TEAMSTERS
## SAFETY & HEALTH
Coronavirus
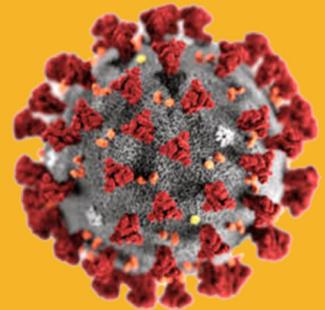
Package and Feeder Delivery Operations
Coronavirus Pandemic (COVID-19, SARS-CoV-2)

(Updated: April 1, 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. Also, 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/
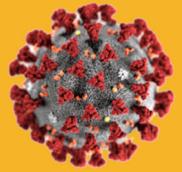
WHAT IS COVID-19?

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 pandemic[1]. 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 research[2] 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[3] 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.

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[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
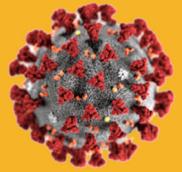
Spread from contact with infected surfaces or objects

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 symptoms[4] 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

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[4] https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf
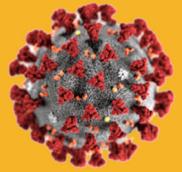
(IV Fluids) will be administered as needed to support the body's immune system, and possible ventilator use to help with breathing.

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 utilizes 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-19[5], 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.
- **Safe work practices** are types of administrative controls that include procedures for safe and

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[5] https://www.dir.ca.gov/title8/5199.html
[6] https://www.dir.ca.gov/dosh/dosh_publications/ATD-Guide.pdf
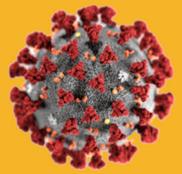
proper work used to reduce the duration, frequency, or intensity of exposure to a hazard, such as:

- o 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[7]."

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 the general industry) which detail requirements when using gloves, eye and face protection, and respiratory protection.
- OSHA's **Hazard Communication standard** (for 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 29CFR 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
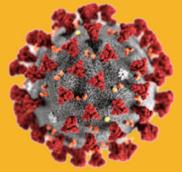
- **Designate a person** who is responsible for responding to COVID-19 concerns. You should know who this person is and how to contact them.
- Provide employees with the **right information** about COVID-19, how it spreads, and the risk of exposure.
- Conduct **worksite assessments** to identify COVID-19 prevention strategies.
- To keep workers at a safe social distance, consider operational changes that would implement the 6ft clearance recommended by CDC's physical distancing guidance[8].
- **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 soiled, it becomes harder to breath, or there is an obvious loss in structural integrity. The 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.
- Provide drivers with **up to date information** on truck stop closures, shelter-in-place orders, and state quarantine declarations.
- Provide drivers with information on potential health screening checks at customer locations and what **options** and **rights** drivers have in protecting their private health information.

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 are not available regularly, 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, before eating or preparing food, and at the end of the shift.
  - After touching other commonly touched surfaces, such as time clocks, door handles, etc.
  - After assisting a customer.
  - After blowing one's nose, coughing, or sneezing.
  - After using the restroom.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands or when wearing gloves.
- **Avoid close contact** with individuals (i.e., maintain 6 feet distance).
- **Avoid touching surfaces** often touched by others.
- **Do not touch surfaces** contaminated by **body fluids**.
- **Use gloves** if touching surfaces known or potentially known to be contaminated with infectious substances.
- **Disinfect** shared surfaces, tools and equipment before and after use.

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[8] https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
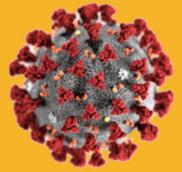
GUIDANCE FOR PACKAGE, FEEDER AND INSIDE OPERATIONS

Enhanced Daily Cleaning

Surfaces that are frequently touched should be cleaned at least daily during disease outbreaks. Procedures for cleaning common areas should include the use of an EPA approved (registered) antimicrobial product[9]. Employee and custodial procedures for cleaning workspaces and surfaces should follow recommended manufacturer instructions for dilution, ventilation, contact time and required use of PPE. At a minimum the following surfaces should be cleaned:

- Clean all **vehicle surfaces**: keys, steering wheel, inside and outside door handles, shift lever, any buttons or touch screens, wiper and turn signal levers, driver door armrests, grab handles, seat belts, seat adjusters, hand trucks, shared DIAD/ IVIS communication devices and other nonporous surfaces, etc.
- Clean all **commonly touched surfaces**: doorknobs, light switches, machine buttons or levers, touchscreens, workstations, scanners, shared equipment and tools, telephones, radios, clipboards, etc.
- Clean all **commonly used areas**: guard station countertops, breakroom, lunchroom, and restroom facilities (OSHA Standard 29 CFR 1910.141 *sanitation*).

Requirements for the Use of Personal Protective Equipment (PPE)

Gloves should be worn if there is a risk of exposure to contaminated surfaces or chemical hazards (i.e. using products to clean and disinfect surfaces). **Single-use gloves** should be carefully removed and **discarded after each use**, followed by immediate hand hygiene. **Reusable work gloves** should be **cleaned daily** per the manufacturer's instructions. A means for hand washing or sanitization should be provided if employees are required to have physical contact with customers during signature required deliveries or other instances where frequent contact with contaminated surfaces is presumed.

