

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

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November 12, 2021

TO: IBT Division Directors and Coordinators
IBT Departments
Joint Councils

Dear Brothers and Sisters,

The COVID-19 pandemic continues to affect many people worldwide. In the US, the rise in vaccination rates has led to a reduction in the total overall number of SARS-CoV-2 cases, the number of folks suffering from severe health effects or hospitalization, and the number of COVID-19 related deaths. However, with the onset of cold/flu season and increased time indoors, it is good to remain vigilant.

The IBT Safety and Health Department developed a COVID-19 Packet of information in support of Teamster membership, Local Unions, and affiliates, to highlight effective protections against COVID-19 covering topics such as vaccination, face coverings, employer/employee responsibilities and rights, and template bargaining language on vaccinations and COVID-19 policies. These materials will be maintained on the Safety and Health Department's website at www.teamstersafety.org and will be updated as needed.

Additional Covid-19 materials, not on the website, are available by contacting us; these include:

- COVID-19 Bargaining Topics Outline;
- COVID19 Model Contract Language; and
- Template Memorandum of Understanding on Vaccination and Testing.

The U.S. Occupational Safety and Health Administration (OSHA) recently issued an "*Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing*" – with rolling compliance dates of December 4, 2021 and January 6, 2022 -- to protect employees of large employers (100 or more employees) by requiring covered employers to develop, implement, and enforce a mandatory COVID-19 policy which includes vaccination and regular testing and masking requirements in certain situations. As you are probably aware, corporations filed legal challenges to repeal this Emergency Temporary Standard, but we believe that it is prudent to provide information and materials that will assist us in protecting our membership from COVID-19.

Resources in this packet include the following:

- Employer Responsibilities, Workers' Rights, and the Role of the Local Union
- OSHA Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing
- Vaccine Booster Fact Sheet
- Mask and Respirators for the Prevention of COVID-19 Fact Sheet, and
- Case Investigation and Contact Tracing Fact Sheet.

Resources currently available online:

- Vaccination and Testing ETS | Occupational Safety and Health Administration¹
- Vaccination and Testing ETS - Frequently Asked Questions² | Occupational Safety and Health Administration
- Vaccinations – Title VII and Religious Objections to COVID-19 Vaccine Mandates³
- COVID-19: U.S. Equal Employment Opportunity Commission (EEOC) [the ADA]⁴.

Training courses that are currently available include:

- 90-Min Safety and Health awareness Course⁵ (in-person, virtual),
- 30-Min Awareness Course⁶ (in-person, virtual, self-paced),

Coming Soon (teamster.org and teamstersafety.org)

- Podcast: OSHA Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing, and
- Webinar: OSHA Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing.

We trust that you will find this information helpful. As always, we welcome your questions, please feel free to contact us at (202) 624-6960 or ibtsafety@teamster.org.

Fraternally yours,



Lamont Byrd, Director
Safety and Health Department

¹ <https://www.osha.gov/coronavirus/ets2>

² <https://www.osha.gov/coronavirus/ets2/faqs>

³ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#L>

⁴ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

⁵ [Teamstersafety.org/training](https://teamstersafety.org/training)

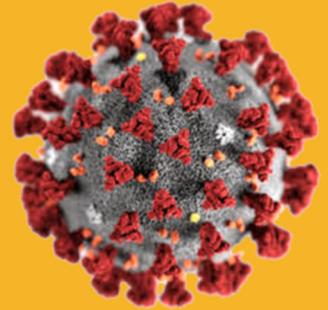
⁶ [Teamstersafety.org/training](https://teamstersafety.org/training)



TEAMSTERS

SAFETY & HEALTH

COVID-19 Guidance



Bargaining Topics Outline

COVID-19 Pandemic

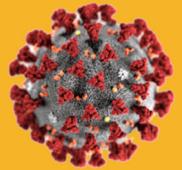
November 17, 2021

1. PREAMBLE

The Union and Company acknowledge the devastating global impact of COVID-19. The company will follow all regulations issued by OSHA, the State, County, or other qualified agencies. The company will further consider all recommendations issued by the CDC or other safety and health organizations that promote worker safety and health.

2. THE EMPLOYER SHOULD UTILIZE THE OSHA HIERARCHY OF CONTROLS TO PREVENT AN OUTBREAK OF COVID-19 IN THE WORKPLACE

- a. Exposure Assessment
 - i. The company should conduct a hazard assessment and implement hazard controls as needed.
- b. Engineering Controls
 - i. Ventilation controls
 1. Central HVAC- MERV 13 filters
 2. Portable HEPA filter air purification units
 - a. Portable units must be of a sufficient quantity to support needs based on sq ft. of workspace
 - ii. Use of physical barriers when/where needed (not a substitute for ventilation controls)
- c. Administrative Controls
 - i. Telework policy
 - ii. Health screening policy
 1. Daily online questionnaire
 2. In-person temperature checks



- iii. Physical Distancing Protocol
- iv. Masking Policy
 - 1. Voluntary use
 - 2. Mandatory use (provided at no cost to employee)
- v. Cleaning and Disinfection Protocol
 - 1. Use of products on EPA List N¹
 - 2. Shared workspace
 - 3. Solo workspace
- vi. Hand Hygiene
 - 1. Placement of sanitizer units, adequate areas for hand washing
- vii. Vaccination
 - 1. Paid-for-time (vaccination)
 - 2. Paid-for-time (recovery)
 - 3. Exemption request
 - a. The defined period for Notification of Accommodation after an exemption request is made
 - 4. Booster shots
 - a. Paid-for-time (vaccination)
 - b. Paid-for-time (recovery)

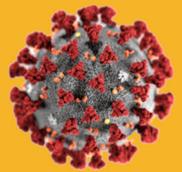
3. PROTOCOL FOLLOWING AN ACTIVE WORKPLACE EXPOSURE OR OUTBREAK

- a. Sick Employee Isolation and Removal
 - i. Paid for leave
- b. Contact Tracing
 - i. Exposed employee notification
 - ii. Union notification
- c. Disinfection Protocol
 - i. Use of products on EPA List N
 - ii. Shared workspace
 - iii. Solo workspace
- d. Quarentine Policy

4. LEAVE POLICIES

- a. Sick leave
- b. Quarantine leave
- c. Care for family leave

¹ <https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0>



5. TESTING

- a. Under what scenario is testing required?
 - i. Exposure for more than 15 minutes to a person with a confirmed case of COVID-19
- b. Who is required to take a COVID-19 PCR test?
 - i. Vaccinated, unvaccinated, or both
- c. Paid-for-time (test)

6. RECORDS RETENTION (VACCINE STATUS, TESTING RESULTS, EXPOSURE STATUS)

- a. Privacy policy (HIPPA compliant)
- b. Controlled storage/ access to employee health records
- c. Copies and access to medical records shall be provided upon request to the affected individual or with written consent to an employee designee at no cost.
- d. Time frame for record retention (ie time of employment + 15yrs)

7. PROHIBITION ON DISCRIMINATION, RETALIATION, OR COERCION

- a. Employees should be free to report workplace hazards or concerns
- b. The employee has a right to refuse to do unsafe work if they believe in good faith the hazard may cause death or serious physical injury [29 CFR 1977.12(b)(2), OSHA Act Section 13(a)]

8. TRAINING

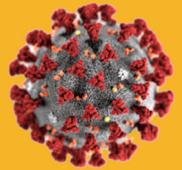
- a. Topics should include
 - i. What is COVID-19
 - ii. How is it spread
 - iii. What hazard controls have been implemented in the workplace
 - iv. How vaccines can be effective
 - v. How can employees get vaccinated

9. EMPLOYEE RIGHTS

- a. Form a Labor/Management COVID-19 safety and health committee
- b. Ensure there is employee participation in developing the company COVID plan

10. WORKPLACE VIOLENCE

- a. Employer responsibility to protect against a known hazard
 - i. No tolerance for workplace violence regardless of vaccination status, position on masking.

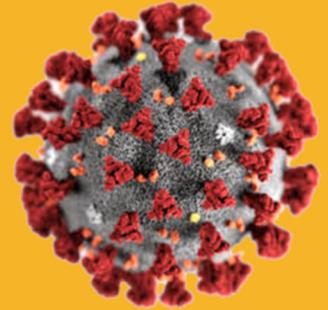


- ii. No discipline for health-protective measures during workplace violence events

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



Memorandum Of Understanding On COVID-19 Vaccination

November 17, 2021

On November 4, 2021, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) announced a new COVID-19 Vaccination and Testing Emergency Temporary Standard¹.

Under this standard, covered employers, with a total of 100 employees or more, must develop, implement and enforce a mandatory COVID-19 vaccination policy, unless they adopt a policy requiring employees to choose to either be vaccinated or undergo regular COVID-19 testing and wear a face covering at work.

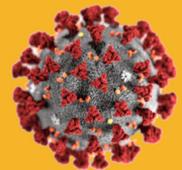
Under a court order issued on November 12, 2021, OSHA has suspended activities related to the implementation and enforcement of the ETS pending future developments in the litigation. The terms of this 'Memorandum of Understanding' will be subject to labor-management revision should state or federal vaccination requirements change in a manner more stringent than what is outlined in this agreement.

This memorandum of understanding is entered into this ___th day of _____ 202_, by the [Employer] and [Union] as it covers _____ bargaining unit members, known collectively as the parties, as follows:

WHEREAS The [Employer] and Union are faced with a continued public health and safety threat; and

WHEREAS, The parties are desirous of reaching an agreement that will proactively address working conditions, including employee health and safety concerns, as the workplace(s) returns to full employee capacity; and

¹ Nothing in this standard "prevents employers from agreeing with workers and their representatives to additional measures not required by this section and this section does not supplant collective bargaining agreements or other collectively negotiated agreements in effect that may have negotiated terms that exceed the requirements herein. The National Labor Relations Act of 1935 (NLRA) protects the right of most private-sector employees to take collective action to improve their wages and working conditions." <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>



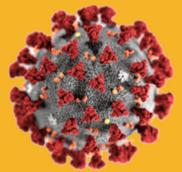
WHEREAS, The parties have mutually committed to support each other, maintain a collaborative relationship, and meet the needs of employees in the least disruptive manner possible;

WHEREFORE, The parties agree to the following:

1. The applicable terms of the parties' collective bargaining agreement related to health and safety, to the extent that they are not modified by this agreement, shall remain in full force in effect. The parties agree to hold formal regular joint labor-management health and safety meetings throughout the year as health and safety issues arise, to mutually address matters including, but not limited to, vaccinations and related exemptions, Covid-19-related issues; availability, mandates, and accessibility of testing, masks, and other Personal Protective Equipment (PPE); information and monitoring of community outbreaks and workplace health surveillance and access to information about facilities and HVAC systems/ventilation.
2. Employees who are not already vaccinated are required to receive the first dose of COVID-19 vaccine by _____, 202_, and a second dose², if required as part of the vaccine regimen they choose, by _____, 202_. Employees may be vaccinated at the site of their choice. Employees are not considered fully vaccinated until two weeks have passed since their final dose. If a booster dose³ is recommended by the Centers for Disease Control and Prevention (CDC) or the _____ [State or County] Department of Public Health, the parties shall engage around the details of implementation to ensure employees comply with the recommendations.
3. A reasonable amount of time - up to [four (4)] hours of paid time, including travel time - at the employee's regular rate of pay, shall be made available for each employee's vaccination dose. Reasonable time and [up to ___ days] paid sick leave shall be made available to each employee for recovery from side effects from the vaccination, as needed.
4. All employees, regardless of vaccination status, shall be required to wear a mask [when indoors or when occupying a vehicle with another person for work purposes] and observe other written safety and health policies and procedures required by the employer.
5. The [Employer] will track and maintain a record of each employee's vaccination status in a confidential manner, and employees shall provide proof of vaccination status. The parties recognize that vaccination and health information is confidential, private, and shared on a need-to-know basis according to relevant public health protocols. If state or federal vaccination requirements change in a manner more stringent than what is outlined in this agreement, the parties agree to engage around the details of implementation with the understanding that new requirements will supersede requirements in this agreement.

² The minimum time between the two doses of the Pfizer Vaccine is 3 weeks whereas 4 weeks for the Moderna vaccine

³ People who received a primary mRNA COVID-19 vaccine series and are 65 years and older, 50–64 years with underlying medical conditions, or 18 years and older who live in long-term care settings **should** receive a booster shot at least 6 months after completing the primary series (which may include an additional primary dose in persons with moderate to severe immunocompromise). <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>



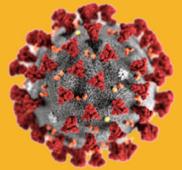
6. Under federal law, including the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964, workers may be entitled to a reasonable accommodation from their employer, absent undue hardship. If the worker requesting a reasonable accommodation cannot be vaccinated and/or wear a face covering because of a disability, as defined by the ADA, the worker may be entitled to a reasonable accommodation. In addition, if the vaccination, and/or testing for COVID-19, and/or wearing a face covering conflicts with a worker's sincerely held religious belief, practice, or observance, the worker may be entitled to a reasonable accommodation⁴. Any requests for religious and medical exemptions to the vaccination requirement shall be made in writing using a form and process on the [Employer] website that includes uploading appropriate documentation to support such request (like certification from an appropriate medical professional that the employee should not be vaccinated). Upon receipt of medical certification or appropriate religious certification, exemption status and the certification shall be maintained by the human resources department. Absent a release by the employee, only the human resources department personnel and the employee shall have access to exemption forms. The [Employer] reserves the right to request appropriate documentation to support such requests. Neither exemption shall guarantee a remote work option, but flexible work arrangements may be considered as part of the accommodation process.

