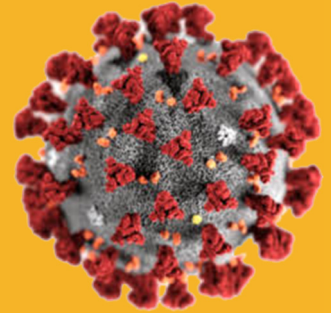




TEAMSTERS SAFETY & HEALTH Coronavirus



Healthcare Workers Coronavirus Disease 2019 (COVID-19)

(Updated April 22, 2020)

This is a rapidly evolving situation. This fact sheet will be updated online as needed. See links at the end of this fact sheet for the most up-to-date information.

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.

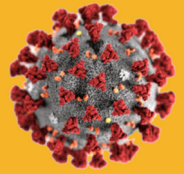
The IBT Safety and Health Department is continuously monitoring the COVID-19 pandemic and is committed to providing Teamsters locals and affiliates with the information they need to protect our members and the communities they serve. In March, the IBT signed on to a petition asking the Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard for Infectious Diseases to ensure that workers will be protected from all infectious diseases, including COVID-19. Also, the IBT will continue to request the federal government, as well as state and local governments, for the resources needed to protect patients and healthcare workers from COVID-19.

Unions have a key role in standing up for the right of healthcare workers to a safe and healthy workplace. Local union representatives can use a variety of means to accomplish this, including making information requests and demanding to bargain on occupational health preparedness plans, infection control protocols, training for workers, and the supply and sufficiency of personal protective equipment.

WHAT IS COVID-19?

Coronavirus disease 2019 (abbreviated COVID-19) is an infectious disease caused by the most recently discovered coronavirus, named "SARS-CoV-2". This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats.

The virus has now spread worldwide to dozens of countries in all continents except Antarctica. In March 2020, the World Health Organization (WHO) declared that due to the global outbreak of disease,



COVID-19 is a pandemicⁱ. The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (community spread) in affected areas. The virus can cause mild to severe respiratory illness, at times resulting in death, both in healthy adults as well as in elderly people with existing health problems or a weaker immune system. According to the World Health Organization (WHO), globally, about 3.4% of confirmed patients have died; this rate would make it many times more severe than typical seasonal influenza.ⁱⁱ

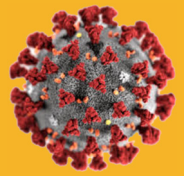
WHY IS COVID-19 CAUSE FOR CONCERN?

COVID-19 virus has spread widely in the United States and “more cases of COVID-19 are likely to be identified in the United States in the coming days, including more instances of community spread. The Centers for Disease Control and Prevention (CDC) expects that widespread transmission of COVID-19 in the United States will occur. In the coming months, most of the U.S. population will be exposed to this virus.”ⁱⁱⁱ

- For the general American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is considered to be low.
- People in communities where community spread with the virus that causes COVID-19 has been reported are at elevated though still relatively low risk of exposure.
- Healthcare workers exposed to patients with COVID-19, whether they are providing care or cleaning, are at elevated risk of exposure.
- Close contacts of persons with COVID-19 are at elevated risk of exposure.
- It is transmitted quite efficiently. The average infected person can spread the disease to two or three others.
- Symptoms of COVID-19 appear within two to 14 days after exposure and there is strong evidence that it can be transmitted by people who are just mildly ill or even pre-symptomatic.
- COVID-19 patients can shed virus 24-48 hours before the appearance of symptoms.

Widespread transmission of COVID-19 could translate into:

- Large numbers of people needing medical care at the same time.
- Schools, childcare centers, and workplaces may experience more absenteeism.
- Mass gatherings may be sparsely attended or postponed.
- Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths.
- Other critical infrastructure, such as law enforcement, emergency medical services, and sectors of the transportation industry may also be affected.
- Healthcare providers and hospitals may be overwhelmed.



HOW DOES COVID-19 SPREAD?