Per the current CDC guidance **facemasks should not be worn by people who are well** to protect themselves from respiratory diseases, including COVID-19. Instead, **physical distancing** procedures of 6ft between individuals should be practiced to minimize the spread of the virus.

If the employer requires the use of respiratory protection, per the OSHA respiratory standard (29 CFR 1910.134) the respirator must be provided **at no** cost to the employee and must follow the minimum requirements as detailed in 29 CFR 1910.134(c) *Respiratory Protection Program* of the OSHA regulation. Important elements of the OSHA required written respiratory program are detailed below:

1. **Medical evaluations** of employees required to use respirators
2. **Fit testing** procedures

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[9] https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
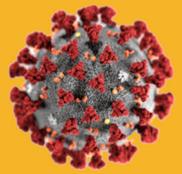
3. **Training** in the respiratory hazards to which employees are potentially exposed during routine and emergencies; and in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.

If the employer provides respiratory protection **when it's not required** or if the employee purchases their own respirator, portions of OSHA's respiratory protection standard still apply per 29 CFR 1910.134(c)(2)(i) and (c)(2)(ii). "The employer may provide respirators at the request of employees or permit employees to use their own respirators if the employer determines that such respirator use will not in itself create a hazard." If the employer determines that voluntary respirator use is permissible, **the employer shall provide** respirator users with the information and **training required in Appendix D of the standard** (see next section).

NOTE: Employees who **use filtering facepiece respirators** (i.e. N95, N99, N100, P95, P100, etc.) on a **voluntary** basis when not required by the standard, are **not required to be included** in the employers written respiratory protection program. However, employees **voluntarily wearing air-purifying respirators** (i.e. elastomeric face masks with cartridges) **must be included** in those elements of a **written respiratory protection program** necessary to ensure that any employee using a respirator is medically able to use that respirator and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user.

OSHA APPENDIX D TO THE RESPIRATORY PROTECTION STANDARD (MANDATORY)
(*Information for Employees Using Respirators When Not Required Under the Standard*)"[10].

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.

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[10] OSHA Respiratory Protection Standard
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=12716&p_table=STANDARDS
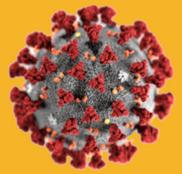
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Are There Any Protections Against Retaliation for Health and Safety Activities?

The *Surface Transportation Assistance Act* (STAA) protects transportation employees who engage in whistleblowing activities on violations of transportation safety or security. An employee who believes he/she has suffered workplace retaliation must file a complaint with the Occupational Safety and Health Administration (OSHA). OSHA will investigate complaints filed within 180 days of the alleged retaliation and can order remedies. Under STAA, an employer may not discharge a worker or retaliate against a worker because they:

- **Provided information to**, caused the information to be provided to, or assisted in an investigation by **a federal regulatory or law enforcement agency**, a member or committee of Congress, or your employer about an alleged violation of federal laws, rules, or regulations related to transportation safety and security, or about fraud, waste, or abuse of federal grants or other public funds intended for public transportation safety or security.
- **Refused to violate** or assist in a violation of any federal law, rule or regulation relating to transportation safety or security.
- **Filed a complaint**, caused a proceeding to be brought or testified in a proceeding under one of these laws, rules or regulations.
- **Reported a hazardous** safety or security condition.
- **Refused to work** when confronted with an imminent hazardous safety or security condition.
- **Refused to authorize the use of any safety or security-related** equipment**,** track, or structures if those structures present an imminent hazardous safety or security condition.

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.
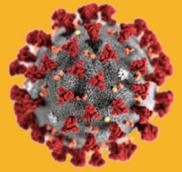
- Protection from stigma and discrimination.
- A rapid response system to share communications with employees.

WHERE TO FIND MORE INFORMATION AND RESOURCES

Stay informed. Talk to your employer, supervisor, and union representative. See these sources for more information on worker exposures to COVID-19:

❖ IBT: teamster.org/covid-19; https://teamstersafety.org/testing/covid-19/
❖ CDC COVID19: www.cdc.gov/coronavirus/2019-ncov/
❖ OSHA COVID19: www.osha.gov/SLTC/covid-19/controlprevention.html
❖ NIOSH Workplace Safety and Health Topic: www.cdc.gov/niosh/emres/2019_ncov.html
❖ CDC Interim Guidance for Businesses and Employers
  www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
❖ CDC Resources for Businesses and Employers
❖ https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html
❖ CDC Cleaning and Disinfection Recommendations
❖ https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html
❖ EPA List N: Disinfectants for Use Against SARS-CoV-2
❖ https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
❖ OSHA Guidance on Preparing Workplaces for COVID-19
  https://www.osha.gov/Publications/OSHA3990.pdf
❖ OSHA's COVID-19 website https://www.osha.gov/SLTC/covid-19/standards.html
❖ Whistleblower Protection for Public Transportation Agency
  https://www.osha.gov/Publications/OSHA-factsheet-whistleblower-trans-agencies.pdf