7. Employees exempted from the vaccination requirement according to Paragraph 5 shall be required to participate in weekly surveillance testing. [The employer is not required to pay for any costs associated with testing.] Testing documentation shall be provided by each employee no later than the 7th day following the date on which the employee last provided a test result, and shall be maintained by the human resources department. The parties recognize that vaccination and health information is confidential, private, and shared on a need-to-know basis according to relevant public health protocols. If an employee does not provide documentation of a COVID-19 test result, the employer must keep that employee removed from the workplace until the employee provides a test result.

8. Unvaccinated employees, who do not have an exemption or are not awaiting approval for an exemption as listed in paragraph 5, shall be [placed on unpaid leave for up to one (1) year. Those employees may use compensatory time, personal time, and accrued vacation in that order. The [Employer] will be flexible in allowing these employees to use their accrued leave time in less than full-time increments, i.e., in a minimum of one-half day increments, so they can remain active on the payroll for a longer period. It is understood that no employee will be placed on unpaid leave status prior to _____ 202_].

9. Employees are required to follow all [Employer] mandated safety and health protocols, including protocols for wearing of masks or respirators, physical distancing, and other recommended applicable measures. Employees who refuse to follow these protocols, including

⁴ For more information about evaluating requests for reasonable accommodation for disability or sincerely held religious belief, employers should consult the Equal Employment Opportunity Commission's regulations, guidance, and technical assistance including at: <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>.



but not limited to wearing masks (except were unsafe due to a documented medical condition or disability), may be subject to discipline pursuant to the collective bargaining agreement.

10. The parties understand that this agreement is subject only to the COVID-19 vaccination and in no way sets a precedent for future vaccination or health information-sharing requirements.

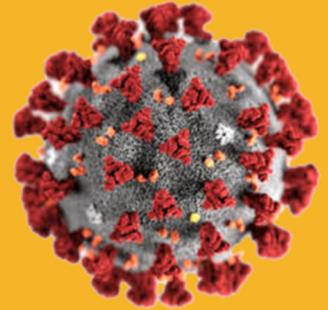
11. This agreement shall constitute a full agreement by the parties and shall only be modified by a subsequent agreement in writing.

For the Union

For the Employer



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



Model COVID-19 Contract Language

November 17, 2021

PURPOSE AND SCOPE

The parties acknowledge the devastating global impact of COVID-19, the potential for similar pandemics in the future, and the public need for and joint desire of the parties to safely continue the Employer's operations in compliance with health and safety directives. [Employer name] is committed to providing a safe and healthy workplace for all our employees. In the event of a future pandemic or similar public health crisis, it will follow all applicable recommended guidelines by the CDC, OSHA, the State, County, or other qualified agencies. [Employer name] has multiple workplaces that are substantially similar, and therefore has developed a single COVID-19 plan for the substantially similar workplaces, with site-specific considerations included in the table below.

or

[Employer name] has multiple workplaces that are not substantially similar, and therefore has created a separate COVID-19 plan for each workplace.

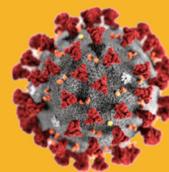
[Employer name] is committed to providing a safe and healthy workplace for all our employees. To this end, [Employer name] has developed the following written COVID-19 plan, which includes policies and procedures to minimize the risk of transmission of COVID-19, in accordance with CDC guidance, OSHA's COVID-19 guidance on *Mitigating and Preventing the Spread of COVID-19 in the Workplace*¹ and OSHA's *Emergency Temporary Standard (ETS) for either General Industry or Healthcare as applicable [29 CFR 1910 Subpart U]*²

Employees have the right to:

- Protection from firing or discrimination for exercising your rights under applicable regulations including refusal to work; Workers' Right to Refuse Dangerous Work | Occupational Safety and Health Administration (osha.gov).

¹ <https://www.osha.gov/coronavirus/safework>

² <https://www.osha.gov/coronavirus/ets>



- Protection from punishment for reporting COVID-19 workplace hazards or concerns;
- Training on how the employer will protect workers from COVID-19, or similar pandemic and public health crisis, in language that workers understand;
- Input and participation in developing a COVID-19 plan that includes the following:
 - Vaccination, paid time off for vaccinations, and vaccination side effects (see attached document)
 - Ventilation
 - Physical distancing
 - Physical barriers
 - Respirators and other personal protective equipment (PPE) for exposure to people with suspected or confirmed COVID-19 and for aerosol-generating procedures on a person with suspected or confirmed COVID-19
 - Face coverings
 - Cleaning and disinfection
 - Symptom screening
 - Contact tracing, including employee notification if a 'close contact'³ at the workplace is COVID-19 positive
 - Removing employees who have suspected or confirmed COVID-19, specific COVID-19 symptoms, or have had close contact with a person who is COVID-19 positive in the workplace

Quarantine if an employee has been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19 unless you have been fully vaccinated. People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms. However, fully vaccinated people should get tested 3-5 days after their exposure, even if they don't have symptoms, and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

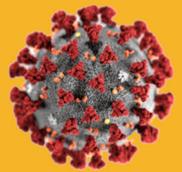
Based on local conditions and needs, local public health authorities decide how long quarantine should last. Follow the recommendations of your public health department if you need to quarantine.

ROLES AND RESPONSIBILITIES

[Employer name]'s goal is to prevent the transmission of COVID-19 in the workplace(s). Managers and non-managerial employees and their representatives are all responsible for supporting, complying with, and providing recommendations to improve this COVID-19 plan further.

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to implement cleaning, disinfection, and hand hygiene in the workplace.

³ Within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>



The COVID-19 Safety Coordinator(s) implements and monitors this COVID-19 plan. The COVID-19 Safety Coordinator(s) has [Employer name] and [Union name] full support in implementing and monitoring this COVID-19 plan and has authority to ensure compliance with all aspects of this plan.

The Labor-Management COVID-19 Safety and Health Committee will monitor developments pertaining to COVID-19 or other similar public health crises and meet regularly to discuss and make recommendations concerning maintaining a safe workplace. Such meetings may take place electronically (social distancing). The employer will update its policies as these and others by applicable agencies are revised.

[Describe how employee suggestions will be solicited or requested, how employee concerns will be addressed, and how such suggestions will be integrated into developing, implementing, monitoring, and updating the plan.]

HAZARD ASSESSMENT AND WORKER PROTECTIONS

[Employer name] will work collaboratively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment, develop, implement, and update the COVID-19 plan and associated policies and procedures. This could be accomplished by establishing a Labor-Management COVID-19 Safety and Health Committee (see attached document on terms of the L-M committee).

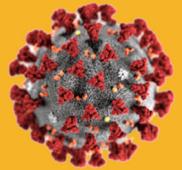
[Employer name] will conduct a workplace-specific hazard assessment of its workplace(s) to determine potential workplace hazards related to COVID-19. A hazard assessment will be conducted initially and whenever changes at the workplace create a new potential risk of employee exposure to COVID-19 (e.g., new work activities at the workplace).

[Employer name] and the COVID-19 Safety Coordinator(s) will work cooperatively with non-managerial employees and their representatives to conduct a workplace-specific hazard assessment and in the development, implementation, and updating of this COVID-19 plan. All completed hazard assessment forms and results will be attached to this plan and accessible to all employees and their representatives at each facility.

[Employer name] will address the hazards identified by the assessment and include policies and procedures to minimize the risk of transmission of COVID-19 for each employee. These policies and procedures are as follows:

VENTILATION

[This section applies to employers who own or control buildings or structures with existing heating, ventilation, and air conditioning (HVAC) systems.]



[Employer name] will implement policies and procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and ensure that:

- The HVAC system(s) is used in accordance with the manufacturer's instructions and the design specifications of the HVAC system(s);
- The amount of outside air circulated through the HVAC system(s) and the number of air changes per hour are maximized to the extent appropriate;
- All air filters are rated Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s); if not compatible, the filter with the highest compatible filtering efficiency is used;
- All air filters are maintained and replaced as necessary to ensure the proper function and performance of the HVAC system;
- All intake ports that provide outside air to the HVAC system(s) are cleaned, maintained, and cleared of any debris that may affect the function and performance of the HVAC system(s); and

[Employer name] will identify the building manager, HVAC professional, or maintenance staff members who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of OSHA and list the individual(s) below.

[Employer name] will describe additional measures to improve building ventilation in accordance with "CDC's Ventilation Guidance"⁴. For example:

- Running the HVAC system for at least 2 hours before and after the building is occupied;
- Opening windows and doors during work hours when the outdoor climate allows, and when doing so would not present other health or safety hazards;
- Placing fans in windows, but not where potentially contaminated air flows directly from one person to another;
- Using portable high-efficiency particulate air (HEPA) fan/filtration systems; or
- Other measures identified by the employer.

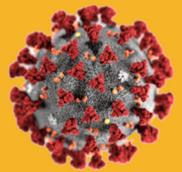
PHYSICAL BARRIERS

[Employer name] will install physical barriers at each fixed work location where each employee is not separated from all other people by at least 6 feet of distance and spacing cannot be increased unless it can be demonstrated that it is not feasible to install such physical barriers. Physical barriers will be implemented, along with the other provisions required by OSHA's COVID-19 Healthcare ETS or its guidance for other industries, as applicable, and as part of a multi-layered infection control approach.

Where feasible, [Employer name] will ensure that:

- Physical barriers are solid and made from impermeable materials;
- Physical barriers are easily cleanable or disposable;

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>



- Physical barriers are sized (i.e., height and width) and located to block face-to-face pathways between individuals based on where each person would normally stand or sit;
- Physical barriers are secured so that they do not fall or shift, causing injury or creating a trip or fall hazard;
- Physical barriers do not block workspace airflow or interfere with the heating, ventilation, and air conditioning (HVAC) system operation;
- Physical barriers are transparent in cases where employees and others must see each other for safety; and
- Physical barriers do not interfere with effective communication between individuals.

[Describe where and how physical barriers will be installed when physical distancing cannot be consistently maintained and spacing cannot be increased. For example:

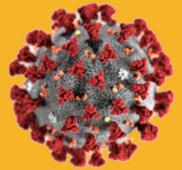
- Where:
 - Public-facing fixed workstations (e.g., entryway/lobby, check-in desks, triage, hospital pharmacy windows, bill payment);
 - Security screening and checkpoints.
- How:
 - Free-standing on the floor and secured;
 - Mounted securely to hard surfaces above the floor (e.g., benches, desks, countertops, production lines, vehicle interior surfaces); or
 - Hung from above and extending down from the ceiling or other fixture and secured to avoid falling, flapping, or moving.]

PHYSICAL DISTANCING

[Employer name] will ensure that each employee is separated from all other people in the workplace by at least 6 feet when indoors unless it can be demonstrated that such physical distance is not feasible for a specific activity. Where maintaining 6 feet of physical distance is not feasible, [Employer name] will ensure employees are as far apart from other people as possible. Physical distancing will be implemented, along with the other provisions required by CDC's and OSHA's COVID-19 recommendations, as part of a multi-layered infection control approach.

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess physical distancing in the workplace and identify, develop, and implement physical distancing measures for employees protection. Where physical distancing cannot be maintained between employees and co-workers, visitors, and other non-employees, the employer will identify controls and practices that can be implemented to protect employees in these locations.

[Describe how workplace flow, such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel, will be adjusted to ensure physical distancing.]



[Describe physical workplace changes, such as increased distance between workstations, check-in, checkout stations, etc., that will be implemented to ensure physical distancing.]

[Describe how people in the workplace will be prevented from gathering in groups in common areas and “bottlenecks,” including corridors, meeting rooms, stairways, breakrooms, entrances, exits, and elevators.]

[Describe how aisles, tables, counters, check-in, and checkout stations, etc., will be arranged and how the flow will be directed to allow for physical distancing between people.]

[Identify protocols such as telework, flexible work hours, staggered shifts, or additional shifts that can be used to reduce the number of employees in the workplace at one time.]

PERSONAL PROTECTIVE EQUIPMENT (PPE)

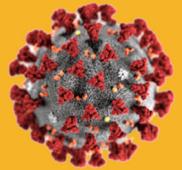
[Employer name] will provide, and ensure that employees wear, facemasks or a higher level of respiratory protection. Employees must wear facemasks over the nose and mouth when indoors and when occupying a vehicle with another person for work purposes. As part of a multi-layered infection control approach, policies and procedures for facemasks will be implemented, along with the other provisions required by OSHA’s COVID-19 ETS.

Facemasks provided by [Employer name] will be FDA-cleared, authorized by an FDA Emergency Use Authorization, or otherwise offered or distributed as described in an FDA enforcement policy. [Employer name] will provide employees with a sufficient number of facemasks, which must be changed at least once a day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). [Employer name] may also provide a respirator to employees when only a facemask is required (i.e., when OSHA’s COVID-19 ETS does not otherwise require a respirator) and, when doing so, will comply with OSHA’s COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). [Employer name] will also permit employees to wear their own respirator instead of a facemask and, in such cases, will comply with OSHA’s COVID-19 ETS mini respiratory protection program (29 CFR 1910.504). Additional information about when respirator use is required can be found below.

[Describe how employees will be provided facemasks and instruction about when and how they should be worn or used.]

Paragraph (a)(4) of the ETS exempts fully vaccinated employees from the PPE requirements of the ETS when in well-defined areas where there is no reasonable expectation that any person with suspected or confirmed COVID-19 will be present. The following are additional exceptions to [Employer name]’s requirements for facemasks:

1. When an employee is alone in a room.
2. While an employee is eating and drinking at the workplace, provided each employee is at least 6 feet away from any other person or separated by a physical barrier.
3. When employees are wearing respirators in accordance with 29 CFR 1910.134 or paragraph (f) of OSHA’s COVID-19 ETS.



