



## Is Your Workplace Ready for COVID-19?

### Guidance for Local Leaders on Information Requests and Requests to Bargain

Updated March 3, 2020

Healthcare workers are central to the effort to contain the new coronavirus outbreak and treat COVID-19. Our members, who include nurses, lab technicians, environmental service workers and doctors, will be engaged in evaluating and treating COVID-19 patients and preventing infection spread. The ability of healthcare workers to respond to the crisis and avoid spreading the infection to their loved ones and the community is of the utmost importance.

Hospitals are required to have infectious disease and emergency preparedness plans.

One of the most important ways you, as a local leader, can prepare your workplace for COVID-19 is to request a bargaining session with your employer to discuss readiness. Health and safety issues are mandatory bargaining subjects, so employers have a legal obligation to disclose information and bargain on this issue.

Whether your labor-management relationship is cooperative or not, assessing preparedness for highly infectious disease cases in your facility is an important first step. It is imperative that local leaders know:

- the status of infection-control protocol;
- occupational health and preparedness plans;
- quantity, sufficiency and location of appropriate personal protective equipment (PPE); and
- training on protocol and proper use of PPE in the workplace.

The following list is a helpful resource in setting the agenda for a meeting with employers; it contains basic questions local union leaders are entitled to have answered:

1. Are there written policies and procedures in place for infection control and occupational health that specifically address readiness to care for COVID-19 patients? If so, please provide a copy of all such policies and procedures. If not, are there specific plans to develop such policies and procedures, and when will they be provided to the union?

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The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

Randi Weingarten  
PRESIDENT

Loretta Johnson  
SECRETARY-TREASURER

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EXECUTIVE VICE PRESIDENT



2. Are there systems, policies or procedures in place for early identification of suspected or confirmed COVID-19 patients? If so, please provide details about all such systems, policies and procedures. If not, are there specific plans to develop such policies and procedures, and when will notification of those be provided to the union? Please provide copies of all procedures in place for early identification of COVID-19 patients in triage, reception areas and the emergency department.
3. Where will patients be sent after evaluation? Does the facility have the ability to quickly isolate suspected or confirmed COVID-19 patients in isolation rooms, whether in reception, triage or the emergency department? Please provide details of the procedure.
  - a. Is restricted access and dedicated equipment for these areas ensured? If so, what standards and/or protocols are being followed to ensure restricted access and dedicated equipment?
  - b. Do these rooms have negative air pressure? How many rooms with negative air pressure are available for evaluation and treatment?
  - c. How many isolation rooms are available in each area? How is their isolation established and maintained?
4. Does the facility have the ability to cohort multiple patients (grouping patients with suspected or confirmed COVID-19 in the same area) with suspected COVID-19 in one area of the emergency department? If multiple patients with confirmed COVID-19 are admitted, does the facility have a dedicated area available to treat and house them all? Please provide copies of procedures and plans for cohorting COVID-19 patients.
5. Does the facility have plans, procedures and policies in place to cohort employees (grouping employees who will be dedicated to caring for patients with suspected or confirmed COVID-19) and restrict the circulation of healthcare staff who treat patients with COVID-19, to ensure that workers' activities are contained to the area of COVID-19 treatment? Do these plans include cohorting of service workers, housecleaners and dietary workers? How are these workers segregated from other areas of the facility throughout the workday? Please share the details of this plan and how it will be implemented.
6. Are there plans in place to manage the impact of cohorting employees to reduce the transmission of COVID-19 infection in the facility? Does the facility have adequate staffing plans in place in case staff cohorting results in shortages in other areas of the facility? Please share plans, policies and procedures related to staff cohorting to prevent transmission of COVID-19 in the facility.
7. Are there procedures in place to ensure that, prior to entering COVID-19 isolation rooms/areas, all visitors, service and healthcare workers are required to sign a log tracking

their exposure to COVID-19 disease? Please share all plans, policies and procedures related to logs that track people's exposure to this disease.