New research^{iv} has indicated that SARS-CoV-2 may spread by respiratory droplets, environmental contact, as well as by fecal-oral transmission. A person starts being contagious during the “incubation period,” the time between catching the virus and beginning to have symptoms of the disease, which is up to 14 days.

Person-to-person spread

COVID-19 is transmitted most efficiently from direct person to person contact, through:

- Respiratory droplets produced when an infected person coughs or sneezes;
- These droplets can land in the mouths, noses or eyes of people who are nearby or possibly be inhaled into the lungs;
- Spread is most likely among close contacts (about 6 feet);
 - Close contact^v is defined as—
 - being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case; or
 - having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, sneezed on).
- Contact with saliva and fecal matter may also be a route of transmission for the COVID-19 virus as well as viral aerosolization.

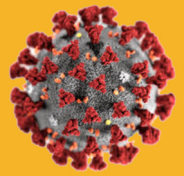
SARS-CoV-2 virus has been detected in upper and lower respiratory tract samples from patients, with high viral loads in upper respiratory tract samples. Therefore, virus transmission via respiratory secretions in the form of droplets (>5 microns) or aerosols (<5 microns) appears to be likely.

Spread from contact with infected surfaces or objects

It may be possible that a person can get indirect transmission of the COVID-19 virus by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

A recent laboratory study by researchers at the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and other academic institutions found that viable SARS-CoV-2 virus could be detected:

- in aerosols up to 3 hours post aerosolization,
- up to 4 hours on copper,
- up to 24 hours on cardboard, and
- up to 2-3 days on plastic and stainless steel.



WHAT ARE THE SYMPTOMS OF COVID-19?

According to the World Health Organization (WHO), "Most patients (80%) experienced mild illness...approximately 14% experienced severe disease and 5% were critically ill." Older people and those with underlying medical problems like high blood pressure, heart problems, diabetes, lung disease, or cancer are more likely to develop serious illnesses.

The following symptoms^{vi} may appear 2-14 days after exposure. These symptoms are usually mild and begin gradually:

- Fever
- Cough
- Shortness of breath

Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

IS THERE A VACCINE, DRUG, OR TREATMENT FOR COVID-19?

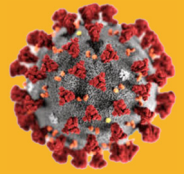
To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-2019. Possible vaccines and some specific drug treatments to prevent and treat COVID-19 are under investigation but will take months of clinical trials to become safely available. Antibiotics do not work against COVID-19 because antibiotics only work on bacterial infection. People with serious illnesses should be hospitalized where supportive care (IV Fluids) is administered to support the body's immune system.

WHICH WORKERS ARE AT INCREASED RISK?

At this time, the U.S. Centers for Disease Control and Prevention (CDC) emphasizes that, while COVID-19 poses a potentially serious public health threat, the risk to individuals is dependent on exposure. According to the Occupational Safety and Health Administration (OSHA), for most types of workers, the risk of infection with COVID-19 is currently low

Workers who are at increased risk include:

- Health care (including pre-hospital and medical transport workers, healthcare providers, clinical laboratory personnel, and support staff).
- Emergency responders (e.g., law enforcement, firefighters, EMTs);
- Airline operations (e.g., pilots, flight attendants, other airport workers);
- Waste management;
- Cleaning workers;
- Transit and school bus drivers;
- Correctional workers;



- Educators;
- Deathcare (including coroners, medical examiners, and funeral directors);
- Other workers with broad exposure to the public.

WHAT ARE THE MOST EFFECTIVE WAYS TO PROTECT WORKERS?

Measures for protecting workers from exposure to, and infection with, the novel coronavirus, depend on the type of work being performed and exposure risk, including potential for interaction with infectious people and contaminated environments (e.g., worksites) or materials (e.g., laboratory samples, waste) that are contaminated with the virus.

