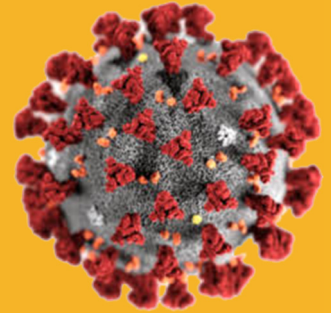




TEAMSTERS SAFETY & HEALTH Coronavirus



Law Enforcement Coronavirus (COVID-19, SARS-CoV-2)

(Updated April 30, 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. The outbreak has been declared a national emergency in the United States and a global pandemic by the World Health Organization. This has changed the employment landscape across the country. As COVID-19 continues to spread, employers and employees should know about laws and recommendations that govern COVID-19 in the workplace.

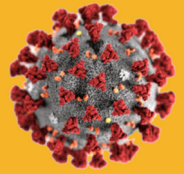
The IBT Safety and Health Department is continuously monitoring the COVID-19 pandemic and is committed to providing Teamsters locals and affiliates with the information they need to protect our members and the communities they serve.

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, requiring occupational hazard assessments be performed, and demanding to bargain on occupational health preparedness plans, infection control protocols, training for workers, and the supply and sufficiency of personal protective equipment.

For more information, contact the IBT Safety and Health Department at (202) 624-6960 or visit our website: <https://teamstersafety.org/testing/covid-19/>

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 pandemic¹. 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 research² 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 contact³ is defined as—
 - being within approximately 6 feet (2 meters) with a person who is positive for COVID-19 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 person who is positive COVID-19; or
 - having direct contact with infectious secretions from a person who is positive for COVID-19 (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.

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.

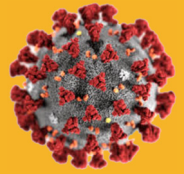
A recent laboratory study by researchers at the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and other academic institutions found that viable SARS-CoV-2 virus could be detected:

- in aerosols up to 3 hours post aerosolization,
- up to 4 hours on copper,

¹ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² <https://www.nature.com/articles/s41368-020-0075-9>

³ <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>



- 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 symptoms⁴ 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

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

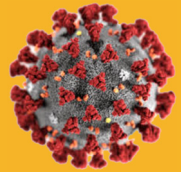
To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-2019. Possible vaccines and specific drug treatments to prevent and treat COVID-19 are under investigation but will take months of clinical trials before they become safely and widely available. Antibiotics do not work against COVID-19 because antibiotics only work on bacterial infection. People with serious illnesses (IV Fluids) will be administered as needed to support the body's immune system, and possible use of a ventilator to help with breathing.

Reporting Exposure

If a law enforcement officer thinks that they have been exposed to the virus, their employer should require the officer to stay home on paid leave if possible and return to work when it will not create a risk of transmission to other staff. Additionally, law enforcement agencies should:

- Require employees with COVID-19 symptoms (dry cough, fever, shortness of breath) to stay home or to telework if possible.
- Isolate and send officers home who come to work sick with symptoms.

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>



- Require officers to report and document potential risk or exposure to their frontline supervisor and public health authorities. Officers should keep a copy of any reports related to exposure.
- Require officers who are well but have a sick family member to stay at home.

Medical confidentiality and privacy must be maintained; however, limited information may be released if necessary, to protect other officers. For example, notice may be given that a fellow officer has tested positive without publicly identifying who tested positive.

Protecting Yourself from Exposure*

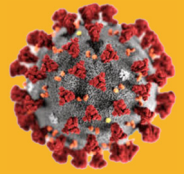
Due to the nature of the virus and how it spreads, this creates a unique scenario for law enforcement during apprehension and transportation and while arrestees are in detention.

- If possible, maintain a distance of at least 6 feet.
- Law enforcement should also practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Technician (EMT) assess anyone you think might have COVID-19 and transport that person via an Emergency Medical Service (EMS) to a healthcare facility.
- Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- Learn your employer's plan for exposure control.
- Clean and disinfect duty belt and gear before reuse using a household cleaning spray or wipe that claims to kill viruses, according to the product label.

Reduce Contact with the Public*

To reduce contact between people, law enforcement can:

- Equip 911 dispatchers to divert more calls-for-service to health resources when they do not require a police response.
- Issue a temporary directive to release people on a citation, ticket or summons instead of taking them into custody, unless the person poses an immediate and identifiable risk to the physical safety or is charged with a serious felony.
- Suspend standard protocols that place people in custody, for example by:
 - Suspending enforcement of bench warrants.
 - Limiting enforcement of arrest warrants to violent crimes.
 - Documenting, but declining to take into custody, people who have violated probation or parole if they do not pose an immediate and identifiable risk to physical safety.



- Limit their response to low-risk incidents to maintain the capacity to respond to critical incidents and community health needs. For example, suspend enforcement of most traffic stops, noise complaints, and minor quality-of-life complaints, and the service of civil subpoenas.
- Limit the number of officers who have contact with visitors to the police department, preferably to one officer per shift, and equip that officer with the PPE and training necessary to prevent the spread of the virus.
- Deploy or expand online reporting options for complaints or police reports. Encourage an expanded range of incident reporting by phone.
- Increase the frequency of cleaning and disinfecting of all patrol cars, police precincts, and station houses, with special attention to high-traffic areas.
- Create a written protocol and train all staff on how to respond to an active case of coronavirus. The protocol should include guidance on second-level reviews to determine if the person can be released instead of booked so that they can receive care and treatment in the community. If this is not possible, the protocol should outline how to safely transport someone to the hospital, communicate with specific hospitals closest to the precinct or station house and take steps to prevent law enforcement staff from exposure during and after transport.

