




# Amalgamated Transit Union

10000 New Hampshire Avenue, Silver Spring, MD 20903-1706  
(301) 431-7100 Fax (301) 431-7117

Office of the International President

## MEMORANDUM

**TO:** ATU Local Union Presidents and Financial Secretaries  
**FROM:** John A. Costa, International President   
**DATE:** March 11, 2020  
**RE:** ATU Response to Coronavirus (COVID-19), Update

This update on the novel coronavirus (COVID-19) outbreak supplements my March 5, 2020, memorandum. As the outbreak has unfolded, the following industry practices and local union concerns have developed in the United States and Canada:

### **I. DISINFECTING OF VEHICLES AND FACILITIES**

#### ***Routine Disinfecting of Vehicles and Facilities***

There is a growing industry consensus that buses, train cars, vans, garages and transit stations should be disinfected:

1. As frequently as possible, but not less frequently than daily.
2. Vehicles serving high-risk populations (e.g. paratransit vans and school buses serving medically fragile students) should be disinfected more often than daily where possible.
3. Using disinfectants on the enclosed Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19 published by the United States Environmental Protection Agency (EPA).
4. Using electrostatic sprayers which positively charge the disinfectant mist so that it better coats surfaces. However, other approved methods of disinfecting transit equipment and facilities should still be used, including wiping surfaces with disinfecting wipes.

#### ***Disinfecting of Contaminated Vehicles and Facilities***

Where there is reason to suspect that an individual contaminated with COVID-19 has been in a vehicle or facility, the transportation system should:

1. Immediately remove the vehicle from service, or close to the public and non-essential personnel any portion of a facility suspected of contamination.

2. Doors and windows of vehicles and facilities should be left open to allow for sufficient air changes to remove potentially infectious particles. If possible, in the case of vehicles wait no less than one hour, and in the case of facilities wait up to 24 hours, before cleaning and disinfecting.
3. Thoroughly clean and disinfect entire vehicle or areas of facility suspected of contamination.
4. Remove and launder all clothing of personnel who potentially came into contact with contaminated individual.

The United States Centers for Disease Control and Prevention (CDC) has issued the enclosed Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States and Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus 2019. Although they focus on EMS vehicles and “schools, daycares [and] businesses” respectively, the guidance is helpful for both transit and student transportation vehicles as well as transportation facilities. The New York Department of Health has issued the enclosed Interim Guidance for Cleaning and Disinfection of Public Transportation Settings for COVID-19.

### ***Pre-Shift Disinfecting of Vehicles***

Transit and student transportation systems should ensure that driver workstations are disinfected prior the start of any driver’s shift.

1. High-touch areas such as steering wheels, controls, fareboxes and grabrails should be wiped down with an EPA-approved disinfectant.
2. If bus cleaners or utility workers are not performing the disinfecting, operators should be provided with (a) disposable gloves and disinfecting wipes; and (b) sufficient time to perform the work, dispose properly of gloves and wipes, and wash hands.

## **II. PERSONAL PROTECTIVE EQUIPMENT**

### ***PPE and Procedures for Cleaners***

Transportation systems should provide cleaning staff with personal protective equipment (PPE) and training on the proper use of PPE prior to providing cleaning tasks. The CDC’s Interim Recommendations on Community Facilities recommends that where there is suspected COVID-19 contamination:

1. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process including handling of trash.
2. Other PPE, N95 masks and face shields should be worn where there is a splash risk from cleaning chemicals (or presumably bodily fluids).
3. Gloves and gowns should be removed carefully.
4. Hands should be washed carefully after cleaning and removal of PPE.
5. Cleaners should report any breach in PPE (such as tears in gloves) or any potential exposure to supervisors.

Although the CDC's recommendations above are for cleaning and disinfecting where contamination is specifically suspected, they appear to be appropriate and a best practice for all cleaning and disinfecting work.

### ***Face Masks and Gloves for Non-Cleaning Personnel***

Many of our employers are fighting against the routine use of face masks and gloves for individuals who are neither thought to be infected with COVID-19 nor involved in cleaning and disinfecting work. While such masks provide only limited protection, the ATU's position is that employers should make N95 masks and disposable gloves available to employees and allow employees to wear them while working if they so choose. Please be advised that training on the proper use and fitting of N95 masks should accompany the distribution of masks.

Even where employers are resistant to allowing employees to wear masks and disposable gloves, local unions should pressure their employers to begin procuring N95 masks and disposable gloves so that they are available if needed in the future.

