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.

Truck drivers in the United States work long hours (intercity drivers average 65 hours per week) and have frequent work activities that involve face-to-face or close contact with other people. While property-carrying Commercial Motor Vehicle (CMV) drivers spend most of their work time driving, a portion of that time involves handling freight and other materials. Frequent and close contact with colleagues in dispatch offices, the general public at rest stops and clients during pick-up and delivery are likely to pose the greatest exposure risks to truck crews in addition to touching possibly contaminated items such as pens, clipboards, handheld scanning devices, etc. Close contact with a variety of people throughout the day increases the risk of encountering someone who is infected with the Coronavirus and thus increases the risk of contact, aerosol, or droplet transmission of viral particles. Thus the nature of the trucking work is conducive to facilitating community spread.

COVID-19 is spreading rapidly within the United States. The outbreak has been declared a national emergency in the United States and a global pandemic by the World Health Organization. Protecting essential workers who engage in local and regional parcel delivery should be a priority so that they can continue to provide goods and services 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, to provide the resources needed to protect patients and healthcare workers from COVID-19.
Unions have a key role in standing up for the right of 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 World Health Organization (WHO) declared that due to the global outbreak of disease, COVID-19 is a pandemic\(^1\). 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.

HOW DOES COVID-19 SPREAD?

New research\(^2\) 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\(^3\) 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).


\(^2\) [https://www.nature.com/articles/s41368-020-0075-9](https://www.nature.com/articles/s41368-020-0075-9)

Contact with saliva and fecal matter may also be a route of transmission for the COVID-19 virus as well as viral aerosolization.

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\(^4\) may appear 2-14 days after exposure. These symptoms are usually mild and begin gradually:
- Fever
- Dry Cough
- Fatigue
- Shortness of breath

You should seek immediate help if you experience any of these emergency warning signs:
- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

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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 specific drug treatments to prevent and treat COVID-19 are under investigation but will take months of clinical trials before they become safely and widely available. Antibiotics do not work against COVID-19 because antibiotics only work on bacterial infection. People with serious illnesses should be hospitalized where medication is given to treat symptoms like fever and pain, supportive care (IV Fluids) will be administered as needed to support the body’s immune system, and possible ventilator use to help with breathing.

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 the 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. Workers are best protected when their employer conducts a hazard assessment to identify risk, follows OSHA regulations and best practices in choosing an abatement method for the identified hazard and utilizes the “hierarchy of controls” (see below) in selecting the best method to control the hazard.

OSHA Guidance:

OSHA has developed planning Guidance on Preparing Workplaces for COVID-19⁵, 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.

⁵ https://www.dir.ca.gov/title8/5199.html
Employers should adopt infection control strategies based on a thorough hazard assessment, following the ‘hierarchy of controls’\(^6\), 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 infectious disease outbreak, 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\(^7\)."

Depending on the specific work task and occupational exposure to COVID-19, and any other biological or chemical agents, various OSHA requirements may apply. Among the most relevant are:

- OSHA’s **Personal Protective Equipment (PPE)** standards (for general industry) detail requirements when using gloves, eye and face protection, and respiratory protection.

- OSHA’s **Hazard Communication standard** (for the general industry), requires employers to protect their workers who are exposed to hazardous chemicals. Employers should be aware that products used for cleaning and disinfection of surfaces could contain hazardous chemicals. The Centers for Disease Control and Prevention (CDC) recommends using disinfectants that meet the Environmental Protection Agency’s (EPA) criteria for use against SARS-CoV-2.

- OSHA’s **Bloodborne Pathogens standard** 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.

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\(^6\) [https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf](https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf)

\(^7\) [https://www.osha.gov/SLTC/covid-19/standards.html](https://www.osha.gov/SLTC/covid-19/standards.html)
OSHA’s **recordkeeping requirements** at 29CFR 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.