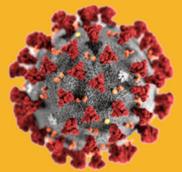
4. When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing), the conditions do not permit a facemask constructed of clear plastic (or includes a clear plastic window). When this is the case, [Employer name] will ensure that each employee wears an alternative, such as a face shield, if the conditions permit.
5. When employees cannot wear facemasks due to a medical necessity, medical condition, or disability as defined in the Americans with Disabilities Act (42 USC 12101 et seq.), or due to religious belief, exceptions will be provided for a narrow subset of persons with a disability who cannot wear a facemask or cannot safely wear a facemask, because of the disability, as defined with the Americans with Disability Act (42 USC 12101 et seq.), including a person who cannot independently remove the facemask. The remaining subset who cannot wear a facemask may be exempted on a case-by-case basis as required by the Americans with Disability Act and other applicable laws. When an exception applies, [Employer name] will ensure that such employees wear a face shield if their condition or disability permits it. [Employer name] will provide accommodations for religious beliefs consistent with Title VII of the Civil Rights Act.
6. When [Employer name] has demonstrated that using a facemask presents a hazard to an employee of serious injury or death (e.g., arc flash, heat stress, interfering with the safe operation of equipment). [Identify job tasks, if any, in which the use of a facemask presents a hazard of serious injury or death.] When this is the case, [Employer name] will ensure that each employee wears an alternative, such as a face shield, if the conditions permit. Any employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard.

If a face shield is required to comply with OSHA's COVID-19 ETS or [Employer name] otherwise requires the use of a face shield, [Employer name] will ensure that face shields are cleaned at least daily and are not damaged.

[Employer name] will not prevent any employee from voluntarily wearing their own facemask and/or face shield in situations when they are not required unless doing so would create a hazard of serious injury or death, such as interfering with the safe operation of equipment.

In addition to providing, and ensuring employees wear, facemasks, [Employer name] will provide protective clothing and equipment (e.g., respirators, gloves, gowns, goggles, face shields) to each employee in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions," and ensure that the protective clothing and equipment is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

[Describe Employer policies and procedures for providing employees PPE in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions."]



For employees exposed to people with suspected or confirmed COVID-19, [Employer name] will provide respirators and other PPE, including gloves, an isolation gown or protective clothing, and eye protection. [Employer name] will ensure respirators are used in accordance with the Mini OSHA Respiratory Protection standard (29 CFR 1910.504), and other PPE is used in accordance with OSHA's PPE standards (29 CFR 1910 subpart I).

[Describe Employer policies and procedures for providing PPE to employees with exposure to people with suspected or confirmed COVID-19.]

[Describe Employer policies and procedures for providing PPE to employees performing or assisting with AGPs on a person with suspected or confirmed COVID-19. Note that employers are encouraged to select elastomeric respirators or powered air-purifying respirators (PAPRs) instead of filtering facepiece respirators for AGPs on a person with suspected or confirmed COVID-19.]

[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees or representatives to assess and address COVID-19 hazards, including when there is employee exposure to people with suspected or confirmed COVID-19.

CLEANING AND DISINFECTION

[Employer name] will implement policies and procedures for cleaning, disinfection, and hand hygiene, following standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC's "[COVID-19 Infection Prevention and Control Recommendations](#)" and CDC's "[Guidelines for Environmental Infection Control](#)" and OSHA's COVID-19 requirements and recommendations, as part of a multi-layered infection control approach.

[Employer name] requires cleaning high-touch surfaces and equipment at least once a day, following manufacturers' instructions for applying cleaners. When a person who is COVID-19 positive has been in the workplace within the last 24 hours, [Employer name] requires cleaning and disinfection, in accordance with CDC's "[Cleaning and Disinfecting Guidance](#)," of any areas, materials, and equipment that that person has likely contaminated (e.g., rooms they occupied, items they touched).

[Describe the schedule for cleaning and disinfection, the persons responsible for conducting cleaning and disinfection, the products that are used to clean and disinfect the workplace, how the business will clean work areas and equipment, and how the company will clean and disinfect the workplace if a COVID-19 positive person has been in in the workplace within the last 24 hours. For the latter, a cleaning log will be used and signed by a supervisor be used.]

[Employer name] will provide an alcohol-based hand rub that is at least 60% alcohol or provide readily accessible handwashing facilities with liquid soap. [In addition, signs will be posted encouraging frequent handwashing with soap.]



SCREENING, ACCESS, AND MEDICAL MANAGEMENT

Health Screening

[Employer name] will screen each employee before each workday and each shift.

[Describe how employees will be screened (e.g., in-person or preferably by asking employees to self-monitor for COVID-19 symptoms before reporting to work). OSHA's Sample Employee COVID-19 Health Screening Questionnaire may be useful.]

Access Management

[Employer name] will establish procedures to:

- Limit and monitor points of entry to the workplace;
- Screen all visitors, delivery people, and other non-employees PRIOR TO entering the setting for symptoms of COVID-19.

[Describe Employer procedures for limiting and monitoring points of entry to the setting, screening, and triaging for symptoms of COVID-19, and restricting facility access to reduce crowding.]

Employee Notification to Employer of COVID-19 Illness or Symptoms

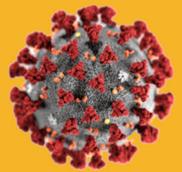
[Employer name] will require employees to promptly notify [The employer/designated person] when they have tested positive for COVID-19 or been diagnosed with COVID-19 by a licensed healthcare provider, have been told by a licensed healthcare provider that they are suspected of having COVID-19, are experiencing recent loss of taste and/or smell with no other explanation, or are experiencing both fever ($\geq 100.4^{\circ}$ F) and new unexplained cough associated with shortness of breath, and if they have a sick household member at home with COVID-19 and to learn what to do if someone in their home is sick.

[Describe how employees will communicate with [Employer name] if they are sick or experiencing symptoms while at home or work.]

[Describe any leave policies (e.g., sick leave, Family Medical Leave Act, other policies) that [Employer name] will implement to promote employees staying at home when they are sick, when household members are sick, or when required by a healthcare provider to isolate or quarantine themselves or a member of their household.]

Employer Notification to Employees of COVID-19 Exposure in the Workplace

[Employer name], following the applicable Local/State Health Department requirements on contact tracing, will notify employees, within 24 hours, if they have been exposed to a person with COVID-19 at their workplace. Notifications will not include the name, contact information, or occupation of the COVID-19 positive person. The notification must state the fact that the employee was in close contact with someone with COVID-19 along with the date(s) the contact occurred and include all employees



who worked in a well-defined portion of a workplace (e.g., a particular floor) in which the person with COVID-19 was present during the potential transmission period.

Note: Close contact means being within 6 feet of the person for a cumulative total of 15 minutes or more over a 24-hour period during the person's potential transmission period.

The potential transmission period runs from 2 days before the person felt sick (or, if not showing symptoms, two days before testing) until the person is isolated.

[The Employer] should describe how it will notify employees of COVID-19 exposure.

Medical Removal from the Workplace

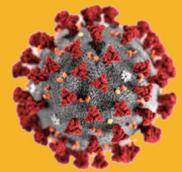
[Employer name] has also implemented a policy for removing employees from the workplace in certain circumstances. [Employer name] will immediately remove an employee from the workplace when:

- The employee is COVID-19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed healthcare provider with, COVID-19);
- The employee has been told by a licensed healthcare provider that they are suspected of having COVID-19;
- The employee is experiencing recent loss of taste and/or smell with no other explanation; or
- The employee is experiencing a fever of at least 100.4°F and a new unexplained cough associated with shortness of breath.

[Note: The complete list of COVID-19 symptoms provided by the CDC includes additional symptoms not listed above. Employers may choose to remove or test employees with additional symptoms from the CDC list or refer the employees to a healthcare provider.]

For employees removed because they are COVID-19 positive, [Employer name] will keep them removed until they meet the return-to-work criteria discussed below. For employees removed because they have been told by a licensed healthcare provider that they are suspected of having COVID-19 or are experiencing symptoms as discussed above, [Employer name] will keep them removed [until they meet the return-to-work criteria discussed below or keep them removed and provide a COVID-19 polymerase chain reaction (PCR) test at no cost to the employee. If the employee tests negative, they can return to work immediately. If the employee tests positive or refuses a test, they must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses to take the test, [Employer name] will continue to keep the employee removed from the workplace but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).]

If [Employer name] notifies an employee that they were in close contact with a person in the workplace (including employees, clients, patients, residents, vendors, contractors, customers, delivery people, and other visitors, or other non-employees) who is COVID-19 positive when that employee was not wearing a respirator and any other required PPE, [Employer name] will immediately remove the employee from the workplace unless:



1. The employee does not experience recent loss of taste and/or smell with no other explanation or fever of at least 100.4°F and new unexplained cough associated with shortness of breath;
AND
2. The employee has either been fully vaccinated against COVID-19 (i.e., two weeks or more following the final dose) or had COVID-19 and recovered within three months.

[Employer name] will keep the employee removed from the workplace [for 14 days or keep the employee removed and provide a COVID-19 test at least five days after the exposure at no cost to the employee. If the employee tests negative, they may return to work seven days following exposure. If the employee tests positive, the employee must remain excluded from the workplace until the return-to-work criteria below are met. If the employee refuses a test, [Employer name] will keep the employee excluded for 14 days but is not obligated to provide the medical removal protection benefits discussed below (Note: absent undue hardship, employers must make reasonable accommodations for employees who cannot take the test for religious or disability-related medical reasons, consistent with applicable non-discrimination laws).]

Any time an employee must be removed from the workplace, [Employer name] may require the employee to work remotely or in isolation if suitable work is available. When allowing an employee to work remotely or in insolation, [Employer name] will continue to pay that employee the same regular pay and benefits the employee would have received had the employee not been absent.

[Describe Employer policies for removing employees from the workplace. For more information, see OSHA's *Notification, Removal, and Return to Work Flow Chart for [Employers](#) and [Employees](#).*]

[Employer name] will not subject its employees to any adverse action or deprivation of rights or benefits because of their removal from the workplace due to COVID-19.

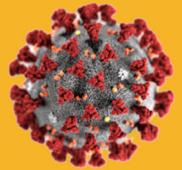
Return to Work Criteria

[Employer name] will only allow employees who have been removed from the workplace to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC's "[COVID-19: When to Quarantine | CDC.](#)" Pursuant to CDC guidance, symptomatic employees may return to work after all the following are true:

- At least ten days have passed since symptoms first appeared, and
- At least 24 hours have passed with no fever without fever-reducing medication, and
- Other symptoms of COVID-19 are improving (loss of taste and smell may persist for weeks or months and need not delay the end of isolation).

If an employer receives guidance from a healthcare provider that the employee may not return to work, they must follow that guidance.

If an employee has severe COVID-19 or immune disease, [Employer name] will follow the guidance of a licensed healthcare provider regarding return to work.



[Describe Employer policies for employees returning to work following removal from the workplace. For more information, see OSHA's *Notification, Removal, and Return to Work Flow Chart for [Employers and Employees](#)*.]

Medical Removal Protection Benefits

When an employee has been removed from the workplace and is not working remotely or in isolation, [Employer name] will [describe Employer policy for pay and benefits to employees removed from the workplace and not working remotely.]

VACCINATION

[Employer name] encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. [Employer name] will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.

[Describe Employer policies for providing reasonable time and paid leave for vaccinations and side effects.]

[Employer name] has developed the following policies and procedures to determine employees' vaccination status: [Include and describe the policies and procedures that will be used to determine employees' vaccination status.]

If [Employer name] chooses to require COVID-19 testing without mandating vaccination, it must be done at no cost to employees.

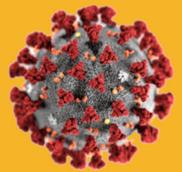
TRAINING

[Employer name] will implement policies and procedures for employee training, along with the other provisions required by OSHA's requirements for healthcare as well as recommendations for general workplaces, as part of a multi-layered infection control approach.

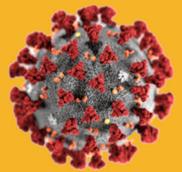
[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to assess COVID-19 hazards and implement an employee training program at each facility.

[Employer name]'s COVID-19 training program will be accessible in the following ways: [Describe how training will be conducted (e.g., online education, department meetings and tool talks, discussion with supervisors, other specific methods).]

[Employer name] will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:



- COVID-19, including:
 - How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
 - The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
 - Ways to reduce the risk of spreading COVID-19 through the proper covering of the nose and mouth;
 - The signs and symptoms of COVID-19;
 - Risk factors for severe illness; and
 - When to seek medical attention;
- [\[Employer name\]](#)'s policies and procedures on medical screening and management;
- Tasks and situations in the workplace that could result in COVID-19 infection;
- Workplace-specific policies and procedures to prevent the spread of COVID-19 that apply to the employee's duties (e.g., physical distancing, physical barriers, ventilation);
- Employer's infection control agreements/policies with visitors, contractors, and delivery persons related to the use of common areas and the use of shared equipment that affect employees at the workplace;
- [\[Employer name\]](#)'s policies and procedures for personal protective equipment (PPE) worn to comply with OSHA's COVID-19 Healthcare ETS or its guidance for other industries, as applicable, including:
 - When PPE is required for protection against COVID-19;
 - Limitations of PPE for protection against COVID-19;
 - How to properly put on, wear, and take off PPE;
 - How to properly care for, store, clean, maintain, and dispose of PPE; and
- [\[Employer name\]](#)'s policies and procedures on health screening and medical management;
- Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, and other supportive policies and practices (e.g., telework, flexible hours);
- The identity of [\[Employer name\]](#)'s Safety Coordinator(s) specified in this COVID-19 plan;
- OSHA's COVID-19 Healthcare ETS or OSHA's recommendations for other industries, as applicable; and
- How the employee can obtain any employer-specific policies and procedures developed under those, including this written COVID-19 plan and copies of OSHA's COVID-19 ETS or recommendations for other workplaces, and
- [\[Employer name\]](#) will inform each employee that employees have a right to the protections provided by OSHA and that [\[Employer name\]](#) is prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections and actions provided by OSHA regulations and other applicable regulations;
[OSHA Worker Rights and Protections | Occupational Safety and Health Administration 1977.15 - Filing of Complaint for Discrimination. | Occupational Safety and Health Administration \(osha.gov\)](#)
- [\[Describe any other workplace-specific training topics.\]](#)



[Employer name] will ensure that the training is overseen or conducted by a person(s) knowledgeable in the covered subject matter related to the employee's job duties and provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter.