### **III. LABOR RELATIONS ISSUES**

It has come to our attention that many local unions have collective bargaining agreements which do not provide full sick leave benefits to part-time or newly hired employees. In discussions with employers, local unions should demand that all employees have access to adequate paid sick leave to ensure that they stay home when advisable.

If you have an inquiry about a COVID-19 issue or would like assistance from the International Union, please contact Russell Bateman at (301) 431-7100 or at [coronavirusalert@atu.org](mailto:coronavirusalert@atu.org).

#### **Enclosures**

c: Javier M. Perez Jr., International Executive Vice President, ATU  
Kenneth Ray Kirk, International Secretary-Treasurer, ATU  
International Vice Presidents, ATU  
John DiNino, President, ATU Canada  
International Representatives, ATU  
(above via email)



## Coronavirus Disease 2019 (COVID-19)

# Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

This guidance applies to all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.

## Background

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, “EMS clinician” means prehospital EMS and medical first responders. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

### Case Definition for COVID-19

CDC’s most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

## Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

## Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or



the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 will be updated as the public health response proceeds. PSAPs and medical directors can access CDC's [PUI definitions here](#).

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry (see: [CDC Quarantine Station Contact List](#)) for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. CDC has provided job aids for this purpose to EMS units operating routinely at US ports of entry. The PSAP or EMS unit can also call CDC's Emergency Operations Center at (770) 488-7100 to be connected with the appropriate CDC quarantine station.

## Recommendations for EMS Clinicians and Medical First Responders

EMS clinician practices should be based on the most up-to-date COVID-19 clinical recommendations and information from appropriate public health authorities and EMS medical direction.

State and local EMS authorities may direct EMS clinicians to modify their practices as described below.

### Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate [PPE](#) before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all [PPE](#) as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

### Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:
  - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
  - Disposable isolation gown,
  - Respiratory protection (i.e., N-95 or higher-level respirator), and
  - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
  - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
- All personnel should avoid touching their face while working

- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

## Precautions for Aerosol-Generating Procedures

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- In addition to the PPE described above, EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR) is necessary.
  - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.
  - EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

## EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
  - Close the door/window between these compartments before bringing the patient on board.
  - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
  - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
  - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an Airborne Infection Isolation Room).

## Documentation of patient care


- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.



- Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

## Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
  - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. These products can be identified by the following claim:
  - "[Product name] has demonstrated effectiveness against viruses similar to SARS-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against SARS-CoV-2 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
  - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "SARS-CoV-2" will not appear on the product or master label.
  - See [additional information about EPA-approved emerging viral pathogens claims](#) .
- If there are no available EPA-registered products that have an approved emerging viral pathogen claim, products with label claims against human coronaviruses should be used according to label instructions.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.
- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer's instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.


## Follow-up and/or Reporting Measures by EMS Clinicians After Caring for a PUI or Patient with Confirmed COVID-19

EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:



- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities. Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.
- EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
  - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
  - EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

## EMS Employer Responsibilities

The responsibilities described in this section are not specific for the care and transport of PUIs or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respiratory training videos](#) .
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

## Additional Resources

The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>  .

Page last reviewed: February 15, 2020





## **Interim Guidance for Cleaning and Disinfection of Public Transportation Settings for COVID-19**

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### **Background:**

In December 2019, a new respiratory disease called Coronavirus Disease 2019 (COVID-19) was detected in China. COVID-19 is caused by a virus (SARS-CoV-2) that is part of a large family of viruses called coronaviruses. To help prevent spread of COVID-19, public transportation officials should ensure staff continue to perform routine cleaning and may consider high-risk areas where additional cleaning and disinfection is warranted on a regular schedule.

### **Routine Cleaning:**

Soiled and frequently touched surfaces can be reservoirs for pathogens, resulting in a continued transmission to people. Therefore, for pathogenic microorganisms that can transmit disease through indirect contact (transmission through contaminated surfaces), extra attention should be paid to surfaces that are touched most often by different individuals. **As part of standard infection control practices in public transportation settings, routine cleaning should be continued.**

Routine cleaning of public transportation settings include:

- Cleaning high contact surfaces that are touched by many different people, such as light switches, handrails and doorknobs/handles;
- Dust- and wet-mopping or auto-scrubbing floors;
- Vacuuming of entryways and high traffic areas;
- Removing trash;
- Cleaning restrooms;
- Wiping heat and air conditioner vents;
- Spot cleaning walls;
- Spot cleaning carpets;

### **What steps should Public Transportation Settings in NYS take for COVID-19?**

#### **Now:**

Public transportation officials should direct staff to continue performing routine cleaning. High-risk locations warrant cleaning and disinfection on a regular schedule.