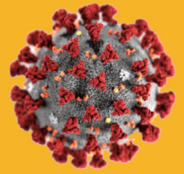
OSHA Guidance:

OSHA has developed planning Guidance on Preparing Workplaces for COVID-19^{vii}, based on traditional infection prevention and industrial hygiene practices. It focuses on the need for employers to implement engineering, administrative, and work practice controls and personal protective equipment (PPE). Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Employers should establish comprehensive workplace plans – in consultation with workers – to identify potential exposure routes, establish controls to mitigate risk and implement training procedures.

OSHA standards, including those for PPE (personal protective equipment)(29 CFR 1910.132) and respiratory protection (29 CFR 1910.134), require employers to assess the hazards to which their workers may be exposed. In assessing potential hazards, employers should consider whether their workers may encounter someone infected with COVID-19 in the course of their duties. Employers should also determine if the tasks being performed could expose workers to fomites (objects or materials which are likely to carry infection) harboring the COVID-19 virus.

Employers should adopt infection control strategies based on a thorough hazard assessment, following the '*hierarchy of controls*,^{viii} recommended by OSHA. These controls include using appropriate combinations of:

- **Engineering controls** involve isolating employees from work-related hazards. Where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement
- **Administrative Controls** require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard, such as:
 - Protocols to clean and disinfect frequently touched objects and surfaces.
 - Training and education
- **Safe work practices** are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard, such as:
 - Emphasis on personal hygiene practices, hand-washing, and respiratory etiquette.



- **Personal protective equipment (PPE)** includes gloves, goggles, face shields, face masks, and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the OSHA and the Centers for Disease Control and Prevention (CDC) websites regularly for updates about recommended PPE.^{ix}

Centers for Disease Control and Prevention (CDC) Guidance:

The CDC has developed [interim guidance for businesses and employers](#)^x to plan, prepare and respond to help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare workplaces and to provides planning considerations if there are more widespread, community outbreaks of COVID-19. Healthcare workers and employers should consult CDC guidance specific to them.

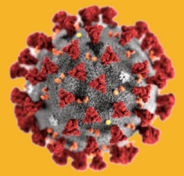
For all workers, regardless of specific exposure risks, it is always a good practice to:

- Frequently wash your hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol. Always wash hands that are visibly soiled.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.

WORKER FRIENDLY EMPLOYMENT POLICIES

As a union, the rights and benefits we have fought for can help to prevent disease and help people who do become ill. Through a joint labor-management process, new policies should also be developed, as needed. Some of these policies are noted below:

- Adequate, non-punitive sick leave policies that encourage sick workers to stay at home without the loss of pay, benefits, seniority or other benefits.
- Family leave policies that allow people to stay home to take care of household members.
- Financial remedies for unemployment scenarios, where people are not able to be at work or are required to work overtime to take care of patients.
- Protection from stigma and discrimination.
- Access to quality and affordable health care.
- A rapid response system to share communications with employees.
- Others, as needed.



EMPLOYER RESPONSIBILITIES

Your employer should develop a COVID-19 health and safety plan to protect employees. This plan should be shared with you and your coworkers and should include:

- Actively encouraging sick employees to stay home.
- Providing information on who to contact if employees become sick.
- Designating a person who is responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Providing employees with accurate information about COVID-19, how it spreads, and the risk of exposure.
- Conducting worksite assessments to identify COVID-19 prevention strategies.
- Providing training on good hand-washing practices and other routine infection control precautions.
- Providing employees with appropriate personal protective equipment (PPE) when necessary and providing training on using the PPE.
- Providing employees with access to soap and clean running water or alcohol-based hand sanitizers containing at least 60% alcohol at their worksite.
- Providing EPA approved disinfection products so that commonly touched surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down before and after each use.
- Providing tissues and no-touch disposal receptacles for use by employees.
- Conducting frequent cleaning of employee break rooms, rest areas, and other common areas.

