

Coronavirus/COVID-19: Communication Tools for Your Customers, Employees and Leadership Teams

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Current Situation

❑ Influenza Epidemic – Types A/B are actively circulating in the USA

- ❑ CDC estimates that so far this season there have been at least 34 million flu illnesses, 350,000 hospitalizations and 20,000 deaths from flu in the USA

COVID-19 “Pandemic”

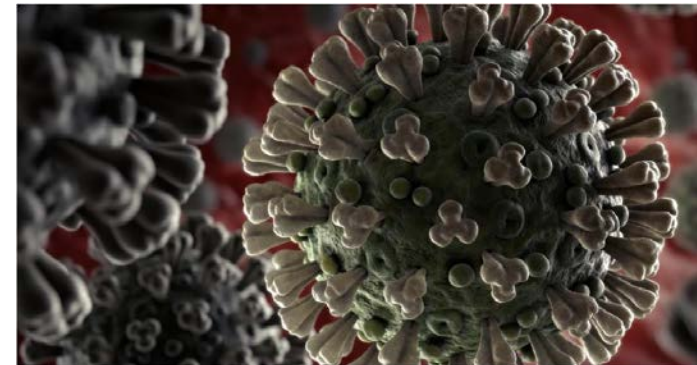
- ❑ As of 3/09/2020, +113,000 cases and +4000 confirmed
- ❑ +100 countries laboratory-confirmed cases

How Do New Pathogens Emerge?

- ❑ Existing benign animal pathogens “jump” to humans → followed by human-to-human spread in immunologically naïve populations
- ❑ Existing benign animal pathogens co-mingle and mutate with human pathogens
- ❑ Normal Mutation → New strains of existing pathogens
- ❑ Normal Mutation → New pathogens
- ❑ Normal human biome → Opportunistic infections → Ab resistant organisms → Human-to-human spread
- ❑ Note: Viruses can undergo a half million generations in the span of our one generation!

What is a Coronavirus?

- ❑ Named for their crown-like spikes on their surfaces
- ❑ The coronavirus family causes multiple respiratory and gastrointestinal illnesses, most of which are not severe.
- ❑ Some like COVID-2019, SARS, and MERS cause more severe illnesses.
- ❑ COVID-19 is the “Real Deal”
- ❑ Comparison of Case Fatality Rates:
 - Influenza = 0.2%
 - COVID-19 = 2% - 4%
 - SARS = 11% (UP TO 50% IN SOME AGE GROUPS!)
 - MERS = 30-40%



COVID-19 Course of Severe Infection

- ❑ Phase 1: Viral Replication (may be asymptomatic but elevated temperature is the leading indicator)
- ❑ Phase 2: Immune System Hyper-Reactivity (Cytokine Storm)
- ❑ Phase 3: Pulmonary Destruction (Honeycomb Effect)
- ❑ Phase 4: Respiratory Failure (holes fill with fluid)

How Does COVID-19 Spread?

- ❑ Droplet - Confirmed
- ❑ Aerosol - Confirmed
- ❑ Fecal-Oral - Confirmed in patient stool samples
- ❑ Bloodborne - Confirmed in patient blood samples

*Multiple pathways and long latency period (14 days) may explain its high communicability

Masks for Healthcare Workers

It's NOT What You Think!

N95

MYTH: v/s FACT:



MYTH:

An N95 respirator and a surgical mask provide the same protection.



MYTH:

I can decorate my N95 respirator to look stylish!



MYTH:

There's no way to verify if an N95 respirator is actually NIOSH-approved.



FACT:

A NIOSH-approved N95 respirator forms a seal against the user's face, preventing particle penetration around the edges. The filter has passed NIOSH tests to determine that it protects against at least 95% of airborne particles.

Because surgical masks do not seal against the face and the filters have not been tested, the same level of protection against airborne particles cannot be guaranteed.

FACT:

Any alteration of the N95 will void the NIOSH approval because respirator can no longer be guaranteed to provide the necessary level of protection.



FACT:

A list of approved N95 respirators is updated every month. Find it at [Knowits.niosh.gov](https://www.knowits.niosh.gov) under the "Approved Particulate Filtering Facepiece Respirators" tab.



How Effective Are “Masks”?

