



A Union of Professionals

COVID-19 Resources

What you should know if you are exposed or test positive for COVID-19?

APRIL 6, 2020

The purpose of this factsheet is to inform healthcare workers about their rights when they test positive or have symptoms of COVID-19. The factsheet addresses major problems with the revised CDC guidelines for healthcare workers who test positive or are exposed to a COVID-19 patient. The CDC guidelines are based, in part, on the current crisis conditions which include a shortage of staff, beds, and facilities for the care of COVID-19 patients.

While the criteria on return to work for staff with confirmed or suspected COVID-19 meets generally accepted infection control practices, the guidelines regarding exposures are troubling in that the guidelines call for workers to be quarantined at home only for the most severe exposures. Public health authorities have made it clear that non-symptomatic people with COVID-19 are likely a source of transmission. We are concerned that relaxing exposure guidelines to address the staffing shortage may well result in hospital-acquired transmission of COVID-19. We recommend that healthcare workers and employers use more stringent criteria wherever possible to protect the well-being of workers and patients. The experience in China, Italy and Spain as well as the United States has shown significant numbers of healthcare workers have become infected, and some have died.

Right to information

1. In situations where management is cooperative, union representatives can make arrangements to get real-time reports on worker injuries and exposures. This allows for the employer and the union to provide support to workers who are injured or exposed. Support may include navigating workers' compensation systems, accessing negotiated benefits, and addressing the psychological stress related to the situation.
2. Unions and all workers have a right to access the OSHA 300 log (or state OSHA equivalent) of injuries under OSHA standard 29 CFR 1904. The log provides the name of the worker, the date and department where the injury or exposure occurred, the nature of the event, and associated lost time. If the worker asks the employer to treat the exposure or infection as a privacy concern case, the employer is required to enter privacy concern instead of the worker's name on the log. Unions and workers also have a right to access "information about the case" without any personal identifiers for the more detailed OSHA 301 Injury and Illness Incident Report. A written request for the OSHA logs and reports for a specified period of time must be provided without cost by the next business day.
3. Unions and workers have a right to access medical and exposure records under OSHA 29 CFR 1910.1020. Access to medical records requires written approval of the affected worker(s). Access to exposure records does not require written approvals. Access to relevant records must be provided without cost within 15 working days.

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



4. Union leaders can be proactive by communicating through fact sheets, newsletters and social media about the importance of notifying the union leadership when there has been an exposure or when a worker tests positive for COVID-19.

If the employer fails to produce OSHA records as described above, the union and workers have a right to file an OSHA (or state plan equivalent) complaint. It is always best to speak with OSHA about the complaint rather than filing it blindly.

Impact bargaining

Unions have a right to collective bargaining over changes in the terms and conditions of employment. A demand for bargaining should be in writing and should be developed by authorized union representatives in consultation with union lawyers. The demand can include changes in policy on personal protective equipment (PPE), respiratory protection, sick leave, exposures and positive cases.

CDC guidelines

The CDC guidelines on this topic, Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

bit.ly/HCP-returnwork

Note: This information is current as of March 31, 2020. Check the website for changes and updates.

Return-to-Work Criteria for Healthcare Workers with Confirmed or Suspected COVID-19

Use one of the two strategies below to determine when a healthcare worker may return to work.

1. **Test-based strategy.** Exclude from work until there is **NO fever** without the use of fever-

reducing medications and improvement in respiratory symptoms such as cough, shortness of breath; and

Negative results of a test for COVID-19 from **at least two consecutive** nasopharyngeal swab specimens collected ≥ 24 hours apart.

2. **Non-test-based strategy.** Exclude from work until **at least three days** (72 hours) have passed since recovery defined as **NO fever** without the use of fever-reducing medications and improvement in respiratory symptoms such as cough, shortness of breath); and, **at least seven days** have passed since symptoms first appeared.

Return-to-Work Practices and Work Restrictions

After returning to work, healthcare workers should **wear a facemask** at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.

- Be restricted from contact with severely immunocompromised patients such as transplant, hematology-oncology until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette.
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Crisis strategies to mitigate staffing shortages

Healthcare systems, healthcare facilities and the appropriate state, local, territorial and/or tribal health authorities might determine that the recommended approaches cannot be followed due to staffing shortages. In such scenarios:

Healthcare workers should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above.

If workers return earlier than recommended above, they should still adhere to the Return-to-Work Practices and Work Restrictions recommendations above.

Procedures for healthcare workers with a potential exposure to a COVID-19 patient

The CDC guidelines on the topic are titled: Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19):

bit.ly/CDC-RiskAssessment

Because of frequent, extensive, and close contact with vulnerable individuals in healthcare settings, a conservative approach to healthcare worker monitoring and restriction from work is

recommended to quickly identify early symptoms and prevent transmission from potentially contagious workers to patients, staff and visitors. Healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic workers, particularly those who fall into the high- and medium-risk categories.

Close contact for exposures is defined as being within approximately six feet of a person with COVID-19 for a prolonged period or having unprotected direct contact with infectious secretions or excretions of the patient.

Continued on next page

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves ^a	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ^b	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{a,b}	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ^a	Low	Self with delegated supervision	None

HCP=healthcare personnel; PPE=personal protective equipment

^aThe risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

^bThe risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

CDC Recommendations for Monitoring Based on COVID-19 Exposure Risk

Healthcare personnel (HCP) in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

CDC EXPOSURE RISK CATEGORY CHART

High- and Medium-Risk Exposure Category
Healthcare workers in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature >100.0°F or subjective fever) **or** respiratory symptoms consistent with COVID-19 such as cough, shortness of breath, sore throat, immediately self-isolate.

1. Low-Risk Exposure Category

Healthcare workers in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19. They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms, they may report to work. On days workers are scheduled, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

2. HCP who Adhere to All Recommended Infection Prevention and Control Practices

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

3. No Identifiable Risk Exposure Category

HCP in the no identifiable risk category do not require monitoring or restriction from work.

4. Community or travel-associated exposures

HCP with potential exposures to COVID-19 in community settings should have their exposure risk assessed according to CDC guidance. HCP should inform their facility's occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance. Those who fall into the **high-** or **medium-risk** category described there should be excluded from work in a healthcare setting until 14 days after their exposure.

Summary

Nothing is more important than staying safe and healthy! Healthcare professionals have the added burden of worrying about going home and infecting their families. Healthcare workers are the first responders and heroes of this pandemic and protecting their well-being should be a top priority. Please be in touch with your local union leadership about these issues so we can advocate for the highest level of worker protection.