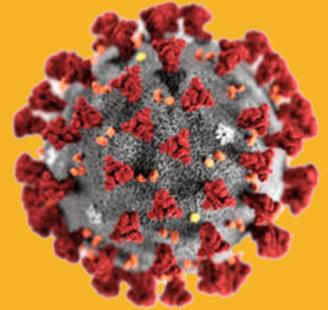




TEAMSTERS SAFETY & HEALTH Coronavirus



Correctional Facilities Coronavirus Pandemic (COVID-19, SARS-CoV-2)

(Updated April 30, 2020)

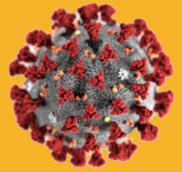
This is a rapidly evolving situation. This fact sheet will be updated online as needed. See links at the end of this fact sheet for the most up-to-date information.

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. Protecting essential workers who engage in local and regional parcel delivery should be a priority so that they can continue to provide goods and services without getting sick or spreading the infection to their communities.

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. In March, the IBT signed on to a petition asking the Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard for Infectious Diseases to ensure that workers will be protected from all infectious diseases, including COVID-19. In addition, the IBT will continue to request the federal government, as well as state and local governments, to provide the resources needed to protect patients and healthcare workers from COVID-19.

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 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

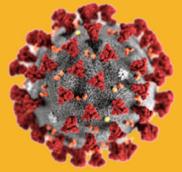
COVID-19 is transmitted most efficiently from direct person to person contact, through:

- 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) 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.

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>



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,
- 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

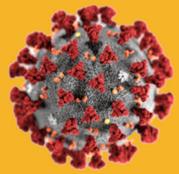
You should seek immediate help if you experience any of these emergency warning signs:

- 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 should be hospitalized where medication is given to treat symptoms like fever and pain, supportive care

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



(IV Fluids) will be administered as needed to support the body's immune system, and possible ventilator use to help with breathing.

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 the 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. Workers are best protected when their employer conducts a hazard assessment to identify risk, follows OSHA regulations and best practices in choosing an abatement method for the identified hazard and utilize the “hierarchy of controls” (see below) in selecting the best method to control the hazard.

OSHA Guidance OSHA has developed planning Guidance on Preparing Workplaces for COVID-19⁵, 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.

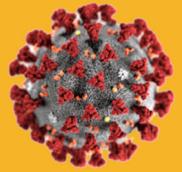
Employers should also determine if the tasks being performed could expose workers to fomites (objects or materials which are likely to carry infection) harboring the COVID-19 virus.

Employers should adopt infection control strategies based on a thorough hazard assessment, following the *'hierarchy of controls'*⁶, 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.

⁵ <https://www.dir.ca.gov/title8/5199.html>

⁶ https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf



- **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 outbreak of an infectious disease, 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 PPE⁷.

Depending on the specific work task and occupational exposure to COVID-19, and any other biological or chemical agents, various OSHA requirements may apply. Among the most relevant are:

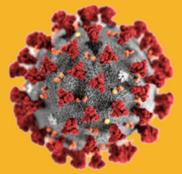
- OSHA's **Personal Protective Equipment (PPE)** standards (in general industry) which detail requirements when using gloves, eye and face protection, and respiratory protection.
- OSHA's **Hazard Communication standard** (in general industry), requires employers to protect their workers who are exposed to hazardous chemicals. Employers should be aware that products used for cleaning and disinfection of surfaces could contain hazardous chemicals. The Centers for Disease Control and Prevention (CDC) recommends using disinfectants that meet the Environmental Protection Agency's (EPA) criteria for use against SARS-CoV-2.
- **“OSHA's Bloodborne Pathogens standard** applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard.”
- OSHA's **recordkeeping requirements** at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log. COVID-19 can be a recordable illness if a worker is infected as a result of performing their work-related duties.

WHAT STEPS SHOULD MY EMPLOYER TAKE?