WHEN TO USE A MASK

For healthy people wear a mask **only if you are taking care of a person with suspected 2019-nCoV infection**

Wear a mask, **if you are coughing or sneezing**

Masks are effective only when used **in combination with frequent hand-cleaning** with alcohol-based hand rub or soap and water

If you wear a mask then you **must know how to use it and dispose of it properly**



World Health
Organization



TRSA¹⁰⁰⁺
est. 1912
Strengthening and Promoting the Linen, Uniform
and Facility Services Industry

wello[®]
making wellness epidemic

Hospitals Can Amplify Epidemics But Can Also End Them

❑ SARS 2003 - Three Hospital Outbreaks:

- ❑ TTSH, Singapore
- ❑ Sunnybrook, Toronto, Ca
- ❑ Prince of Wales, Hong Kong

❑ MERS 2015 - May 20, 2015 - 1 Korean from Saudi Arabia

Next 2 months 186 confirmed cases, 36 deaths

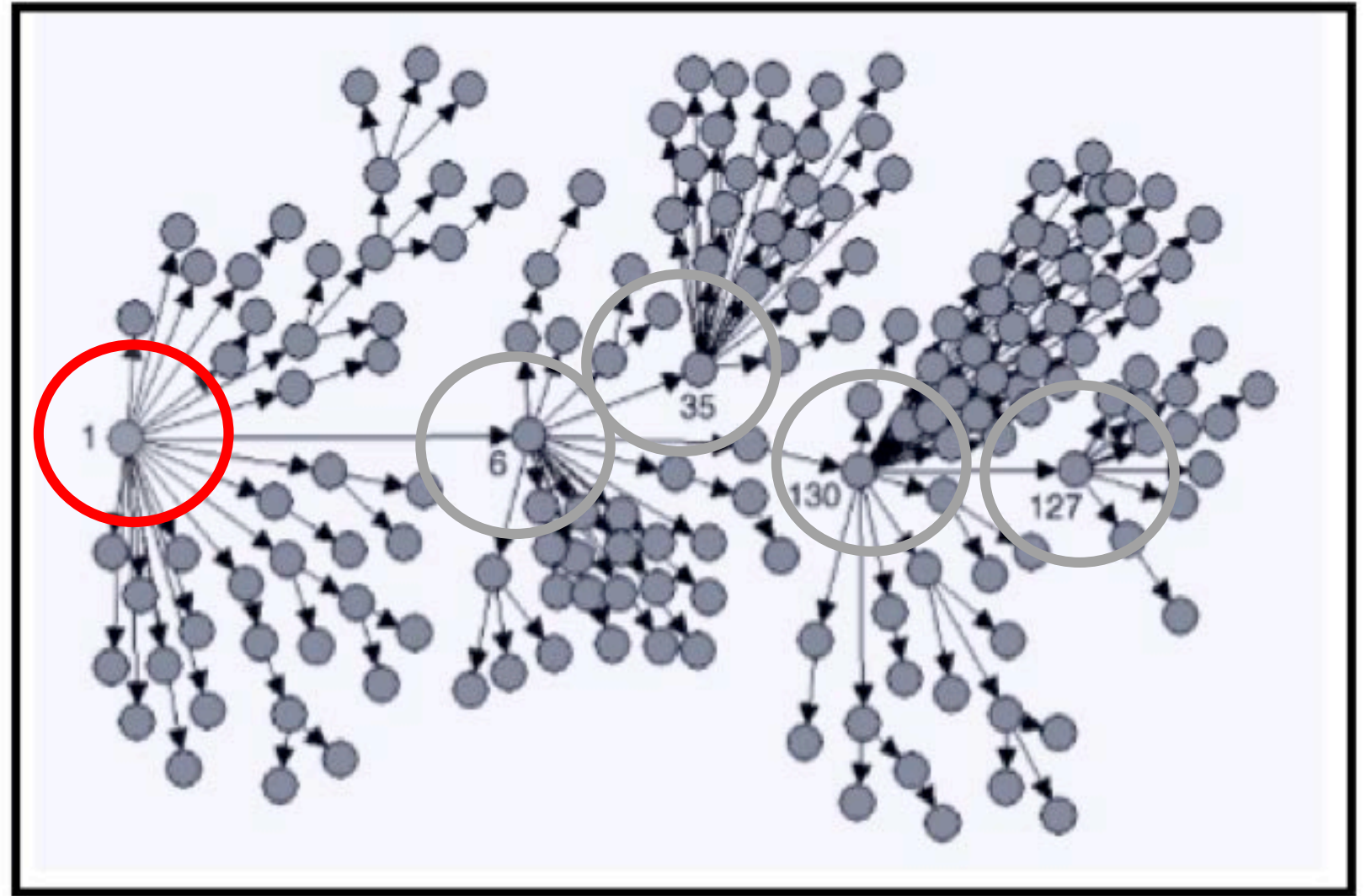
16,692 people were quarantined

❑ MERS Saudi Arabia 2015 - 9 healthcare workers out of 39 MERS-CoV patients in Wadi ad-Dawasir, Saudi Arabia

