COVID-19—How to Be Prepared
Bulletin for Healthcare Workers
March 13, 2020

We are continuing to monitor the COVID-19 pandemic and are committed to providing AFT locals and affiliates with the information needed to protect our members and the communities they serve.

COVID-19 is spreading rapidly within the United States. President Trump has declared the outbreak a national emergency, as has many states. Nurses and other healthcare workers are responding by caring for patients with COVID-19 in many communities. Protecting healthcare workers from exposure should be a high priority so that they can continue to care for patients without getting sick or spreading the infection their community. Unfortunately, many healthcare employers are not prepared and our members are being denied appropriate respiratory protection.

The CDC has relaxed their original personal protection equipment guidance for healthcare workers. Due to shortages in the supply of N95s, the agency now says that healthcare workers caring for patients with suspected or confirmed COVID-19 can use surgical or facemasks for PPE, instead of N95s. AFT and other unions oppose this move and note that more can be done to protect healthcare workers, including releasing the national stockpile of respirators, promoting the use of powered air purifying respirators and implementing strong isolation protocols. See the additional document Response to the CDC Respiratory Protection Guidance Change for more information on these other control methods.

Role of the Union in Protecting Members and Community
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.

Risk Factors
The CDC defines close contact as being within approximately six feet of an infected person for a prolonged period of time or having direct contact with infectious secretions, such as being coughed on by a person with coronavirus infection. The agency says that COVID-19 is spread only through contact and droplet transmission.

However, we have enough information to suspect that COVID-19 is spread through aerosol transmission, including small early studies and people quarantined on cruise ships apparently being infected via the
Guidelines for Infection Control
Adherence to good hygiene practice is a high priority during infectious disease outbreaks, along with isolation protocols and adequate staffing.

1. The employer should augment screening for patients immediately, using the CDC guidance here: https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html. The criteria are if patients present with fever and signs of lower respiratory distress and if they have been exposed to someone with COVID-19 within the last 14 days. If patients present with severe lower respiratory distress and fever, COVID-19 should be suspected, even if exposure to COVID-19 can’t be traced. Hospital infection control and the local public health department should be notified of suspected cases.

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 provide less protection, but may be all that is available. Donning personal protective equipment (PPE) should be done in the following order:
   a. Wash or gel hands
   b. Gown
   c. Respirator (or face mask if N95s are being rationed)
   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/mask  
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 and AFT has petitioned OSHA for an emergency temporary standard on COVID-19.

Because the World Health Organization has declared COVID-19 a pandemic, OSHA is not enforcing the respiratory protection standard for COVID-19 cases. OSHA follows the CDC guidance during a pandemic.

There are other existing standards to protect workers, including parts of the PPE standard with rules for 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.

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.

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