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:

- Actively encourage **sick employees** to stay home. Employees should stay home until they are free of fever (100.4° F [38° C] or greater), and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). If sick, call your primary care physician before visiting their office.
- Provide information on **who to contact** if you become sick.

⁷ <https://www.osha.gov/SLTC/covid-19/standards.html>



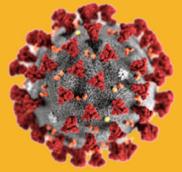
- **Designate a person** who is responsible for responding to COVID-19 concerns. You should know who this person is and how to contact them.
- Provide employees with the **right information** about COVID-19, how it spreads, and the risk of exposure.
- Conduct **worksite assessments** to identify COVID-19 prevention strategies.
- To keep workers at a safe social distance, consider operational changes that would implement the 6 feet clearance recommended by CDC's social distancing guidance⁸.
- **Provide personal protective equipment** if employees are likely to touch contaminated work surfaces, expected to make contact with body fluids or if employees are required to physically contact customers. Single-use gloves should be carefully removed and discarded after each use, reusable work gloves should be disinfected per manufacturer instructions. Ideally, single-use respirators should be disposed of when visibly contaminated or there is an obvious loss of structural integrity. Employee should immediately wash their hands after removing any PPE.
- Provide employees with **training on good hand-washing practices** and other routine infection control precautions. This will help reduce the spread of many diseases, including COVID-19.
- Reach out to **local public health officials** to establish ongoing communications to facilitate access to relevant information before and during a local outbreak.

WHAT SHOULD EMPLOYEES DO TO PROTECT THEMSELVES?

Regularly practice proper hand hygiene:

- **Hand hygiene** is one of the single most important infection control measures. Wash your hands with soap and water, when available, for 20 seconds, particularly when hands are visibly soiled.
- If soap and water is not available on a regular basis, use an **alcohol-based hand sanitizer** containing at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Key times to clean hands include:
 - Before beginning a work break and at the end of the shift.
 - After touching other commonly touched surfaces, such as time clocks and door handles.
 - After providing assistance to a passenger.
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands or when wearing gloves.
- **Avoid close contact** (i.e., within 6 feet) with customers.
- **Avoid touching surfaces** often touched by **transit passengers**.
- **Do not touch surfaces** contaminated by **body fluids**.
- **Use gloves** if touching surfaces known or potentially know to be contaminated with infectious substances.
- **Disinfect** shared surfaces, tools and equipment before and after use.

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>



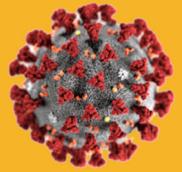
SPECIFIC GUIDANCE FOR CORRECTIONAL FACILITIES

Workers in correctional facilities are at risk of experiencing occupational exposures to COVID-19 as a result of individuals being in close contact and the fact that the virus is primarily transmitted by airborne means. Custodial and health care employees must follow policies that should already be in place to reduce the risk of contracting communicable illnesses such as influenza, e.g., good hand hygiene, minimizing direct contact with individuals, if possible, covering mouth when coughing or sneezing, staying at home if sick.

CORRECTIONAL FACILITIES EMPLOYER RESPONSIBILITIES

Your employer should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Employers also should create prescreening questions for new inmates entering the facility and for use with incumbent inmates periodically. Employers should develop policies and procedures (also known as administrative controls as described below) for employees to report when they are sick or experiencing symptoms of COVID-19.ⁱ

- **Ensure that a plan is in place to restock hygiene supplies, cleaning supplies, PPE, and medical supplies if COVID-19 transmission occurs within the facility.**
 - The seasonal influenza vaccine should be offered to all detained persons and staff in the influenza season. Symptoms of COVID-19 are similar to those of influenza.
 - Relax restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.ⁱⁱ
- **Consider increasing the number of staff and incarcerated persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**ⁱⁱⁱ
- Employers should develop policies and procedures for immediately identifying and isolating people who have signs or symptoms of COVID-19, and train correctional staff to implement them.
 - Potentially infectious people should be moved to a location away from staff, inmates and visitors. Although most secured facilities do not have specific isolation rooms (medical isolation), designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the facility.^{iv}
- Take steps to limit the spread of the respiratory secretions of a person who may have COVID-19.
 - Provide a surgical mask, if available, and ask the person to wear it.
 - Physical Distancing - Implement physical (social) distancing strategies to increase the physical space between detained persons (6 feet).^v
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission.
 - In facilities where medical screening, triage or healthcare activities occur, using either permanent (e.g., wall or a different room) or temporary barrier (e.g., plastic sheeting).^{vi}
- Restrict the number of personnel entering isolation areas.