#### **If an individual with laboratory confirmed COVID-19 was symptomatic in a specifically identified public transportation- setting:**

Cleaning and disinfection throughout the area should be completed.

- Dusting horizontal surfaces and light fixtures; and
- Cleaning spills.

**Specific high-risk locations within public transportation areas warrant cleaning and disinfection before a confirmed case of COVID-19 occurs in a specific public transportation setting.**

Examples of these locations may include:

#### Food Service Areas

- Clean and disinfect food service areas, including counters, tables, and chairs regularly (at least once daily)

#### Other Frequently Touched Surfaces

- Clean and disinfect frequently touched surfaces on a periodic schedule as operational considerations allow, which may range from at least daily to up to 72 hours.

#### **Cleaning and Disinfection:**

Cleaning removes germs, dirt and impurities from surfaces or objects, while disinfecting kills germs on surfaces or objects. **If a laboratory confirmed case of COVID-19 was symptomatic while in a specifically identified public transportation setting (such as a train or bus), staff should perform cleaning and disinfection of frequently touched areas throughout the area.**

**Step 1: Cleaning:** Always clean surfaces prior to use of disinfectants in order to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use.

**Step 2: Disinfection:** Cleaning of soiled areas must be completed prior to disinfection to ensure the effectiveness of the disinfectant product. If EPA- and DEC\*-registered products specifically labeled for SARS-CoV-2 are not available, disinfect surfaces using a disinfectant labeled to be effective against

#### **Examples of frequently touched areas in public transportation areas:**

- Seats and handrails;
- Turnstiles and fare boxes;
- Door handles and push plates;
- Chairs and Tables;
- Bathroom faucets;
- Light switches;
- Handles on equipment (e.g., wheelchairs, hand carts);
- Buttons on vending machines and elevators;
- Desks and counters;
- Shared telephones;
- Shared desktops; and
- Shared computer keyboards and mice.

**Note:** Computer keyboards are difficult to clean due to the spaces between keys and the sensitivity of its hardware to liquids. When shared, they may contribute to indirect transmission. Locations with community use computers should provide posted signs regarding proper hand hygiene before and after using the computers to minimize disease transmission. Also, consider using keyboard covers to protect the hardware against spills and facilitate cleaning.

rhinovirus and/or human coronavirus. If such products are unavailable, it is also acceptable to use a fresh 2% chlorine bleach solution (approximately 1 tablespoon of bleach in 1 quart of water). Prepare the bleach solution daily or as needed. EPA- and DEC\*- registered disinfectants specifically labeled as effective against SARS-CoV-2 may become commercially available at a future time and once available, those products should be used for targeted disinfection of frequently touched surfaces.

- Label directions must be followed when using disinfectants to ensure the target viruses are effectively killed. This includes adequate contact times (i.e., the amount of time a disinfectant should remain on surfaces to be effective), which may vary between five and ten minutes after application. Disinfectants that come in a wipe form will also list effective contact times on their label.
- For disinfectants that come in concentrated forms, it is important to carefully follow instructions for making the diluted concentration needed to effectively kill the target virus. This information can be found on the product label.

Cleaning and disinfecting should be conducted by staff who have been trained to use products in a safe and effective manner. Staff should be reminded to ensure procedures for safe and effective use of all products are followed. Staff do not need to wear respiratory protection while cleaning. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used. Place all used gloves in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.

\*NYSDEC registration will not be listed on disinfection product labels. Information about disinfection product registration with NYSDEC can be found at: <http://www.dec.ny.gov/nyspad/products>. If you have any questions about NYSDEC pesticide registration, please call the NYSDEC Bureau of Pesticide Management at 518-402-8748.

### **Staff Guidance**

All staff should be reminded of the importance of routine hand and respiratory hygiene practices.

Hand hygiene:

- Regular hand washing with soap and water for at least 20 seconds should be done:
  - Before eating;
  - After sneezing, coughing, or nose blowing;
  - After using the restroom;
  - Before handling food;
  - After touching or cleaning surfaces that may be contaminated; and
  - After using shared equipment like computer keyboards and mice.



If soap and water are not available, use an alcohol-based hand sanitizer.

**Respiratory hygiene:**

- Covering coughs and sneezes with tissues or the corner of elbow; and
- Disposing of soiled tissues immediately after use.

**Personal Protective Equipment:**

- Staff interacting with the general public do not currently need to wear respiratory or other personal protective equipment.
- Staff performing cleaning and disinfection should follow recommendations for personal protective equipment listed on product labels, per above guidance.