[Employer name] will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

ANTI-RETALIATION

[Employer name] will inform each employee that employees have a right to the protections provided by OSHA and that [Employer name] is prohibited from discharging or in any manner discriminating against any employee for exercising their right to protections and actions provided in guidance from OSHA.

[Employer name] will not discharge or in any manner discriminate against any employee for exercising their right to protections and actions provided by OSHA guidance.

REQUIREMENTS IMPLEMENTED AT NO COST TO EMPLOYEES

[Employer name] will _____ at no cost to its employees, except for _____.

RECORDKEEPING

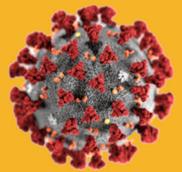
[This section applies to employers with more than ten employees on the date the ETS became effective.]

[Employer name] will retain all versions of this COVID-19 plan implemented to comply with OSHA's guidance for the general industry.

[Employer name] will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work. The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, the location where the employee worked, the date of the employee's last day at the workplace, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

[Employer name] will record the information on the COVID-19 log within 24 hours of learning that the employee is COVID-19 positive. [Employer name] will maintain the COVID-19 log as a confidential medical record and not disclose it except as federal or other law requires. [For more information, see OSHA's example:

COVID-19 log (<https://www.osha.gov/sites/default/files/publications/OSHA4130.pdf>)]



By the end of the next business day after a request, [Employer name] will provide, for examination and copying:

- All versions of the written COVID-19 plan to all the following: any employees, their personal representatives, and their authorized representatives;
- The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee;
- A version of the COVID-19 log that removes the names of employees, contact information, and occupation and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was at the workplace before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all of the following: any employees, their potential representatives, and their authorized representatives.

REPORTING

[Employer name] will report to OSHA:

- Each work-related COVID-19 fatality within 8 hours of [Employer name] learning about the fatality;
- Each work-related COVID-19 in-patient hospitalization within 24 hours of [Employer name] learning about the in-patient hospitalization.

MONITORING EFFECTIVENESS

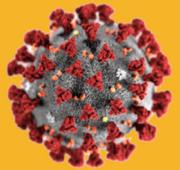
[Employer name] and the COVID-19 Safety Coordinator(s) will work collaboratively with non-managerial employees and their representatives to monitor the effectiveness of this COVID-19 plan to ensure ongoing progress and efficacy.

[Employer name] will update this COVID-19 plan as needed to address changes in workplace-specific COVID-19 hazards and exposures.

COORDINATION WITH OTHER EMPLOYERS

[Employer name] will communicate its COVID-19 plan in writing, in the appropriate language(s), with employees of other employers that are present at the same worksite and will coordinate with each employer to ensure that those employees are protected. This would not apply to delivery people, messengers, and other employees who only enter a workplace briefly to drop off or pick up items.

[Employer name] will adjust this COVID-19 plan to address any hazards presented by employees of other employers at the worksite.



[Describe Employer plan to communicate and coordinate with other employers at the same worksite. Employers with one or more employees at a worksite controlled by [Employer name] must have a procedure in place to notify the controlling employer when its employees are exposed to conditions at the worksite that do not meet OSHA’s guidance.]

[Employer name] has identified below all other employers to coordinate with to ensure employees are protected.

Other Worksite Employers	
Employer Name/Employer Representative:	Contact Information:

STATE OF EMERGENCY COMPENSATION

Effective upon ratification of this Agreement, in the instance that the Governor calls a State of Emergency due to a pandemic, and the employer stops operations or limits operations for some employees, those who are required to work in person, such as custodial staff, will be paid at time and one-half for all hours worked while performing ‘extraordinary work’ as determined by the employer in conjunction with the Union. All other work performed during said-time periods will be paid at their regular straight-time rate.

SIGNATURE AND PLAN AVAILABILITY

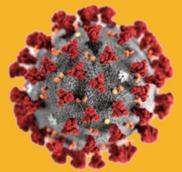
[Employer name] has prepared and issued this COVID-19 plan on [insert date].

[Insert statement and signature of signing official for the employer.]

Employer Name:	
Address:	
Business Owner:	

THIS COVID-19 PLAN IS AVAILABLE:

<ul style="list-style-type: none"> • Via hard copy at [office location] 	<ul style="list-style-type: none"> • Posted to [business intranet, shared drive, etc.] 	<ul style="list-style-type: none"> • Available by request. [Enter contact information for requests. Note that this COVID-19 plan must be provided for examination and copying by employees and their representatives by the end of the next business day after a request.]
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More Information and References

OSHA

COVID-19 Recommendations

[COVID-19 - Guidance by Topic | Occupational Safety and Health Administration \(osha.gov\)](#)

[Coronavirus Disease \(COVID-19\) | Occupational Safety and Health Administration \(osha.gov\)](#)

[Revised National Emphasis Program – Coronavirus Disease 2019 \(COVID-19\) \(osha.gov\)](#)

Frequently Asked Questions (FAQs)

[COVID-19 - Frequently Asked Questions | Occupational Safety and Health Administration \(osha.gov\)](#)

Workers' Rights

[Protecting Workers' Rights under the COVID-19 Healthcare ETS \(osha.gov\)](#)

Recommendations by Industry

[Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace | Occupational Safety and Health Administration \(osha.gov\)](#)

[COVID-19 Healthcare ETS | Occupational Safety and Health Administration \(osha.gov\)](#)

CDC

COVID-19 Recommendations

[About COVID-19 | CDC](#)

[COVID-19 Information for the Workplace | NIOSH | CDC](#)

[Communication Resources | CDC](#)

Frequently Asked Questions (FAQs)

[Coronavirus \(COVID-19\) frequently asked questions | CDC](#)

Recommendations by Industry

[COVID-19 Industry-Specific Resources | NIOSH | CDC](#)

[COVID-19 General Information for Businesses | NIOSH | CDC](#)

[COVID-19 Healthcare Worksite Checklist & Employee Job Hazard Analysis \(osha.gov\)](#)

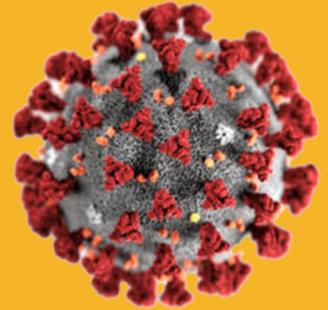
Vaccination

[Frequently Asked Questions about COVID-19 Vaccination | CDC](#)

[Coronavirus Disease 2019 \(COVID-19\) | CDC](#)



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



Employer Responsibilities and Workers' Rights

Coronavirus (COVID-19, SARS-CoV-2)

November 17, 2021

Employees and employers, alike, have rights and responsibilities under federal and state agencies which require appropriate safeguards to be put in place to protect against COVID-19. These safeguards pertain to general health and safety rights, as well as those specific to a COVID-19 prevention program, such as vaccination and testing, aspects of each may be subject to collective bargaining.

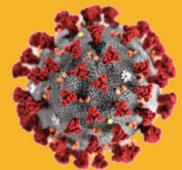
The IBT Safety and Health Department has developed the following documents that to assist you with this goal:

- Bargaining Outline,
- Model Contract Language, and
- Memorandum of Understanding on Vaccination and Testing.

For additional concerns, questions, and information, please contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>.

VACCINE AND TESTING RIGHTS AND RESPONSIBILITIES

The Occupational Safety and Health Administration (OSHA) recently issued an “*Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing*” – with rolling compliance dates of December 4, 2021, and January 6, 2022 - to protect unvaccinated employees of large employers (100 or more employees) by requiring covered employers to develop, implement, and enforce a mandatory COVID-19 vaccination policy, with an exception for employers that instead adopt a policy requiring employees to either get vaccinated or elect to undergo regular COVID-19 testing and wear a face covering at work in lieu of vaccination.



The COVID-19 ETS for healthcare¹ requires employers to pay for vaccinations and provide a brief amount of paid leave to employees to get vaccinated and recover from any potential side effects experienced after vaccination.

Collective bargaining may address worker protection beyond what is prescribed by OSHA, other issues affecting conditions of work, and conditions involving an employer whose workforce is under 100 employees and therefore would not be covered by the OSHA vaccine mandate.

THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (“EEOC”)

The U.S. Equal Employment Opportunity Commission (EEOC), a federal agency that enforces federal laws prohibiting employment discrimination as well as the Americans with Disabilities Act (the “ADA”) and other EEO laws, also addresses COVID-19 related issues affecting employers and employees in the workplace. Current EEOC technical assistance² answers COVID-19 questions from the perspective of the EEO laws.

Can my employer require all employees to be vaccinated?

According to the EEOC, employers may, in general, require employees who physically enter the workplace to be vaccinated for COVID-19 if the employer provides reasonable accommodations under the ADA and Title VII of the Civil Rights Act of 1964 for employees who cannot be vaccinated because of a disability or their religious beliefs, practices, or observances, respectively—provided such accommodations do not pose an undue hardship on the business.

Other federal, state, and local laws, not in EEOC’s jurisdiction, may place additional restrictions on employers. State updates on COVID legislation can be found on the National Council of State Legislators webpage (www.ncsl.org).

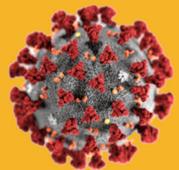
As noted earlier, OSHA’s recent ‘Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing’ requires that large employers (100 or more employees) establish, implement, and enforce a written mandatory COVID-19 vaccination policy with an exception for employers that instead establish, implement, and enforce a written policy that requires unvaccinated employees to undergo weekly COVID-19 testing and wear a face covering at the workplace instead of vaccination.

May the employer offer incentives for employees to be vaccinated?

EMPLOYERS may offer incentives for employees to be vaccinated if the incentives are not forced. Because vaccinations require employees to answer pre-vaccination disability-related screening questions, a very large incentive could make employees feel pressured to disclose protected medical information. Vaccines could be considered taxable income to the employee if substantial in nature according to the U.S. Internal Revenue Service (IRS).

¹ <https://www.osha.gov/coronavirus/ets>

² https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term



OSHA's *'Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing'*³ requires that large employers (100 or more employees) support vaccination by providing employees reasonable time, including up to four hours of paid time at the employee's regular rate of pay, to receive each vaccination dose, and reasonable time and paid sick leave to recover from any side effects experienced following each dose.

EMPLOYERS may also provide employees and their family members with information to educate them about COVID-19 vaccines and raise awareness about the benefits of vaccination.

May the employer pay for employees to be tested for covid-19?

OSHA's *'Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing,'* requires that large employers (100 or more employees) ensure that each employee who is not fully vaccinated is tested for COVID-19 at least weekly (if in the workplace at least once a week) or within 7 days before returning to work (if away from the workplace for a week or longer). The ETS does not require employers to pay for any costs associated with testing. However, employer payment for testing may be required by other laws, regulations, or collective bargaining agreements, or other collectively negotiated agreements. In addition, nothing prohibits employers from voluntarily assuming the costs associated with testing.

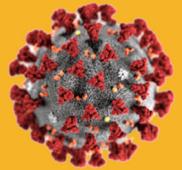
Is information about an employee's covid-19 vaccination, and knowledge that an employee has covid-19, or has symptoms associated with the disease, confidential medical information?

The ADA requires that an employer:

- Keep all medical information about employees confidential⁴, even if that information is not about a disability. The information that an employee has symptoms of, or a diagnosis of, COVID-19, is medical information.
- Store medical information separately from the employees' personnel file, should they choose to require employees to provide documentation or other confirmation of vaccination.
- The fact that this is medical information does not, however, prevent the manager from reporting to appropriate employer officials so that they can take actions consistent with guidance from the CDC, OSHA, and other public health authorities.
 - Who in the organization needs to know the identity of the employee will depend on each workplace and why a specific official needs this information?
 - Employers should make every effort to limit the number of people who get to know the name of the employee.
 -
 -

³ See IBT Fact Sheet on the OSHA ETS at <https://teamstersafety.org/>

⁴https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term



- Also, all employer officials who are designated as needing to know the identity of an employee should be specifically instructed that they must maintain the confidentiality of this information.
- Employers may want to plan what supervisors and managers should do if this situation arises and determine who will be responsible for receiving information and taking the next steps.

Under OSHA’s ‘Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing’, covered employers must determine the vaccination status of each employee, obtain acceptable proof of vaccination status, and maintain records and a roster of each employee’s vaccination status. This information is subject to applicable legal requirements related to the confidentiality of medical information. The ETS also requires covered employers to make available for examination and copying an individual’s COVID-19 vaccine documentation and any COVID-19 test results to that employee and to anyone having written authorized consent of that employee.

If an employer requires an employee to get the vaccine is the time spent getting the vaccine including travel time to and from the vaccination site compensable working time? If the employee has a reaction or does not feel well after getting the vaccine and does not have any more available earned sick time hours, will he/she be compensated for missed work?

The OSHA ‘Emergency Temporary Standard (ETS) for COVID-19 Vaccination and Testing’¹⁵ requires covered employers to support vaccination by providing employees reasonable time, including up to four hours of paid time at the employee’s regular rate of pay, to receive each vaccination dose, and reasonable time and paid sick leave to recover from any side effects experienced following each dose.

This issue, however, would also be subject to bargaining between the Union and the employer.

Is the employer required to provide accommodation to employees with a disability?