- Protect correctional staff in close contact with (within 6 feet of) a sick person or who have prolonged or repeated contact with such persons by using additional engineering and administrative controls, and personal protective equipment (PPE) as described below.^{vii}

IMPLEMENT WORKPLACE CONTROLS AND POLICIES

The best way to control a hazard is to systematically remove it from the facility, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, and PPE.^{viii}

ENGINEERING CONTROLS

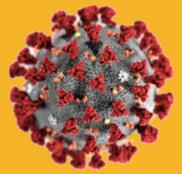
Engineering controls involve isolating correctional staff from work-related hazards. In facilities where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls include^{ix}:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the facility.
- Installing physical barriers, such as clear plastic sneeze guards.
- Installing a drive-through window or exterior tent for visitors to limit outside visitor entry to the facility (e.g., for monetary deposits to inmate accounts or other business).

ADMINISTRATIVE CONTROLS

Administrative controls require action by the worker or employer. Generally, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls include^x:

- Encouraging sick workers to stay at home.
 - Consider screening staff reporting to work. Check for fever over 100 degrees, cough, shortness of breath, exposure to someone who is symptomatic and under surveillance for COVID-19. If 2 out of 3 are present, send them home.
 - For arrestees, have the individual place a surgical mask on themselves and place them in isolation (a single room with a closed-door).
 - Then the jail's medical authority should be contacted for further management instructions.⁹
- Minimizing contact among staff, inmates, and visitors by replacing face-to-face meetings with virtual communications.
- Identify lawful alternatives to in-person court appearances, such as a virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.^{xi}



Establishing alternating days or extra shifts that reduce the total number of staff in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.

- Developing emergency communications plans, including a forum for answering staff concerns and internet-based communications.
- Providing staff with up-to-date education and training on COVID-19 risk factors and protective behaviors (cough etiquette and handwashing).
 - Stay connected with the Health Department: Even though CDC is issuing up-to-date scientific guidance, it is the responsibility of the local health officer to interpret and implement that guidance. The local health department would suggest an at-risk staff member to self-quarantine.^{xii}
- Training staff who need to use PPE.

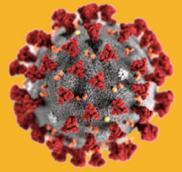
PERSONAL PROTECTIVE EQUIPMENT (PPE)

Correctional officers working with persons with possible COVID-19 infection should use personal protective equipment such as:

- Surgical Masks - When an inmate requests to see a medical professional for a respiratory complaint, before bringing them to the medical unit, the officer should have the patient put on a mask. A simple surgical mask is adequate.^{xiii}
 - Note: A surgical mask on a 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).
- Respirators – N-95 respirators or higher level respirators are recommended for health care workers who are working near (within 6 feet) of a patient with possible COVID-19.
 - If N-95 respirators are unavailable, any respirator with an N, P, or R letter designation and a 95 or 100 number designation can be used.
 - Respirators must be used as part of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134) and includes medical exams, fit testing, and training.^{xiv}
 - After removing PPE, always wash hands with soap and water. If soap and water is not available, use alcohol-based hand rub. Facilities for hand hygiene should be readily available at the point of use, e.g., at or adjacent to the PPE doffing area.

PERFORM ROUTINE ENVIRONMENTAL CLEANING

Perform cleaning and disinfection of all frequently touched surfaces several times per day, including but not limited to light switches, sink handles, and telephones.



