

Guidelines for Effective Covid-19 Infection Control Practices and Policies at Operating Apparel and Textile Factories

Updated February 2022

by

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The following guidelines address the safe operation of apparel and textile factories during the continuing Covid-19 pandemic in order to reduce the risk of spreading the SARS-CoV-2 virus from person to person or from contact with potentially contaminated surfaces. Covid-19 outbreaks in apparel and textile facilities imperil the health and threaten the lives of factory workers. Facilities experiencing outbreaks or high rates of transmission must follow appropriate instructions from their local and national public health authorities up to and including temporary closures of operations and paid sick leave for infected individuals removed from the workplace and for quarantined workers with known or likely exposure to confirmed Covid-19 cases.

It is now well established that the SARS-CoV-2 virus that causes Covid-19 spreads primarily through the air when infected people talk, laugh, cough, or just exhale with force. Viral particles remain suspended in the air and disperse through air currents until they drop and settle on surfaces where they can remain infectious for hours to days. Touching contaminated surfaces can transfer the virus to the hands and enter the body by touching the nose, ears, or eyes.

The currently recommended measures to control transmission of the virus include wearing face masks when in proximity to others; improving ventilation and air filtration indoors; practicing physical distancing; frequent cleaning and disinfecting of touch surfaces; and frequent hand hygiene. **With the development of approved Covid-19 vaccines worldwide, the best way to prevent infection and to protect others is to get vaccinated.** While the vaccine distribution is underway, it is important to continue to practice the other preventive measures as well.

These guidelines apply to facilities outside the United States and within the United States. These guidelines recommend infection control and job protection policies to implement in the workplace in a fair, effective, and sustainable manner. The requirements of commercial contracts or national labor laws and international occupational health and safety (OHS) standards are beyond the scope of these infection control policies and practices.

Factories in both the global apparel supply chain and the domestic garment industry in the United States vary tremendously in their size, internal physical environment, immediate surroundings, production operations, workforce composition, and management, in addition to differences in public health infrastructure. For that reason, certain policies and practices will be more critical to adopt and/or more feasible to implement in some circumstances than in others. However, ensuring the safety and health of the workforce must be the top priority, and the direct involvement of workers and their representatives in the development, implementation, and verification of effective infection control programs at the factory level is essential to achieve the high level of participation and compliance that is necessary to control the spread of Covid-19.

This update of the original April 2020 WRC guidelines incorporates the recent understanding of the best ways to prevent and control the transmission of Covid-19 as of February 2022. For additional information, contact the Worker Rights Consortium (wrc@workersrights.org) and Garrett Brown (garrettbrown2021@gmail.com) at the Maquiladora Health & Safety Support Network.

Covid-19 Infection Control Guidelines for Apparel and Textile Factories

Factories should:

- 1) Develop and implement a workplace Infection Control Program (ICP) that has policies and procedures appropriate to the size of the facility, which should include policies and procedures for:**
 - a) Communicating with internal and external stakeholders;
 - b) Coordinating with healthcare resources;
 - c) Consistency with local, national, and international public health, labor, and health and safety regulations and guidelines;
 - d) Covid-19 vaccination, testing, and screening of workforce;
 - e) Workspace reconfiguration measures;
 - f) Ventilation and air filtration measures;
 - g) Physical distancing measures;
 - h) Infection control measures;
 - i) Touchpoint cleaning and disinfection procedures;
 - j) Personal hygiene practices;
 - k) Provision and use of personal protection equipment (PPE);
 - l) Employee training and education; and
 - m) Contingency planning and emergency response.

- 2) Develop and implement an organizational and communications structure for the Infection Control Program above, including:**
 - a) Designation of an Infection Control Officer for the facility;
 - b) Creation of an Infection Control Committee, depending on the size of the facility, that is large enough to effectively implement the ICP in each department or work area and, in the case of large factories, with members assigned to carry out ICP measures as their primary work responsibility;
 - c) Active participation of the workforce and their representatives and trade unions in the development and implementation of the ICP;
 - d) Establishment of a schedule of regular meetings for the facility-wide and department/work area-level Infection Control Committee members to coordinate and evaluate program activities; and
 - e) Establishment of a proactive public communication strategy to provide accurate information and counteract false or misleading information that includes:
 - i) Communication with workers through bulletin boards, toolbox meetings, and social media;
 - ii) Establishment of a mechanism to counter inaccurate, misleading, or intentionally-produced disinformation spreading through the workforce, such as the creation of an anonymous question and answer box; and
 - iii) Ongoing communication with public health agencies and other trusted advisors to correct misinformation and disinformation and to provide accurate information.

