General Fact Sheet
Coronavirus Pandemic (COVID-19, SARS-CoV-2) and Resources

December 21, 2020

WHAT IS COVID-19?

Coronavirus disease 2019 (abbreviated COVID-19) is a highly infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). To date, there have been over 16.5 million confirmed cases of COVID-19 in the United States.

HOW DOES COVID-19 SPREAD?

Primarily, person to person spread of the COVID-19 virus occurs when you are exposed to (mainly inhale) respiratory droplets from an infected person. People who are infected but do not show symptoms are considered asymptomatic. However, they can still spread the virus to others.
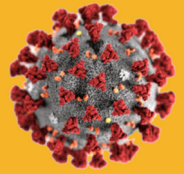
Respiratory droplets are produced when a person exhales (e.g., breathing, speaking, singing, coughing, sneezing). **Larger droplets** are visible and fall out of the air rapidly. They transmit more easily when someone is close to the infectious person, generally within about 6 feet. **Smaller droplets and particles** can remain suspended for many minutes to hours and travel far from the source on air currents, usually greater than 6 feet.

Infected surfaces or objects are another way the virus spreads; it may be possible that a person can get indirect transmission of the COVID-19 virus by touching a surface or object with the virus on it and then touching their mouth, nose, or eyes.

WHAT ARE THE SYMPTOMS OF COVID-19?

People with COVID-19 have reported a wide range of symptoms[1] ranging from mild symptoms to severe illness. These may appear **2-14 days after exposure to the virus.** This list does not include all possible symptoms:

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[1] https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

• Fever (+100.4)[2]	• New loss of taste or smell
• Cough	• Sore Throat
• Shortness of breath or difficulty breathing	• Congestion or runny nose
• Fatigue	• Nausea or vomiting
• Muscles or body aches	• Diarrhea

Older adults and **adults of any age** with chronic health conditions (obesity, Type 2 diabetes mellitus, COPD) or women who are pregnant **are at increased risk of** severe illness from the virus that causes COVID-19:

WHY IS COVID-19 WORSE THAN THE INFLUENZA VIRUS (FLU)[3]?

Influenza (Flu) and COVID-19 are both contagious respiratory illnesses caused by different types of viruses. COVID-19 is of far more significant concern because it:

- Spreads easily,
- Causes more severe illnesses in some people,
- Can spread thought infected people without symptoms, and
- Infected people can be contagious for a more extended period.

WHAT ARE THE MOST EFFECTIVE WAYS TO PROTECT WORKERS?

The CDC is tasked with preventing and responding to public health threats, including the COVID-19 pandemic. The CDC recommends using various measures together as the most effective approach to prevent and control the transmission of COVID-19. These include vaccination and a 'hierarchy' of controls such as wearing masks, physical distancing, and cleaning and disinfection methods.
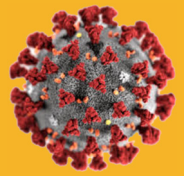
The Vaccine[4]

Two vaccines (Pfizer-BioNTech and Moderna) have been authorized for emergency use by the U.S. Food and Drug Administration and are being distributed nationwide. These authorized vaccines have been shown to prevent COVID-19 by 94-95% after two doses were administered in clinical trials. It is not yet known how long immunity will last and what percentage of people within a community would need to be immune (either via vaccine or previous infection "natural immunity") to prevent community transmission and achieve herd immunity. Several other vaccines are still in development.

Vaccines will be distributed at the state level, and it is up to each state to determine who gets the vaccine, how, and where. Health care workers and residents of long-term care facilities are the first

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[2] https://www.cdc.gov/quarantine/air/reporting-deaths-illness/definitions-symptoms-reportable-illnesses.html
[3] https://cdc.gov/flu/symptoms/flu-vs-covid19.html
[4] https://teamstersafety.org/covid-19/.

priority groups. Other frontline workers and those at higher risk for severe illness because of multiple medical conditions will follow.

The two vaccines' most reported side effects, which typically lasted several days, were pain at the injection site, tiredness, headache, muscle pain, chills, joint pain, and fever.[5]

It is vital that information about the vaccine, including potential adverse effects, is **obtained from official sources**, such as the U.S. Food and Drug Administration (FDA) and the CDC, rather than from social media, where information **may at times be inaccurate**. *For more information on vaccines, refer to the fact sheet section of our website https://teamstersafety.org/covid-19/.

Who has the authority to mandate vaccination?