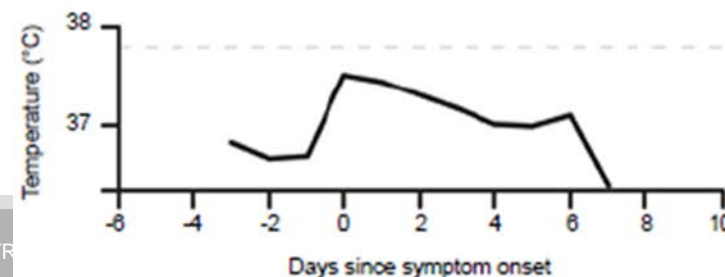
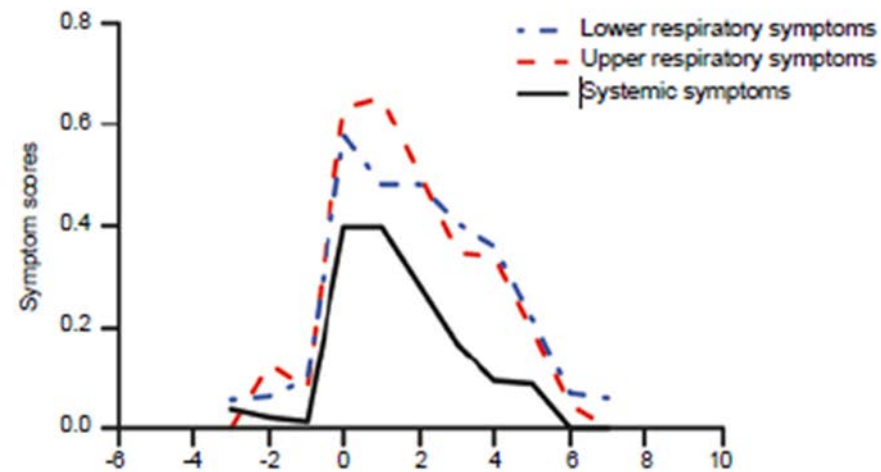
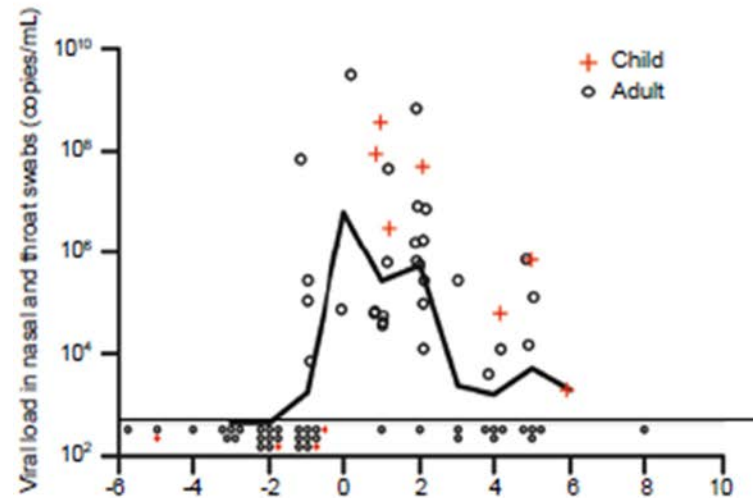
❑ COVID-19 - More than 40 percent of cases thought to have picked up COVID-19 at the hospital

Superspreaders Are the Cause of Illness Outbreaks

Superspreader
= 1 person
sickens 10 or
more people



Persons with
sub-acute
fever can
shed virus



What Does the Future Hold?



COVID-19

Communicating with employees

CATALINA DONGO

DIRECTOR OF HUMAN RESOURCES, UNIFIRST CORPORATION



Crisis Response Team:

Cross-functional team

- Operations
- Environmental Health and Safety
- Human Resources
- Risk Management

Regular communication and collaboration

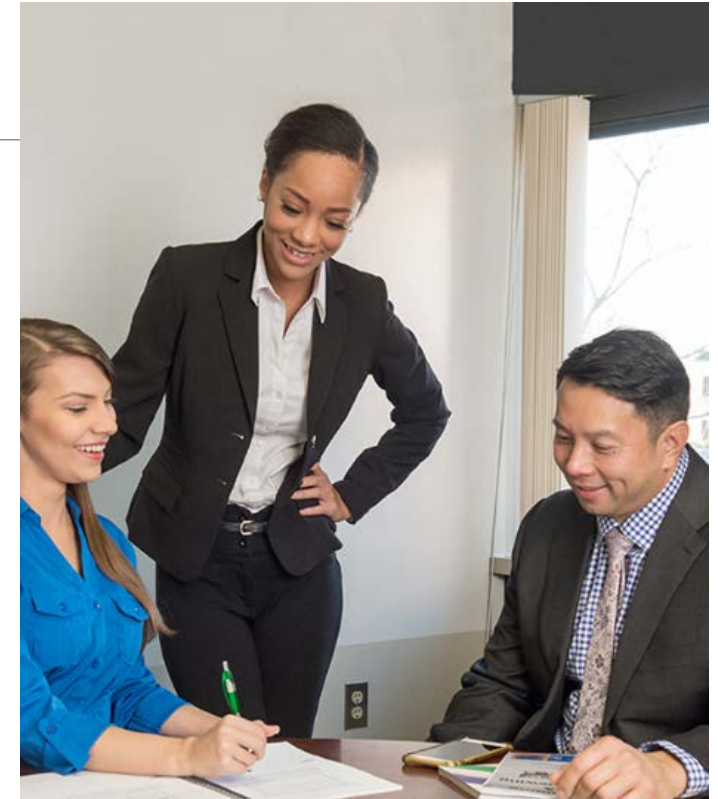
Equip Managers:

