Is Your Workplace Ready for Coronavirus?

Guidance for Public Employee Leaders on Information Requests and Requests to Bargain

COVID-19, the new highly infectious viral disease may be coming to your area. The Centers for Disease Control and Prevention predicts that COVID-19 outbreaks will pop up in the U.S. with very little warning. Should an outbreak occur in your community, it’s likely that state and local government agencies will be closed for the duration of the outbreak. However, there may be transmission of the virus before workplaces are systematically closed.

It will be important that state and local agencies be prepared for an outbreak or pandemic. They should prepare for the potential spread of this virus by developing plans and protocols to cope with all aspects of an outbreak, including early identification of suspected cases and reduction of potential exposure to the virus within the workplace.

Whether your labor-management relationship is cooperative or not, assessing preparedness for highly infectious disease cases in your workplace is an important first step.

As a local leader, you should be a part of any planning for an outbreak and should request a bargaining session with your employer to discuss readiness. Health and safety issues are mandatory bargaining subjects, so employers have a legal obligation to disclose information and bargain on this issue.

The following checklist, adapted from the Department of Health and Human Services’ Agency Pandemic Influenza Planning Checklist, is a helpful resource in setting the agenda for a meeting with employers; it contains basic questions and actions local union leaders should pursue with the employer. You are entitled to know everything about the plan for your agency.

Policies and Procedures

1. Ask who specifically has the authority for declaring a public health emergency at the state and local levels and for officially activating the agency’s influenza response plan.

2. Are there written policies and procedures in place, such as a crisis management plan, for infection control and occupational health that specifically address readiness for a potential pandemic outbreak? If so, ask employers to provide a copy of all such policies and procedures. If not, are
there specific plans to develop such policies and procedures, and when will they be provided to the union?

3. Has a pandemic coordinator and response team with defined roles and responsibilities for preparedness, response, and recovery planning been established?
   - This team is accountable for articulating strategic priorities and overseeing the development of the operational pandemic plan. The union should be considered a key stakeholder in the development of these policies and procedures. Formally request that the union have designated representatives on the planning team. This would be specific union-appointed representatives separate from staff who may be on the team in their work capacity.
   - Has the agency included local and/or state health departments and other community partners in establishing organizational structures, such as the Incident Command System, to manage the execution of the plan? The ICS should address authorities, triggers, and procedures for activating and terminating the agency’s response plan, altering agency operations, and transferring agency knowledge to key employees. If this has not been done, why not? And when will these relationships be established?

4. Has the agency identified essential employees and other critical inputs (e.g., materials, contractor services/products and logistics, etc.) required to maintain agency operations by location and function during a pandemic? If so, who are these essential employees, and what are their roles during an outbreak?

**Elements of Good Plans and Policies**

Once you have access to your agency’s plan, look for the following elements:

1. Does the plan incorporate scenarios that address agency functioning based upon having various levels of illness among employees and different types of community containment interventions? This should incorporate planning for different outbreak scenarios, including variations in severity of illness, mode of transmission, and rates of infection in the community.

2. Does the plan identify services provided by the agency that will be crucial during a pandemic? Does the plan identify services that can be suspended, and services that should continue but in a modified form during a pandemic? Does the plan have a process to train and prepare ancillary workforce (e.g., contractors, employees in other job descriptions, retirees, etc.) to perform critical services?

3. Are there systems, policies, or procedures in place for early identification and isolation of suspected or confirmed coronavirus cases? This might include the identification of areas in the facility that can be used as an isolation area and infirmary. If so, please provide details about all such systems, policies and procedures. If not, are there specific plans to develop such policies and procedures, and when will notification of these be provided to the union?

4. Does the plan include guidelines to modify the frequency and type of face-to-face contact (e.g., handshaking, seating in meetings, office layout, etc.) among employees and between employees and stakeholders?
5. What is the procedure to ensure regular and rigorous environmental cleaning and decontamination of surfaces and equipment? What protections will be put in place for the people providing this service?

6. What chemical disinfectants are likely to be used for decontamination? Will safety data sheets be available for any disinfectant applied in buildings? Will staff receive hazard communication training for new disinfectants and thorough training on appropriate use?

7. Has the agency worked with the local or state health department to discuss an operational plan for surge capacity for healthcare and other mental health and social services to meet the needs of staff during and after a pandemic?

8. Has the agency implemented an exercise/drill to test the pandemic plan and to discover gaps in its implementation so the plan can be regularly improved?

9. Has the agency developed a continuity-of-operations plan for maintaining essential operations, including payroll, and for ongoing communication with employees and the community?

10. Has the agency worked with the local or state health department to implement infection-prevention policies and procedures that help limit the spread of infectious disease in the workplace (e.g., promotion of hand hygiene, cough/sneeze etiquette, etc.)?

11. Has the agency secured sufficient and accessible infection-prevention supplies, such as soap, alcohol-based/waterless hand hygiene products containing at least 60 percent alcohol, tissues and receptacles for their disposal?

12. Has the agency established policies for employee compensation and sick-leave absences unique to a pandemic (e.g. non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work? Plans should forecast and allow for employee absences during a pandemic due to factors such as personal illness, family member illness, community containment measures, agency closures, and public transportation closures.

13. Have policies been established for flexible work sites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts)?

14. What is the communication plan for disseminating information to staff and the community, and does the plan ensure language, culture and reading-level appropriateness?

15. Have platforms been developed (e.g., hotlines, dedicated websites) for communicating pandemic status and actions to employees, vendors, suppliers, and clients inside and outside the work site in a consistent and timely way, including redundancies in the emergency contact system?

16. Is there a plan in place to test these platforms for communicating pandemic status and actions to staff and the community?

17. Is there an educational session planned for explaining the pandemic plan to staff and outlining the roles of those responsible for implementing the plan?

18. Has the agency developed a recovery plan to deal with consequences of the pandemic (e.g., loss of staff, financial and operational disruption, etc.)?
19. Has the agency established policies for restricting travel to affected geographic areas, evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas?

For a variety of reasons, many employers shy away from discussions about workplace health and safety issues. With the potential of COVID-19 cases surfacing in work settings, it is more important than ever for local leaders to insist on knowing the level of preparedness in the workplace and ensure that adequate protections are in place.

Our members have the right to a workplace where adequate infection-control practices and personal protective equipment keep them safe from exposure to hazards like coronavirus, and our labor laws oblige employers to discuss these matters. As a union, we can engage in a solution-driven dialogue with employers that will ensure staff and students are protected from COVID-19 exposure in the workplace.

Be sure to check out our COVID-19 toolkit for more information about the virus and how to protect your workplaces and members. For additional information, contact Amy with AFT Nurses and Health Professionals at 202-879-4731, abahruth@aft.org.