



*A Union of Professionals*

**AFT Nurses and  
Health Professionals** ❤️

# **COVID-19—How to Be Prepared**

## **Bulletin for Healthcare Workers**

**February 24, 2020**

We are monitoring the new coronavirus outbreak. The virus is now called SARS-CoV-2 and the illness is called COVID-19. We are committed to providing AFT locals and affiliates with the information needed to protect our members and the communities they serve.

The number of COVID-19 cases and deaths worldwide continues to climb, particularly in mainland China. At least 1,700 healthcare workers in China have been infected and six have died. Healthcare workers are at higher risk of infection than the general population, and hospitals in Wuhan are struggling to provide adequate personal protective equipment for their staff. Occupational exposure for healthcare workers impacts the spread of infection and the quality of care. We should take this opportunity to prevent occupational exposure to healthcare workers to protect our members and communities.

The Centers for Disease Control and Prevention reports that we do not yet have community spread of COVID-19 in the United States, but it anticipates community spread at some point. The illness is mild in roughly 80 percent of the cases, but can be severe in older persons and in those with underlying medical conditions.

Meanwhile, the CDC estimates that 31 million Americans have had influenza this season and at least 12,000 people in the United States have died from flu between Oct. 1, 2019, and Feb. 1, 2020. The agency reports that a second flu strain (influenza A H1N1) has emerged. Any infection control efforts we undertake will help to protect our members and communities.

### **Actions by the Centers for Disease Control and Prevention and Other Federal Agencies**

The CDC has a diagnostic test, although a patient testing negative must continue to be evaluated in case of a false negative. The agency announced on Feb. 5 that it had sent testing kits to 200 CDC-approved labs in the United States and to 200 international partners. Researchers suspect that this coronavirus is easily transmitted. They have determined that people are infectious before they exhibit symptoms. Patients who initially appear to be mildly impacted may develop a more severe illness over several days.

The Department of Health and Human Services has declared the coronavirus a public health emergency, and the World Health Organization has declared it a global health emergency. The Department of Homeland Security and the CDC are working together to funnel travelers from China to 11 airports that are conducting enhanced screening. U.S. citizens, permanent residents, immediate family members of citizens and flight crew who have traveled within Hubei

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province in the last 14 days will be subject to quarantine and health monitoring. Those who have traveled in other parts of China will be required to self-quarantine and have health monitoring.

## **Role of the Union in Protecting Members and Community**

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 the coronavirus. 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 [https://www.aft.org/sites/default/files/coronavirus\\_info\\_request\\_local\\_leaders.pdf](https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf).

## **Risk Factors**

It should be a priority to keep frontline healthcare workers who may be exposed to the coronavirus safe and protected. The epidemiological risk factors for the coronavirus include close contact with someone with confirmed coronavirus illness in the last 14 days, as well as travel within Hubei province or mainland China within the last 14 days. 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 coronavirus infection.

The coronavirus is transmitted through airborne, droplet and contact transmission, meaning that it can be contracted through inhaling small and large infectious matter and absorbed through the mucous membranes. We should assume, until proven otherwise, that the coronavirus can be aerosolized and suspended in the air for long periods. Healthcare workers in China have been infected, although we do not know whether these workers had been wearing personal protective equipment or if other controls had been in place.

The CDC has learned from past disease outbreaks. For example, the agency states clearly that healthcare workers need respirators and not facemasks, which are not designed to protect the wearer from aerosolized infectious matter. However, healthcare workers are unnecessarily at risk due to inadequate government funding and because public health departments are under-resourced.

Hospitals and other healthcare providers should have infectious disease preparedness plans on hand, and nurses and other personnel must know the plans and be trained and ready for these emergencies. This outbreak is happening while U.S. hospitals are stretched by seasonal flu.

## **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, particularly in the emergency department. Patients presenting with fever and/or respiratory distress should be asked if they have traveled in China or Hubei province in the last 14 days or been in close contact with someone with suspected or confirmed coronavirus. Some patients may not have fever. For CDC guidance on screening, see <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. Hospital infection control and the local public health department should be notified of suspected cases. For information on specimen collection, see <https://www.cdc.gov/coronavirus/2019-nCoV/>. Only 200 domestic, CDC-approved local labs can currently do testing outside of the CDC.

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 <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.
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 do not protect the wearer. Donning personal protective equipment (PPE) should be done in the following order:
  - a. Wash or gel hands
  - b. Gown
  - c. Respirator
  - 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
  - e. Wash or gel hands
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 National Institute for Occupational Safety and Health (NIOSH) website at <https://www.cdc.gov/niosh/index.htm>. Enter "respirator" into the search engine.

## **Healthcare Workers Have a Right to Be Protected**

The Occupational Safety and Health Administration does not have a specific infectious disease standard yet, but several existing standards protect workers, particularly the PPE standard, which includes rules for respirators and eye, face and hand protection. The hazard communication and bloodborne pathogen standards also apply. OSHA recommends training and updating all potentially exposed workers on the facility protocol and all measures (equipment, administrative practices and PPE) in place to prevent worker exposure. For links to information on each of the standards, see <https://www.osha.gov/SLTC/covid-19/>.

The AFT recommends that all potentially exposed workers have access, at a minimum, to adequate supplies of N95 disposable, filtering facepiece respirators, which are commonly used in healthcare, although some employers have begun using stronger respirators, such as elastomeric half-masks and PAPRs. OSHA requires the employer to fit test workers annually, as well as when the worker has experienced significant weight fluctuation, dental work or other facial differences that would impact the seal of a tight-fitting respirator. PAPRs use hoods and do not require fit testing. Workers must be medically cleared to use respirators. All workers are entitled to training on respirator use. Surgical masks are never adequate for respiratory protection.

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.

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