3) Follow applicable public health guidelines and occupational health and safety rules, through:

- a) Identification of guidance and best practices to adopt during the pandemic from:
 - i) Local and national public health and OHS agencies;
 - ii) World Health Organization (WHO); and
 - iii) International Labor Organisation (ILO).

4) Promote and negotiate with worker representatives policies to require Covid-19 vaccination, testing, and screening, through:

- a) Immunization of the workforce with WHO or CDC approved Covid-19 vaccines as soon as they become available, at no cost to the employee (including permitting paid time off);
- b) Medical surveillance of workforce based on daily checks, surveys, and self-reporting of symptoms;
- c) Periodic diagnostic testing of workforce for SARS-CoV-2 infection. Diagnostic testing is used to detect active infection. Antibody testing cannot detect infection and is not suitable for vaccinated individuals because these individuals build antibodies and, therefore, an antibody test can produce false positive results;
- d) Medical removal, with paid sick leave, and confirmatory testing for employees exhibiting symptoms of Covid-19;
- e) When vaccines become available in the country or region where the facility is located, plant management should negotiate with trade unions on policies concerning requirements for employees to become vaccinated as a condition of employment, except in cases of documented medical or religious exemption. In facilities where no independent trade union is present, the management should consult with employees concerning the proposed vaccine requirement through those worker-management bodies that exist, such as health and safety committees, infection control committees, and work committees. For employees who have been granted medical or religious exemptions, management should establish a system of periodic Covid-19 testing (at least weekly) to identify infected workers and provide them with paid sick leave as per Section 12; and
- f) Continued implementation of infection control measures, even with a vaccinated workforce, to prevent “breakthrough” infections and to protect those employees unable to receive vaccination for medical reasons.

5) Enhance ventilation and air filtration systems by:

- a) Increasing natural dilution ventilation by opening doors and windows and using fans to increase air flow, provided indoor temperatures are maintained within the acceptable levels for the workplace;
- b) Increasing outdoor air intake settings in mechanical heating, ventilation, and air conditioning (HVAC) systems to reach a minimum of six air changes per hour (ACH), minimizing recirculation of indoor air within the building;
- c) Improving air filtration in mechanical ventilation systems by installing air filters rated at Minimum Efficiency Reporting Value (MERV) 13 or higher, if possible; and
- d) Placing portable air filtration units (air cleaners) with high efficiency particulate air (HEPA), avoiding electrostatic or ion-generating air cleaners, which can emit irritant ozone gas into the space.

- 6) **Take measures to reconfigure workspace by:**
 - a) Increasing distances between workers at workstations, assembly-type process lines, and equipment to two meters, wherever possible;
 - b) Establishing, wherever possible, one-way travel on aisles and corridors in workplaces to minimize close contact between employees;
 - c) Installing barriers, such as washable plexiglass, between workstations; and
 - d) Installing no touch devices, such as bathroom faucets and toilet flushes, automatic opening doors or foot activated door openers, motion sensitive light fixtures, etc.

- 7) **Adjust work schedules and locations to promote physical distancing, including:**
 - a) Implementation of staggered work shifts or flexible hours;
 - b) Implementation of staggered meal and rest breaks. Experience over the last two years indicates that the many workplace outbreaks were the result of inadequate or ignored infection control measures in crowded cafeterias and break rooms;
 - c) Virtual, instead of in-person, meetings or teleconferences; and
 - d) Remote or hybrid (partial home and office) schedules for administrative personnel, whenever possible.

