



A Union of Professionals

AFT Nurses and
Health Professionals 

Is Your Workplace Ready for COVID-19?

A Reference for **Discussion and Bargaining** with Employers on COVID-19 Preparedness

A RESOURCE FOR LOCAL LEADERS

MARCH 20, 2020

Thank you for all that you do, and let us know what support you need from AFT Nurses and Health Professionals. Your efforts to prepare, take precautions, and avoid panic and profiling are critical to protecting healthcare workers, their families and our communities.

This document is intended to help you discuss COVID-19 preparedness with your employer. Now more than ever, frontline healthcare workers should have a seat at the table where decisions are made. Our voice is

critical to preparing to contain and manage COVID-19 for our communities during this anticipated public health crisis. Equally important, healthcare workers are likely to be exposed to COVID-19 in high numbers. Consequently, we must determine NOW how our members will be treated if and when they are exposed to COVID-19, and if and when they become ill. More information on how to prepare is available at **www.aft.org/coronavirus/healthcare**, including an updated information request sample letter.

Find these resources and more at **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.

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Talking Points for Opening the Conversation with Management

- It's important that we stay in close communication about what is going on with coronavirus preparedness plans in our hospitals and healthcare facilities. There should be an open dialogue with hospital employers and transparency about process and decisions. This information must be communicated to our members. We all benefit from having clear communication.
- Protecting staff from exposure to the coronavirus should be our highest priority. Healthcare workers and family members of infected patients have the highest risk of infection, according to the Centers for Disease Control and Prevention. The infection number for COVID-19 is over two, meaning on average each infected person will infect at least two other people.^{1 2}
- Healthcare workers are a very important link in the chain. Those who get infected not only end up not being able to work, but also may spread it to other patients, staff and the community.
- Our members and other staff need to feel informed, protected and confident so they can meet this challenge. They put patients' needs before their own needs. They want to take care of patients, but they do not want to take the infection home to their loved ones. We have members with babies, with family members who are ill, and who have health conditions themselves—which puts them at higher risk of severe disease.
- The commission in Ontario that studied the SARS outbreak found gaps in infection control practices that made hospitals major sources of infection. These include relying on surgical masks instead of N95s, poor infection control practices and not listening to frontline workers.
- For all of these reasons, we feel it is important that management uphold the precautionary principle—that we don't wait for definitive evidence that respirators are needed. We should provide respirators in an abundance of caution to protect workers because we can't afford for them to be infected.
- We can work out ways to conserve N95s, but that includes investing in PAPRs and making sure our engineering controls³ and administrative practices⁴ will help to protect workers and prevent the spread of the virus.⁵
- We want to work together so that the community has confidence in this facility.
- It is important that healthcare workers who are sick, especially those who may have potential exposure to COVID-19, are able to stay home or make other arrangements for self-quarantine without fear of retaliation or loss of pay (punitive attendance policies should not be enforced during this time).
- It is important that we have continued involvement and communication regarding preparedness and treatment of COVID-19. We would like to meet at least weekly with you.
- It is important that healthcare workers who have been exposed are guaranteed testing and treatment without cost to them.
- It is important that when a vaccine becomes available, healthcare workers who wish to be vaccinated receive the vaccination at no cost to them.

Questions to Ask

1. Who are the people responsible for infection control, including maintaining the negative pressure rooms and all systems?
2. Who is responsible for the respiratory protection program and PPE (as per the OSHA standards)? This includes training, fit testing, supplies, etc.
 - a. What is the current supply of respirators and other PPE?
 - b. How they are estimating how long the supply will last?
 - c. Have they received allocations from the state (from the national stockpile, from distributors, or other sources)? Unions may want to contact the governor's office or department of health to verify what the employer says about PPE allocations.
 - d. What are they doing to purchase PAPRs or elastomeric respirators?
3. What is the plan for screening and isolating any new patients who present in the ED or other sites? Will they supply procedure or surgical masks for patients who are febrile or coughing?
4. Explain how the hospital is going to maintain isolation for any patients with suspected or confirmed COVID-19. This includes all systems—lab testing, radiology, waste management, laundry and food delivery.
5. How many negative pressure rooms are there?
6. Is there a plan to cohort the staff needed to treat these patients so that staff don't inadvertently infect other patients and staff. This includes nurses, EVS, radiology, food service, etc.
7. How many PAPRs do we have? N95s? Any other kind of respirators? Will you invest in PAPRs or elastomeric respirators (half-mask or full facepiece) to conserve the supply of N95s?
8. Who is responsible for cleaning and disinfecting PAPRs or elastomerics? If staff are to clean their own, who is responsible for quality control and training?
9. Do we have an adequate supply of face shields, gloves and gowns?
10. What is the plan to ensure that staff get fit testing and in person training on donning, doffing and maintenance of the respirators?
11. What is the plan should multiple patients present with COVID-19—beyond the number of negative air pressure rooms?
12. What is the plan to medically monitor staff who care for patients with COVID-19?
13. Staff who have been exposed to COVID-19 patients (or suspected COVID-19 patients) must be quarantined for 14 days and kept whole. They should not have to use their own sick leave or PTO.
 - a. How will management communicate with them?
 - b. Where will they stay if they don't want to expose family members?
14. Please recommend to management that they develop plan based on small numbers of COVID-19 patients (cohorting staff) and surge capacity numbers of patients. Management may need to bring in agency nurses to backfill.

ENDNOTES

- 1 **Patel A, Jernigan DB. Initial Public Health Response and Interim Clinical Guidance for the 2019 Novel Coronavirus Outbreak—United States, December 31, 2019–February 4, 2020. MMWR Morb Mortal Wkly Rep 2020; 69:140–146. DOI: <http://dx.doi.org/10.15585/mmwr.mm6905e1>**
- 2 **Majumder, Maimuna and Mandl, Kenneth D., Early Transmissibility Assessment of a Novel Coronavirus in Wuhan, China (January 26, 2020). Available at SSRN: <https://ssrn.com/abstract=3524675>; Zhang, S., Diao, M., Yu, W., Pei, L., Lin, Z., & Chen, D. Estimation of the reproductive number of Novel Coronavirus (COVID-19) and the probable outbreak size on the Diamond Princess cruise ship: A data-driven analysis. International Journal of Infectious Diseases. Published online February 22, 2020. DOI: <https://doi.org/10.1016/j.ijid.2020.02.033>**
- 3 **Engineering controls are technologies that help to reduce or eliminate a hazard, such as negative pressure rooms.**
- 4 **Administrative practices or work practice controls are protocols or policies that organize the work in a way to reduce exposure to a hazard. These include screening, cohorting patients, having a cohort of staff dedicated to the COVID-19 patients to avoid spreading infection to other patients and staff, and having a buddy system for donning and doffing PPE so that if one is doing it wrong, it is caught.**
- 5 **Engineering, administrative controls and PPE are part of the “hierarchy of controls.” Engineering is more effective than administrative controls, which are more effective than PPE. PPE is at the bottom of the hierarchy because its effectiveness is dependent on the worker using it properly all the time, and it makes work more difficult.**