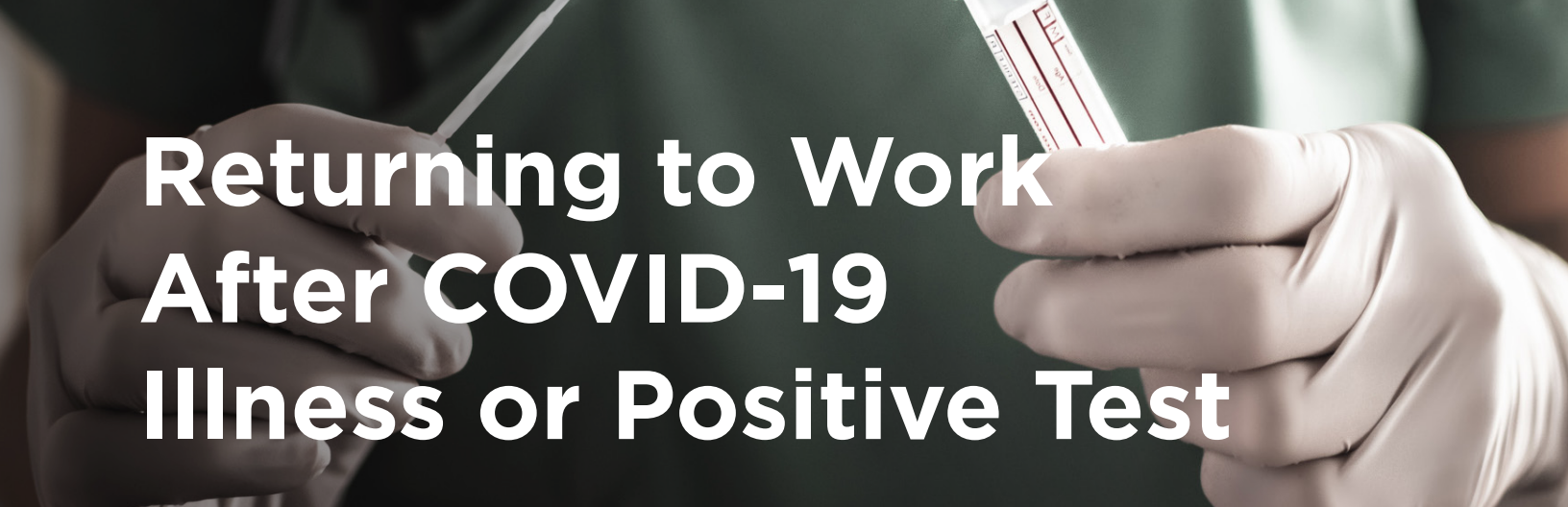
- Identify staff or an outside cleaning service to clean-sanitize-disinfect affected areas within the facility following facility cleaning program procedures.

- Provide the cleaning staff with PPE (gloves, goggles, gowns).

- Follow the CDC cleaning and disinfection recommendations and perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility.

- Following the facility deep clean, the business can reopen for operation after approval by the local public health department.

Inform volunteers who test positive for COVID-19 to follow CDC recommendations
- Volunteers should follow all CDC-recommended steps, including not returning to the food bank or an agency until the criteria to discontinue home isolation are met, in consultation with healthcare providers and state and local health departments.

ADDITIONAL CONSIDERATIONS

- Follow local/state health department guidelines with regards to closing the food bank facility to volunteers

- Food banks are generally considered "essential services", can remain open and operational, and staff and volunteers can continue working onsite

- Enhance volunteer eligibility and screening of volunteers to minimize exposure and infection risk

- Recommendations for considering volunteer eligibility for participating in onsite activities during a pandemic can be found here

- Feeding America recommends pre-screening volunteers over the phone before they arrive to determine if they are eligible to volunteer. Guidance for pre-screening volunteers during a pandemic can be found here

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Returning to Work After COVID-19 Illness or Positive Test

In all cases, an employee should follow the guidance of their healthcare provider and local health department to make the decision to stop self-isolation and return to work.

PROCESS

A food bank employee may return to work when the following criteria are met:
Employee tested positive for COVID-19, but has not had ANY symptoms

- **Discontinue self-isolation when:**
  - Seven (7) days have passed since the date of the first positive COVID-19 diagnostic test **AND**
  - They have had no subsequent illness and remain asymptomatic.

- For three (3) days following discontinuation of self-isolation:
  - Practice social distancing (stay at least 6 feet away from others).
  - Wear a mask that covers nose and mouth when in settings where others are present. This mask may be a bandana, scarf, or cloth mask.

Employee tested positive for COVID-19 or was ill with COVID-19 symptoms and is able to be tested (test-based strategy)

- **Discontinue self-isolation when:**
  - You no longer have a fever (without the use of medicine that reduces fevers) **AND**
  - other symptoms have improved (for example, when your cough or shortness of breath has improved) **AND**
  - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

Employee tested positive for COVID-19 or was ill with COVID-19 symptoms and is unable to be tested (non-test-based strategy)

- **Discontinue self-isolation when:**
  - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers) **AND**
  - Other symptoms have improved (for example, when your cough or shortness of breath has improved) AND
  - at least 7 days have passed since your symptoms first appeared.

References

- https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
- https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

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Notifying Partners of Positive COVID-19 Cases

Food banks should work with their local public health agencies to implement appropriate response activities (cleaning and disinfecting, instituting safety practices with staff who may have been in close contact with the infected individual, etc.) to prioritize the health and safety of personnel.

PROCESS

After a COVID-19 positive case has been identified at the food bank, the recommendations for effectively communicating with partners include:

1 Communicate with partners through usual/appropriate channels (e.g., email, letter, phone, etc.).

2 Provide details on the incident, including the date when the staff or volunteer tested positive.

3 Identify the specific locations to which the infected staff had contact, including the 2 days before the individual became symptomatic or tested positive (e.g., distribution site, food bank facility, partner agency location, other food bank operations site, etc.).

4 For public facing communication, also include:

- Food bank service statistics and the % increase during the pandemic.

- Describe the food bank's key distribution efforts and/or new method of response.

- Link to additional information about the food bank and who to contact for more information.

Feeding America has drafted template Press Releases as examples of partner communications. These templates can be downloaded and customized.

- **Press Release Template:** Food Bank Leadership/ CEO Tests Positive for COVID-19

- **Press Release Template:** Food Bank Staff / Volunteer Tests Positive for COVID-19

FEEDING AMERICA

Notifying partners of positive COVID-19 cases

THINGS TO CONSIDER WHEN COMMUNICATING:

- Be sensitive and sympathetic, and take special care to approach partner communication swiftly
- Recognize where stigma may arise and take precautions to reduce it
- Respect the confidentiality of the positive-tested staff or volunteer, and do not disclose personal identifying information without prior written consent
- Conduct effective communication with clear and consistent messaging

Notes

In all cases, the decision to notify partners should be made in consultation with health care providers, state or local public health departments, and the food bank's human resources department. While this guidance was developed with information from multiple sources (e.g., network examples, subject matter experts, external health and safety organizations), food banks should continue accessing the CDC COVID-19 site, the Feeding America COVID-19 site and other reputable sources for updates as needed to adapt the recommendations for local implementation.

References

- CDC- Coronavirus Disease 2019 (COVID-19): Public Health Recommendations for Community-Related Exposure: https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html
- Harvard Business Review "Your Employee Tested Positive for COVID-19. What Do You Do?: https://hbr.org/2020/03/your-employee-tested-positive-for-covid-19-what-do-you-do

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