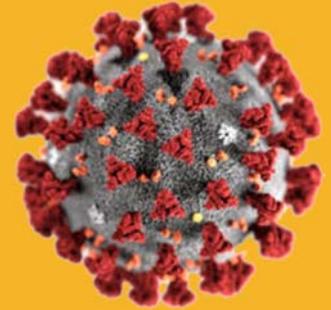




TEAMSTERS SAFETY & HEALTH Coronavirus



Solid Waste and Recycling Coronavirus Pandemic (COVID-19, SARS-CoV-2)

(Updated March 24, 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.

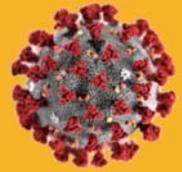
WHAT IS COVID-19?

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 disease, COVID-19 is a pandemicⁱ. 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

HOW DOES COVID-19 SPREAD?

New researchⁱⁱⁱ 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^{iv} 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 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

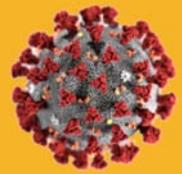
It may be possible that a person can get indirect transmission of the COVID-19 virus by touching a surface or object that has the virus on it and then touching their mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

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^v 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.

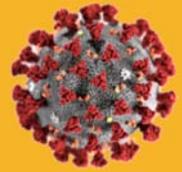
WHAT ARE THE MOST EFFECTIVE WAYS TO PROTECT WORKERS?

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.

OSHA Guidance:

OSHA has developed planning [Guidance on Preparing Workplaces for COVID-19^{vi}](#), 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) ([29 CFR 1910.132](#)) and respiratory protection ([29 CFR 1910.134](#)), 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*,^{vii} recommended by OSHA. These controls include using appropriate combinations of:

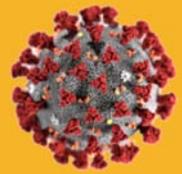
- **Engineering controls** involve isolating employees from work-related hazards. Where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement
- **Administrative Controls** require action by 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 infectious disease outbreak, 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.^{viii}

Centers for Disease Control and Prevention (CDC) Guidance:

The CDC has developed [interim guidance for businesses and employers](#)^{ix} 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



SPECIFIC GUIDANCE FOR WASTE WORKERS

CDC guidance suggests that management of waste that is suspected or known to contain or be contaminated with COVID-19 does not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in solid waste.

MUNICIPAL WASTE (COLLECTIONS)

Routine collection typically involves potential exposure to chemical and biological hazards (blood-borne pathogens (BBP)). CDC guidelines state that municipal wastes that are suspected or known to contain or be contaminated with COVID-19 do not require special precautions beyond those already used to protect workers from the hazards they encounter during their routine job tasks in solid waste.^x Workers and employers should manage municipal (e.g., household, business) solid waste with potential or known COVID-19 contamination like any other non-contaminated municipal waste.

REGULATED MEDICAL WASTE

Medical waste with potential or known COVID-19 contamination should be managed like any other regulated medical waste (RMW). COVID-19 is not a Category A infectious substance. Per DOT/CDC listing; COVID-19 is considered a Category B infectious substance which when discarded is considered regulated medical waste¹. RMW generally includes pathological waste, blood and blood products, other bodily fluids, cultures, infectious agents, sharps, animal waste, and chemotherapy waste. Measures should be taken to prevent worker exposure to medical waste, including sharps and other items that can cause injuries or exposures to infectious materials.

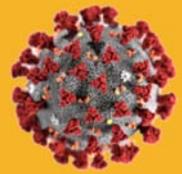
RMW must be properly treated to destroy disease-causing organisms before disposal at an authorized solid waste management facility. Treatment includes autoclaving, incineration, or alternative treatment technologies (e.g., microwave, chemical disinfection, etc. Also, sharps must be destroyed before disposal.

For regulated medical waste information, consult the regulated medical waste information in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) (2003).

RECYCLING

As with municipal waste, employers and workers in the recycling industry should continue to use typical engineering and administrative controls, safe work practices, and PPE, such as puncture-resistant gloves and face and eye protection, to prevent worker exposure to recyclable materials they manage, including any contaminants in the materials.

¹ Healthcare Waste Institute FAQ 2019 Novel Coronavirus:
https://cdn.ymaws.com/wasterecycling.org/resource/resmgr/hwi_minutes/HWI_COVID-2019_FAQs.pdf



GENERAL HYGIENE PRACTICES

Personal hygiene measures include:

- Stay home if you are sick;
- wipe down shared vehicles, workstations, surfaces, tools, radios, and equipment with EPA approved disinfectants;
- practice social distancing;
- avoiding touching your eyes, nose, and mouth with unwashed hands;
- practice hand hygiene by washing your hands with soap and water for at least 20 seconds regularly throughout the day. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
 - Hand hygiene should be performed during at least these seven moments:
 1. Before putting on PPE;
 2. After removing PPE;
 3. When changing gloves;
 4. After coming into contact with waste;
 5. After contact with any respiratory secretions (i.e. sneeze or cough);
 6. Before eating;
 7. After using the restroom

