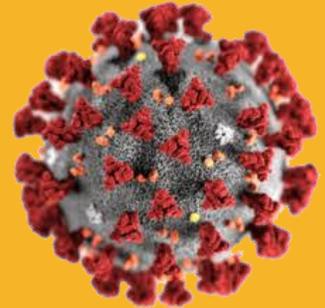




TEAMSTERS SAFETY & HEALTH Coronavirus



Airline Workers Coronavirus Disease Awareness (COVID-19, SARS-CoV-2)

Since December 2019, there has been an outbreak of respiratory disease caused by a novel (new) coronavirus that was first detected in China and has now been detected in 60 locations internationally, including in several states within the United States. This disease has been named “coronavirus disease 2019” (abbreviated “COVID-19”) the virus that causes COVID-19 is named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).

Globally, more than 121,000 cases have been confirmed, with 4,369 deaths. Countries that have a Level 3 Travel Health Notice meaning widespread, ongoing transmission of COVID-19 currently include China, Iran, Italy, and South Korea.

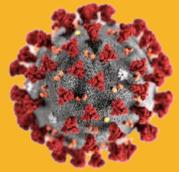
In the United States, about 1,039 people have been confirmed to have the virus, though many cases may be undetected. As states continue to test suspected cases for the virus, they will report numbers of confirmed cases to local state health departments and to the CDC. Of the currently reported cases, 31 people have died, with deaths in Washington (24), California (3), Florida (2), and New Jersey (1).

COVID-19 is a new disease and there is more to learn about the characteristics of the virus, including how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications).

WHAT IS COVID-19?

COVID-19 is an infectious disease caused by the most recently discovered coronavirus. 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. Rarely, animal coronaviruses can infect people and then spread between people.



WHY IS COVID-19 CAUSE FOR CONCERN?

- It can kill healthy adults in addition to elderly people with existing health problems. According to a recent statement from 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, putting it somewhere between the 1957 influenza pandemic (0.6%) and the 1918 influenza pandemic (2%).²
- 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 prior to appearance of symptoms.

HOW DOES COVID-19 SPREAD?

Current understanding about how COVID-19 spreads is largely based on what is known about similar coronaviruses. However, this is a changing situation and there is ongoing research on the ways COVID-19 is spread.

The virus that causes COVID-19 seems to be spreading easily in the community (“community spread”). Infected patients have spread the virus to healthcare workers and may have to emergency responders as well.

PERSON-TO-PERSON SPREAD

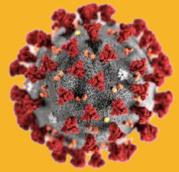
A person would be contagious during the “incubation period,” the time between catching the virus and beginning to have symptoms of the disease- is up to 14 days. This estimate will be updated as more data become available.

The virus is thought to spread mainly via the routes below:

- Between people who are in close contact with one another (within about 6 feet).
- Respiratory droplets produced when an infected person coughs or sneezes.
 - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- People are thought to be **most** contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

SPREAD FROM CONTACT WITH INFECTED SURFACES OR OBJECTS

It may be possible that a person can get COVID-19 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.



According to the CDC, “In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures.”

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 or diabetes, are more likely to develop serious illness.

- The most common symptoms of COVID-19 are fever, tiredness, and dry cough.
- Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea.
- These symptoms are usually mild and begin gradually.
- Around 1 out of every 6 people who get COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.
- Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment.
- Globally, 3.4% of people with the disease have died. The mortality rate is subject to change.

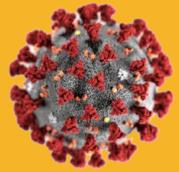
People with fever, cough and difficulty breathing should seek medical attention.

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.
- Those affected should receive care to relieve symptoms.
- Antibiotics do not work against COVID-19 because it is caused by a virus. They only work on bacterial infections.
- People with serious illnesses should be hospitalized. Most patients recover thanks to supportive care.

WHICH WORKERS ARE AT INCREASED RISK?

Working people are at increased risk if they frequently interact with potentially infected or infected individuals.



Workers who are at increased risk include:

- Health care workers;
- Emergency responders (e.g., law enforcement, firefighters, EMTs);
- Airline operations (e.g., pilots, flight attendants, other airport workers);
- Other transportation operations;
- Correctional workers;
- Educators;
- Cleaning workers;
- Death workers;
- Workers who have been identified as “essential personnel” by their employers during an outbreak or quarantine; and
- Other workers with broad exposure to the public.

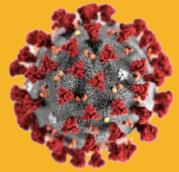
WHAT ARE THE MOST EFFECTIVE WAYS TO PROTECT WORKERS?

Measures for protecting workers from exposure to, and infection with, the novel coronavirus, COVID-19 depend on the type of work being performed and exposure risk, including potential for interaction with infectious people and/or contaminated work environments. Employers should adopt infection control strategies based on a thorough hazard assessment, following the ‘*hierarchy of controls*,’ including using appropriate combinations of engineering and administrative controls, safe work practices, and personal protective equipment (PPE) to prevent worker exposures. Some OSHA standards that apply to prevent occupational exposure to COVID-19 also require employers to train workers on elements of infection prevention, including PPE.

For information on risks and protective measures in affected sectors, check the IBT website, and see links to OSHA, CDC and other federal and state agencies at the end of this fact sheet.

