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%).
- 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 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. 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?**

Several workers employed at a long-term care facility as well as firefighters in Washington State and two health care workers in California have been either quarantined or diagnosed with COVID-19.

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.
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:
  o Mandatory training for any required personal protective equipment uses.
  o Adequate, non-punitive sick leave policies that encourage sick workers to stay at home without the loss of pay, benefits, seniority or other benefits.
  o Family leave policies that allow people to stay home to take care of household members.
  o 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.
  o Access to quality and affordable health care.

WHAT IS THE CURRENT RISK STATUS OF COVID-19 IN THE UNITED STATES?

The World Health Organization (WHO) has declared COVID-19 a pandemic, however, this is a rapidly evolving situation and the risk assessment for the US will be updated as needed. While COVID-19 is NOT widespread in the US, as more testing is conducted on suspected cases, this situation could change rapidly.

  • For the general American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is low.
  • People in communities where community spread with the virus that causes COVID-19 has been reported are at elevated though still relatively low risk of exposure.
  • Healthcare workers exposed to patients with COVID-19, whether they are providing care or cleaning, are at elevated risk of exposure.
  • Close contacts of persons with COVID-19 are at elevated risk of exposure.
  • Travelers returning from affected international locations with community spread are also at elevated risk of exposure.

WHAT IS EXPECTED TO OCCUR WITH COVID-19 IN THE US?

As person-to-person spread will continue to occur, more cases of COVID-19 are likely to be identified globally, including more cases in the United States. It is likely that at some point, the widespread transmission of COVID-19 in the United States will occur.

At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. Nonpharmaceutical interventions are available.

Widespread transmission of COVID-19 would translate into:
  o Large numbers of people needing medical care at the same time.
  o Schools, childcare centers, workplaces, and other places for mass gatherings may experience more absenteeism.
o Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths.
o Other critical infrastructures, such as law enforcement, emergency medical services, and the transportation industry may also be affected.
o Health care providers and hospitals may be overwhelmed.

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
- Federal Aviation Administration (FAA)
  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/CID/DCDC/Pages/Immunization/nCOV2019.aspx