Hold informational or training sessions for managers

- Educated them and share resources
- Provide clear, actionable guidelines for communicating with employees
- Provide a point of contact for questions and potential cases
- Balance responsible action without creating panic

Some OSHA requirements may apply to preventing occupational exposure to COVID-19:

- **COVID-19 may be a recordable illness** when a worker is infected on the job.



Educate Employees:

General education regarding COVID-19

- Use only reliable sources for information and direct employees to these sources
- CDC, WHO, local health departments, TRSA, OSHA

Reassure employees that you are monitoring the situation, staying abreast, and following guidance from the CDC

COVID 19
CORONAVIRUS
DISEASE

**What you need to know about
coronavirus disease 2019 (COVID-19)**

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread 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.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. 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, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

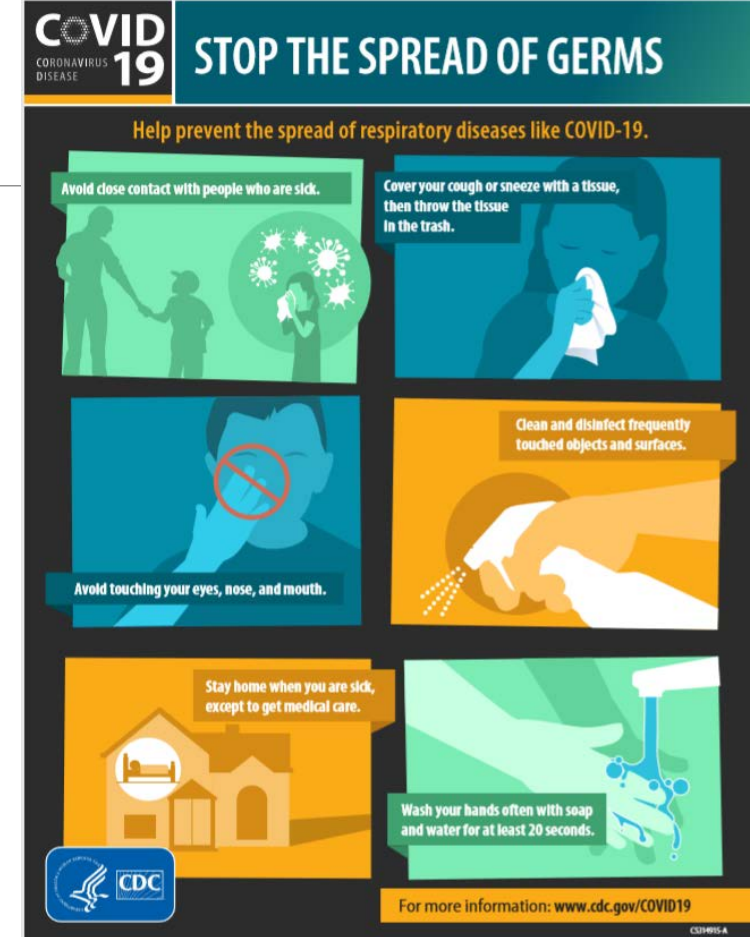
Is there a treatment?

There is no specific antiviral treatment for COVID-19.

Good Hygiene:

Promote good hygiene

- Wash your hands often with soap and water for at least 20 seconds, if unable to wash, use alcohol-based hand sanitizers
- Avoid touching your eyes, nose, and mouth
- Cover your coughs or sneezes with a tissue or your sleeve (not with your hands)
- Disinfect surfaces (phones, timeclocks, doorknobs/handles)
- Stay away from people who are sick
- Stay home when you are sick



Personal Protective Equipment:

Increase emphasis on proper use of PPE

- All Team Partners who have direct contact with soiled laundry should:
 - Wear proper PPE
 - Focus on handling product away from their mouth and face

Managers should proactively monitor and provide new PPE as needed



Reaching Employees:

