



A Union of Professionals

COVID-19 Resources for Healthcare Workers

How to Be Prepared

MARCH 14, 2020

We are continuing to monitor the COVID-19 pandemic and are committed to providing AFT locals and affiliates with the information they need 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 have 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 to their communities. Unfortunately, many healthcare employers are not prepared, and our members are being denied appropriate respiratory protection.

The Centers for Disease Control and Prevention has relaxed its original personal protection equipment guidance for healthcare workers. Due to shortages in the supply of N95 respirators, the agency now says that healthcare workers caring for patients with suspected or confirmed COVID-19 can use surgical masks or facemasks for personal protective equipment, instead of N95s. The AFT and other unions oppose this move and note that more can be done to protect healthcare workers, including releasing the national stockpile of N95s, promoting the use of powered air purifying respirators (PAPRs) and elastomeric respirators and implementing strong isolation protocols. For more information, see our Response to the CDC Respiratory Protection Guidance Change.

www.aft.org/covid19responsecdc.

Healthcare Workers Have a Right to Be Protected—OSHA Rights

The Occupational Safety and Health Administration announced on March 14 that it is *continuing to enforce the respiratory protection standard in a limited way*. This is good news, because with the World Health Organization declaring a pandemic, OSHA could simply default to the CDC's guidance and not enforce the respiratory protection standard at all. OSHA recommends that employers supply

ROLE OF THE UNION IN PROTECTING MEMBERS AND COMMUNITIES

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 COVID-19. 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 www.aft.org/covid19inforequest.

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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other respirators that provide equal or higher protection, such as N99 or N100 filtering facepieces, reusable elastomeric respirators with appropriate filters or cartridges or PAPRs to healthcare personnel who provide direct care to patients with known or suspected coronavirus.

Under its directive about COVID-19, OSHA is encouraging employers to:

- Make a good faith effort to comply with the respiratory protection standard;
- Use only National Institute for Occupational Safety and Health (NIOSH)-certified respirators;
- Implement strategies to optimize and prioritize N95 respirators (see [bit.ly/CDCN95](https://www.bit.ly/CDCN95));
- Perform initial fit tests for each healthcare employee with the same model, style and size respirator that the employee will be required to wear for protection from COVID-19;
- Tell employees that the employer is temporarily suspending the annual fit testing of N95 respirators to preserve the supply for use in situations where they are required to be worn;
- Explain to employees the importance of conducting a fit check after putting on the respirator to make sure they are getting an adequate seal;
- Conduct a fit test if they observe visual changes in an employee's physical condition that could affect respirator fit; and
- Remind employees to notify management if the integrity or fit of their N95 respirator is compromised.

OSHA does not have a specific infectious disease standard, and the AFT has petitioned OSHA for an emergency temporary standard on COVID-19. See OSHA's guidance on COVID-19 here [bit.ly/oshacovid](https://www.bit.ly/oshacovid).

OSHA is continuing to enforce 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.

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 links to information on each of the standards, see [bit.ly/DOLCOVID](https://www.bit.ly/DOLCOVID).

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 COVID-19. 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 also spread through aerosol transmission, including small early studies of people quarantined on cruise ships apparently being infected via the ventilation system. The precautionary principle should apply: We should not wait for definitive evidence of aerosol transmission, because healthcare workers need protection now.

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: [bit.ly/cdccinical](https://www.bit.ly/cdccinical). The criteria for testing are if patients present with fever and signs of lower respiratory distress and have traveled to an area where COVID-19 has been identified or 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 bit.ly/cdchcpinfo.
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 they 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

For information on reusing N95 respirators, see bit.ly/cdcplanning.

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 NIOSH website at bit.ly/nioshcdc. Enter "respirator" into the search engine.

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