A Federal mandate has not been issued requiring U.S. citizens to get vaccinated against the COVID-19 virus. The United States and employers may condition return or access to workplaces, schools, and colleges upon getting the vaccine and mandate it once the FDA issues full approval vs. the current 'emergency use authorization.

The FDA requires that vaccine recipients be informed about the benefits and risks of any approved vaccine and that they have the option to accept or refuse it[6]. In general, vaccines should be voluntary for most workers, but some workplaces, such as healthcare or long-term care facilities, can make vaccination a necessary condition of work.

Employers are looking toward guidance from federal agencies such as the U.S. Equal Employment Opportunity Commission (EEOC)[7] and the Occupational Safety and Health Administration (OSHA) before setting vaccine policies.[8] The EEOC has provided guidance on how a potential vaccine would interact with employers' obligations under the Americans with Disabilities Act, the Rehabilitation Act (which include the requirement for reasonable accommodation and non-discrimination based on disability, and rules about employer medical examinations and inquiries), Title VII of the Civil Rights Act (which prohibits discrimination based on race, color, national origin, religion, and sex, including pregnancy), the Age Discrimination in Employment Act (which prohibits discrimination based on age, 40 or older), and the Genetic Information Nondiscrimination Act.

The IBT safety and health department believe that vaccination mandates should be based on scientific evidence and public health considerations while being subject to collective bargaining agreements on a case-by-case basis.

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[5] https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine

[6] Emergency Use Authorization for Vaccines Explained | FDA

[7] What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws | U.S. Equal Employment Opportunity Commission (eeoc.gov)

[8] Will employers mandate the coronavirus vaccine for their workers? - The Washington Post
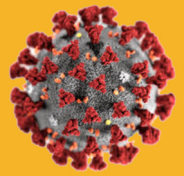
Medicines

Drug treatments to prevent and treat COVID-19 are under intense investigation worldwide. Remdesivir, an antiviral agent, was the first drug that received Emergency Use Authorization (EUA) from the FDA for the treatment of some hospitalized patients. Dexamethasone, a corticosteroid, has been found to improve survival in hospitalized patients who require supplemental oxygen. Antibody-based therapies, including Regeneron, have been approved by the FDA and maybe most effective in the earliest stages of infection.[9]
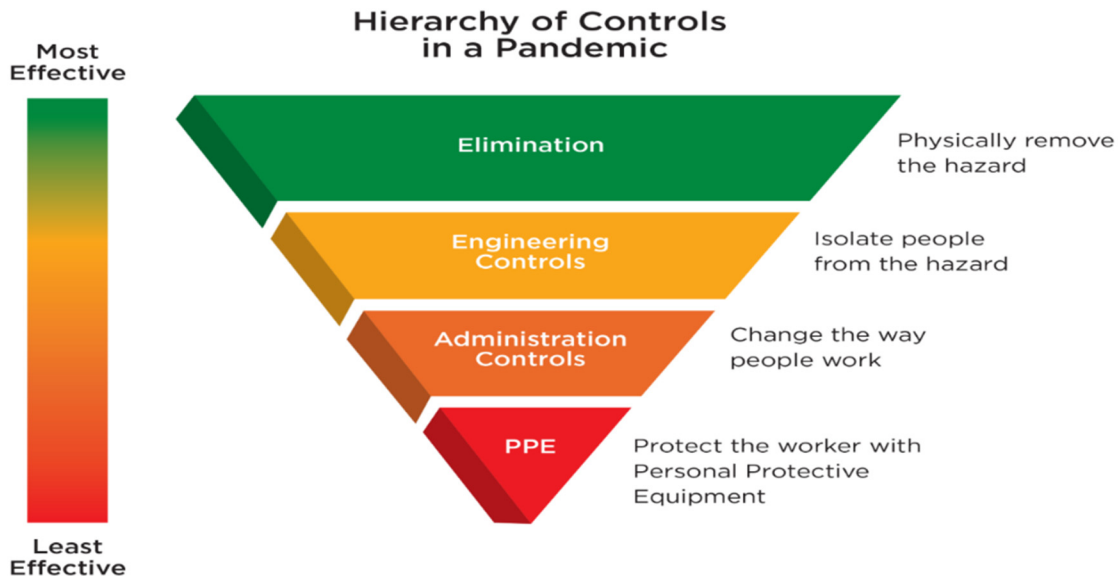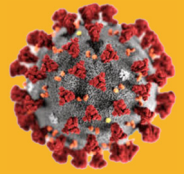
Workplace hazard controls