Distribute literature

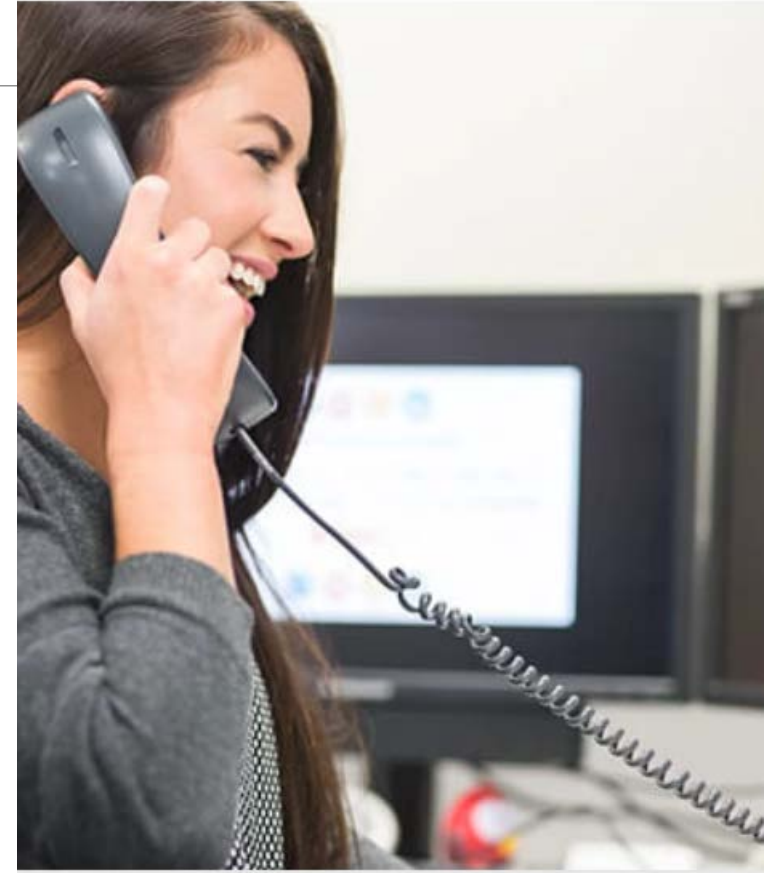
- Translate into employees language (CDC and TRSA provide English and Spanish literature)
- Post it in high traffic/visible areas
- Handouts and home mailings

Hold small huddles or meetings

- Allow employees to express concerns and take them seriously
- Make visible efforts in terms of cleanliness and PPE

Video messaging

Central repository (webpage) for information



Travel:

Level 3 - Widespread sustained (ongoing) transmission and restrictions on entry to the United States:

China, Iran

Level 3 - Widespread sustained (ongoing) transmission:

Italy, South Korea

Level 2 - Sustained (ongoing) community transmission:

Japan

Level 1 - Risk of limited community transmission

Hong Kong

**COVID
19**
CORONAVIRUS
DISEASE

**Health Alert:
Coronavirus Disease 2019 (COVID-19)**

You have traveled to a country with an outbreak of COVID-19 and are at higher risk.
COVID-19 is a respiratory illness that can spread from person to person.




Stay Home
Stay home for the next 14 days and monitor your health.
Take your temperature with a thermometer two times a day and watch for symptoms.

If you feel sick and have symptoms:


- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

Symptoms
Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

Symptoms can include:

-  Fever (100.4°F/38°C or higher)
-  Cough
-  Shortness of breath

Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: www.cdc.gov/COVIDtravel

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Travel:

At UniFirst, we have restricted all non-essential business travel to Europe and Asia as a precautionary measure and will continue to evaluate and modify restrictions accordingly

Employees returning from travel to any level 1-3 countries are being asked to stay home for 14 days, or as recommended by the CDC

Employees returning from any other travel (national or international) are being asked to self monitor and report any flu like symptoms immediately

Be ready to adopt measures as new developments occur

Meetings and Events:

At UniFirst, we have not canceled any meetings or events

We have asked that no new large meetings or events be scheduled until further notice, unless approved by senior leadership

Encouraging all employees to leverage technology as much as possible to replace in-person meetings

Promote greetings that minimize contact such as virtual high-fives or virtual fist bumps, elbow bumps or bows.



Attendance and Leave policies:

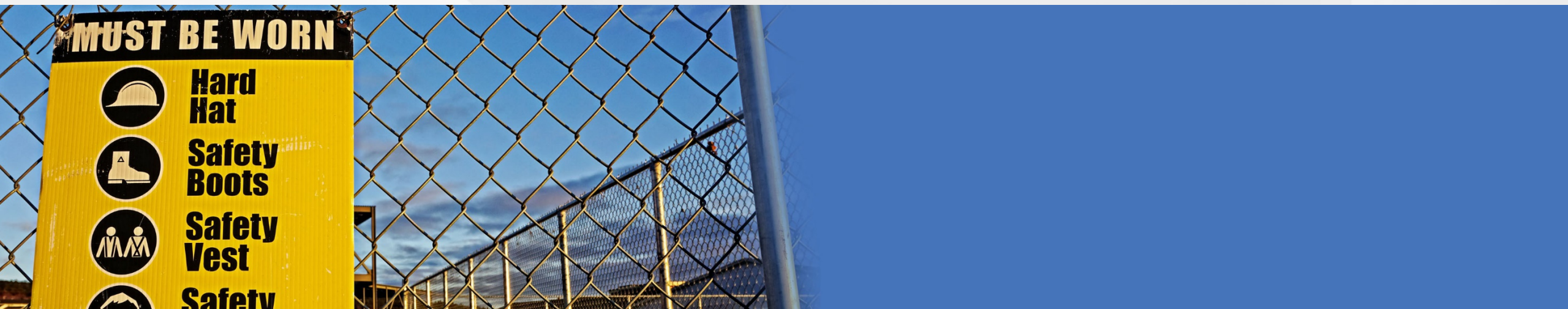
Allow employees to choose PTO/Sick Leave/Vacation pay if being asked to stay home

