



A Union of Professionals

**AFT Nurses and  
Health Professionals** ❤️

# Is Your Workplace Ready for COVID-19?

## Checklist for Facility Procedures

MARCH 21, 2020

Scarcity of personal protective equipment (PPE) is at a critical stage in many areas. Employers are denying access to N95s, and even surgical masks are in short supply in some locations. Healthcare workers are being forced to reuse N95s, use homemade masks or go completely unprotected.

FEMA is now coordinating the national response, including coordination of allocations from the Strategic National Stockpile. Employers should make requests to local or state emergency operations centers who coordinate with local FEMA emergency response centers. Community donations of PPE should be sent to local or state emergency operations centers.

Local unions must demand specific information from the employer:

- **What is the current supply of respirators and other PPE?**
- **How is the employer estimating how long the supply will last?**
- **Has the employer received allocations from the state (from the national stockpile, from distributors or other sources)?** Unions may want to contact the governor's office or state department of health to verify what the employer says about PPE allocations.
- **What are they doing to purchase powered air-purifying respirators (PAPRs) or elastomeric respirators?**

The employer should be using its emergency preparedness plan for infectious disease outbreak. Your union has been in communication with management about how the plan impacts members and staff. As the number of patients with suspected or confirmed COVID-19 increases, plans are likely to change. Stay in touch with your union leaders if changes are resulting in unsafe practices for you and the patients.

**Questions or concerns about your health and safety on the job?  
Contact our union at 202-716-5510 or [smarkle@aft.org](mailto:smarkle@aft.org)**

Find these resources and more at [www.aft.org/coronavirus](http://www.aft.org/coronavirus)

---

The **American Federation of Teachers** is a union of 1.7 million professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

Randi Weingarten  
PRESIDENT

Loretta Johnson  
SECRETARY-TREASURER

Evelyn DeJesus  
EXECUTIVE VICE PRESIDENT



# Procedures that the employer should have in place include:

## SCREENING PATIENTS BEFORE THEY COME INTO THE FACILITY

- Instruct patients to call ahead**, and screen via the phone.
- Use telemedicine** for as many cases as possible to avoid people coming in. (Telemedicine and any other practice that could be used to displace direct care should be seen as a temporary solution.)
- The facility should place **reasonable limitations on visitors** to reduce transmission and community spread.
- Delay elective procedures.**
- Conduct triage in the parking lot**, and call people into the emergency department (ED) when they are ready to be seen.

## AT THE ENTRANCE/WITHIN THE FACILITY

- Establish universal precautions** for all patients coming into the facility. We should assume that everyone is infectious because many COVID-19 infected individuals are asymptomatic. All patients are masked until known not to be infected.
- If management will not do that due to a low supply of surgical masks, **insist on masking any patients with fever or respiratory symptoms** and their family members.
- If management has made surgical masks and N95s less accessible to conserve the supply, **the union must demand a process that will ensure they are available to staff** when a patient suspected of having COVID-19 presents and during care.
- Have signage at the entrances** about masking and cough etiquette.
- Provide a separate entrance** if possible for potential cases or screen and test people in their cars.
- A designated triage staff person** meets people as they enter, gives out the masks.
- Room patients with fever and or lower respiratory symptoms in **isolation rooms (negative pressure if possible)**.
- Emergency medical services should call ahead** to ED if bringing in potential cases.
- Provide tissues and hand sanitizer** in waiting areas.
- Increase dilution ventilation** within the ED and waiting areas—if possible, throughout the facility.

# Procedures that the employer should have in place include:

## SUSPECTED AND CONFIRMED CASES

- Develop plans** for how to isolate and cohort patients during surges.
- Cohort patients** to avoid spread to other areas of the hospital.
- Create systems to avoid cross-contamination** (radiology, testing, environmental services, food service, pharmacy— ensure a closed loop).
- Cohorting patients makes it **easier to use PAPRs or elastomeric respirators** and conserve the supply of N95s.
- Set up logs** for people entering the rooms.
- Limit visitation** for patients.
- Patients should be **masked when not in isolation**.
- Consider putting patient IV poles in the hall outside the room.** This allows the nurse to monitor the IV without entering the room and needing to use PPE. This is not ideal for nursing practice.

## ADMINISTRATIVE CONTROLS TO PROTECT STAFF

- Communications to staff must be clear.** Mixed messages create uncertainty and result in errors.
- Training on protocols, PPE, etc., should be in real time,** with a trainer and opportunities to ask questions and practice.
- There should be a **dedicated cohort of staff** caring for suspected and confirmed COVID-19 patients to avoid infection spread to other areas of the hospital.
- Staffing for this team has to be sufficient.** Being fatigued and burned out weakens their immune system.
- Nurses will end up doing non-nursing tasks** as a way to limit number of personnel in the room and limit use of PPE.
- The employer should have a **plan for staffing** other parts of the hospital or **reducing capacity**.
- The employer should establish **medical surveillance of nurses** caring for suspected or confirmed cases—reporting temperature, any symptoms, testing if symptoms occur.
- There should be a **buddy system for donning and doffing** PPE so that fatigued staff are less likely to self-contaminate.
- The employer should conduct **risk assessments for staff in outpatient settings** where respirators may be warranted due to aerosolizing procedures (audiology, lung function testing).

# Procedures that the employer should have in place include:

## PROTOCOL FOR EXPOSED NURSES

- The employer must have **clear communication** on whom to notify if a worker is exposed.
- Exposed staff should have a **14-day quarantine with no loss of pay, annual leave or sick time**. During surge periods, only staff who test positive or who are symptomatic are likely to be able to quarantine.
- Staff need instructions on **how to self-monitor**.
- The employer should provide **alternative housing** for those living with **young children** or **immune-compromised individuals**.
- The employer should **pay for testing and for healthcare costs** if conversion results in illness.