**What Steps Should My Employer Take?**

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:

- Actively encourage sick employees to stay home. Employees should stay home until they are free of fever (100.4° F [38° C] or greater), and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). If sick, call your primary care physician before visiting their office.
- Provide information on **who to contact** if you become sick.
- **Designate a person** who is responsible for responding to COVID-19 concerns. You should know who this person is and how to contact them.
- Provide employees with the **right information** about COVID-19, how it spreads, and the risk of exposure.
- Conduct **worksite assessments** to identify COVID-19 prevention strategies.
- To keep workers at a safe social distance, consider operational changes that would implement the 6ft clearance recommended by CDC’s physical distancing guidance.8.
- **Provide personal protective equipment** if employees are likely to touch contaminated work surfaces, expected to make contact with body fluids or if employees are required to physically contact customers. Single-use gloves should be carefully removed and discarded after each use, reusable work gloves should be disinfected per manufacturer instructions. Ideally, single-use respirators should be disposed of when visibly soiled, it becomes harder to breathe, or there is an obvious loss in structural integrity. The employee should immediately wash their hands after removing any PPE.
- Provide employees with **training on good hand-washing practices** and other routine infection control precautions. This will help reduce the spread of many diseases, including COVID-19.
- Reach out to **local public health officials** to establish ongoing communications to facilitate access to relevant information before and during a local outbreak.
- Provide drivers with **up to date information** on truck stop closures, shelter-in-place orders, and state quarantine declarations.
- Provide drivers with information on potential health screening checks at customer locations and what **options and rights** drivers have in protecting their private health information.

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What should employees do to protect themselves?

Regularly practice proper hand hygiene.

• **Hand hygiene** is one of the single most important infection control measures. Wash your hands with soap and water, when available, for 20 seconds, particularly when hands are visibly soiled.

• If soap and water are not available regularly, use an **alcohol-based hand sanitizer** containing at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.

• **Key times to clean hands** include:
  o Before beginning a work break, before eating or preparing food, and at the end of the shift.
  o After touching other commonly touched surfaces, such as time clocks, door handles, etc.
  o After assisting a customer, or shaking hands.
  o After blowing one’s nose, coughing, or sneezing.
  o After using the restroom.

• **Avoid touching your eyes, nose, and mouth** with unwashed hands or when wearing gloves.

• **Avoid close contact** with individuals (i.e., maintain 6 feet distance).

• **Avoid touching surfaces** often touched by others.

• **Do not touch surfaces** contaminated by body fluids.

• Use gloves if touching surfaces known or potentially known to be contaminated with infectious substances.

• Disinfect shared surfaces, tools and equipment before and after use.

SPECIFIC GUIDANCE FOR TRUCK DRIVERS

Property carrying CMV drivers, particularly those who travel extensively or work long hours while in contact with other workers or the public, are considered to be at **medium risk** for contracting COVID-19. Because completely eliminating face-to-face and close contact with other persons is unlikely to be feasible, strong adherence to (and understanding of) general infection control practices like proper hand hygiene, cough etiquette, and physical distancing practices will be an important component in reducing the risk of exposure and subsequent infection.

**Limiting close face-to-face contact** with other people is known as **physical (social) distancing**; it is an important protective behavior to limit the spread of the COVID-19 virus. Physical distancing generally means maintaining a distance of 6 feet or more between individuals.

**During the COVID-19 pandemic, employers should implement physical distancing strategies which will be key to reducing the spread and minimizing business disruptions.**

Examples of physical distancing in the commercial trucking workplace include:

• Limit the frequency of face-to-face contacts during pickups and deliveries, drop and go whenever possible.

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Use a radio or phone to text message or talk to dock managers and other drivers.
Limit casual (social) interactions that normally occur at work, in breakrooms, dispatch offices, etc.
Do not report to work if you are sick.
Schedule staggered break times.
Establish flexible work hours or alternative delivery schedules.
Avoid places where other people congregate such as truck stops, break areas, gyms, restaurants, food courts, and coffee shops.
Statewide dine-in bans are in place for many eating establishments, allowing only takeout and delivery.
For long-haul drivers, avoiding places where other people congregate (such as truck stops) is one example of practicing physical distancing. Another is maintaining separation (6 feet) when in dispatch areas, locker rooms, while refueling, during pickup and deliveries, and when working in an area where there is likely to be a group of people.

Truck drivers should be aware of commonly touched surfaces used daily which can serve as a means for transmission of the virus. Examples of potentially contaminated surfaces in trucking can include the following:

- Cab and trailer door handles, seat belts, steering wheels, mirrors, gear shifts, control knobs and buttons, latches, and handles,
- Shared objects including clipboards, pens and pencils, bar code scanning devices, dollies, and hand carts,
- Surfaces in public places such door and faucet handles, phones, ATMs, keyboards, or touch screens, and
- Fuel pumps are the most germ-covered objects truck drivers touch at work. Most pump handles have 11,000 times more germs than public toilet seats, and the keypad buttons have 15,000 times more.10

IS THERE A RISK OF INFECTION FROM HANDLING TRUCK FREIGHT?