Absences related to COVID-19 will not count against attendance

FMLA, ADA, and local leave laws may apply

Work closely with HR and Safety teams to ensure consistent application and interpretation

Coronavirus/COVID-19: Communication Tools for Your Customers, Employees and Leadership Teams TRSA, March 2020



Presented by:
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CONSIDERATIONS FOR EMPLOYERS

- Educate all employees about how the coronavirus can be contracted.
- Establish a point of contact in human resources or elsewhere in your company for employees that have concerns.
- Remind employees about policies concerning absences and working from home, including vacation, sick pay, FMLA, and short term disability.
- Train supervisors on overreaction impacts and importance of adhering to antidiscrimination policies.
- Keep track of updates from CDC and WHO.
- Employee personal travel:

Employers cannot prohibit otherwise legal activity, such as personal travel abroad by an employee. This includes pregnant employees or those with a medical condition.

Employers should advise employees traveling to areas where Coronavirus is an issue to take proper precautions.

CONSIDERATIONS FOR EMPLOYERS

Plan for business interruptions; have a plan in place to have employees working from home.

Educate your supply chain.

Attempt to schedule more teleconferences in lieu of travel.

Can you ask employees to stay at home if they exhibit symptoms of coronavirus or the flu? Yes. Ask them to seek medical attention and get tested for COVID-19.

Can you ask an employee why he or she missed work? Yes. Can you ask them to leave work? Yes, under most circumstances.

Many clients are requesting medical notes from employees prior to returning to work, especially if that was a prior practice.

MASKING THE PROBLEM?

- Under OSHA's respiratory protection standard, a respirator must be provided to employees only "when such equipment is necessary to protect the health of such employees."
- OSHA rules provide guidance on when a respirator is not required: "an employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard" (29 C.F.R. 1910.134(c)(2)).



MASKING THE PROBLEM?

- The World Health Organization (WHO) has stated that people only need to wear face masks if they are treating someone who is infected with the coronavirus.
- Doctors agree that the best defense is simply washing your hands.
- There are more appropriate measures of defense than wearing a surgical mask or respirator.



MOST EMPLOYERS DO NOT HAVE TO ALLOW EMPLOYEES TO WEAR A MASK

- The consensus is face masks are only necessary when treating someone who is infected with the coronavirus.
 - So, masks are likely not necessary to protect the health of most employees.
- The use of the word “**may**” in OSHA’s respiratory protection standard makes it clear that when a respirator is not necessary to protect the health of employees, it is within the discretion of the employer to allow employees to use a respirator.
- Consider employee/labor relations issues.

CAN AN EMPLOYEE SIMPLY REFUSE TO WORK?

- An employee's right to refuse to do a task is protected if all of the following conditions are met:
 - Where possible, you have asked the employer to eliminate the danger, and the employer failed to do so; and
 - You refused to work in "good faith." This means that you must genuinely believe that an imminent danger exists; and
 - A reasonable person would agree that there is a real danger of death or serious injury; and
 - There isn't enough time, due to the urgency of the hazard, to get it corrected through regular enforcement channels, such as requesting an OSHA inspection.
- At this point in the outbreak, the conditions are likely not met.



PRACTICAL TAKEAWAYS

- Encourage employees to wash their hands. Ensure that proper hand washing tools/soap is available.
- Educate your workforce.
- Allow employees to work from home if possible.
- Encourage employees to not return to work until their temperature drops below 100.4 Fahrenheit for at least 24 hours.
- Encourage employees to not touch their faces, eyes, and mouth.
- Increase custodial/sanitizing schedules to the extent possible.
- Encourage employees to contact a doctor if they develop symptoms of the coronavirus and be tested.

Thank You



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TRSA Resources

www.trsa.org/covid19/

TRSA Resources: For Your Leadership

Procedures from the CDC and OSHA for protecting employees and controlling the spread in workplaces of the virus; guidance from WHO, TRSA and other international laundry experts on processing potentially contaminated items.



Employer and Laundry Guidance for COVID-19

Not enough is known about how the new coronavirus (2019-nCoV) spreads to offer much specific advice about how to control it. Strategies are based largely on what's known about other coronaviruses and what's worked for flu epidemics and pandemics. As experience with the new virus and the respiratory disease it causes (COVID-19) grows, better guidance will emerge.

