TEAMSTERS SAFETY & HEALTH
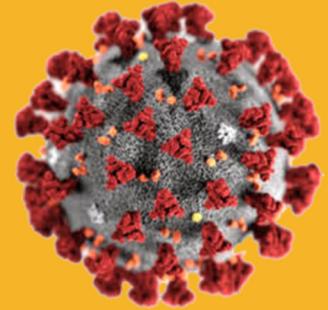## Coronavirus

Airline Operations
Coronavirus Disease Awareness (COVID-19, SARS-CoV-2)
(Updated: March 19, 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.
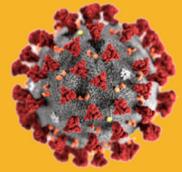
WHAT IS COVID-19?

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 the disease, COVID-19 is a pandemic[i]. 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 below.
- People in communities where community spread with the virus that causes COVID-19 has been reported are elevated through the 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, and,
- 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 for 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).
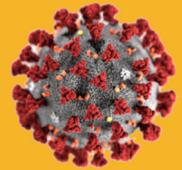
- Contact with saliva and fecal matter may also be a route of transmission for the COVID-19 virus as well as viral aerosolization.

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 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
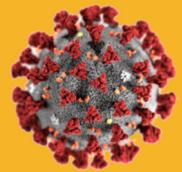
because antibiotics only work on bacterial infection. People with serious illnesses should be hospitalized where supportive care (IV Fluids) is administered to support the body's immune system.

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

<u>Workers who are at increased risk include:</u>

- 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;
- Death care (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.

<u>OSHA Guidance:</u>

OSHA has developed planning <u>Guidance on Preparing Workplaces for COVID-19</u>[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)(<u>29 CFR 1910.132</u>) and respiratory protection (<u>29 CFR 1910.134</u>), require employers to assess the hazards to which their workers may be exposed. In assessing potential hazards, employers should consider whether their
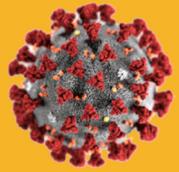
workers may encounter someone infected with COVID-19 in the course of their duties. Employers should also determine if the tasks being performed could expose workers to fomites (objects or materials which are likely to carry infection) harboring the COVID-19 virus.

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 infectious diseases, 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
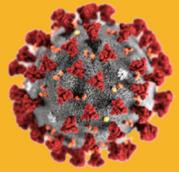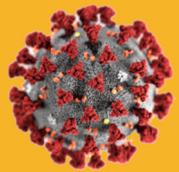
WORKER FRIENDLY EMPLOYMENT POLICIES

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 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.

Airline Operation Specific Guidance

MANAGING SICK TRAVELERS (Cabin Crew Protections)

- Practice routine handwashing.
  - Wash hands often with soap and water for at least 20 seconds, particularly after assisting sick travelers or touching potentially contaminated body fluids or surfaces; after coughing, sneezing, or blowing your nose; after using the restroom; and before preparing or serving food or beverages.
  - Use alcohol-based hand sanitizer (containing at least 60% alcohol) if soap and water are not available.
- Identify sick travelers who have a fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100.4°F [38° C] or higher for the last 48hrs.), persistent cough, difficulty breathing, visibly unwell.
  - Minimize contact between passengers and cabin crew and the sick person. If possible, separate the sick person from others (by a distance of 2 meters or 6 feet, ideally) and designate one crew member to serve the sick person. That crewmember should have on proper PPE including a face mask, eye protection, and a gown. The crew member designated to look after the sick passenger should minimize contact with other crewmembers.
  - Offer a facemask, if available and if the sick person can tolerate it. If a facemask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing.
- Treat all body fluids (such as respiratory secretions, diarrhea, vomit, or blood) as infectious.
  - Wear disposable medical gloves when tending to a sick traveler or touching body fluids or potentially contaminated surfaces. Remove gloves carefully to avoid contaminating yourself, then wash hands.
  - When tending to a sick traveler who has a fever, persistent cough, or difficulty breathing, use additional personal protective equipment (PPE) in the Universal Precaution Kit to cover clothing. Ensure an adequate supply of recommended PPE is available during the flight.
  - Universal Precaution Kit Contents:
    - Instructions for use
    - Dry powder that can convert small liquid spill into a granulated gel
    - Germicidal disinfectant for surface cleaning
    - Skin wipes
    - Face/eye mask (separate or combined)
    - Gloves (disposable)
    - Impermeable full-length long-sleeved gown that fastens at the back
    - Large absorbent towel
    - Pick-up scoop with a scraper
   - Bio-hazard disposal waste bag
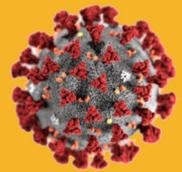
- o Properly dispose of gloves and other disposable items that came in contact with the sick person or body fluids in a biohazard bag or a secured plastic bag labeled as "biohazard." Tie or tape the bag shut securely to avoid leaking. Keep the bag in a secure place until it can be safely collected for disposal.
- Clean and disinfect contaminated surfaces according to airline protocol.