8. If people have been exposed to COVID-19 without using appropriate PPE, the Centers for Disease Control and Prevention and the World Health Organization recommend voluntary self-quarantine for a 14-day period. Is there a system in place to promptly identify, evaluate, isolate, care for and support quarantine of healthcare workers exposed to suspected or confirmed patients with COVID-19? Please provide the details of such a system. Where will people be quarantined for 14 days? Will potentially exposed workers who have been placed on precautionary removal (quarantine) be fully compensated with all benefits? How will they be cleared to return to work?
9. Are there plans and procedures to backfill healthcare positions in the event of staff shortages due to self-quarantine? Please share plans and policies related to backfilling staff positions as needed if COVID-19 precautions result in short staffing. How will replacement staff be trained?
10. Are patient infection control supplies—such as tissues, disposable face shields, surface disinfectants and hand sanitizers—available wherever patients are evaluated?
11. Are there procedures in place to ensure that prior to entering a COVID-19 isolation room/area, all visitors and healthcare workers properly don protective equipment, including gowns, gloves, full eye protection and respirators; and rigorously perform hand hygiene?
12. Is there an adequate supply of PPE for staff, including gloves, gowns, disposable full-face shields, goggles, surgical masks? By what standards or protocols has the hospital determined that such supplies are adequate?
13. Does the facility have an adequate supply of respirators? Are there enough N95s, N99s, half-mask and full face piece elastomeric respirators, and powered air-purifying respirators (PAPRs) available for staff treating patients with known or suspect COVID-19 disease? By what standards or protocols has the hospital determined that such supplies are adequate to prevent COVID-19 transmission?
14. Is there a plan to provide half-mask and full-face piece elastomeric respirators and/or PAPRs in order to protect staff and conserve the supply of N95s? If so, how will these respirators be cleaned and maintained? Is there a plan for training staff on their use and maintenance?

15. What is the process in place for medical screening, fit testing and training for employees assigned to use respiratory protective equipment? Are screening, fit testing and training up to date for all staff?
16. Where is respiratory equipment located, and what measures is the employer taking to ensure the use of respirators for all staff treating or interacting closely with known or suspect COVID-19 patients?
17. What system is in place to limit procedures on COVID-19 patients that generate aerosolized respiratory secretions or droplets? What plans are in place to ensure such procedures only occur under negative pressure? If such procedures must be performed, what precautions are in place to isolate and contain aerosolized transmission of COVID-19?
18. What is the procedure to ensure thorough, regular and rigorous environmental cleaning, decontamination of surfaces and equipment, and management of soiled linen and waste? What are the procedures to ensure effective environmental cleaning in emergency and crisis response departments as well as COVID-19 isolation rooms? Please provide all policies and procedures regarding room turnover time in the emergency department and on patient floors.
19. What are the required contact times of sanitizing agents to neutralize the coronavirus? Will enhanced cleaning and disinfection be necessary to prevent nosocomial transmission of COVID-19 in emergency rooms, reception areas and triage as well as COVID-19 treatment rooms? If enhanced room turnover time is required to ensure effective cleaning, how will the facility provide more environmental staff to effectively decontaminate COVID-19 exposed rooms?
20. Will new chemical disinfectants be introduced into the workplace? If so, on what date will a new disinfectant be introduced? What is it, and will staff receive thorough training on its use? Will environmental services and housekeeping room turnover rates be adjusted to reflect any changes needed in COVID-19 disinfectant contact time for effective cleaning?
21. The CDC reports that the virus that causes COVID-19 can be shed in patient feces. What precautions, policies and procedures are in place to treat human waste as infectious regarding cleaning bathrooms serving reception, triage and emergency departments that potentially treat patients infected with COVID-19? Is there additional training necessary for housekeeping and environmental services staff who clean bathrooms and encounter potentially infected human waste? When will it be provided?

22. Has the facility established a process to ensure that aerosolized transmission of COVID-19 prevention-and-control measures are followed while performing autopsies? Are all autopsies performed in rooms under negative pressure? What procedures are in place to minimize and contain aerosolized, fecal and blood borne transmission of COVID-19 when processing and handling corpses? Please provide the details of these precautions.

With the likelihood of more COVID-19 cases surfacing in healthcare settings, it is more important than ever for local leaders to insist on knowing the level of preparedness in the workplace to ensure that adequate protections are in place.

Our members have the right to a workplace where adequate infection-control practices and PPE keep them safe from exposure to hazards like COVID-19, and our labor laws obligate employers to discuss these matters. As a union, we can engage in a solution-driven dialogue with employers that will ensure patients and health professionals are protected from COVID-19 exposure in the workplace.

Be sure to check out our COVID-19 toolkit for more information about the virus and how to protect your workplaces and members. For additional information, contact Sara Markle with AFT Nurses and Health Professionals at 202-393-8630 or [smarkle@aft.org](mailto:smarkle@aft.org).