HEALTH AND SAFETY MEASURES

- Develop comprehensive workplace plans to identify potential exposure routes, establish controls to mitigate risk and implement training procedures.
- Emphasize personal hygiene practices, hand-washing, and respiratory etiquette.
- Ensure there are adequate supplies of personal protective equipment, especially N95 respirators, and respirator fit testing is conducted.
- Develop protocols to clean and disinfect frequently-touched objects and surfaces.
- Develop protocols in case of a workplace or community outbreak, including possible self-quarantine or workplace quarantine.
- Plan for supply shortages, triage, prioritization, and other contingencies.
- Consult the Centers for Disease Control and Prevention (CDC) before hosting and attending events or large gatherings. CDC recommendations may change as the situation evolves.

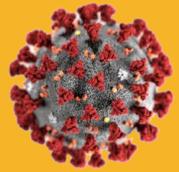


MANAGING SICK TRAVELERS (Cabin Crew Protections)

- 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 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 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 fever, persistent cough, or difficulty breathing, use additional personal protective equipment (PPE) in the Universal Precaution Kit (face mask, eye protection, and a gown) to cover clothing. Ensure an adequate supply of recommended PPE is available during flight.
 - Properly dispose of gloves and other disposable items that came in contact with the sick person or body fluids in 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:
 - 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:



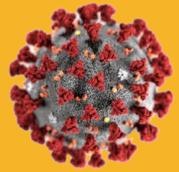
- Clean porous (soft) surfaces (e.g., cloth seats, cloth seat belts) at the seat of the symptomatic passenger(s) and within 6 feet (2 meters) of the symptomatic passenger(s) in all directions.
 - Clean porous (soft) surfaces (e.g. seat covers and carpet) by removing visible contamination if present and 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.
- 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).
- Clean lavatories used by the symptomatic passenger(s), including: door handle, locking device, toilet seat, faucet, washbasin, adjacent walls, and counter.
- 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 solo or combination of gloves, gowns, face masks/ face shields or goggles could be worn based on the level of exposure to any contaminated liquid and/or solid particles is suspected. 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 information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens.

ENHANCED CLEANING - Recommended Personal Protective Equipment (PPE)

- 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.



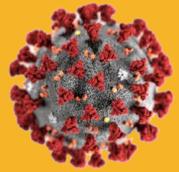
GENERAL RECOMMENDATIONS DURING THE ENHANCED CLEANING PROCESS:

- 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 , 29 CFR 1910.1030.OSHA’s Bloodborne Pathogen Standard, 29 CFR 1910.1030external icon.
- Airlines should ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication Standard, 29 CFR 1910.1200external icon.
- Airlines should train ground and cleaning crews on and require that crew members 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, 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 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.
 - Cleaning staff should immediately notify their supervisor if they develop symptoms of COVID-19.

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.

- 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, such as measles.
- 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.

EMPLOYMENT POLICIES

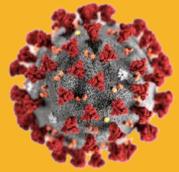
As a union, the rights and benefits we have fought for can help to prevent disease and help people who do become ill, including:

- 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 be at work or are required to work overtime to take care of patients.
- Access to quality and affordable health care.

EMPLOYER RESPONSIBILITIES

The employer is responsible for providing proper training, relevant personal protective equipment, and record-keeping of possible exposures and infection. Including adhering to FAA and OSHA regulations, CDC recommends that companies review and update, as needed, their personal protection policies and communicate and train employees on how to manage sick travelers.

Employers should consider providing alcohol-based hand sanitizer to cabin and flight crews for their personal use. Restocking Universal Precaution Kits as needed should be a priority. Employee discrimination should never be tolerated, it's against the law for a worker to be profiled and discriminated against based on their ethnicity and other protected classes.



AIRCRAFT UNIVERSAL PRECAUTION KIT CONTENTS:

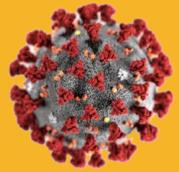
- Instructions for use
- Dry powder that can convert small liquid spill into a granulated gel
- Germicidal disinfectant for surface cleaning
- Skin wipes
- Face/eye mask (separate or combined)
- Gloves (disposable)
- Impermeable full-length long-sleeved gown that fastens at the back
- Large absorbent towel
- Pick-up scoop with scraper
- Bio-hazard disposal waste bag

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 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.



KEY POINTS

- Practice routine handwashing
- Identify sick and potentially infectious travelers
- Treat all body fluids (such as diarrhea, vomit, or blood) like they are infectious
- Wear recommended personal protective equipment (PPE)
- Clean and disinfect contaminated areas
- Dispose waste using recommended procedures

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 crewmembers 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
- ❖ U.S. Occupational Safety and Health Administration (OSHA): osha.gov/SLTC/covid-19/index.html
- ❖ Centers for Disease Control and Prevention (CDC): cdc.gov/coronavirus/2019-nCoV/index.html
<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
<https://newsroom.clevelandclinic.org/2020/03/02/frequently-asked-questions-about-coronavirus-disease-2019-covid-19/>
- ❖ National Institute for Occupational Safety and Health (NIOSH)
https://www.cdc.gov/niosh/emres/2019_ncov.html
- ❖ Federal Aviation Administration (FAA)
<https://www.faa.gov/news/media/attachments/CDC%20FAA%20airline%20guidance.pdf>
<https://www.faa.gov/news/updates/?newsId=94991>
- ❖ California OSHA: <https://www.dir.ca.gov/dosh/Coronavirus-info.html>
- ❖ California Department of Public Health:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-09.pdf>
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
World Health Organization (WHO) https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200302-sitrep-42-covid-19.pdf?sfvrsn=edd4f123_2