EMPLOYERS are required under the ADA to protect applicants and employees from disability discrimination by providing reasonable accommodations for individuals with disabilities.

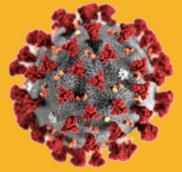
EMPLOYEEES with disabilities that put them at high risk for complications of COVID-19 may request telework as a reasonable accommodation to reduce their chances of infection during the pandemic.

Having symptoms associated with the COVID-19 does not rise to the level of disability. However, having a complication such as pneumonia or having a compromised immune system may require your employer to provide you with accommodations. For suggestions about types of reasonable accommodations for unvaccinated employees, see the questions and answers number [K.6]⁶ in the EEOC Technical Assistance Questions and Answers document, What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws.⁷

⁵ <https://teamstersafety.org/>

⁶ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#K.6>

⁷ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#D>



RIGHT TO BARGAIN

Under the National Labor Relations Act (NLRA), the Union has a right to bargain over the conditions of work, including hazard controls, testing, work hours, and sick leave. Whenever working conditions change, such as during the COVID-19 pandemic, even during the life of a contract, the union has a right to demand bargaining over the change.

RIGHT TO COVERAGE BY OSHA

Private Sector Workers — OSHA covers most private sector employers and workers in all 50 states, the District of Columbia, and other U.S. jurisdictions either directly through Federal OSHA or an OSHA-approved State Plan (28)⁸. State-run health and safety programs must be at least as effective as the Federal OSHA program. To find the contact information for the OSHA Federal or State Program office nearest you, see the OSHA Regional and Area Offices map (<https://www.osha.gov/contactus/bystate>).

State and Local Government Workers — Workers at state and local government agencies are not covered by federal OSHA but have protections if they work in one of the states or territories that have an OSHA-approved state program. Twenty-two State Plans (21 states and Puerto Rico) cover both private and state and local government workplaces. The other six State Plans (Connecticut, Illinois, Maine, New Jersey, New York, and the Virgin Islands) cover state and local government workers only. Visit <https://www.osha.gov/contactus/bystate> to find out if, as a state government worker, you have occupational safety and health regulatory protection.

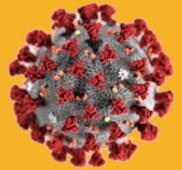
RIGHT TO SAFE WORKING CONDITIONS

Under federal or state law, you are entitled to a safe workplace. Your employer must provide a workplace free of known health and safety hazards. Employers are required by the federal OSHA or State OSHA Plans, as a 'general duty,' to provide a workplace free from recognized hazards. This is in addition to specific requirements under various OSHA standards. You have the right to file a complaint (confidential or not) with OSHA if you believe your working conditions are unsafe or unhealthful. The best way to do this is to consult your union representative and have the union file a complaint. <https://www.osha.gov/workers/file-complaint>

RIGHT TO PROTECTION FROM RETALIATION

OSHA prohibits employers from retaliating against workers for exercising a variety of rights guaranteed under the Occupational Safety and Health Act (OSH Act), such as filing a safety or health complaint with OSHA, raising a health and safety concern with their employers, participating in an OSHA inspection, or reporting a work-related injury or illness.

⁸ <https://www.osha.gov/stateplans>



If you have suffered retaliation⁹ (firing, laying off, demoting, denying overtime or promotion, or reducing pay or hours) because you voiced concerns about a health or safety hazard, you have the right to file a whistleblower protection complaint.¹⁰ The IBT can help file the complaint. OSHA administers more than twenty whistleblower statutes with varying time limits for filing OSHA has fact sheets¹¹ that apply to workers in a multitude of industries based on specific laws that cover those workers (commercial motor vehicle driving, transportation agencies, aviation, railroad, and more).

Complaints under Section 11(c)¹² of the OSH Act must be filed within 30 days after the employee learns of the adverse action. Private-sector drivers (including independent contractors while personally operating a commercial motor vehicle) and other workers (including mechanics and freight handlers) involved in activities directly affecting commercial motor vehicle safety or security, must file their complaint within 180 days after the alleged retaliatory action occurred or after the date on which the employee became aware of the action¹³.

RIGHT TO REFUSE WORK

Under section 11(c)¹⁴ of the Occupational Safety and Health Act (OSH Act), a worker may refuse to work and be protected from retaliation, if:

- The worker believes that they faced death or serious injury (and the situation is so clearly hazardous that any reasonable person would believe the same thing).
- The worker tried, where possible, to get his or her employer to correct the condition, was unable to obtain a correction, and there is no other way to do the job safely, or
- The situation is so urgent that the worker does not have time to eliminate the hazard through regulatory channels, such as calling OSHA.

This includes instances where a worker believes they may be in danger of workplace violence. Before taking such action, a member should speak to the steward or another union representative.

ADDITIONAL RIGHTS UNDER OSHA

You also have the right to:

- Receive workplace safety and health training in a language you understand.
- Receive required safety equipment, such as gloves or respirators.
- Report an injury or illness and get copies of your medical records.
- Review records ('OSHA Log' and more) of work-related injuries and illnesses including COVID-19 infections.
- That occur on the job including the name of the affected worker.

⁹ <https://www.whistleblowers.gov/>

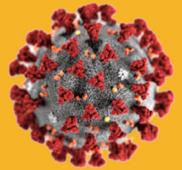
¹⁰ <https://www.whistleblowers.gov/>

¹¹ <https://www.osha.gov/publications/bytopic/whistleblowers>

¹² <https://www.osha.gov/sites/default/files/publications/OSHA4151.pdf>

¹³ <https://www.osha.gov/sites/default/files/publications/OSHA-factsheet-whistleblower-trans-sector.pdf>

¹⁴ <https://www.osha.gov/sites/default/files/publications/OSHA3812.pdf>



- Participate in safety and health committees.
- Participate in OSHA inspections and other OSHA-related activities.
- See results of safety and health measurements (e.g., noise, chemicals).

INFORMATION AND RESOURCES

IBT Fact Sheets, Guidance Documents, and other Resources

www.teamstersafety.org

OSHA COVID-19 Frequently Asked Questions

<https://www.osha.gov/coronavirus/faqs>

OSHA Worker Rights and Protections

<https://www.osha.gov/workers/>

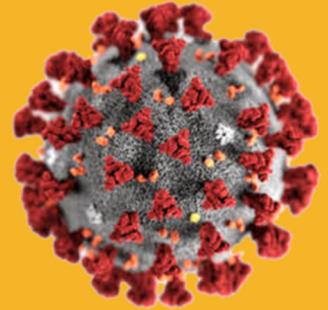
What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws

<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or ibtsafety@teamster.org or visit: <https://teamster.org/COVID-19>



TEAMSTERS SAFETY & HEALTH COVID-19 Fact Sheet



OSHA Emergency Temporary Standard Fact Sheet

Coronavirus (COVID-19, SARS-CoV-2)

November 17, 2021

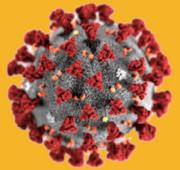
BACKGROUND¹

The U.S. Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) on November 4th, 2021 which became effective November 5th, 2021. Employers must **comply with most provisions by December 6, 2021**, and all aspects of the regulation **by January 4, 2022**. The ETS establishes requirements to protect all employees at large companies with one hundred (100) or more workers from the risks of contracting COVID-19 in the workplace. This standard requires that covered employers **develop, implement, and enforce** a mandatory COVID-19 vaccination policy requiring employees to choose to be vaccinated or undergo regular COVID-19 testing and wear a face covering at work. This standard only sets minimum requirements for employers and does not prevent the implementation of additional safety measures which are subject to collective bargaining agreements.

WHICH EMPLOYERS ARE COVERED BY THE ETS?

- Private employers with 100 or more full-time or part-time employees firm- or corporate-wide, including temporary or seasonal workers employed directly by the employer while the ETS is in effect.
- In states **with OSHA-approved State Plans**, state, and local government employers, as well as private employers, with 100 or more employees will be covered by state occupational safety and health requirements.

¹ <https://www.osha.gov/news/newsreleases/national/11042021>



WHAT INDUSTRIES DOES THE OSHA ETS APPLY TO (FOUND IN SUBSECTION 1910.501 OF THE STANDARD)?

- The standard applies to:
 - General Industry
 - Shipyard Employment
 - Marine Terminals
 - Longshoring
 - Construction
 - Agriculture

WHAT INDUSTRIES OR WORKPLACES DOES THE OSHA ETS NOT APPLY TO (FOUND IN SUBSECTION 1910.501 OF THE STANDARD)?

- Any workplaces covered under Safer Federal Workforce Task Force COVID-19 Workplace Safety: Guidance for Federal contractors and Subcontractors.
- Workplaces that provide healthcare services or healthcare support services, when subject to the requirements of the Healthcare ETS (29 CFR 1910.502).

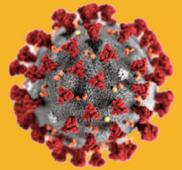
Employees that are not covered under this standard include:

- Any worker that is not reporting to a workplace where coworkers or customers are present.
- Employees that work at home (teleworkers).
- Employees that only work outdoors and do not routinely occupy vehicles with other employees as part of work duties and have minimal use of indoor spaces where others are present.

WHAT DOES THE EMERGENCY TEMPORARY STANDARD (ETS) REQUIRE?²

- Employers must determine the vaccination status of each employee by obtaining acceptable proof of vaccination status from vaccinated employees.
- Employers must maintain records received from vaccinated workers and create a roster of each employee's vaccination status.
- Employees must provide a prompt notice if they test positive for COVID-19 or if they have been diagnosed with COVID-19.
- After an employee tested positive for COVID-19, employers must remove the worker from the workplace regardless of vaccination status.
- Employees that are not vaccinated for COVID-19 must be tested at least weekly or within 7 days before returning to work if they are away for a week or longer.
- Employers should ensure that employees who are not fully vaccinated **wear a face covering while indoors** or occupying a vehicle with another worker or person for work purposes.

² <https://www.osha.gov/news/newsreleases/national/11042021>



WHAT SHOULD EMPLOYER VACCINATION POLICIES REQUIRE?³

- This policy must be in writing.
- It **must establish, implement, and enforce** a mandatory vaccination policy.
- The policy must require all existing and new employees to be fully vaccinated except for individuals with medical conditions that may preclude vaccination or require a delay in vaccination, or those who are legally entitled to reasonable accommodation (by disability or sincerely held religious belief).
- Exemptions to mandatory vaccination policies can be put in place if the employer has a written policy permitting workers to choose between vaccination or submitting to regular COVID-19 testing and wearing a face covering.

WHAT IS CONSIDERED ACCEPTABLE PROOF OF FULL OR PARTIAL VACCINATION?⁴

- A record of immunization from a health care provider or pharmacy.
- Proving a copy of the COVID-19 vaccination record card.
- Providing a copy of the employees' medical records documenting the vaccination.
- Providing a copy of the employees' immunization records from a public health, state, or tribal immunization information system.
- Providing a copy of any other official documents containing the type of vaccine, the date(s) of administration, and the name of the health care professional or clinic administering the vaccine.
- A copy of a signed and dated attestation may be provided **ONLY** if a worker has lost or is otherwise unable to provide other acceptable proof.

WHAT TYPE OF SUPPORT MUST AN EMPLOYER PROVIDE TO EMPLOYEES WHO WANT VACCINATION?⁵

- Employers must provide up to **four (4) hours of paid time** for each COVID-19 primary vaccination series dose including total travel time.
- Employers must also provide paid sick leave to workers to allow a worker to recover from any side effects experienced from each COVID-19 primary vaccination series dose.

WHAT ARE THE TESTING REQUIREMENTS FOR EMPLOYEES WHO ARE NOT FULLY VACCINATED?⁶

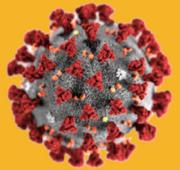
- Any employee who is not fully vaccinated and reports to a workplace at least once every 7 days, must:

³ <https://www.govinfo.gov/content/pkg/FR-2021-11-05/pdf/2021-23643.pdf>

⁴ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>

⁵ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>

⁶ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>



- Be tested at least once every 7 days and provide test result documentation.
- Be removed from the workplace for not providing test results documentation per the regulation.
- Be allowed to return to the workplace upon providing test result documentation.
- Employees that do not report to the workplace during a 7day or more period must:
 - Be tested within 7 days before returning to the workplace, and
 - Provide documentation of the test result upon return to the workplace.

IF AN EMPLOYEE TESTS POSITIVE FOR COVID-19, HOW SHOULD THE EMPLOYEE NOTIFY THEIR EMPLOYER OF THE RESULTS? ⁷

- The employee should promptly notify their workplace of the positive COVID-19 test result
- The employer must immediately restrict the employee from the workplace until:
 - The worker receives a negative result on a confirmatory COVID-19 test following a positive result on a COVID-19 antigen test, or
 - When recommended by a licensed health care provider that it is safe to return to work.

DO EMPLOYERS HAVE TO COVER A WORKERS COVID-19 TESTING FEE?

- Employers are not restricted from paying fees associated with COVID-19 testing, however, employers are not required to pay for any costs associated with testing.

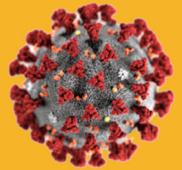
NOTE: Employers and Employees may engage in collective bargaining regarding compensation for COVID testing requirements.

WHAT ARE THE MANDATORY FACE-COVERING REQUIREMENTS FOR WORKERS IN THE WORKPLACE?⁸

- The employer must ensure that workers who are not fully vaccinated wear a face covering when:
 - Indoors, except when alone in an enclosed room.
 - When occupying a vehicle with another worker or person for work purposes.
- The employer must also ensure that each unvaccinated worker uses a face-covering properly:
 - Fully covers the nose and mouth.
 - Is replaced once it becomes wet, soiled, or damaged.
- Employers must also permit any employee to:
 - Voluntarily wear face coverings regardless of vaccination status unless doing so would create a serious workplace hazard, injury, or death.
 - Wear a respirator instead of a face covering whether required or not.