- The normal disinfectants in use at the facility are adequate. For infection control adopt an approach that allows inmates to clean and disinfect their own cells.^{xv}
 - The CDC recommends providing disposable wipes so that commonly used surfaces can be wiped down by employees before each use.
 - Staff should clean shared equipment several times per day and on a conclusion of use basis e.g., radios, service weapons, keys.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- If needed - prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

CLEANING SURFACES

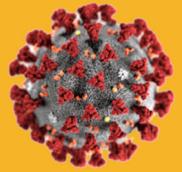
- Clean porous (soft) surfaces (e.g., cloth seats, cloth restraints, carpet, etc) where symptomatic inmates are located.
 - Start by removing visible contamination first with soap and water prior to disinfection. For items that can be laundered, use the warm setting and dry items completely on high heat.
- Clean non-porous (hard) surfaces where symptomatic inmates are located.
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - After removing visible dirt, use appropriate disinfectant products.
- For electronics follow the manufacturer's instructions for all cleaning and disinfection products.

If unexpected close contact occurs between the officer and an infected inmate do the following.

- Clean and disinfect duty belt and gear before reuse using a household cleaning spray or wipe, according to the product label.^{xvi}
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes as this will minimize the possibility of dispersing the virus through the air.^{xvii}

TRAINING

Train all workers and inmates with reasonably anticipated occupational exposure to COVID-19 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.



Officers 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.

When the potential exists for exposure to human blood, certain body fluids, or other potentially infectious materials, officers must receive the 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.

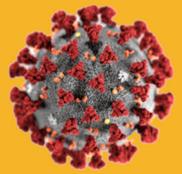
WORKER FRIENDLY EMPLOYMENT POLICIES

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.

RESOURCES

- ❖ Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities' posted March 24, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
- ❖ Many correctional systems have developed pandemic flu plans which can be adapted to COVID-19.
- ❖ The Federal Bureau of Prisons plan is available online: https://www.bop.gov/resources/pdfs/seasonal_influenza_guidance.pdf
- ❖ The Hernando County Sheriff's Office is using the following coronavirus screening form at intake and has posted this sign at all entrances to the jail.
- ❖ IBT Safety and Health's factsheet here: <https://teamster.org/news/2020/03/teamsters-safety-health-coronavirus-update>
- ❖ Law Enforcement Pandemic Influenza Planning Checklist, CDC.
- ❖ Pandemic Flu Checklist: Correctional Facilities, CDC.
- ❖ Local public health departments – are excellent sources of information.



- ❖ OSHA has provided this guidance at <https://www.osha.gov/SLTC/covid-19/controlprevention.html>

WHERE TO FIND MORE INFORMATION AND RESOURCES

- ❖ IBT: 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 Interim Guidance on SARS-CoV-2 for Correctional Officers and Staff in Secured Facilities
<https://www.afscme.org/downloadable-asset/AFSCME-Facts-Correctional-Officers.pdf>

ⁱⁱ Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities' posted March 24, 2020.
<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

ⁱⁱⁱ Ibid.

^{iv} Interim Guidance on SARS-CoV-2 for Correctional Officers and Staff in Secured Facilities
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^v Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities' posted March 24, 2020.
<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

^{vi} Interim Guidance on SARS-CoV-2 for Correctional Officers and Staff in Secured Facilities
<https://www.afscme.org/downloadable-asset/AFSCME-Facts-Correctional-Officers.pdf>

^{vii} Ibid.

^{viii} Ibid.

^{ix} Ibid.

^x Ibid.

^{xi} Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities' posted March 24, 2020.
<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

^{xii} Marc F. Stern, MD, MPH "Washington State Jails Coronavirus Management Suggestions" March 5, 2020

^{xiii} Ibid.

^{xiv} <https://www.osha.gov/SLTC/covid-19/controlprevention.html>

^{xv} Ibid

^{xvi} <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>

^{xvii} Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities' posted March 24, 2020.

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>