SURFACE DISINFECTION

The U.S. Environmental Protection Agency's (EPA) list of registered antimicrobial products should be used on surface disinfection. Products with EPA-approved emerging viral pathogen claims are expected to be effective against SARS-CoV-2. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, and PPE). For a specific list of approved products, please refer to EPA's list of registered antimicrobial products for use against Novel Coronavirus SARS-CoV-2, the cause of COVID-19.²

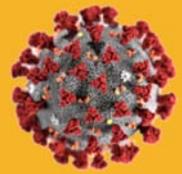
HOW WORKERS ARE BEST PROTECTED

CDC Guidelines

Solid waste workers with reasonably anticipated occupational exposure to COVID-19 should be educated about:

- the sources of exposure to the virus,
- the hazards associated with that exposure, and
- Workplace protocols in place to prevent or reduce the likelihood of exposure.

² https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf



Applicable OSHA Regulations

- Blood-borne Pathogens (29 CFR 1910.1030),
- Hazard Communication (29 CFR 1910.1200)
- Personal Protective Equipment and Training (29 CFR 1910.132-138)

Personal Protective Equipment

The following PPE is generally recommended for workers handling solid waste:

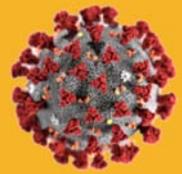
- Eye and Face Protection: 1910.133 – To protect eyes from splashes
- Hand Protection – 1910.138 – Puncture resistant gloves to prevent exposures to skin
- Respiratory Protection CFR 1910.134 – Dependent on hazard assessment of the job task.
- Foot Protection 29 CFR 1910.136- protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole.
- High Visibility Vests – to help in dimly lit work environments or night work
- Uniforms/Coveralls – To keep waste off clothing

Employers must provide training when PPE use is required. 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.

Training must be offered during scheduled work times and at no cost to the employee.

DOT Regulations

- 49 CFR – 171.2: Transportation of regulated medical waste
- 49 CFR 172: Covers Hazardous Materials Table, Special Provisions, Hazardous Materials Communications, Emergency Response Information, and Training Requirements.
- 49 CFR 172.704 – Training: an employer must train all hazmat employees in general awareness training, function-specific regulatory training, and safety training.
- 49 CFR 173.24 and 173.34: General packaging requirements
- 49 CFR 173.202-206-3 and 172.2041: Reporting and Recordkeeping
 - According to the Department of Transportation (DOT), shipping papers can be in the form of a shipping order, bill of lading, manifest, tracking form, or other shipping documents that contain the following information:
 - Material Identification Number
 - Proper Shipping Name
 - Hazard Class
 - Packaging Group
 - The total quantity of waste shipped



INFORMATION FOR WASTE OPERATORS

Hospital Collection Drivers and Service Technicians³

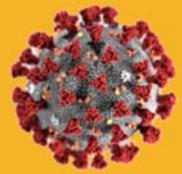
- Practice hand hygiene, wash hands before and after donning (putting on) and doffing (taking off) PPE, and upon leaving the collection site.
- Regulated Medical Waste (RMW) drivers **do not** package waste.
 - Generators must hand tie each bag by gathering and twisting the neck of the bag and using a tie or hand knot to secure the bag, and each container must be securely closed.
 - Closed bags must not be visible once a secondary container (box or reusable tub) is closed.
 - Sharp materials (“sharps”) must be placed in a puncture-resistant container designed for sharps waste.
 - Sharps include needles, syringes, broken glass, scalpels, culture slides, culture dishes, broken capillary tubes, broken rigid plastic and exposed ends of dental wires.
 - All sharps containers should be properly closed before being placed into secondary containers. No loose sharps are permitted outside of sharps containers.
- RMW drivers should deny pickup or returned to the generator any improperly packaged containers or damaged containers.
- Reusable sharps containers should not be packaged in RMW containers but rather placed on the racks for standard processing.
- Technicians **should NOT enter** any patient isolation rooms regardless of isolation room signage.
- Technicians may service containers from isolation rooms **only** when containers are brought to the soiled utility room by hospital staff. Technicians may then service the container from this location only.
- Technicians should check-in at the nurse’s stations to ask about any rooms that should not be entered. If rooms are identified, the technician should not service containers. This applies to patient rooms, procedure areas, emergency departments, and other areas.

Drivers, Helpers, Sorters, and Post-Collection Operators⁴

- At the beginning and end of a shift, sanitize commonly touched items in the truck and heavy equipment (i.e. steering wheel, gear shifter, automated joystick, handles, tablets, nonporous surfaces, etc.).
- Practice social distancing guidelines, avoid human contact (including customers) during lunch, breaks, and routes.
- Sanitize hands before and after using the fueling station.
-

³ Stericycle: <https://www.stericycle.com/covid-hub/hospital-waste-procedures>

⁴ National Waste and Recycling Association (NWRA) COVID-19 Guidance



- Wipe down fueling station apparatus that you would touch.
- When working in groups, increase sanitization frequency to three times daily.
- Properly use all provided PPE (i.e. gloves, eye protection, etc.).
- Avoid the congregation of more than 10 people, including recycling centers.