In the meantime, trying every play in the book seems critical—literally. According to the U.S. Centers for Disease Control and Prevention (CDC), the death rate of those who have been infected with the flu this flu season is 0.05%. According to the research conducted by the Chinese CDC, the case-fatality rate of novel coronavirus in China is 2.3%. Critics of the Chinese agency believe it underreports morbidity but not mortality, so many more individuals may have contacted the virus, which would decrease the fatality rate.

If it were half as much, though, that would still be 23 times the U.S. flu fatality rate.

This document aims to support your efforts to maximize your linen and uniform service laundries' protection of your personnel and process textiles apparently contaminated by individuals who have contacted it. The information presented here is largely from U.S. government sources and the U.K. Textile Services Association. You will be updated as more is learned from TRSA's worldwide connections.

CDC, OSHA Templates for Employers

CDC's interim guidance provides:

- Recommended strategies for employers to use now
- Considerations for creating an outbreak response plan

The immediate steps resemble those of the agency's 2017 guidance on getting workplaces ready for pandemic flu. That document is more detailed and graphic and contains links to other CDC resources you can use perpetually. The COVID-19 guidance, published on webpages, is like an executive summary but effectively describes strategies and tactics:

Actively encourage sick employees to stay home

- Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever [100.4°F (37.8°C)] or greater using an oral thermometer), signs of a fever, and any other

symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

- Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- 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.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

Separate sick employees

Employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees

- Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60–95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.

TRSA Resources: For Your Employees

COVID-19: What to Know and Do

What does a coronavirus do?

Coronaviruses cause respiratory infections ranging from the common cold to diseases such as COVID-19.

The new coronavirus (2019-nCoV) and COVID-19 disease were unknown before the outbreak began in Wuhan, China, in December 2019, so much is unknown today about how this coronavirus spreads. Current knowledge is largely based on what is known about other coronaviruses.

What is known about how COVID-19 spreads?

The World Health Organization (WHO) continues to study different ways COVID-19 spreads and provide updates on its findings. The main way the disease has been spread is when a person with COVID-19 coughs or exhales small droplets from the nose or mouth. These land on objects and surfaces around the person. Other people then catch COVID-19 by touching those objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 at the time this person is coughing out or exhaling droplets. The most common symptoms are cough, fever and shortness of breath.

Can COVID-19 be caught from a person who has no symptoms?

Yes, but the risk is very low, lower than catching COVID-19 from someone who has a mild cough and does not feel ill. Many people with COVID-19 experience only mild symptoms especially at the early stages of the disease. WHO is trying to determine during which stages of the disease an infected person is most likely to transmit it.

Can I catch COVID-19 from the feces of someone with the disease?

The risk appears to be low. It appears the virus may be present in feces in some cases but spreading of COVID-19 through this route is not a main feature of the outbreak. Because this is a risk, however, it is another reason to clean hands regularly, after using the bathroom and before eating.

What can I do to prepare myself and prevent the spread of disease?

Stay aware of the latest information on the COVID-19 outbreak by paying attention to news reports or WHO findings and public health authorities' activities or assessing their websites. Most people who become infected experience mild illness and recover, but it can be more severe for others. Take care of your health and protect others by doing the following:

- Regularly and thoroughly clean your hands with an alcohol-based hand sanitizer (at least 60 to 95 percent alcohol) or wash them with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Maintain at least 1 meter (3 feet) distance between yourself and anyone who is coughing or sneezing.
- Avoid touching eyes, nose and mouth.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
- Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
- Regularly clean frequently touched surfaces and objects.

Should I wear a mask to protect myself?

Use a mask only if you have respiratory symptoms (coughing or sneezing) or suspected COVID-19 infection with mild symptoms. Specialized masks are required to care for someone with suspected COVID-19 infection and must be fitted and handled properly to limit caregiver risk. The most effective ways to protect yourself and others against COVID-19 are:

- Frequently clean your hands.
- Cover your cough with the bend of elbow or tissue.
- Maintain a distance of at least 1 meter (3 feet) from people who are coughing or sneezing.

KEEP CALM AND WASH YOUR HANDS

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS2235418

How to Use Hand Sanitizer

Cómo usar un desinfectante de manos

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

- 1. Apply the gel product to the palm of one hand (read the label to learn the correct amount).**

1. Aplíquese el gel en la palma de una mano (lea la etiqueta para saber la cantidad correcta).
- 2. Rub your hands together.**

2. Frótese las manos.
- 3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.**

3. Frótese el gel sobre todas las superficies de las manos y los dedos hasta que estén secas. Esto debería tomar unos 20 segundos.

CAUTION! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

¡CUIDADO! Tragar desinfectante de manos a base de alcohol puede causar intoxicación por alcohol si se toman más de dos bocanadas. Manténgalo fuera del alcance de los niños pequeños y supervíselos cuando lo usen.