⁷ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>

⁸ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>



- Employers may provide respirators to employees.
 - If a respirator (N95 or better) is provided, the employer must also comply with 1910.504 (the mini respiratory protection program).

WHAT TYPE OF INFORMATION SHOULD BE GIVEN TO EMPLOYEES ABOUT THE OSHA EMERGENCY TEMPORARY STANDARD?⁹

- Workers should be given information directly from the OSHA standard 29 CFR 1910.501.
- A copy of the employers' written policies and procedures relative to the OSHA ETS including, vaccination policy, testing, and face-covering policy, notification policy, reporting policy, how to request records, prohibition on discrimination or retaliation for reporting illness or injury, and any other implemented policy for COVID-19 prevention in the workplace.

HOW MUST EMPLOYERS REPORT COVID-19 FATALITIES AND HOSPITALIZATIONS TO OSHA?¹⁰

- The employer is required to report all work-related fatalities to OSHA within 8 hours of learning of the fatality.
- The employer is required to report all work-related hospitalizations within 24 hours of learning of the inpatient hospitalization.
- OSHA instructs employers to follow the recordkeeping standard except for 39 (a)(1), (a)(2), and (b)(6).

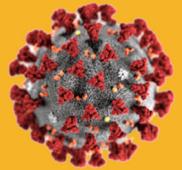
WHAT ARE THE RECORD-KEEPING REQUIREMENTS THAT EMPLOYERS MUST FOLLOW UNDER THE OSHA COVID-19 ETS?¹¹

- An employer must follow recordkeeping requirements defined under the OSHA recordkeeping standard (29CFR 1910.1020) when collecting workers' COVID-19 test result information and vaccination status.
- OSHA requires employee vaccination status and COVID-19 testing result records to be made available to the employee or anyone having written consent, by the end of the next business day after the request.
- Request for records of the number of fully vaccinated employees and the total number of employees at the workplace must be available to any employee or employee representative by the end of the next business day after the request was made, and to the OSHA Assistant Secretary within four (4) business hours of the request.
- The Employer's written vaccination policy should be made available to the OSHA Assistant Secretary within four (4) business hours of the request.

⁹ OSHA standard [1910.501\(j\)-\(j\)\(4\)](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501)

¹⁰ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>

¹¹ <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.501>

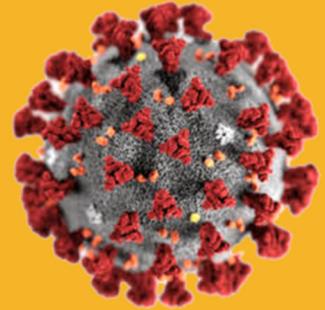


- Any other records or supporting documents must be made available to the OSHA Assistant Secretary by the end of the next business day after request.

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



COVID-19 Vaccine Booster

November 19, 2021

“COVID-19 vaccines have proven to be highly effective against COVID-19. Authorizing the use of a single booster dose of either the Moderna or Pfizer-BioNTech COVID-19 vaccine for individuals 18 years of age and older helps to provide continued protection against COVID-19, including the serious consequences that can occur, such as hospitalization and death” -US Federal Drug Administration (FDA)¹

WHO IS CURRENTLY ELIGIBLE FOR A COVID-19 VACCINE BOOSTER SHOT?

COVID-19 single dose booster shots are now available for those who received the Pfizer-BioNTech, Moderna, or Johnson & Johnson/Janssen COVID-19 Vaccines. **All individuals 18 years of age and older** are eligible for the single dose booster after completion of primary vaccination with any FDA-authorized or approved COVID-19 vaccine.

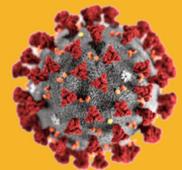
COVID-19 booster eligibility criteria:

- Age 18 and older
- 6 months have passed since completion of the two dose Moderna COVID-19 vaccine
- 6 months have passed since completion of the two dose Pfizer-BioNTech COVID-19 vaccine
- 2 months have passed since completion of the single dose Janssen COVID-19 Vaccine

CAN YOU MIX AND MATCH THE DIFFERENT VERSIONS OF THE COVID-19 VACCINE?

There are now booster recommendations for all three available COVID-19 vaccines in the United States. Eligible individuals may choose which vaccine they receive as a booster dose. Some people may prefer the vaccine type they originally received, and others may prefer a different booster. CDC's recommendations now allow for this type of mix and match dosing for booster shots.

¹ <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-expands-eligibility-covid-19-vaccine-boosters>



ARE BOOSTER SHOTS THE SAME FORMULATION AS THE CURRENT COVID-19 VACCINES?

Yes. COVID-19 booster shots are the same formulation as the current COVID-19 vaccines. However, in the case of the Moderna COVID-19 vaccine booster shot, it is half the dose of the vaccine people get for their initial series.

WHAT UNDERLYING MEDICAL CONDITIONS MAY CAUSE SOMEONE TO BE MORE SEVERELY IMPACTED FROM COVID-19?

Cancer, chronic kidney disease, chronic lung diseases (chronic obstructive pulmonary disease), interstitial lung disease, cystic fibrosis, pulmonary hypertension, dementia, diabetes (type 1 or type 2), down syndrome, coronary heart disease, cardiomyopathies, heart failure, HIV infection, immunocompromised states (weakened immune system), liver disease, pregnant or recently pregnant people, sickle cell disease or thalassemia, solid organ or blood stem cell transplant patients, substance use disorders, and stroke or cerebrovascular disease patients.

WHAT ACTION SHOULD YOU TAKE IF YOU HAVE A LISTED MEDICAL CONDITION THAT MAY CAUSE SEVERE COVID-19 ILLNESS?

It is important to take preventive measures for COVID-19 such as:

- Getting your booster vaccine
- Continue to wear a mask in public settings
- Practice social distancing while in public settings
- Practice proper handwashing techniques

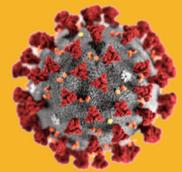
People with underlying conditions need to work directly with their medical providers and manage those conditions carefully and safely.

WHAT TYPE OF WORKERS ARE AT AN INCREASED RISK OF COVID-19 EXPOSURE AND TRANSMISSION THAT SHOULD RECEIVE A BOOSTER SHOT?

Adults aged 18-64 years of age that work in specific settings:

- First responders (e.g., healthcare workers, firefighters, police)
- Nursing home staff
- Homeless shelter staff
- Education staff (e.g., teachers, support staff, daycare workers)
- Food and agriculture workers
- Manufacturing workers
- Corrections workers
- Parcel delivery and U.S. Postal Service workers
- Public transit workers
- Grocery store workers

These workers may be at increased risk of being exposed to COVID-19, which could spread within the workplace.



WHAT ARE THE RISKS TO GETTING A BOOSTER SHOT?

Fatigue and pain at the injection site were the most reported side effects, and overall, most side effects were mild to moderate. However, as with the 2-shot primary series, serious side effects² are rare but may occur.

AM I STILL CONSIDERED “FULLY VACCINATED” IF I DON’T GET A BOOSTER SHOT?

Yes. Everyone is still considered fully vaccinated two weeks after their second dose in a 2-shot series, such as the Pfizer-BioNTech or Moderna vaccines, or two weeks after a single-dose vaccine, such as the J&J/Janssen vaccine.

SHOULD I BRING MY COVID-19 VACCINATION RECORD CARD TO THE CLINIC?

After your first vaccination appointment, you received a CDC COVID-19 Vaccination Record card that tells you what COVID-19 vaccine you received, the date, and where you received it. This vaccination card should be brought to your booster shot vaccination appointment.

If you did not receive a CDC COVID-19 Vaccination Record card at your first appointment, contact the vaccination site where you got your first shot or your state health department³ to find out how you can get a card.

IF WE NEED A BOOSTER SHOT, DOES THAT MEAN THAT THE VACCINES AREN'T WORKING?

No. COVID-19 vaccines work well to prevent severe illness, hospitalization, and death, even against the widely circulating Delta variant. However, public health experts are starting to see reduced protection, especially among specific populations, against mild and moderate disease.

WHERE CAN I FIND A COVID-19 VACCINE BOOSTER CLINIC?

- Visit [vaccines.gov](https://www.vaccines.gov), text your zip code to 438829, or call 1-800-232-0233 to find a nearby location in the United States.

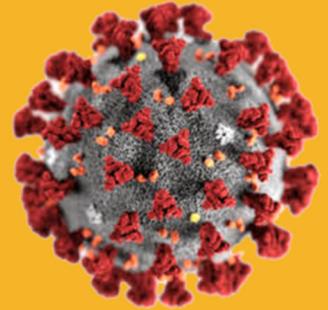
For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>

² <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>

³ <https://www.cdc.gov/coronavirus/2019-ncov/php/hd-search/index.html>



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



Mask And Respirators Used For The Prevention Of Covid-19

November 17, 2021

This fact sheet describes recommendations for wearing face coverings, masks, and respirators that may be used to protect yourself and others from exposure to and infection with SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19) at the workplace and in the community.

HOW CAN MASKS AND RESPIRATORS PROTECT YOU?

COVID-19 commonly spreads between people in close contact through respiratory droplets or small particles produced when an infected person coughs, talks, or breathes. *Droplets* can remain suspended in the air and travel distances beyond six feet. Indoor environments with poor ventilation increase the risk of transmission.

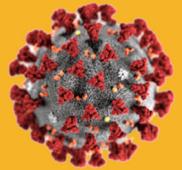
Tightly woven cloth face coverings and masks are designed to contain your respiratory droplets and particles. They also provide you with some protection from particles expelled by others.

NIOSH-certified respirators are designed to protect you from inhaling particulates, including particulates small enough to contain the virus that causes COVID-19. Tight fitting respirators can also function as source control. Doing so can prevent your respiratory droplets from spreading into the atmosphere around you so you do not expose others.

ARE MASKS THE ONLY MEASURES TO PROTECT YOU AND OTHERS?

For workplaces, in general, the Occupational Safety and Health Administration (OSHA) recommends that employers rely on a layered approach to control hazards. A COVID-19 prevention program¹ should include several important steps to keep workers safe such as:

¹ <https://www.osha.gov/coronavirus/safework>



- Telework and flexible schedules
- Engineering controls (especially ventilation)
- Administrative policies (e.g., vaccination policies)
- Masks and respirators
- Physical barriers (solid barriers at each fixed work location where employees are not separated from other people by at least 6 feet)
- Physical distancing (at least 6 feet apart when indoors), and
- Cleaning and disinfection: Follow standard practices for cleaning and disinfection of surfaces and equipment in accordance with CDC guidelines.

For all workers², regardless of vaccination status, it is always a good practice to:

- Wear cloth face coverings³, at a minimum, at all times when around coworkers or the general public. Cloth face coverings are *not* acceptable substitutes for respirators when a hazard assessment proves this level of protection is required.
- Surgical masks are not respirators and do not provide the same level of protection to workers as properly fitted respirators.
- Suppose a respirator, such as an N95 respirator or better, is needed for conducting work activities. In that case, that respirator should be used. The worker should use their cloth face covering when they are no longer in an area that requires respiratory protection (during breaks, socially distanced outdoors, or while commuting).
 - Suppose an employer requires the use of a respirator. In that case, the respirator must be used in the context of a comprehensive respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard (29 CFR 1910.134), which includes medical exams, fit testing, and training.

WHO SHOULD WEAR A MASK?

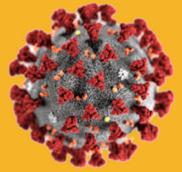
People, including children older than 2, should wear a mask in public places if they are:

- Unvaccinated or Not fully vaccinated
- Fully vaccinated and in an area with 'substantial or high transmission.'
- Fully vaccinated and with weakened immune systems⁴
- In general, you do not need to wear a mask in outdoor settings, BUT
 - In areas with high numbers of COVID-19 cases, consider wearing a mask in a crowded outdoor setting and for activities with 'close contact' with others who are not fully vaccinated.

² <https://www.osha.gov/coronavirus/control-prevention>

³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>



WHY SHOULD THE FULLY VACCINATED WEAR MASK INDOORS?

The risk of SARS-CoV-2 infection, severe disease, and death is reduced for fully vaccinated people. However, since vaccines are not 100% effective at preventing infection, some fully vaccinated people will still get COVID-19 infection⁵. Fully vaccinated people who do become infected can transmit it to others. Therefore, this evidence has led the CDC to update their Recommendations for Fully Vaccinated People⁶ to reduce their risk of becoming infected with the Delta variant and potentially spreading it to others, including by:

- Wearing a mask in public indoor settings in areas of substantial or high transmission⁷;
- Choosing to wear a mask regardless of the level of transmission, particularly by individuals who have a condition or is taking medications that weaken their immune system or have someone in their household who is at increased risk of severe disease or not fully vaccinated⁸; and
- Getting tested 3-5 days following known exposure to someone with suspected or confirmed COVID-19 and wearing a mask in public indoor settings for 14 days after exposure or until a negative test result.²

WHO SHOULD WEAR A MASK OUTDOORS?

The risk of transmission of SARS-CoV-2 in outdoor settings is low.

In general, fully vaccinated people do not need to wear a mask outdoors. Fully vaccinated people might choose to wear a mask:

- In areas with high numbers of COVID-19 cases.
- For activities with close contact with others who are not or not known whether fully vaccinated.
- If they or someone in their household is immunocompromised, at increased risk of severe disease⁹, unvaccinated, or not fully vaccinated.