Dispatch and Scale House Operators

- Clean and disinfect hands hourly.
- Use radio-based communication to relay information.
- Maintain your equipment and office supplies (i.e. pens, pencils, phones, etc.)
- Sanitize your hands after handling shared phones, radios, keys, clipboards, etc.

Additional Guidance for Scale House Operators:

- Wear gloves at all times, changing them at least three times per day or as frequently as needed.
- Gloves should be disposable, of sufficient strength and designed for the job you are doing.
- Non-disposable gloves that can be washed daily can be a functional alternative. Note: gloves that cannot be washed daily should be avoided.
- Avoid touching face while wearing gloves.
- Clean and sanitize hands after removing gloves.

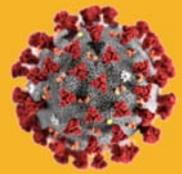
Technicians

- Before servicing a vehicle, sanitize commonly touched items (i.e. steering wheel, gear shifter, automated joystick, door handle, nonporous surfaces, etc.).
- Wear gloves at all times and sanitize hands before and after the use of shared tools. Gloves should be disposable, of sufficient strength and designed for the job you are doing.
- Non-disposable gloves that can be washed daily can be a functional alternative. Note: gloves that cannot be washed daily should be avoided.
- Avoid touching face while wearing gloves.
- Clean and sanitize hands after removing gloves.

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.

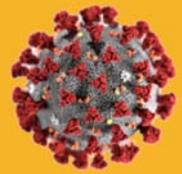


- Conducting worksite assessments to identify COVID-19 prevention strategies. Develop an infection control protocol, and educate employees on its contents in a language they understand.
- Providing training on good hand-washing practices and other routine infection control precautions.
- Providing employees with access to soap and clean running water or alcohol-based hand sanitizers containing at least 60% alcohol at their worksite.
- Providing employees with adequate supplies of appropriate personal protective equipment (PPE) in varying sizes when necessary and providing training on using the PPE.
- Providing tissues and no-touch disposal receptacles for use by employees.
- Increase the frequency of daily janitorial service to employee break rooms, rest areas, and other common areas and expand the scope to a deeper cleaning.
- Ensure sanitation products are properly stocked and secured.
- Providing EPA approved disinfection products so that commonly touched surfaces (for example, doorknobs, keyboards, remote controls, desks, tools, radios) can be wiped down before and after each use.
- Stagger safety meetings to ensure compliance with CDC guidelines for gatherings of no more than 10 people.
- Stagger start times of drivers to reduce crew-in/outsize to no more than 10 people.
- Require multiple break areas to eliminate the congregation of more than 10 people (i.e. Sorters at a recycling center).

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.



WHERE TO FIND MORE INFORMATION AND RESOURCES

- ❖ IBT: teamsters.org/covid-19; <https://teamstersafety.org/testing/covid-19/>
- ❖ U.S. Occupational Safety and Health Administration (OSHA): [osha.gov/SLTC/covid-19/index.html](https://www.osha.gov/SLTC/covid-19/index.html)
- ❖ OSHA Guidance for Solid Waste: <https://www.osha.gov/SLTC/covid-19/controlprevention.html>.
- ❖ Centers for Disease Control and Prevention (CDC): [cdc.gov/coronavirus/2019-nCoV/index.html](https://www.cdc.gov/coronavirus/2019-nCoV/index.html)
<https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>
- ❖ CDC Guidance on Cleaning and disinfection: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- ❖ EPA disinfection products: https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf
- ❖ National Institute for Occupational Safety and Health (NIOSH) https://www.cdc.gov/niosh/emres/2019_ncov.html
- ❖ California OSHA: <https://www.dir.ca.gov/dosh/Coronavirus-info.html>
- ❖ World Health Organization (WHO) https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200302-sitrep-42-covid-19.pdf?sfvrsn=edd4f123_2 https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200302-sitrep-42-covid-19.pdf?sfvrsn=edd4f123_2

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

ⁱⁱ <https://www.statnews.com/2020/03/03/who-is-getting-sick-and-how-sick-a-breakdown-of-coronavirus-risk-by-demographic-factors/>

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

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

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

^{vi} <https://www.osha.gov/Publications/OSHA3990.pdf>

^{vii} <https://www.osha.gov/Publications/OSHA3990.pdf>

^{viii} <https://www.osha.gov/Publications/OSHA3990.pdf>

^{ix} https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html

^x COVID-19 Control and Prevention <https://www.osha.gov/SLTC/covid-19/controlprevention.html>