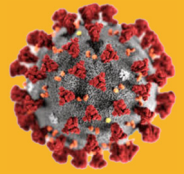
INFORMATION FOR HEALTHCARE WORKERS

Personal Protective Equipment (PPE)

Given that the coronavirus that causes COVID-19 can be transmitted via contact, droplet and aerosol routes – and until confirmed otherwise - N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators) or higher respiratory protection like Powered Air Purifying Respirators (PAPRs), fluid-resistant or impermeable gowns, gloves, and face shield or non-vented goggles must be worn by all healthcare workers treating both patients under investigation (PUIs) and confirmed COVID-19 patients.

In situations like the current outbreak, where the information continues to emerge about how the virus that causes COVID-19 is transmitted, it is best to follow the precautionary principle. **The precautionary principle states that we should not wait until we know for sure that something is harmful before we take action to protect people’s health.** Full precautions mean anticipatory or protective action must be taken to prevent possible or further harm.

Hospitals and other healthcare employers have the duty and responsibility to prepare ahead of time to protect staff and patients. OSHA requires that employers protect workers from workplace hazards that can cause injury or illness. There are many ways to protect workers and conserve supplies. OSHA, and safety and health professionals use a framework called the “hierarchy of controls”^{xi} to select ways of controlling workplace hazards. Controlling a hazard at its source is the best way to protect workers.



However, when engineering, work practice, and administrative controls are not feasible or do not provide sufficient protection, employers must provide personal protective equipment (PPE) to you and ensure its use.

During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE (see CDC's 'Frequently Asked Questions about Personal Protective Equipment'^{xii}).

Under its 'General Requirement's for PPE (1910.132), employers are responsible for:

- Performing a "hazard assessment" of the workplace to identify and control physical and health hazards;
- Identifying and providing appropriate PPE for employees;
- Training employees in the use and care of the PPE;
- Maintaining PPE, including replacing worn or damaged PPE;
- Periodically reviewing, updating and evaluating the effectiveness of the PPE program.

The CDC's *Frequently Asked Questions on Personal Protective Equipment*^{xiii} provides information on the Agency's recommendations for gloves, gowns, and respirators for healthcare workers.

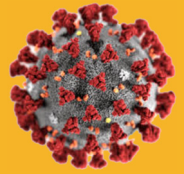
As OSHA notes, in its memo^{xiv} on respiratory protection, "The Centers for Disease Control and Prevention (CDC) currently recommends that Health Care Providers (HCP), who are providing direct care of patients with known or suspected COVID-19, practice infection control procedures. These include engineering controls (e.g., airborne infection isolation rooms), administrative controls (e.g., cohorting patients, designated HCP), work practices (e.g., handwashing, disinfecting surfaces), and appropriate use of personal protective equipment^{xv} (PPE), such as gloves, face shields or other eye protection, and gowns. Appropriate respiratory protection is required for all healthcare personnel providing direct care of these patients".

RESPIRATORY PROTECTION

The CDC has relaxed its original^{xvi} respiratory protection 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, except for "performance of aerosol-generating procedures on suspected or confirmed COVID-19 patients or provision of care to patients with other infections for which respiratory protection is strongly indicated."^{xvii}

CAN DISPOSABLE N95 RESPIRATORS BE SUBJECT TO SAFE EXTENDED USE OR REUSE?

There has been much confusion regarding the safe extended use and reuse of disposable respirators. The CDC document, '*Recommended Guidance for 'Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings*'^{xviii} states that "Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact



transmission. A key consideration for safe extended use is that the respirator must maintain its fit and function.”

The CDC guidance also says that:

“policies that permit extended use or limited reuse of N95 respirators should be made by the professionals who manage the institution’s respiratory protection program, in consultation with their occupational health and infection control departments with input from the state/local public health departments.” The decision to implement these practices should be made on a case by case basis taking into account respiratory pathogen characteristics (e.g., routes of transmission, prevalence of disease in the region, infection attack rate, and severity of illness) and local conditions (e.g., number of disposable N95 respirators available, current respirator usage rate, success of other respirator conservation strategies, etc.).”