The Centers for Disease Control and Prevention (CDC) says that “novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials.” The novel coronavirus that causes COVID-19 could survive on cardboard for up to 24 hours, according to a study conducted with members of the National Institute of Allergy and Infectious Diseases (NIAID) and the National Institutes of Health (NIH). In its COVID-19 FAQ11bulletin, the CDC talks specifically about packages and products that ship from China. For guidance, the CDC looked at previous coronaviruses and said, “In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of virus spread from products or packaging that are shipped for days or weeks at ambient temperatures.”

RECOMMENDED PRACTICES FOR CLEANING AND DISINFECTING CABS AND TRAILERS¹²

To disinfect hard surfaces (plastic and metal), clean them with soap or detergent in water to remove dirt and use disinfectants to inactivate virus particles. Inactivating or reducing the number of virus particles on a surface can reduce the chances of hand contamination, transfer of the virus, and possible infections in workers.

The Coronavirus may be inactivated by chemical disinfectants such as these:
- Chlorine or sodium hypochlorite (diluted household bleach)
- Ammonium compounds (such as Lysol® spray disinfectant)
- Phenolics (pine oil products)
- Alcohols and peroxygen compounds (hydrogen peroxide)
- Products on the EPA’s List N: approved for disinfecting against SARS-CoV-2¹³

Numerous commercial disinfectants registered by the U.S. Environmental Protection Agency (EPA) claim to inactivate the Coronavirus and are effective when used according to manufacturers’ instructions. Use EPA-registered disinfectants when cleaning hard surfaces.

For visibly dirty surfaces such as the insides of a trailer, Employers should be sure to:
- Clean surfaces that are touched often or are suspected to be contaminated:
  - Clean the soil away first,
  - Rinse,
  - Then use a disinfectant. If disinfectants are not available, use a diluted chlorine bleach solution. Carefully add 2 teaspoons of household bleach (5.25%–6%) into a quart (4 cups) of clear water. Wear rubber gloves and use a cloth to apply this to surfaces and let stand for 3–5 minutes before rinsing with clean water. For a larger supply of disinfectant, use ¼ cup of bleach in a gallon (16 cups) of water.
- Use a disinfecting wipe or spray to clean commonly touched items such as pens, bar-code scanning devices, steering wheels, shift knobs, door handles, etc. Always read the manufacturer’s directions first when using cleaning products; pay attention to hazard warnings on the labels and instructions for proper disposal and use recommended personal protective equipment.
- Never mix disinfectants and cleaning chemicals unless the labels say it is safe to do so. Combining certain products, such as chlorine bleach and ammonia cleaners, could result in toxic chemical vapors if inhaled can cause serious injury or even death. Some disinfectant products (sanitizer cloths and liquid disinfectants) available from grocery and hardware stores and commercial cleaning products have been registered with the EPA. Use EPA-registered products when available. Always follow label instructions carefully when using these products.

¹³ https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
MANAGEMENT OF ILL DRIVERS

Drivers who become ill with the Coronavirus should take the following precautions:

- If you have COVID-19 symptoms (or have household members who become ill), do not come to work or travel. The exception is local travel in a private vehicle to visit a health care facility for treatment.
- If a team driver becomes ill while underway, transport the ill person to a healthcare facility. For team drivers in the same cab, the ill passenger should wear a face covering or NIOSH approved N95 or greater efficiency filtering facepiece respirator.

Employers should take the following steps:

- If an employee becomes ill while working, send the employee home as soon as possible. Until then, employers should provide an ill person with a surgical mask or similar typeface covering to decrease the possibility of transmitting the illness to others.
- If employees need to visit a doctor’s office, clinic, or emergency room, tell the health care provider before the visit that the ill person is seeking treatment for suspected COVID-19 illness.