To determine which control measures to use, the employer should first evaluate all tasks and workplace conditions where the virus may be transmitted. Based on that evaluation, the employer must then choose one or more infection control measures based on the following '**hierarchy of controls**:'

- **Elimination and Substitution** involve keeping the hazard (such as the virus or a chemical) out of the workplace: e.g., by having sick workers stay at home and replacing a more hazardous cleaning or disinfection product with one that is less hazardous (e.g., an alcohol-based one);
- **Engineering controls** involve limiting exposure to the virus by isolating employees from it, without relying on worker behavior (e.g., physical barriers/shields to separate workers, enhanced ventilation);
- **Administrative controls** include work policies and safe work practices and procedures to reduce the duration, frequency, or intensity of exposure to a hazard, such: (e,g., staggering work shifts, limiting breakroom capacity, practicing social distancing, replacing in-person meetings with video-conference calls, ensuring workers wear appropriate face coverings, such as cloth face masks, to contain respiratory secretions); cloth coverings do not protect employees from airborne infectious agents because of their loose fit and lack of seal or adequate filtration, so OSHA does not consider cloth face coverings (whether homemade or commercially produced) to be PPE[10]; and
- **Personal protective equipment (PPE)** includes gloves, goggles, face shields, and respiratory protection, identified through hazard assessments when appropriate, and provided by the employer. Cloth face coverings and surgical masks offer some protection to you and are meant to protect those around you if you are unknowingly infected with the virus that causes COVID-19. These are NOT a substitute for social distancing[11] and should still be worn in addition to staying at least 6 feet apart. The CDC and OSHA provide helpful information on all aspects of this topic.

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[9] https://www.covid19treatmentguidelines.nih.gov/therapeutic-management/
[10] https://www.osha.gov/coronavirus/faqs#cloth-face-coverings
[11] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

Hierarchy of Controls in a Pandemic

Most Effective → Least Effective

- **Elimination** — Physically remove the hazard
- **Engineering Controls** — Isolate people from the hazard
- **Administration Controls** — Change the way people work
- **PPE** — Protect the worker with Personal Protective Equipment

### DOES OSHA HAVE STANDARDS TO PREVENT AND CONTROL COVID-19?

OSHA does not have a specific standard for COVID-19. However, four states- **California, Oregon, Michigan, and Virginia – have established occupational safety and health standards for COVID-19** benefiting employees who work in those specific states.

For workers in all other states, several existing federal OSHA regulations[12] can be used in the prevention of occupational exposure to SARS-CoV-2 :
- OSHA's **Personal Protective Equipment** (PPE) standards require gloves, eye and face protection, and respiratory protection when job hazards warrant it.
  - When respirators (such as N95s) are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the **Respiratory Protection** standard (29 CFR 1910.134).
  - Where workers are exposed to hazardous chemicals, such as those used for cleaning and disinfection, employers must comply with OSHA's **Hazard Communication** standard. Note: Products on the **Environmental Protection Agency's (EPA) '*List N: Disinfectants for Coronavirus (COVID-19)*'**[13]**;** could pose varying degrees of hazards to workers depending on the ingredients they contain and exposure times.
- The **General Duty Clause**, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), requires employers to furnish workers with a "place of employment, which are free from recognized hazards…"

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[12] https://www.osha.gov/coronavirus/standards
[13] List N: Disinfectants for Coronavirus (COVID-19) | Pesticide Registration | US EPA
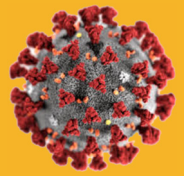
WHAT CAN THE UNION DO?

Unions have a crucial role in standing up for workers' right to a safe and healthy workplace. Local union representatives can use various means to accomplish this, including making information requests and demanding to bargain on occupational health preparedness plans, infection control protocols, training for workers, the supply and sufficiency of personal protective equipment, and protection from retaliation for reporting hazards and potential illness.

WHERE TO FIND MORE INFORMATION AND RESOURCES?

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

- ❖ **IBT:** teamstersafety.org/covid-19
- ❖ **U.S. Occupational Safety and Health Administration (OSHA):**
  https://www.osha.gov/coronavirus/faqs
- ❖ **U.S. Centers for Disease Control and Prevention (CDC):**
  https://www.cdc.gov/coronavirus/2019-nCoV/faq.html
- ❖ **The U.S. Equal Employment Opportunity Commission (EEOC)**
https://www.eeoc.gov/coronavirus