COVID-19—How to Be Prepared
Bulletin for Teachers and School Staff
February 24, 2020

We are monitoring the new coronavirus outbreak. The virus is now called SARS-CoV-2 and the illness is called COVID-19. We are committed to providing AFT locals and affiliates with the information needed to protect our members and the communities they serve.

The number of cases and deaths worldwide continues to climb, particularly in mainland China. We do not have community spread of COVID-19 in the United States. The illness is mild in roughly 80 percent of the cases, but can be severe in older persons and in those with underlying medical conditions. The Centers for Disease Control and Prevention anticipates that we will have community spread at some point. It is critical that we seize this window of opportunity to prepare to protect ourselves and our communities against COVID-19.

Any effort that we take to prevent the spread of infectious disease is important. The CDC estimates that 31 million Americans have had influenza this season and at least 12,000 people in the United States have died from flu between Oct. 1, 2019 and Feb. 1, 2020.

Role of the Union in Protecting Members and Community

Unions have a key role in defending workers’ rights to be protected from infectious disease—from seasonal flu to newly emerging, highly infectious diseases like the coronavirus. Local leaders can make information requests and demand to bargain on infection control plans and the location and supply of personal protective equipment, like gloves. For more information, see https://www.aft.org/sites/default/files/coronavirus_info_request_local_leaders.pdf.

Symptoms and Transmission

- Symptoms include fever and lower respiratory illness—coughing, difficulty breathing and pneumonia.
- Thus far, the coronavirus has not been associated with upper respiratory symptoms—runny noses and sneezing.
- It appears that infection is more prevalent in adults than children. Elderly people and those with predisposing conditions are more vulnerable to the viral illness.
- The coronavirus can be transmitted through inhalation of airborne infectious matter, through splashes from coughs onto mucous membranes, and by touching objects contaminated by splashes and then touching the nose, mouth or eyes.
The coronavirus is passed by close contact, but not passing contact with someone who is infected. The CDC defines close contact as being within approximately six feet for a prolonged period. Examples of close contact with an infected person for a prolonged period include sitting in a waiting room within about six feet or sharing a car ride.

Public Health Response

- The CDC and the World Health Organization are working to control the spread of the illness and to develop antiviral treatments and a vaccine through isolation and by tracing the contacts infected people have had.
- The CDC is warning against all nonessential travel to China, and the U.S. State Department has increased its advisory for China to Level 4: Do Not Travel.
- Researchers suspect that the coronavirus is easily transmitted. It has been confirmed that infected people can transmit before they exhibit symptoms.
- The CDC has developed a test used to diagnose patients and has sent testing kits to 200 labs within the United States and to 200 international labs.
- Negative test results do not guarantee that a person is not infected. The CDC warns that patients’ symptoms and histories must be considered in addition to the test results.

Infection Control in School Settings

Now is a good time for school districts to review and evaluate their current infection control practices. If schools follow the evidence-based guidance developed over the last few years, the risk of exposure to this newly identified coronavirus and other droplet/airborne diseases will be significantly reduced. Seasonal flu is far more common in the United States than the coronavirus and can be quite serious. Improving infection control practices makes sense.

As much as possible, schools should evaluate general dilution ventilation to make sure that heating, ventilation and air conditioning (HVAC) systems deliver adequate fresh air to classrooms and other school areas. Good indoor air quality can dilute the concentration of infectious viral droplets and aerosols and thus reduce the risks of infection.


Other Important Practices Include:

1. Excluding children with fever and respiratory symptoms from school until symptoms are resolved. This is an ideal policy that is rarely followed. Many parents and guardians send sick children to school because they have no alternative. The school nurse or a designated responsible adult when no school nurse is available should work with teachers and staff to quickly identify sick children and isolate them from the general school population. These students should be cared for in a separate area until they can be picked up.

2. Working with the local public health department to adopt extraordinary measures if the coronavirus threat grows in the community. School districts should follow the directions of the health department in referring any suspected cases of the new virus to the appropriate healthcare facility or provider. For instance, the district should adhere to the protocol for referring students and staff with respiratory illness who have traveled outside the country or been in contact with anyone with suspected or confirmed coronavirus illness.
3. Stepping up education and good reminders (posters, etc.) in classrooms and to parents on the current infection control policies, including:

   a. Good hand hygiene. Schools must provide soap and hand sanitizer. Students should be given additional time and opportunities to wash their hands. Instruct students to wash their hands with soap and water after using the bathroom and before eating. For more information and resources, such as posters, see www.cdc.gov/handwashing/index.html.

   b. Reminders to all to avoid touching their faces, particularly eyes, nose and mouth, with unwashed hands.

   c. Students and staff should be encouraged to stay home from school for any respiratory illness and consult their healthcare provider. Staff should not be sanctioned for taking sick leave.

4. As much as possible, custodial and classroom staff should follow commonsense cleaning and disinfection practices and avoid the overuse of disinfectants. Exposure to disinfectants has been associated with asthma exacerbation. Staff may wish to use disinfectant to clean high-use areas, such as doorknobs and other frequently handled objects and surfaces, with diluted bleach or disinfectants recommended by the U.S. Environmental Protection Agency. Avoid using quaternary compounds (such as Lysol) to clean desks and other surfaces. These surfaces can be cleaned with general natural cleaners and microfiber cloths.

For School Nurses:

1. School nurses should ask students presenting with a fever if they have traveled outside the United States or been in contact with anyone who has.

2. Students who may have the coronavirus should be supported and given a surgical mask and treated away from other students.

3. If the school nurse suspects that the child may have the coronavirus, the nurse should don an N95 respirator while treating the child.

4. Contact the local or state public health department to report the case.

For School Custodians:

1. Custodians should be given adequate training and supplies to address any extraordinary cleaning and disinfection practices.

2. Under the Occupational Safety and Health Administration's Hazard Communication Standard, workers covered by OSHA have the right to training on how to use cleaning supplies and other chemicals safely. They should have gloves that are appropriate for the chemicals used. To determine if you are in an OSHA-approved State Plan state, check here: www.osha.gov/stateplans.

3. Additional custodial staff may be needed if there are a lot of potential cases.

4. Custodians who routinely use disinfectants should be counseled to report any respiratory symptoms or asthma associated with use of the chemicals. They may need respirators and additional personal protective equipment to avoid symptoms or attacks.

For more information, contact Sara Markle-Elder in the AFT Nurses and Health Professionals Department at 202-393-8630 or smarkle@aft.org.