During the COVID-19 pandemic, OSHA generally recommends that employers encourage workers to wear cloth face coverings at work to help reduce the spread of COVID-19. However, workers who wear cloth face coverings in hot¹⁰ and humid environments or while performing strenuous activities outdoors, such as those in agriculture, landscaping, construction, delivery services, and oil and gas operations, can find cloth face coverings to be uncomfortable and may in certain conditions, create an unintended health hazard by its use.

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>

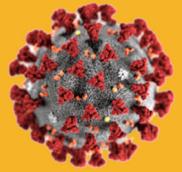
⁶ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

⁷ <https://covid.cdc.gov/covid-data-tracker/#county-view>

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

⁹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

¹⁰ <https://www.osha.gov/sites/default/files/covid-19-cloth-coverings-outdoor-heat.pdf>



WHAT ARE THE MASKING RECOMMENDATIONS FOR K- 12 SCHOOLS?¹¹

The CDC guidance for COVID-19 prevention is that anyone two years or older who is not fully vaccinated should wear masks in indoor public spaces. For K-12 schools, CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status or transmission rates. The benefits of mask-wearing are well-established.

A vaccine for 12- to 17-year-olds is available, and a low-dose Pfizer vaccine for 5- to 11-year-olds has recently been approved by the U.S. Food and Drug Administration (FDA).

WHAT ARE THE MASKING RECOMMENDATIONS FOR TRANSPORTATION?¹²

Wearing a mask over your nose and mouth is required on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and while indoors at U.S. transportation hubs such as airports and stations. Travelers are not required to wear a mask in outdoor conveyance areas (like on open deck areas of a ferry or the uncovered top deck of a bus)¹³.

HOW CAN YOU IMPROVE MASK PROTECTION?¹⁴

Wear a mask correctly and consistently for the best protection:

- Wear it properly (covering your nose and mouth).
- Always choose a well-fitting and comfortable mask or respirator
- Be sure to wash your hands or use hand sanitizer before putting on a mask.
- Do not touch the mask when wearing it. If you have to often touch/adjust your mask, it doesn't fit you properly, and you may need to find a different mask or make adjustments.

Masks work best when EVERYONE wears them. However, not all masks provide the same protection. Two important ways to make sure your mask works the best are described below:

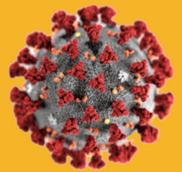
- Make sure your mask fits snugly against your face. Gaps can let air with respiratory droplets leak in and out around the edges of the mask
- Pick a mask with layers to keep your respiratory droplets in and others out. A mask with layers will stop more respiratory droplets from getting inside your mask or escaping from your mask if you are sick.

¹¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html#children>

¹² <https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html>

¹³ <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

¹⁴ <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>



WHAT ARE THE DIFFERENT TYPES OF MASKS?

There are many types of masks that you can use to protect yourself and others from getting and spreading COVID-19. A brief description of different types of masks and some of the pros and cons of each are described below.

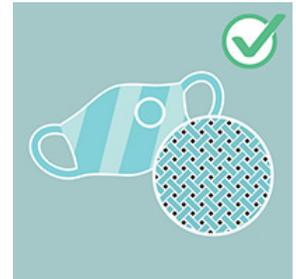
Cloth Masks¹⁵

Wear cloth masks with:

- A proper fit over your nose and mouth to prevent leak
- Multiple layers of tightly woven, breathable fabric
- Nose wire
- Fabric that blocks light when held up to a bright light source

Do NOT wear cloth masks with:

- Gaps around the sides of the face or nose
- Exhalation valves, vents, or other openings (see example below)
- Single-layer fabric or those made of thin fabric that doesn't block light



Disposable Masks

Disposable face masks are widely available. They are sometimes referred to as *surgical masks* or *medical procedure masks*.

Wear a disposable mask with:

- A proper fit over your nose and mouth to prevent leaks
- Multiple layers of non-woven material
- Nose wire

Do NOT wear disposable masks with:

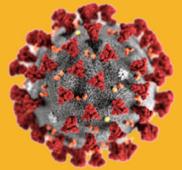
- Gaps around the sides of the face or nose (see example)
- Wet or dirty material



TO HAVE A BETTER FIT AND EXTRA PROTECTION WITH CLOTH AND DISPOSABLE MASKS:

- Wear two masks (disposable mask underneath AND cloth mask on top).
- Combine either a cloth mask or disposable mask with a fitter or brace.

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>



- Knot and tuck ear loops of a 3-ply mask where they join the edge of the mask
 - For disposable masks, fold and tuck the unneeded material under the edges. (See the following video¹⁶)
- Use masks that attach behind the neck and head with either elastic bands or ties (instead of ear loops)

SPECIAL CONSIDERATIONS:

Gaiters and Face Shields

- Wear a gaiter with two layers, or fold it to make two layers
- Not recommended: Evaluation of face shields is ongoing, but effectiveness is unknown at this time

People with Beards

- Certain types of facial hair, like beards, can make mask fitting difficult. Masks that fit well protect you better. To better fit, people with beards can shave their beards or trim their beards close to the face; otherwise, masks may fit loosely around the beard. However, people with beards should still wear a mask. Masks designed for beards are being evaluated, and information will be provided when it becomes available (beard and respirator use is discussed below).

HOW DO RESPIRATORS PROTECT AGAINST COVID-19?

Respirators are designed to reduce the wearer's exposure to small particle aerosols and large droplets, including the virus that causes COVID-19.

OSHA's Personal Protective Equipment (PPE) standard requires that a PPE hazard assessment be conducted to assess workplace hazards and that PPE, such as respiratory protection, be used when necessary. When an employer determines that a respirator is necessary to protect unvaccinated and otherwise at-risk workers from exposure to COVID-19 for their specific worksite and task, the employer must provide it in accordance with relevant mandatory OSHA standards¹⁷ industry-specific guidance¹⁸.

According to OSHA's Respiratory Protection Standard,¹⁹ when respirators are required in a workplace, they must be NIOSH-approved. Employers must have a respiratory protection program that includes medical evaluations, fit testing, and training for employees a hazard evaluation for proper respirator selection. Employers are responsible for establishing and maintaining a respiratory protection program and evaluating the program's effectiveness in protecting their employees.

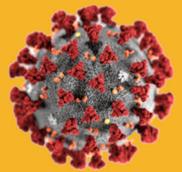
A respiratory protection program must include "certain provisions for voluntary use when workers supply their respirators. There are times when PPE is not called for by OSHA standards or other industry-specific guidance. Still, some workers may have a legal right to PPE as a reasonable

¹⁶ <https://www.youtube.com/watch?v=GzTAZDsNBe0>

¹⁷ <https://www.osha.gov/coronavirus/standards>

¹⁸ <https://www.osha.gov/coronavirus/guidance/industry>

¹⁹ <https://www.osha.gov/respiratory-protection>



accommodation under the ADA20 [Americans with Disabilities Act]. Employers are encouraged to proactively inform employees who have a legal right to PPE as a reasonable accommodation for their disability about how to make such a request. Other workers may want to use PPE if they are still concerned about their safety (e.g., if a family member is at higher risk for severe illness, they may want to wear a face shield in addition to a face covering as an added layer of protection). Encourage and support voluntary use of PPE in these circumstances and ensure the equipment is adequate to protect the worker.²¹

The National Institute for Occupational Safety and Health (NIOSH) approves many particulate ‘filtering facepiece respirators²². The most widely available is an N95, but other types (N99, N100, P95, P99, P100, R95, R99, and R100) offer the same or better protection as an N95.

WHAT TO KNOW ABOUT AN N95:^{23 24}

- Filters up to 95% of particles in the air when approved by NIOSH and proper fit can be achieved
- Seals tightly to the face when fitted properly
- Since N95 respirators form a seal to the face, they may feel harder to breathe through than a cloth mask
- N95 respirators cannot be washed. They need to be discarded when they are dirty, damaged, or difficult to breathe through
- N95 respirators tend to be more expensive than masks

Wear an N95 with:

- Cup, flat fold, or duckbill shape
- Two straps that go around the head
- Formable wire nose bridge
- NIOSH has approved appropriate markings printed on the filter indicating the N95 respirator²⁵



Do NOT wear an N95:

- If you have certain types of facial hair
- If it is a counterfeit²⁶ (fake) N95 respirator
- If hard to breathe
- If wet or dirty
- With a mask or second respirator

²⁰ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws#D>

²¹ <https://www.osha.gov/coronavirus/safework>

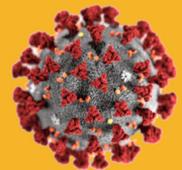
²² https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html

²³ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html>

²⁴ <https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf>

²⁵ <https://www.cdc.gov/niosh/npptl/images/infographics/N95-Infographic-Mask-Labeling.jpg>

²⁶ <https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>



How to wear an N95:

- Individuals who want to use a respirator for personal use should follow the user instructions strictly.
- Fit testing (a process that uses specialized equipment) is best to determine if the respirator fits you. Even without appropriate testing, a well-fitting, properly worn respirator may provide more protection than a mask. However, a poorly fitting or improperly worn respirator or mask may reduce its intended benefit.
- NIOSH and OSHA have developed a flyer²⁷ and a video²⁸ demonstrating how to perform a user seal check and properly put on (don) and take off (doff) a respirator.

If an employee can trim their beard so that the beard does not come between their face and the respirator seal or interfere with respirator-valve function, then the use of a respirator would be acceptable provided the employee passed a proper fit test. Examples of acceptable beard trim can be found by visiting the following CDC webpage:

- <https://blogs.cdc.gov/niosh-science-blog/2017/11/02/noshave/>.

Parents and caregivers may have questions about NIOSH-approved respirators (such as N95s) for children.²⁹ Although respirators may be available in smaller sizes, they are typically designed to be used by adults in workplaces, and therefore have not been tested for general use in children.

More Information and Resources

- Your Guide to Masks
www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html
- Masks Protect you & Me
www.cdc.gov/coronavirus/2019-ncov/your-health/masks-protect-you-and-me.html
- Improve How Your Mask Protects You
www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html
- Three Key Factors Required for a Respirator to be Effective
www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or ibtsafety@teamster.org or visit: <https://teamster.org/COVID-19>

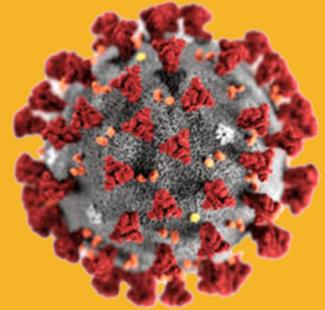
²⁷ <https://www.osha.gov/sites/default/files/publications/OSHA4015.pdf>

²⁸ <https://www.youtube.com/watch?app=desktop&v=TzpZ5fko-fg>

²⁹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



COVID-19 POSITIVE CASE INVESTIGATION FOR GENERAL INDUSTRY WORKPLACES (CONTACT TRACING)

November 17, 2021

COVID-19 is a nationally notifiable disease, which means, when diagnosed or identified, healthcare providers and laboratories must report this information to the state, local, and territorial (STLT) health departments. Health departments are responsible for leading case investigations, contact tracing¹, and outbreak investigations.²³ Using this reporting strategy, public health professionals can get ahead of infectious diseases, prevent further spread, and lower the need for business closures.

In general, when a COVID-19 case is identified that impacts a workplace, the health department may conduct interviews, site visits, and review records to identify close contacts who may have been exposed to the virus. If there is an agreement that the employer will identify workplace contacts, the health department will take responsibility for case investigation and contact tracing outside the workplace.

Diseases commonly performed contact tracing include novel virus infections (e.g., SARS-CoV, H1N1, and SARS-CoV-2, the virus that causes COVID-19), tuberculosis, vaccine-preventable infections like measles, blood-borne infections, Ebola, and some serious bacterial infections.

EMPLOYERS' RIGHTS AND RESPONSIBILITIES

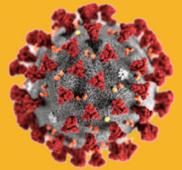
Contact tracing should be a part of a COVID-19 preparedness, response, and control plan developed and implemented by the employer.

Employers can limit entry into the workplace by employees based on the employer's fitness-for-duty policies, but employers cannot ask about workers' activities or contacts outside of work.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html>

² https://www.cdc.gov/coronavirus/2019-ncov/downloads/Infographic_COVID-19_Case_Investigation-Employers-Helping-Health-Departments.pdf

³ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/when-to-investigate.html>



“...all activities and information collected by an employer should be limited to the work setting and be consistent with applicable local, state, and federal privacy laws, health/medical laws, and workplace laws and regulations (i.e., U.S. Equal Employment Opportunity Commission (EEOC) and Americans with Disabilities Act (ADA))⁴”.

CASE INVESTIGATION AND CONTACT TRACING

In public health, **case investigation** identifies and investigates individuals with confirmed and probable diagnoses of a reportable communicable disease, such as COVID-19.

Contact tracing follows case investigation and is a process to identify, monitor, and support individuals ("contacts") who may have been exposed to a person with a communicable disease, such as COVID-19, to prevent further spread of the population, including the workplace.

The testing laboratory is required to report a confirmed case of COVID-19 to the local health department within 24 hours. If you have tested positive for COVID-19, you will then likely be contacted quickly by a public health professional to initiate contact tracing,^{5,6} a process in which the patient assists in creating a list of people they've been in contact with during a given time frame. For contact tracing to be most effective, it should be carried out as soon after diagnosis as possible. The contact tracing professional then contacts each of those people to help them know what steps to take:

- Follow-up may include testing and quarantine (separation of people who might have been exposed to COVID-19 from others) for unvaccinated or not fully vaccinated people, as well as monitoring for symptoms.
- Helping people diagnosed with COVID-19 get referrals for services and resources they may need to safely isolate (separation of people infected with the virus from people who are not infected).