CLEANING OF AIRCRAFT AFTER FLIGHT

- If no symptomatic passengers were identified during or immediately after the flight:
  - o Follow routine operating procedures for cleaning aircraft, managing solid waste, and wearing PPE.
- If symptomatic passenger(s) are identified during or immediately after the flight, routine cleaning procedures should be followed, and enhanced cleaning procedures should also be used as follows:
  - o Clean porous (soft) surfaces (e.g., cloth seats, cloth seat belts) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions.
  - o Clean porous (soft) surfaces (e.g. seat covers and carpet) by removing visible contamination if present and using appropriate cleaners that are compatible with aircraft surfaces and components in accordance with the manufacturer's instructions. For items that can be laundered, use the warm setting and dry items completely on high heat.
  - o Clean non-porous (hard) surfaces (e.g., leather or vinyl seats) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions, including armrests, plastic and metal parts of the seats and seatbacks, tray tables, seat belt latches, light, and air controls, cabin crew call button, overhead compartment handles, adjacent walls, bulkheads, windows and window shades, and individual video monitors.
    - ▪ Clean non-porous (hard) surfaces with disinfectant products with EPA-approved emerging viral pathogens claims that are expected to be effective against the virus that causes COVID-19 (SARS-CoV-2) and ensure these products are compatible with aircraft surfaces and components. All products should be used according to label instructions (e.g., concentration, application method and contact time, PPE).
  - o Clean lavatories used by the symptomatic passenger(s), including door handle, locking device, toilet seat, faucet, washbasin, adjacent walls, and counter.
  - o Properly dispose of any items that cannot be cleaned (e.g., pillows, passenger safety placards, and other similar items as described below).

MAINTENANCE WORK PERFORMED ON CONTAMINATED AIRCRAFT PARTS

Any maintenance performed on soiled or contaminated aircraft parts (soft or hard surfaces) including lavatories should be conducted per normal work practices. Proper PPE including any combination of gloves, gowns, face masks/ face shields, boots or goggles should be worn based on the level of exposure to any contaminated liquid and/or solid particles. Regular housekeeping practices should be
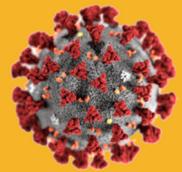
maintained, including routine cleaning and disinfecting of tools, surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult the Environmental Protection Agency (EPA)-list of approved disinfectants, labels should indicate claims against emerging viral pathogens.

Cabin Repairs

Employees should wear their normally required PPE when making repairs in the passenger cabin area. If cleaning is required before repairs review CDC cleaning guidance for Airlines and Airline Crew: Coronavirus Disease 2019 (COVID-19).

Air Filter Replacement

Employees should wear their normally required PPE and follow the manufacturer's replacement schedule using usual precautions when replacing air filters, including HEPA filters. To replace a filter, follow these recommended steps:

- Wear employer required PPE (disposable gloves should be worn at a minimum)
- Avoid hitting, dropping, or shaking the filter
- Do not use compressed air to clean a filter to avoid creating an aerosol
- Dispose of the used filter and gloves in a sealed plastic bag
- Wash hands with soap and water for at least 20 seconds when the task is finished; if soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

Waste and Wastewater Handling

Workers should follow standard practices including basic hygiene and wear required PPE for work tasks when exposed to untreated waste and wastewater. Bluewater (the deodorizer used in the airplane toilet) is not necessarily a disinfectant. The following PPE is recommended for workers handling human waste or sewage:

- Splash-proof face shield
- Liquid-repellent coveralls
- Waterproof gloves
- Rubber boots

After use, carefully remove PPE following your employers' instructions and immediately wash your hands with soap and water for 20 seconds. Aerosolization of untreated waste material should be avoided. The external venting system for vacuum waste tanks is not filtered. It is recommended that the vacuum waste tanks be vented outside a hanger.

GENERAL RECOMMENDATIONS DURING THE ENHANCED CLEANING PROCESS:

- Ground and cleaning crews should not board the plane until all travelers have disembarked.
- Ventilation systems should be kept running while cleaning crews are working aboard the airplane.
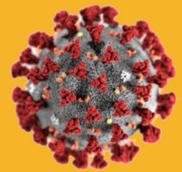
- If visible contamination (e.g., a body substance such as blood or body fluids) is present, routine airline cleaning procedures should be followed based on blood or body substance spill management according to OSHA's Bloodborne Pathogen Standard, 29 CFR 1910.1030.
- Workers should be trained on the hazards associated with using cleaning chemicals in the workplace in accordance with OSHA's Hazard Communication Standard, 29 CFR 1910.1200.
- Ground and cleaning crews should receive training on and be able to demonstrate an understanding of when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE.
- After doffing (taking off) PPE, the cleaning staff should immediately clean hands with soap and water for at least 20 seconds. If soap and water not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water. (Airlines should consider providing alcohol-based hand sanitizer to cleaning staff for their personal use.)
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures (e.g., contact with blood or body fluids without wearing appropriate PPE) to their supervisor.
- Cleaning staff should dispose of PPE and other disposable items used in cleaning following the airline's routine procedures. Note that all waste from international flights will also fall under the jurisdiction of the U.S. Department of Agriculture/Animal and Plant Health Inspection Service (APHIS).
- Ground crews assigned to wastewater management operations should follow routine procedures.
- Employers should educate workers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms.
  - o Cleaning staff should immediately notify their supervisor if they develop symptoms of COVID-19.

