Employers have a legal duty to provide an N95 respirator to staff who are caring for patients. Your union is fighting for you to have access to adequate personal protective equipment. With nationwide scarcity of PPE at critical levels in many areas, you may be in the position of having to extend or reuse N95s or face masks, or not have face masks at all.

Isolation practices, negative air pressure rooms, and frequent air exchanges can help to reduce the risk of virus transmission. Using a barrier of some kind to protect against droplet splashes is better than no protection, but cannot protect against airborne transmission.

If you see changes in your wages, hours or working conditions by an employer in response to the coronavirus or after a declaration of a public health emergency, comply with the directive. After completing the assignment, notify our union about the changes. Document the time, people involved, place and directive.

Questions or concerns about your health and safety on the job? Contact our union at 202-716-5510 or smarkle@aft.org

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.

Randi Weingarten
PRESIDENT

Loretta Johnson
SECRETARY-TREASURER

Evelyn DeJesus
EXECUTIVE VICE PRESIDENT
Infection-control practices

The employer should have a protocol in place to screen, triage and isolate potential COVID-19 cases. These infection-control practices help to reduce the demand for PPE by isolating patients who may infect staff and others.

1. You should be trained on the protocol before asked to triage or treat a suspect patient.
2. Patients with suspected coronavirus and their family members should be given a surgical mask and moved immediately into an isolation room, preferably an airborne infection isolation room (AIIRS), which is a negative pressure room.
3. Consult the comprehensive list of the Centers for Disease Control and Prevention’s infection-control guidance documents, including patient screening flowcharts and emergency preparedness checklists at bit.ly/cdchcpinfo.

How do I take care of myself while assessing or caring for a possible COVID-19 patient?

1. All personnel who assess a patient or 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 PAPRs. Face masks may be all that is available. They offer some protection.
2. You must be given an N95 or higher level respirator if you are conducting an aerosol-generating procedure or if you are in the room when one is conducted.
3. Donning personal protective equipment 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.)

4. Doffing PPE should be done in this order:
   a. Gloves
   b. Eye cover
   c. Gown
   d. Respirator/mask
   e. Wash or gel hands

PPE DONNING AND DOFFING

Videos showing the proper method for donning and doffing PPE can be found on the NIOSH website at bit.ly/nioshcdc. Enter “respirator” into the search engine.