WHAT IS A CLOSE CONTACT?

Contact tracing helps protect you, your family, and your community by:

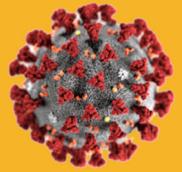
- Notifying people who have come into close contact with someone diagnosed with COVID-19 about their exposure.
 - **Close Contact is defined by proximity and duration of exposure:** Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (for example, one 15 minute or three individual 5-minute exposures for a total of 15 minutes is close contact).
 - An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, two days before the positive specimen collection date), until 14 days or when they meet the criteria for ending isolation.⁷

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html>

⁵ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing.html>

⁶ <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Contact-Tracing-Infographic-FINAL.pdf>

⁷ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>



CONFIDENTIALITY

During the investigation, discussions with public health workers are confidential⁸. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your healthcare provider.

Suppose a manager a manager learns that an employee has COVID-19 or has symptoms associated with the disease. The manager knows they must report it but is worried about violating ADA confidentiality. What should they do?⁹

The Equal Employment Opportunity Commission (“EEOC”), which enforces the Americans with Disabilities Act (the “ADA”) and other EEO laws, addresses COVID-19-related issues affecting employers and employees in the workplace.

“The ADA does not interfere with employers following recommendations by the CDC¹⁰ or other public health authorities regarding whether, when, and for whom testing or other screening is appropriate. Testing administered by employers consistent with current CDC guidance will meet the ADA’s “business necessity” standard.” However, this must be done without revealing the employee’s identity, even if that information is not about a disability. The information that an employee has symptoms of, or a diagnosis of, COVID-19, is medical information.”

“For example, using a generic descriptor, such as telling employees that “someone at this location” or “someone on the fourth floor” has COVID-19, provides notice and does not violate the ADA’s prohibition of disclosure of confidential medical information. For small employers, coworkers might be able to figure out who the employee is, but employers in that situation are still prohibited from confirming or revealing the employee’s identity.¹¹”

The following criteria would apply to protecting medical information in the workplace:

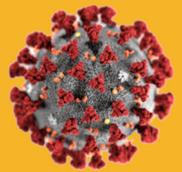
- Who in the organization needs to know the employee's identity will depend on each workplace and why a specific official needs this information?
- Employers should make every effort to limit the number of people who get to know the employee's name.
- Also, all employer officials who are designated as needing to know an employee's identity should be specifically instructed that they must maintain the confidentiality of this information.
- Employers may want to plan what supervisors and managers should do if this situation arises and determine who will be responsible for receiving information and taking the next steps.

⁸ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/Confidentiality-Consent.html>

⁹ https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term

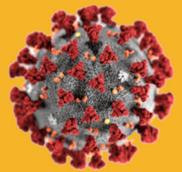
¹⁰ <https://www.cdc.gov/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html>

¹¹ <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>



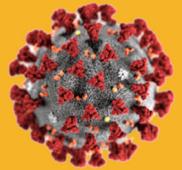
WHAT TO DO IF YOU ARE WAITING FOR A COVID-19 TEST RESULT/ OR IF YOU ARE DIAGNOSED WITH COVID-19

	If you think you may have COVID-19 and you are waiting for COVID-19 test results	If you are diagnosed with COVID-19 or have symptoms of COVID-19
Stay away from others	<p>Quarantine</p> <ul style="list-style-type: none"> Stay away from others while waiting for your COVID-19 test result, especially people who are more likely to get very sick from COVID-19, if possible. If you are unvaccinated or not fully vaccinated and have come into close contact with someone with COVID-19, stay home and away from others for 14 days after your last known exposure (quarantine). 	<p>Isolate</p> <p>Stay at home away from others (isolate), except to get medical care.</p> <ul style="list-style-type: none"> Monitor your symptoms. If you have an emergency warning sign (including trouble breathing), seek emergency medical care immediately. Stay in a separate room from other household members, if possible. Use a separate bathroom, if possible. Avoid contact with other household members and pets. Don't share personal household items, like cups, towels, and utensils. Wear a mask if you must be around other people inside and outside your household.
Think about your close contacts	<p>While you wait for your COVID-19 test result:</p> <ul style="list-style-type: none"> think about anyone you have come into close contact with starting 2 days before your symptoms began (or two days before your test if you do not have symptoms). This information can help with contact tracing efforts and help slow the spread of COVID-19 in your community. 	<p>Tell your close contacts that you have COVID-19 right away so that they can quarantine and get tested.</p> <ul style="list-style-type: none"> An infected person can spread COVID-19 starting 2 days before the person has any symptoms or tests positive. People who have COVID-19 don't always have obvious symptoms. A person is still considered a close contact even if they were wearing a mask while they were around someone with COVID-19.



What To Do If You Come in Close Contact with Someone Diagnosed with COVID-19

	If you come into close contact with someone with COVID-19 and you are unvaccinated or not fully vaccinated.	If you come into close contact with someone with COVID-19 and you are fully vaccinated.	If you come into close contact with someone with COVID-19 and you have tested positive for the virus that causes COVID-19 within the past 90 days and recovered (regardless of vaccination status).
Get Tested	<ul style="list-style-type: none"> You should get tested immediately after finding out you are a close contact. If you need help, health department staff can provide information about the best time to get a vaccine and resources for COVID-19 testing and vaccination in your area. If your test result is negative, get tested again 5-7 days after your last exposure or immediately if symptoms develop. If your test result is positive, you have COVID-19 and should isolate for 10 days. 	<ul style="list-style-type: none"> If you are fully vaccinated and become infected, you can spread the virus to others. Get tested immediately if you develop symptoms. Even if you don't have symptoms, you should get tested 5-7 days after your exposure. If you need help, health department staff can provide information about the best time to get a vaccine and resources for COVID-19 testing in your area. If your test result is positive, you have COVID-19 and should isolate for 10 days. 	<ul style="list-style-type: none"> If you develop symptoms, consult with a healthcare professional for testing recommendations.



Recording COVID-19 Cases

Work-related cases of *COVID-19 infections and deaths* identified during the investigation are required to be recorded by employers on OSHA's Form 300 logs if the following requirements are met: (1) the case is a confirmed case of COVID-19; (2) the case is work-related; and (3) the case involves one or more relevant recording criteria (e.g., medical treatment, days away from work). Employers must follow the requirements in 29 CFR part 1904 when reporting COVID-19 fatalities and hospitalizations to OSHA.

MORE INFORMATION AND RESOURCES

Contact Tracing Steps Infographic

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/contact-tracing-infographic.html>

How to Talk to Your Close Contacts

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/tell-your-contacts.pdf>

Contact Tracing Frequently Asked Questions and Answers

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Contact-Tracing>

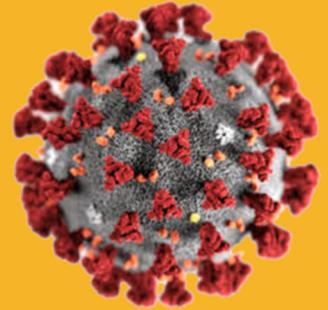
Answer the Call – Contact Tracing Video: This 1-minute animation video informs the public about contact tracing and why they should answer and respond to a call from a contact tracer.

- English: <https://www.youtube.com/watch?v=u3dLoBj3YLo>
- Español: <https://www.youtube.com/watch?v=zl1hxmPK2mA>

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>



TEAMSTERS SAFETY & HEALTH COVID-19 Guidance



Seasonal Influenza Vaccine

November 17, 2021

WHAT IS INFLUENZA (FLU)? ¹

Influenza is a contagious respiratory illness that is caused by a virus (influenza). Contact with the flu virus can cause mild to severe sickness, which could lead to death. This virus spreads in the body to infect the nose, throat, and sometimes the lungs.

WHAT ARE THE SYMPTOMS OF THE FLU VIRUS?

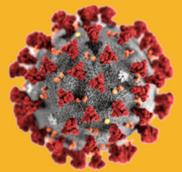
The time of onset for flu virus symptoms is about two days starting with the day a person is initially exposed but has a range of 1-4 days.

People that contract the flu often feel symptoms similar to COVID-19, such as:

- Fever or feverish chills (*CDC states that not everyone gets a fever with the flu*) ²
- Cough
- Sore Throat
- Runny or stuffy nose
- Muscle or body aches
- Fatigue
- Headaches
- Vomiting
- Diarrhea

¹ <https://www.cdc.gov/flu/about/keyfacts.htm?web=1&wdLOR=c3695233B-A8F1-4DBD-9E76-E73B936A922C>

² <https://www.cdc.gov/flu/about/keyfacts.htm?web=1&wdLOR=cF51BBB52-2E0F-4454-B09E-590C65C99DF4>



DOES MY HEALTH CARE PROVIDER TEST ME FOR THE FLU IF I HAVE FLU-LIKE SYMPTOMS?³

Health care providers may test you for the flu, but not every person with flu-like symptoms will be tested. After your provider has evaluated you, they may choose to diagnose you with the flu without the need for testing based on your symptoms and their clinical judgment.

HOW LONG IS THE PERIOD OF CONTAGIOUSNESS AFTER YOU HAVE BEEN INFECTED WITH THE FLU VIRUS?

People that get infected by the flu are most contagious in the first 3-4 days. Some healthy adults may infect others one day before symptoms develop and 5-7 days after being sick.

HOW DOES THE FLU VIRUS TYPICALLY SPREAD?

Typically, the flu virus spreads when tiny droplets are released from infected people who cough, sneeze, or talk. The droplets may land in the mouth or nose of a person in close contact with the infected person. It is also possible for a person to get the flu by touching contaminated surfaces or an object with flu virus on the surface by touching their own mouth, nose, or eyes.

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WHEN IS FLU SEASON?⁴

Seasonal flu viruses are most common to spread during the fall and winter months but are detected year-round in the United States. According to the CDC, the exact time and period for the Flu season can change each year, but most often, the flu season begins to increase in October. Typical activity peaks for the flu season are seen in the December and February months and could potentially last until May.

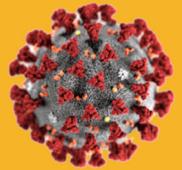
DO OTHER RESPIRATORY VIRUSES CIRCULATE DURING FLU SEASON?⁵

Several other respiratory viruses circulate during flu season that causes symptoms similar to those seen with flu infection. The common types of respiratory viruses that circulate during flu season include:

³ https://www.cdc.gov/flu/symptoms/testing.htm#anchor_1596736120603

⁴ <https://www.cdc.gov/flu/about/season/flu-season.htm>

⁵ <https://www.cdc.gov/flu/about/season/flu-season.htm>



- Rhinovirus (one cause of the “common cold”)
- Respiratory Syncytial Virus (RSV) = a virus that’s most common for causing severe respiratory illness in young children and the leading cause of death from respiratory illness in people aged 65 years and older.

The CDC has stated that it is very difficult to distinguish the flu virus from other viral or bacterial respiratory illnesses based on symptoms alone. Laboratory testing may be involved to properly diagnose the flu in infected people.

IS THERE A POPULATION OF PEOPLE THAT ARE AT HIGH RISK OF CONTRACTING THE FLU VIRUS?

It is important to note that anyone can become infected by the flu, and serious problems related to the flu can happen at any age. People are considered at high risk for developing serious flu complications if they are 65 years or older or at any age with a chronic medical condition such as asthma, diabetes, or heart disease. Pregnant women are also considered in the serious flu complication category if they are exposed.

IS IT POSSIBLE TO BE INFECTED BY THE FLU VIRUS AND A COVID-19 VIRUS AT THE SAME TIME?

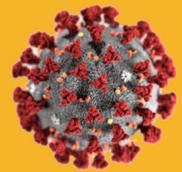
The answer is **Yes**. It is possible to be infected with the flu virus and other respiratory illnesses such as COVID-19 at the same time. Influenza (flu) and COVID-19 are both contagious respiratory illnesses, but different viruses cause them. COVID-19 is caused by infection with a coronavirus first identified in 2019, and flu is caused by infection with influenza viruses. The symptoms of the flu virus and COVID-19 are similar, making it hard to tell the difference between both viruses based on the symptoms alone. These facts support the need for everyone above the age of 6 to receive the seasonal flu vaccination and the COVID-19 vaccination as a preventive method.

Flu

Typically, a person experiences symptoms anywhere from **1 to 4 days after infection**.

COVID-19

Typically, a person experiences symptoms about **five days after being infected**, but symptoms can appear **2 to 14 days after infection**.



WHAT ARE THE OPTIONS TO PREVENT THE SPREAD OF THE INFLUENZA VIRUS?⁶

The CDC recommends receiving a yearly influenza vaccine as the first and most important step in protecting against flu viruses. Everyday preventive action is also recommended to reduce the spread of the flu, such as:

- Avoiding close contact with people who are sick
- If you become sick, limit contact with others as much as possible
- Cover coughs and sneezes
- Wash your hand often with soap and water
- Avoid touching your eyes, nose, and mouth
- Clean and disinfect surfaces and objects that may be contaminated with viruses

There are influenza antiviral drugs that can be used to treat flu illness. Antiviral drugs are not a substitute for getting a vaccine and are used as a second line of defense to treat the seasonal flu virus. Antiviral drugs are not sold over the counter and will require a prescription from a health care provider. The best way to prevent infection from seasonal flu is to get vaccinated.

Updated news from CDC about the Influenza Season for 2021-2022⁷

All flu vaccines will be quadrivalent (containing four components), meaning the vaccine is designed to protect against four different flu viruses. **Flu vaccines and COVID-19 vaccines can be given at the same time.**

For concerns, questions, and information, contact the IBT Safety and Health Department at (202) 624-6960 or visit: <https://teamster.org/COVID-19>

⁶ <https://www.cdc.gov/flu/prevent/prevention.htm>

⁷ <https://www.cdc.gov/flu/season/faq-flu-season-2021-2022.htm>