Manufacturer instructions for use also prohibit the reuse of filtering facepiece respirators (FFRs). In a technical bulletin, 3M, for example, states: “When FFRs are used against bioaerosols, they should be discarded after each use, carefully and appropriately, according to local waste disposal guidelines. During use, particles containing viruses, bacteria, etc. get captured on the filter fibers and remain on the fibers. Therefore, after use, handling or storing the respirator might result in further spreading the disease.”^{xix}

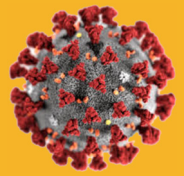
OSHA RIGHTS

OSHA does not have a specific standard covering COVID-19. The IBT, along with other unions, petitioned^{xx} OSHA for an emergency temporary standard for infectious diseases, including COVID-19. OSHA provides ‘Guidance on Preparing Workplaces for COVID-19’^{xxi} to help employers and workers identify risk levels in workplace settings and to determine any appropriate control measures to implement.

California OSHA (Cal/OSHA) is the only state that has an *Aerosol Transmissible Diseases (ATD)* standard^{xxii} (California Code of Regulations, title 8, [section 5199](#)), which contains requirements for protecting employees from diseases and pathogens transmitted by aerosols. COVID-19 is an airborne infectious disease covered by the ATD standard. California's *Workplace Guide to Aerosol Transmissible Diseases*^{xxiii} provides information on how an employer would meet the requirements of the standard.

Depending on the specific work task, setting, and exposure to other biological or chemical agents, additional, a variety of OSHA requirements may apply to prevent occupational exposure to COVID-19. These are described on the OSHA COVID-19 website.^{xxiv} Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, [29 CFR 1910 Subpart I](#)), which require using gloves, eye and face protection, and respiratory protection.
- “Employers must protect their workers from exposure to hazardous chemicals used for cleaning and disinfection. Employers should be aware that common sanitizers and sterilizers could contain hazardous chemicals. Where workers are exposed to hazardous chemicals, employers must



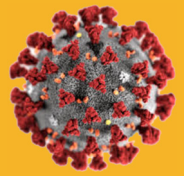
comply with OSHA's Hazard Communication standard (in general industry, [29 CFR 1910.1200](#)), Personal Protective Equipment standards (in the general industry [29 CFR 1910 Subpart I](#)) and other applicable OSHA chemical standards. OSHA provides information about hazardous chemicals used in hospitals in the [Housekeeping section](#) of its [Hospital eTool](#).”

- “OSHA’s Bloodborne Pathogens standard ([29 CFR 1910.1030](#)) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to [body fluids](#) (e.g., respiratory secretions) not covered by the standard.”
- OSHA’s recordkeeping^{xxv} requirements at [29 CFR Part 1904](#) mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log. COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties.

MEASURES THAT CAN CONSERVE PPE

Here are steps that can be taken to ensure that respirators and other protective equipment are used wisely during this critical time.

1. Organize the assessment and triage of patients suspected of having COVID-19 to limit the number of staff exposed. Alternate triage sites, such as trailers or tents, or another part of the hospital, are options. Using administrative controls like these reduces the chance that other staff must use personal protective equipment, as it will be limited to staff dedicated to this purpose.
2. Organize the care of patients to limit the number of staff who may be exposed and thereby reduce the amount of protective equipment needed. This can be done on a large scale, by a city or health system designating only certain facilities for COVID-19 care. It can be done on the facility level by designating specific areas, rooms or units and designated care teams for COVID-19 care.
3. Expand the supply of N95 respirators by using FDA/NIOSH-approved industrial respirators in addition to surgical N95s. Please note: these respirators are subject to the same fit-testing and medical clearance provisions as surgical N95s. OSHA has recommended this measure.
4. Use higher-level respirators that are similar to N95s to extend the supply of N95s. N99 and N100 respirators for example, which are similar to N95s but offer better protection, can be used if N95s are not available. OSHA has recommended this measure.
5. Use higher-level respirators that are not disposable and can be safely reused. Elastomeric half-face respirators can be worn repeatedly provided they are cleaned, disinfected, inspected and repaired
6. properly. Powered air-purifying respirators (PAPRs) cover the entire face and supply filtered air to the wearer. These are sometimes used in operating rooms and were required for Ebola care. They can be reused, so supply is far less of an issue. OSHA has recommended this measure.