**More information:**

New York State Department of Health's COVID-19 Webpage:

<https://www.health.ny.gov/diseases/communicable/coronavirus/>

Centers for Disease Control and Prevention Webpage:

<https://www.cdc.gov/coronavirus/2019-ncov/>



# Coronavirus Disease 2019 (COVID-19)

## Environmental Cleaning and Disinfection Recommendations

Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019

### Background

There is much to learn about the novel coronavirus that causes [coronavirus disease 2019](#) (COVID-19). Based on what is currently known about the virus, spread from person-to-person happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. Transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus in general occurs much more commonly through respiratory droplets than through fomites. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings.

### Purpose

This guidance provides recommendations on the cleaning and disinfection of rooms or areas of those with suspected or with confirmed COVID-19 have visited. It is aimed at limiting the survival of novel coronavirus in key environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on community, non-healthcare facilities (e.g., schools, institutions of higher education, offices, daycare centers, businesses, community centers) that do and do not house persons overnight. These guidelines are not meant for [cleaning staff in healthcare facilities](#) or repatriation sites, [households](#), or for others for whom specific guidance already exists.

### Definitions

- *Community facilities* (e.g., schools, daycares centers, businesses) comprise most non-healthcare settings that are visited by the general public outside of a household.
- *Cleaning* refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.
- *Disinfecting* works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

### Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

#### Timing and location of cleaning and disinfection of surfaces



- At a school, daycare center, office, or other facility that does not house people overnight:
  - It is recommended to **close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection** to minimize potential for exposure to respiratory droplets. **Open outside doors and windows to increase air circulation in the area.** If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- At a facility that does house people overnight:



- Follow Interim Guidance for [US Institutions of Higher Education](#) on working with state and local health officials to isolate ill persons and provide temporary housing as needed.
- It is recommended to close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- In areas where ill persons are being housed in isolation, follow [Interim Guidance for Environmental Cleaning and Disinfection for U.S. Households with Suspected or Confirmed Coronavirus Disease 2019](#). This includes focusing on cleaning and disinfecting common areas where staff/others providing services may come into contact with ill persons, but reducing cleaning and disinfection of bedrooms/bathrooms used by ill persons to as needed.
- In areas where ill persons have visited or used, continue routine cleaning and disinfection as in this guidance.

## How to Clean and Disinfect

### Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
  - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3<sup>rd</sup> cup) bleach per gallon of water or
  - 4 teaspoons bleach per quart of water
  - [Products with EPA-approved emerging viral pathogens claims](#)  are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
  - For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - Otherwise, use products with the EPA-approved emerging viral pathogens claims (examples at [this link](#)  ) that are suitable for porous surfaces

### Linens, Clothing, and Other Items That Go in the Laundry

- Do not shake dirty laundry; this minimize the possibility of dispersing virus through the air.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

## Personal Protective Equipment (PPE) and Hand Hygiene:

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
  - Gloves and gowns should be compatible with the disinfectant products being used.
  - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to **clean hands** after removing gloves.



- Gloves should be removed after cleaning a room or area occupied by ill persons. [Clean hands](#) immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- **Cleaning staff and others should [clean hands often](#)**, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
  - Additional key times to clean hands include:
    - After blowing one's nose, coughing, or sneezing
    - After using the restroom
    - Before eating or preparing food
    - After contact with animals or pets
    - Before and after providing routine care for another person who needs assistance (e.g., a child)

### Additional Considerations for Employers:

- Employers should work with their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop [symptoms](#) within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken. When working with your local health department check their available hours.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#) [🔗](#)).
- Employers must comply with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#) [🔗](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#) [🔗](#)).

### Additional Resources

- [OSHA COVID-19 Website](#) [🔗](#)
- [CDC Home Care Guidance](#)

## ATU Response to Coronavirus (COVID-19), Update

Office of the President <officeofthepresident@atu.org>

Wed 3/11/2020 9:12 AM

Bcc: DYN-1 ALL PRESIDENTS USA CANADA <DYN-1ALLPRESIDENTSUSACANADA@atu.org>; DYN-1 ALL FINANCIAL SECRETARIES USA CANADA <dyn-1allfinancialsecretariesusacanada@atu.org>; Javier Perez <jperez@atu.org>; Kenneth Kirk <kkirk@atu.org>; International Vice Presidents <internationalvicepresidents@atu.org>; International Representatives <internationalrepresentatives@atu.org>; John Dinino <jdinino@atu.org>

📎 1 attachments (4 MB)

ATU Response to COVID-19, Update 3-11-20.pdf;

3/11/20  
DONE

Please see the attached.

In solidarity,

John A. Costa