COVID-19—How to Be Prepared

Bulletin for Public Employees

February 24, 2020

We are monitoring the new coronavirus outbreak. The virus is now called SARS-CoV-2 and the illness is called COVID-19. We are committed to providing AFT locals and affiliates with the information needed to protect our members and the communities they serve.

The number of cases and deaths worldwide continues to climb, particularly in mainland China. We do not have community spread of COVID-19 in the United States. The illness is mild in roughly 80 percent of the cases, but can be severe in older persons and in those with underlying medical conditions. The Centers for Disease Control and Prevention anticipates that we will have community spread at some point. It is critical that we seize this window of opportunity to prepare to protect ourselves and our communities against COVID-19.

Any effort that we take to prevent the spread of infectious disease is important. The CDC estimates that 31 million Americans have had influenza this season and at least 12,000 people in the United States have died from flu between Oct. 1, 2019, and Feb. 1, 2020.

Symptoms and Transmission

- COVID-19 symptoms include fever and lower respiratory illness—coughing, difficulty breathing and pneumonia.

- It appears that COVID-19 is more prevalent in adults than children. Elderly people and those with predisposing conditions are more vulnerable to the viral illness.

- The SARS-CoV-2 can be transmitted through inhalation of airborne infectious matter, through splashes from coughs onto mucous membranes, and by touching objects contaminated by splashes and then touching the nose, mouth or eyes.

- Thus far, COVID-19 has not been associated with upper respiratory symptoms—runny noses and sneezing.

Public Health Response

- The CDC and the World Health Organization are working to control the spread of the illness and to develop antiviral treatments and a vaccine through isolation and by tracing the contacts infected people have had.

- The CDC is warning against all nonessential travel to China, and the U.S. State Department has increased its advisory for China to Level 4: Do Not Travel.
Researchers suspect that the SARS-CoV-2 is easily transmitted. It has been confirmed that infected people can transmit before they exhibit symptoms.

The CDC has developed a test used to diagnose patients and has sent testing kits to 200 labs within the United States and to 200 international labs.

Negative test results do not guarantee that a person is not infected. The CDC warns that patients' symptoms and histories must be considered in addition to the test results.

**Infection Control in Public Facilities**

Now is a good time for government agencies to review and evaluate their current infection control practices. If employers follow evidence-based guidance from the Centers for Disease Control and Prevention, the risk of exposure to COVID-19 and other droplet/airborne diseases will be significantly reduced.

Agencies should evaluate general dilution ventilation in buildings to make sure that heating, ventilation and air conditioning (HVAC) systems deliver adequate fresh air to work areas. Good indoor air quality can dilute the concentration of infectious viral droplets and aerosols and thus reduce the risks of infection.

Communications to staff are critical to keep everyone apprised of the nature of the disease outbreak. Communications help prevent misinformation, profiling and stigmatization.


**Role of the Union in Protecting Members and Community**

Unions have a key role in defending members' rights to be protected from COVID-19 and other infectious diseases such as seasonal flu. Local leaders can make information requests and demand to bargain on infection control plans and the location and supply of personal protective equipment, like gloves. For more information, see [https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf](https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf).

**Recommendations for Site-Specific Facility Planning and Preparation**

Government agencies should adopt measures to reduce infection spread through a site-specific plan. Those involved in the development of such a plan should include managers with decision-making authority, union representatives, health and safety activists, health services staff, housekeeping and administrative units. The number and job descriptions of people assigned will depend on the size and scope of the facility or operation. The plan should address the following activities, along with any others that may be required by oversight agencies:

1. Assessing risk to employees.
2. Education and training for employees.
3. Facility readiness: signage, supplies and staffing.
4. Housekeeping.

The plan should assess needs, decide how the facility will implement the activities, and identify resources for handling employees or a community member who presents with symptoms suspicious for COVID-19. Regular meetings should be held to report the status of preparations and CDC updates.
Assessing the Risk to Employees and Measures to Maintain Their Health

The plan should assess the potential exposure risks for all facility employees.

- Consider staff who provide healthcare, sanitation or services that require prolonged close contact.
- Review the sick leave policy and encourage staff to stay home while ill.
- Consider offering influenza vaccinations on site.

Wearing Masks

Currently, the CDC does not recommend facemasks for the general public outside of healthcare settings. Wearing masks when ill is common in many countries, and individuals should exercise their own discretion in their use. Administration and staff should respect those that decide to wear protective masks. Masks are worn for many reasons, and no one should be harassed or targeted because they chose to use them.

CDC-Recommended Strategies

Actively encourage employees to stay home:

- Employees (including subcontracted workers 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 degrees Fahrenheit/37.8 degrees Celsius or greater using an oral thermometer), signs of a fever and any other symptoms for at least 24 hours. Employees should notify their supervisor and stay home if they are sick.
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies. They should be encouraged and not penalized for staying home when sick, including providing paid leave.
- Require contractors employing people who work on site to provide non-punitive, paid sick leave for all of their workers. This includes subcontracted custodial, food service and other operations staff. These workers are vulnerable to pressure to work while sick. The nature of their work places them at higher risk of contracting and spreading infectious diseases.
- 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:

- The CDC recommends that employees who appear to have acute respiratory illness symptoms (e.g., cough or 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).
Educate staff and community members about best infection control practices:

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 percent 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.

- Provide soap and water and alcohol-based hand sanitizer. Ensure that adequate supplies are maintained. Place sanitizer in multiple locations.

- Perform routine environmental cleaning:

  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.

  - No additional disinfection beyond routine cleaning is recommended at this time.

  - Provide disposable wipes so that commonly used surfaces (e.g., doorknobs, keyboards, remote controls and desks) can be wiped down by employees before each use.

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