We are in the early days of an outbreak from a new coronavirus (2019-nCoV) spreading rapidly in China and expanding to other countries, including the United States. For now, it appears that elderly people and those with predisposing conditions are vulnerable to the viral illness. Symptoms include fever, coughing, difficulty breathing and pneumonia. The Centers for Disease Control and Prevention has a diagnostic test but no vaccine or anti-viral treatment. Researchers suspect this coronavirus is easily transmitted. They have determined that people are infectious before they exhibit symptoms.

It should be a priority to keep frontline healthcare workers who may be exposed to the coronavirus safe and protected. Hospitals and other healthcare providers should have infectious disease preparedness plans on hand, and nurses and other personnel must know the plans and be trained and ready for these emergencies.

The Department of Health and Human Services has declared the coronavirus a public health emergency, and the World Health Organization has declared it a global health emergency. The Department of Homeland Security and the CDC are working together to funnel travelers from China to 11 airports that are conducting enhanced screening. U.S. citizens, permanent residents, immediate family members of citizens and flight crew who have traveled within Hubei province in the last 14 days will be subject to quarantine and health monitoring. Those who have traveled in other parts of China will be required to self-quarantine and have health monitoring.

The agencies have learned from past disease outbreaks. However, healthcare workers are unnecessarily at risk due to inadequate government funding.

Guidelines for Infection Control

Adherence to good hygiene practice is a high priority during infectious disease outbreaks, along with isolation protocols and adequate staffing. The CDC reports that the coronavirus is transmitted through airborne, droplet and contact transmission, meaning that it can be contracted through inhaling small and large infectious matter and absorbed through the mucous membranes. We should assume, until proven otherwise, that the coronavirus can be aerosolized and suspended in the air for long periods.

1. The employer should augment screening for patients immediately, particularly in the emergency department. Patients presenting with fever and/or respiratory distress should be asked if they have traveled in the last 14 days or been in close contact with someone with suspected or confirmed coronavirus. Some patients may not have fever. For CDC guidance on screening, see https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html. Hospital infection control and the local public health department should be notified of suspected cases.
For information on specimen collection, see https://www.cdc.gov/coronavirus/2019-nCoV/. Local labs should not attempt testing.

2. Patients with suspected coronavirus should be given a surgical mask and moved immediately into an isolation room, preferably a negative pressure room. The facility’s infection control plan should provide guidance on isolation, cleaning, sanitizing and sterilization of patient care equipment. For a comprehensive list of CDC infection control guidance documents, including patient screening flowcharts and emergency preparedness checklists, see https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html.

3. All personnel who enter the patient’s room should use standard, contact and airborne precautions—gowns, gloves, face shields and NIOSH-certified disposable N95 or stronger respirators, such as powered air purifying respirators (PAPRs). Surgical masks are not a substitute for respirators and do not protect the wearer. Donning personal protective equipment (PPE) should be done in the following order:
   a. Wash or gel hands
   b. Gown
   c. Respirator
   d. Face shield or goggles
   e. Gloves

When removing or doffing PPE, the user should assume the exterior is contaminated. Doffing PPE should be done in this order:
   a. Gloves
   b. Eye cover
   c. Gown
   d. Respirator
   e. Wash or gel hands

4. There should also be a facility protocol to evaluate workers who report fevers and symptoms after exposure to a suspected and/or confirmed infected patient. Employers should keep records of any worker infection, which should be investigated and presumed to be work-related unless proven otherwise.

Videos showing the proper method for donning and doffing PPE can be found on the National Institute for Occupational Safety and Health (NIOSH) website at https://www.cdc.gov/niosh/index.htm. Enter “respirator” into the search engine.

**Healthcare Workers Have a Right to Be Protected**

The Occupational Safety and Health Administration does not have a specific infectious disease standard yet, but several existing standards protect workers, particularly the PPE standard, which includes rules for respirators and eye, face and hand protection. The hazard communication and bloodborne pathogen standards also apply. OSHA recommends training and updating all potentially exposed workers on the facility protocol and all measures
(equipment, administrative practices and PPE) in place to prevent worker exposure. For links to information on each of the standards, see https://www.osha.gov/SLTC/novel_coronavirus/standards.html.

The AFT recommends that all potentially exposed workers have access, at a minimum, to adequate supplies of N95 disposable, filtering facepiece respirators, which are commonly used in healthcare, although some employers have begun using stronger respirators, such as elastomeric half-masks and PAPRs. OSHA requires the employer to fit test workers annually, as well as when the worker has experienced significant weight fluctuation, dental work or other facial differences that would impact the seal of a tight-fitting respirator. PAPRs use hoods and do not require fit testing. Workers must be medically cleared to use respirators. All workers are entitled to training on respirator use. Surgical masks are never adequate for respiratory protection.

Workers responsible for cleaning patient rooms, treatment rooms and equipment must be provided appropriate PPE and training to protect them both from contracting the coronavirus and from the strong chemicals used to kill the virus. If the employer introduces new cleaning products into the facility, the workers are entitled to training on the product, as required by OSHA’s Hazard Communication Standard.

Unions have a key role in defending healthcare workers’ right to be protected from infectious disease, from seasonal flu to newly emerging, highly infectious diseases like the coronavirus. Local leaders can make information requests and demand to bargain on occupational health preparedness plans, infection control protocols, training for workers, and the supply and sufficiency of personal protective equipment. For more information, see https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf.

For more information, contact Sara Markle-Elder in the AFT Nurses and Health Professionals Department at 202-393-8630 or smarkle@aft.org.

Endnotes

1 The 2019 novel coronavirus is the latest of several newly emerging, highly infectious disease outbreaks, including severe acute respiratory syndrome (SARS), H1N1 influenza, avian influenza, Middle East respiratory syndrome (MERS) and Ebola. We do not know as of yet how severe the illness can be. SARS, which was also a coronavirus originating in China, killed approximately 10 percent of the 8,000 people infected worldwide. H1N1 influenza was fatal for 11 percent of the cases, particularly young people. The fatality rate for Ebola, a hemorrhagic disease, ranged from 52 to 88 percent.