Prevention of Illness in Well Crew

Employers should take the following steps:

- Ensure trucking crews understand exposure risks for COVID-19 and the precautions to prevent transmission.
- Take measures to encourage infection control practices in the workplace such as displaying posters that address and remind workers on correct hand and respiratory hygiene and cough etiquette.
- Provide alcohol-based hand sanitizers (or wipes) in areas such as loading docks and dispatch areas.
- Provide tissues and appropriate disposal receptacles for use by crews.
- As appropriate, provide crews with PPE such as protective gloves and NIOSH-approved filtering facepiece respirators, such as an N95, for workers who may need to use such equipment in the course of their work.
- Plan for the impact of a pandemic on their business.
- In the event of a pandemic, consider leave policies that encourage and allow employees who are sick to stay at home to care for themselves, ill family members, or children dismissed from school.
- Encourage employees with household members with confirmed or probable COVID-19 to stay home for 14 days.
GUIDANCE FOR CLEANING THE TRUCK CAB AFTER A DRIVER OR HELPER BECOMES VISIBLY ILL OR HAS TESTED POSITIVE FOR CORONAVIRUS\textsuperscript{14}

Routine cleaning methods should be employed with special attention in certain areas as specified below:

- Cleaners should use appropriate personal protective equipment (PPE), such as non-sterile disposable gloves that are recommended by the manufacturer of the detergent/disinfectant, when touching contaminated surfaces or handling cleaning and disinfecting solutions.
- Many of the non-porous surfaces in the cab and associated compartments can be cleaned with detergent and water according to the vehicle manufacturer’s recommendations. Frequently touched surfaces in the interiors of the cab and associated components (examples are provided in Table 1) should be cleaned first with detergent and water and then disinfected using an EPA-registered disinfectant following the disinfectant manufacturer’s recommendations.
- Since disinfectants are not registered for use on porous surfaces, removable porous upholstery, rugs, and carpeting that have been exposed to vomit or feces should be carefully removed and laundered following the manufacturer’s instructions or disposed of in tightly closed bags. Porous upholstery and carpeting that can’t be removed may be initially cleaned with water and detergent. The material should then be allowed to air dry. Soiled mattresses or bedding in sleeper cabs should be cleaned per manufacturers’ recommendations or disposed of if proper cleansing cannot be performed.
- When the cleaning has been completed and gloves have been removed, immediately clean hands with soap and water.
- Do not use compressed air and/or water under pressure for cleaning, or any other methods that can cause splashing or which might re-aerosolize infectious material.
- Vacuum cleaners should only be used after proper disinfection has taken place. Vacuum cleaners should be maintained to minimize dust dispersal in general and equipped with High-Efficiency Particulate Air (HEPA) filters.

Examples of Frequently-Touched Interior Surfaces:

- Cab door switches
- Cab door grab handle and surface
- Steering wheel
- Gauges and switches on the dash and in sleeper
- HVAC louvers on the dash and in sleeper
- Exposed dash surfaces
- Radio controls
- Seat adjustment knobs
- CB mike and knobs

\textsuperscript{14} https://www.cdc.gov/flu/pandemic-resources/archived/cleaning-trucking.html
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- Overhead console doors and locks
- Sleeper divider curtains (vinyl)
- Cab privacy curtains (window wrap-around – vinyl)
- Cup holders
- Steering column-mounted stalk controls (turn signals, cruise controls, windshield wiper)
- Manual/automatic transmission shift lever
- Seat covers (vinyl, fabric, or leather)
- Floor mats (rubber)
- Cabinet door handles
- Refrigerator doors
- Upper and lower bunk lift surfaces
- Sleeper side and back wall upholstery
- Mattresses and bedding
- Fire extinguishers
- Reflector kits
- First aid kits
- Sleeper vent window lever
- Raised roof window lever
- Skylight cover
- Adjustable reading lights in sleeper
- Air horn cable
- Seat belt buckles

MORE INFORMATION AND RESOURCES

Stay informed, talk to your employer, supervisor, and union representative. See these sources for more information on worker exposures to COVID-19:

- IBT Safety and Health Department COVID-19 Resource Page: www.teamstersafety.org
- NIOSH Workplace Safety and Health Topic: www.cdc.gov/niosh/emres/2019_ncov.html
- CDC Resources for Businesses and Employers
For more information, contact the IBT Safety and Health Department at (202) 624-6960 or visit our website: https://teamstersafety.org/testing/covid-19/