- 8) **Implement other infection control measures that reduce the risk of transmission of the SARS-CoV-2 virus, through:**
 - a) Establishment of access controls into the facility by guests and all nonessential personnel. Buyer representatives and their auditors, independent factory monitors, and government inspectors are considered essential personnel;
 - b) Disinfection, masking, and distancing in company-provided transportation for workers traveling to and/or from the facility, in factory canteens and at factory-provided food stalls, and in dormitories or other lodging or resting areas provided, arranged, or subsidized by the factory;
 - c) Establishment of an effective protocol for additional disinfection of the work equipment and areas of employees who are medically removed from the worksite;
 - d) Ongoing disinfection of the worksite beyond conventional housekeeping by:
 - i) Systematically disinfecting potentially contaminated surfaces throughout the work shift, such as doorknobs, handrails, machinery and controls, tools and equipment, horizontal work surfaces, and public areas where transmission of the virus may occur; and
 - ii) Providing disinfecting wipes and no-touch disposal to employees for periodically disinfecting their workstation and adjacent areas; and
 - e) Promotion of hand hygiene, through:
 - i) Increased number and locations of handwashing facilities; and
Access for all employees to soap and water for handwashing, or hand sanitizers, and allowing paid time for employees to wash their hands at the start of the work shift and periodically throughout the work shift. Alcohol-based hand sanitizers should contain greater than 60% ethanol or 70% isopropanol. **Methanol is toxic and should not be used as a sanitizer or disinfectant. Drinking, inhaling, or applying methanol on the skin can cause blindness and death.**

- 9) Provide and promote the use of face masks and disposable gloves, including:**
- a) Provision of face masks, at no cost to workers, that fit snugly and cover both nose and mouth to employees at no cost. Appropriate masks include surgical masks, N95, or KN95 masks. The masks should be replaced when they are damaged, deformed, or worn out, ideally on a daily basis. Cloth masks and masks with exhalation valves are not appropriate for occupational settings and should not be provided or used on site;
 - b) Training on the purpose, benefits, and limitations of face masks in reducing airborne transmission of the SARS-CoV-2 virus; and
 - c) Provision of disposable gloves, such as nitrile or latex gloves, to healthcare personnel and those who come in direct contact with potentially infectious surfaces or who handle and use disinfection and sanitizing products.

10) Conduct employee training and education by:

- a) Training, on paid work time, for all production and maintenance workers and for the supervisors and managers, including:
 - i) The modes of transmission, symptoms, and adverse health effects of the Covid-19 virus;
 - ii) The means to prevent infection by the Covid-19 virus;
 - iii) The elements of the facility's Infection Control Program;
 - iv) The responsibilities of each category of employee under the Infection Control Program; and
 - v) Specific training for employees assigned to housekeeping and disinfection duties on biohazard prevention and the hazards of cleaning chemicals and procedures; and
- b) Training can be done in-person, through videos, and/or by way of written materials (such as wall posters and information cards), and must be conducted in the language(s) spoken by employees.

11) Develop contingency plan and emergency response measures, including:

- a) Creation of plan for safe continuity of facility operations with reduced staffing;
- b) Development of plan for the orderly shutdown of the facility if a spike in infection rates prohibits further operations;
- c) Cross training of employees in anticipation of critical employees becoming ill and missing work;
- d) Preparation of a quarantine room or area for holding employees who are being referred from the facility to a medical facility or sent home; and
- e) Stock of adequate supplies of face masks, gloves, respirators, cleaning and sanitizing products, and supplies.

12) Establish job protection policies, including:

- a) Development and implementation of policies to protect jobs and support workers during the pandemic;
- b) Recognition of employees' right to express concerns about workplace safety, and their right to refuse unsafe work without retaliation or discrimination;
- c) Mechanisms for workers to express such concerns confidentially and/or anonymously, if they so choose;

- d) Prohibition of discrimination or any punitive impact on employees on leave due to Covid-19;
- e) Provision of paid sick leave to:
 - i) Workers with Covid-19;
 - ii) Employees quarantined due to a positive test, exhibiting symptoms, being ill, or due to a known or likely exposure to Covid-19 at work or in the community;
 - iii) Employees caring for ill family members; and
 - iv) Vulnerable employees, including those over age 60, immunocompromised, and/or pregnant, where local and/or workplace transmission levels warrant;
- f) Registration of the workplace with social security and health agencies implementing emergency financial and healthcare programs in response to the Covid-19 pandemic, including vaccination, testing, and treatment of the disease;
- g) Enrollment of employees in emergency health and social welfare programs and providing documentation of their enrollment;
- h) Confirmation that employees on medical removal can receive necessary medical treatment and social support;
- i) Enrollment of employees in government infection testing programs, assurance that they can be tested according to prescribed program schedules;
- j) Payment for necessary medical testing and treatment in the event of delays in government programs;
- k) “Stop-gap” payment of necessary medical testing and treatment in the event of delays in government programs; and
- l) Enrollment of foreign-born migrant workers into, or equivalent emergency assistance programs if they are ineligible, health and social welfare programs.