Protect People Who Are at High Risk*

When working with people who are 55 years and older or pregnant or have serious chronic medical conditions—law enforcement can:

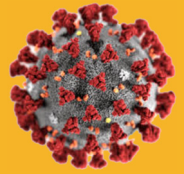
- Use screening questions for anyone who is brought to or from a police station to identify people with possible exposure or at higher risk of infection.
- Develop a written policy and training for law enforcement staff to separate people who are symptomatic from others, and to maximize the distance between people at higher risk of infection from people who may be infected but asymptomatic. The protocol should include guidance on how to work with other first responders to safely transport someone to the hospital, identify hospitals closest to the precinct or station house and outline steps to take during and after interactions with an infected person.
- Minimize contact between officers by suspending rollcall and using videoconferencing, email and other technologies to provide briefings and advisories.

Personal Protective Equipment

Employers must select PPE that will protect officers against SARS-CoV-2 and other hazards associated with chemicals to which they may be exposed during cleaning and decontamination of surfaces and objects that may be contaminated with SARS-CoV-2 (see below). Officers must wear PPE to help minimize exposure to the virus and chemicals through inhalation, contact, or ingestion.

Examples of PPE that may be needed during cleaning and decontamination include:

- Nitrile gloves.
- Goggles or face shields.
- Fluid-resistant or fluid-impermeable gowns, coveralls, and aprons.



- Dedicated work clothing and washable shoes with shoe or boot covers.
- Face masks⁵ (e.g., surgical masks) that cover the nose and mouth. In some cases, additional respiratory protection (e.g., N95, powered air-purifying respirators, or better) may be necessary to protect workers from exposure to SARS-CoV-2 or disinfectants.

Law Enforcement Officers must receive training on and demonstrate an understanding of:

- When to use PPE.
- Which PPE is necessary.
- How to properly don, use, and doff PPE in a manner to prevent self-contamination.
- How to properly dispose of or disinfect and maintain PPE.
- The limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

Depending on the hazards posed by the size of a spill, the degree of contamination or other factors required PPE may be different than what is described in this fact sheet.

Cleaning and Disinfection

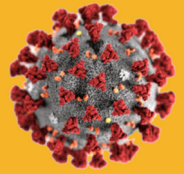
Based on what is currently known about SARS-CoV-2, the transmission of coronavirus occurs much more commonly through respiratory droplets than through contact with surfaces and objects. However, current evidence suggests that SARS-CoV-2 may remain viable for hours to days in aerosols and on surfaces made from a variety of materials (plastics, glass, metal, wood, cardboard, linen, etc.). Most transport vehicles and patrol cars are constructed primarily of plastic and metal surfaces. Workers tasked to disinfect surfaces should clean vehicles each time members of the public have been transported if they are suspected to be infected with the virus.

Employers are responsible for protecting workers tasked with cleaning surfaces that may be contaminated with SARS-CoV-2. Employers are also required to make sure workers are protected from exposure to harmful levels of chemicals used for cleaning and disinfection

Law enforcement officers need an adequate supply of or access to EPA-registered hospital-grade disinfectantsⁱ for decontamination of police transport vehicles and their contents in their vehicles in the event an exposure occurs.

Law enforcement officers tasked with using biohazard cleaners in the decontamination process should demand that they are educated and trained and have practiced the process according to the manufacturer's recommendations or their agency's standard operating procedures.

⁵ Note: A face mask (also called a surgical mask, procedure mask or other similar terms) on a patient-inmate or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).



Follow Applicable OSHA Standardsⁱ

Depending on the specific work task, setting, and exposure to other biological or chemical agents, additional OSHA requirements that may apply include:

- Employers must ensure that they comply with OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) to protect workers who may be exposed to blood or other potentially infectious materials.
- OSHA's PPE standard (29 CFR 1910.132) provides additional information about the selection and use of appropriate PPE, training, and other requirements. Respirators are covered by OSHA's Respiratory Protection standard (29 CFR 1910.134).
- Employers must comply with OSHA's Hazard Communication standard (29 CFR 1910.1200) when their workers use certain chemicals for cleaning and decontamination.
- Employers must comply with OSHA's Recordkeepingⁱⁱⁱ standard (29 CFR 1904) if a worker is infected as a result of performing their work-related duties.

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, including:

- 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 work or are required to work overtime to take care of patients.
- Access to quality and affordable health care.
- Protection from stigma and discrimination.

A rapid response system to share communications with employees.

*Information detailed in specially marked subsections of this document is sourced from the Vera Institute of Justice: Protect Yourself from Exposure, Reduce Contact with the Public and Protect People Who Are at High Risk. (March 18, 2020). <https://bit.ly/2WG0vEv>.

With special thanks to AFSCME.

ⁱ List N: Disinfectants for Use Against SARS-CoV-2

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

ⁱⁱ COVID-19 Standard, OSHA <https://www.osha.gov/SLTC/covid-19/standards.html>

ⁱⁱⁱ OSHA Recordkeeping Standard, COVID-19 <https://www.osha.gov/SLTC/covid-19/standards.html>