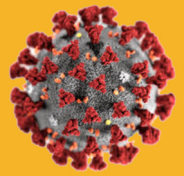


7. Get supplies of expired N95 respirators to use for annual and new employee fit testing. Fit testing can burn through supplies, especially for large facilities. This will prevent regular N95s from being used for this purpose. OSHA has approved this measure.
8. Centralize care to certain facilities within healthcare systems. Many healthcare systems have done this in the past, designating certain facilities for the care of the sickest patients. Given the widespread and rapid increase in COVID-19 patients, this may be only possible during certain stages of the crisis – but should be used when feasible.

GUIDELINES FOR INFECTION CONTROL

Adherence to good hygiene practices is a high priority during infectious disease outbreaks, along with isolation protocols and adequate staffing.

- The employer should augment screening for patients immediately, using the CDC guidance, “Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).”^{xxvi} 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 cannot be traced.
- Hospital infection control and the local public health department should be notified of suspected cases.
- Patients with suspected COVID-19 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 guide isolation, cleaning, sanitizing and sterilization of patient care equipment. For a comprehensive list of the CDC infection control guidance documents, including patient screening flowcharts and emergency preparedness checklists.^{xxvii}
- All personnel who enter the patient’s room should use standard contact, droplet, and airborne precautions—gowns, gloves, face shields, and NIOSH-certified disposable N95 or more protective 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:**
 1. Wash or gel hands
 2. Gown
 3. Respirator (or face mask, if N95s are being rationed)
 4. Face shield or goggles
 5. Gloves



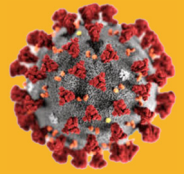
When removing, or doffing, PPE, the user should assume the exterior is contaminated. Doffing PPE should be done in this order:

6. Gloves
7. Eye cover
8. Gown
9. Respirator/mask
10. Wash or gel hands

- There should also be a facility protocol to evaluate workers who report fevers and symptoms after exposure to suspected and/or confirmed infected patients. Employers should keep records of any worker infection, which should be investigated and presumed to be work-related unless proven otherwise.

Health Care Worker Resources

- Information for Health Care Professionals, Centers for Disease Control and Prevention (CDC), US Department of Health and Human Services (DHHS).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
- 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)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- CDC strategies for optimizing PPE supplies
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Home Care Guidance, Centers for Disease Control and Prevention (CDC), US Department of Health and Human Services (DHHS).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- COVID-19, Occupational Safety and Health Administration (OSHA), OSHA 3990-03 2020, US Department of Labor. <https://www.osha.gov/SLTC/covid-19/standards.html>
- Guidance on Preparing Workplaces for COVID-19, Occupational Safety and Health Administration (OSHA), OSHA 3990-03 2020, US Department of Labor.
- Coronavirus Disease 2019 (COVID-19) Situation Summary and Resources, International Brotherhood of Teamsters (IBT). https://teamster.org/sites/default/files/coronavirus_flier.pdf
- The California Workplace Guide to Aerosol Transmissible Diseases, Cal/OSHA.
https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf



For further information, questions or concerns, contact the IBT Safety and Health Department at (202) 624-6960.

Special thanks to the American Federation of Teachers (AFT) and the New York State Nurses Association (NYSNA).

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- i <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
 - ii <https://www.statnews.com/2020/03/03/who-is-getting-sick-and-how-sick-a-breakdown-of-coronavirus-risk-by-demographic-factors/>
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