RECOMMENDED PPE FOR USE DURING ENHANCED CLEANING

- Disposable gloves that are recommended by the manufacturer of the disinfectant should be worn.
- Disposable gowns should be worn while cleaning the cabin and lavatories.
- If splashing is possible, eye protection, such as a face shield or goggles and facemask may be required according to the manufacture's label.

SICK CREWMEMBERS

If you have a possible contagious illness, please follow your company policy and don't report to work until you have recovered to avoid exposing others. If you develop symptoms of a contagious illness during flight, discontinue your work duties as soon as it is safe to do so and follow the procedures outlined for sick passengers. Do not prepare or serve food or beverages if you have symptoms of illness that could be contagious.
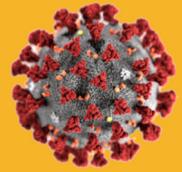
- The risk of infection depends on many factors, including the type of disease, flight duration, level of exposure, and your level of immunity.
- Follow company policy for reporting contact with a sick passenger or potentially infectious materials such as items contaminated with diarrhea, vomit, blood, or other body fluids.
- After the flight, you could choose to consult with your private healthcare provider if you develop symptoms (such as fever, rash, persistent cough, vomiting, or diarrhea) or have other concerns that have not been addressed.
- CDC will collaborate with your airline's occupational medicine consultant to provide guidance for certain confirmed infectious diseases.
- The state health department where your flight arrived or where you live may also contact you to ensure your well-being and prevent further spread of the identified contagious disease.

WORKER TRAINING

Train all workers with reasonably anticipated occupational exposure to COVID-19 (as described in this document) about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure. Training should include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases. Training must be offered during scheduled work times and at no cost to the employee.
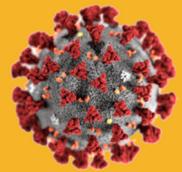
Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE. Applicable standards include the PPE (29 CFR 1910.132), Eye and Face Protection (29 CFR 1910.133), Hand Protection (29 CFR 1910.138), and Respiratory Protection (29 CFR 1910.134) standards. The OSHA website offers a variety of training videos on respiratory protection.

When the potential exists for exposure to human blood, certain body fluids, or other potentially infectious materials, workers must receive the training required by the Bloodborne Pathogens (BBP) standard (29 CFR 1910.1030), including information about how to recognize tasks that may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure. Further information on OSHA's BBP training regulations and policies is available for employers and workers on the OSHA Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics page.

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:

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- 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.

Note: The occupational safety and health of flight crewmembers (i.e., pilot, flight engineer, flight navigator) are under the jurisdiction of the Federal Aviation Administration (FAA) and not covered by OSHA standards while they are on aircraft in operation. However, under a policy statement issued by FAA and a Memorandum of Understanding (MOU) between the FAA and OSHA, Occupational Safety and Health Standards for Aircraft Cabin Crewmembers, the other aircraft cabin crew members are covered by OSHA's Bloodborne Pathogens (29 CFR 1910.1030), Noise, (29 CFR 1910.95) and Hazard Communication (29 CFR 1910.1200) standards while they are on aircraft in operation (which occurs from the time the aircraft is first boarded by a crewmember, preparatory to a flight, to the time the last crewmember leaves the aircraft after completion of that flight, including stops on the ground during which at least one crewmember remains on the aircraft, even if the engines are shut down). These include flight attendants, workers assigned to clean and restock the cabin, and other workers assigned to perform duty in an aircraft cabin when the aircraft is in operation.
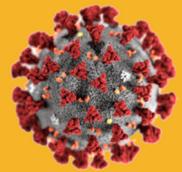
WHERE TO FIND MORE INFORMATION AND RESOURCES

❖ IBT: teamster.org/covid-19
❖ Federal Aviation Administration (FAA)
https://www.faa.gov/news/media/attachments/CDC%20FAA%20airline%20guidance.pdf
https://www.faa.gov/news/updates/?newsId=94991
❖ CDC COVID19 website: https://www.cdc.gov/coronavirus/2019-ncov/
❖ CDC Updated Interim Guidance for Airlines and Airline Crew: Coronavirus Disease 2019 (COVID-19): https://www.cdc.gov/quarantine/air/managing-sick-travelers/ncov-airlines.html
❖ CDC: Guidance for reducing health risks to workers handling human waste or sewage. Website: https://www.cdc.gov/healthywater/global/sanitation/workers_handlingwaste.html
❖ IATA. Suspected communicable disease guidelines for the maintenance crew. Website: https://www.iata.org/contentassets/f1163430bba94512a583eb6d6b24aa56/health-guidelines-maintenance-crew.pdf
❖ NIOSH Workplace Safety and Health Topic: https://www.cdc.gov/niosh/emres/2019_ncov.html
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