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2020 Novel Coronavirus: A Fact Sheet for Healthcare Workers

A new coronavirus, COVID-19, has been identified as the cause of a cluster of severe pneumonia cases that emerged in Wuhan, Hubei Province, China, in December 2019.

Since then, the virus has spread to many countries. More cases are being identified daily and there are numerous cases of medical workers contracting the virus.

ABOUT COVID-19

While much has been learned about COVID-19 in a few weeks, there is still a lot we don't know.

What is known: While COVID-19 is in the same family as MERS and SARS, the fatality rate is lower for COVID-19 in comparison to these other viruses.

SYMPTOMS

What is known: Symptoms of COVID-19 include fever and/or symptoms of lower respiratory illness such as coughing or difficulty breathing. Emerging evidence suggests that many individuals with COVID-19 show no symptoms or only mild symptoms.

What is unknown: With some viruses, the infectious period precedes symptoms and with other viruses it coincides with symptoms — we don't know yet about COVID-19.

TRANSMISSION

What is known: Human-to-human transmission is confirmed. Asymptomatic people can transmit the virus.

What is unknown: Whether the disease is transmitted via contact, droplet or aerosol.



The CDC recommends that healthcare providers screen patients for infection from the coronavirus.

If a patient has:

- Fever and symptoms of lower respiratory illness and history of travel from affected geographic areas within 14 days
- Fever or symptoms of lower respiratory illness and close contact with a person with confirmed coronavirus illness within 14 days
- Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza), even if no source of exposure has been identified

Providers should immediately notify hospital infection control and the local/state public health department. The CDC will help public health departments to safely collect, store and ship specimens. Currently, diagnostic testing can only be done at the CDC. Local labs should not attempt testing.

*Fever may not be present in some patients, such as the very young, elderly, immunosuppressed, or those taking fever-reducing medication. Clinical judgment should be used to guide testing in these cases.

PROTECTIONS FOR HEALTHCARE WORKERS

We do not yet know exactly how the virus is transmitted, but the CDC recommends infection control and personal protective equipment (PPE) for airborne, droplet and contact transmission — large and small infectious material can be inhaled or absorbed through mucous membranes.

Patients with suspected coronavirus illness should immediately be given a surgical mask and placed in isolation, preferably in a negative pressure room.

Personnel working with patients with suspected or confirmed coronavirus illness should use standard precautions, contact precautions and airborne precautions — use of an N95 or stronger respirator, nitrile gloves, gown and facial shield to protect the eyes, nose and mouth from splashes. Handwashing protocols are critical to prevent the spread of infection.



Workers must be medically cleared and fit-tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use. Workers should receive refresher training on donning and doffing PPE. The Occupational Safety and Health Administration rule on respirators gives you the right to demand training and fit testing.

WHAT EMPLOYERS SHOULD DO TO PREPARE

- Provide training and education about the virus and how to recognize potential cases.
- Implement screening protocols to promptly identify patients with symptoms and travel history or exposure history that mean the patient may have a COVID-19 infection.
- Ensure prompt isolation of patients with possible or suspected cases of COVID-19. These patients should be placed in airborne infection isolation rooms whenever possible until COVID-19 has been ruled out or the patient has recovered.
- Maintain airborne infection isolation rooms so that they provide protection to staff and patients (e.g., ensuring that the rooms maintain negative pressure, ensuring the door is always kept closed).
- Provide personal protective equipment (PPE) to healthcare workers providing care to patients with possible COVID-19 infections. PPE should include N95 respirators plus covering of the eyes or powered air-purifying respirators (PAPRS) as well as gloves, gowns, and other PPE for droplet and aerosol precautions.
- Place sufficient staff to provide care to patients safely.

As a union of healthcare workers, we respect and care for people of all nationalities and ethnicities and realize that screening for the coronavirus must be based upon an individual's likely exposure to the virus — not their language or skin color. We will support and encourage respectful treatment of all patients and team members during this challenging period. SEIU will continue to monitor the outbreak and provide additional materials to help members protect themselves and their communities.



FOR THE MOST UP-TO-DATE INFORMATION

The situation is evolving rapidly. Please see the links below for the most up-to-date information.

- World Health Organization (WHO) Situation Reports:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- U.S. Centers for Disease Control and Prevention (CDC) on Novel Coronavirus:
<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- U.S. Centers for Disease Control and Prevention (CDC) Interim Guidance for Healthcare Workers:
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- European Centre for Disease Prevention and Control COVID-19 cases geographical distribution:
<https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>