TRSA100

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COVID 19

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19

Wash Your Hands the Right Way

Lávase las manos de la manera correcta

- 1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.**

1. Mojese las manos con agua corriente limpia (tibia o fría), cierre el grifo y enjabónese las manos.
- 2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.**

2. Frótese las manos con el jabón hasta que haga espuma. Frótese la espuma por el dorso de las manos, entre los dedos y debajo de las uñas.
- 3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.**

3. Restrieguese las manos durante al menos 20 segundos. ¿Necesita algo para medir el tiempo? Taranee dos veces la canción de "Feliz cumpleaños" de principio a fin.
- 4. Rinse your hands well under clean, running water.**

4. Enjuáguese bien las manos con agua corriente limpia.
- 5. Dry your hands using a clean towel or air dry them.**

5. Séquese las manos con una toalla limpia o al aire.

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est. 1912
Strengthening and Promoting the Linen, Uniform and Facility Services Industry

TRSA Resources: For Your Customers

Members Only

Description of our industry's capabilities for combating the presence of COVID-19 on textiles, highlighting readiness to continue serving customers in a large-scale outbreak.



Prepared for COVID-19: Linen, Uniform and Facility Services Providers

The company that provides your reusable textiles is a member of TRSA, the Association for the Linen, Uniform and Facility Services Industry. As a member, the company benefits from the greatest possible cooperation and collaboration with industry peers. TRSA is the world's largest association of linen and uniform supply laundries. It is the only organization serving North America that represents all industry operators, from companies serving local and regional markets to chains with facilities across the continent. TRSA members help businesses of all kinds (including retailers, manufacturers, healthcare facilities and restaurants), government and other organizations enhance their image and provide clean, safe environments for their employees and customers.

In recent years many TRSA programs have included components to support members in emergency preparedness. Natural disasters have prompted this. Over the past five years, the United States has experienced 69 separate billion-dollar weather and climate disasters; this represents nearly 30 percent of all such disasters in the past 40 years (in less than 13 percent of the time). In the years immediately preceding, TRSA members recognized the need to accelerate preparedness to serve customers through earthquakes, wildfires, hurricanes, floods and snowstorms. As a result, they have almost always found alternative means to meet customers' linen, uniform and facility services needs despite damage and destruction to laundry facilities from these natural disasters as well as building fires.

In the wake of COVID-19 disruptions, this preparedness will be evident as members benefit from TRSA's Recommended Professional Practices for Disaster Planning:

- Using a structured planning process that builds on day-to-day operations
- Identifying and anticipating potential risks
- Ensuring business processes continue to operate
- Providing for employee safety and welfare
- Developing strategies for dealing with potential operational problems
- Implementing emergency plans as early as possible
- Maintaining effective crisis communications
- Planning for business recovery

Specific steps TRSA has advised members to take related to COVID-19:

Geographic expansion of network of industry colleagues.

Managers of linen and uniform service laundries typically are well connected with their peers in competitors' similar facilities in the same metropolitan area or region. This enables them to shift their laundry work to a nearby facility if they are shut down from a localized natural disaster or difficulty with their own buildings. With the possibility of shutdown of multiple facilities in the same area due to large numbers of sick workers or quarantines, TRSA is facilitating operators' geographic broadening of their backup networks. This helps ensure continued service to customers, although with longer delivery times.

Handling soiled healthcare textiles. On January 30, TRSA headquarters urged members serving healthcare facilities to review universal precautions for handling and laundering healthcare textiles and adhering to federal and state requirements for the protection of personnel from exposure to pathogens. Same for personal protective equipment (PPE) standards. Member healthcare textile services are stocked with reusable garments for their own purposes (PPE) as well as their customers' primary needs, contrasting with disposable equivalents.

Washing guidelines. TRSA distributed to members the relevant portions of the World Health Organization (WHO) guide to controlling epidemic- and pandemic-prone acute respiratory infections. TRSA is collaborating with the Textile Services Association (U.K.), which is working with Public England Health on that nation's procedures for handling and washing. The same fundamental principle that applies to all healthcare textiles is used for washing items potentially soiled with COVID-19: every piece is treated as infectious. Wash chemistry, temperature, time and mechanical action are optimized to remove contaminants.

Advising and protecting laundry employees. TRSA has documented highlights of WHO's explanation of COVID-19 fundamentals and U.S. Centers for Disease Control (CDC) communications on symptoms and community mitigation for members to present to

Thank you!

Dr. Murray Cohen, PhD, MPH, CIH, FAIHA, Chairman, Frontline Healthcare Worker Safety Foundation, Retired CDC and WHO Epidemiologist

Catalina Dongo, Director of Human Resources, UniFirst Corporation & TRSA HR Committee Chair

Todd Logsdon, Partner, Fisher & Phillips LLP

Joseph Ricci, CAE, President & CEO, TRSA

Moderator: Kevin Schwalb, Vice President of Government Relations, TRSA

www.trsa.org/covid19/

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