



American Federation  
of Teachers, AFL-CIO

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AFT Teachers  
AFT PSRP  
AFT Higher Education  
AFT Public Employees  
AFT Nurses and Health  
Professionals

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April 13, 2020

The Vice President  
Old Executive Office Building  
Washington, D.C. 20501

and

Robert R. Redfield, M.D.  
Director  
Centers for Disease Control and Prevention  
395 E St., S.W.  
Washington, D.C. 20024

Re: CDC ***Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19***

Dear Mr. Vice President and Dr. Redfield:

We write on behalf of 1.7 million AFT members in response to the deeply troubling CDC ***Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19***. We have grave concerns that the new guidance will put the safety of our members and all essential workers in the 16 sectors at unnecessary risk of COVID-19 infection and disease. To this end, we strongly urge the CDC to immediately meet with key stakeholders and consider issuing new guidance that will better protect workers, employers and ultimately the community.

This guidance will apply to almost all of our members, including our frontline healthcare workers who are caring for the sick; our food service workers who are helping to keep our most vulnerable students fed; and our public employees who are keeping vital infrastructure services intact.

The return-to-work plans intentionally bring COVID-19 suspected, confirmed COVID-19 positive but asymptomatic, and most disturbingly COVID-19 symptomatic persons back into the workplace with few controls to protect the rest of the workforce or the public, much less the very workers who are being brought back.

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The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.



The guidance squarely puts the onus on affected workers while providing little guidance to employers on their responsibility for managing individuals who may or have had an exposure.

The shortages of personal protective equipment for healthcare workers, emergency responders and other direct-care staff already put frontline workers, including many of our members, at increased risk of exposure and illness.

Many of our non-healthcare essential workers, such as food service workers, corrections officers, laboratory workers, water treatment workers, and child protection services workers don't even have basic personal protective equipment to protect themselves to begin with. They are resorting to making their own cloth face coverings and manufacturing homemade face shields, even though it is the employers' job to assess workplaces for hazards and provide the proper PPE for the work being performed.

There are far too many documented deaths and severe COVID-19 cases among critical infrastructure workers. For instance, the Metropolitan Transit Authority has reported strain on the New York City subway system because MTA has lost personnel to this pandemic. Any guidance will have to address the potential of short staffing. The prospect of critical short staffing calls for increased protections—not fewer protections—for workers.

For example, we find the following in the guidance to be inconsistent, lacking and/or in direct contradiction to other CDC guidance:

- Mixed CDC messaging on quarantining persons with suspected or known exposure to COVID-19: CDC guidance to healthy people who may have been exposed recommends self-quarantine for 14 days. Why would this not also apply to “essential workers”?
- The guidance is overly reliant on temperature screening and symptom assessment when 25 percent of positive reported cases are asymptomatic, and the percentage may be higher given the narrow scope of testing.<sup>i</sup> Although fever is a common symptom, it only appears in roughly 35 to 45 percent of new cases.<sup>ii</sup> Detection of fever should be part of a comprehensive program to educate personnel to monitor their exposures to COVID-19 and symptoms. Fever alone is not a reliable indicator of infection.
- The CDC recommends monitoring by “occupational health programs.” Many if not most facilities where AFT members work do not have occupational health programs. Monitoring will most likely fall to untrained and unqualified individuals. Workers will not receive consistent and effective monitoring.
- Instituting social distancing in healthcare and other essential infrastructure sectors will, in reality, at best be a challenge and rarely a possibility. This is not useful guidance.
- The guidance doesn't address the employer's responsibility under the Occupational Safety and Health Administration (OSHA) to protect workers from hazardous exposures at work.<sup>iii</sup>
- The new guidance does not recommend or even advise that exposed workers be tested; nor does it outline specific requirements for employers to limit worker exposure to potentially infected individuals. It advises that exposed workers self-monitor, wear face coverings and keep their distance from others “as work duties permit,” but does not advise employers to install engineering controls, isolate workers exposed to COVID-19- infected individuals, ensure social distancing in the workplace or provide effective personal protective equipment.
- The guidance doesn't begin to provide adequate measures or references for preventing further exposures at work. Guidance from OSHA includes important information to assist employers and

educate workers on ways to reduce the risk of COVID-19 exposure. OSHA's guidance explains the need for employers to implement engineering, administrative, and work practice controls as well as personal protective equipment. <sup>iv</sup>

- The guidance doesn't address employer responsibility for mental health, stress and support of affected workers.<sup>v, vi</sup>

We urge the CDC to immediately reconsider this guidance and bolster it to protect workers, employers and ultimately the community. Among other things, in revised guidance, the CDC must address:

- Designation of a responsible and competent [management] person at each work site to supervise any self-monitoring. The CDC should further elaborate what qualifications and/or training a competent person should have in absence of an occupational health program;
- An affected worker's right to 14 days of quarantine;
- Employers offering immediate access to testing for workers with known or suspected exposure. At a minimum, employers should be advised to actively assist affected workers in receiving a test. When workers are tested, those asymptomatic workers should be offered 14 days of paid quarantine;
- Employer responsibility for assessing the workplace for potential exposure to all workers and development of a plan to prevent or at least reduce the exposure of all workers;
- Adherence to OSHA regulations and standards;
- Just-in-time training and communication to workers who remain on the job about the employer's plan and active monitoring program; and
- Guidance on addressing mental health and stress for affected workers (those with suspected or confirmed exposure) and all workers who remain on the job.

We know the virus is spread in droplet form, which can be inhaled or transmitted by contact. The simple act of breathing can shed the virus in a six-foot area. Studies have also shown that small particles become aerosolized and can travel further and linger in the air. Bringing back people who have had exposure to or are themselves COVID-19-positive but asymptomatic or "mildly" symptomatic presents a great danger of exposure for co-workers, other building occupants and the public.

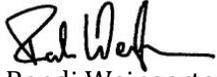
Bringing back positive and asymptomatic COVID-19 positive workers is contrary to the purpose of social distancing and quarantining, the whole point of which is to keep those who are infected away from people who are not. These new guidelines put more workers at risk of contagion.

We are vehemently opposed to permitting confirmed or suspected COVID-19 positive workers to return to work until they have completely recovered or are confirmed negative. This new guidance will ultimately backfire, as more people are exposed, causing more illness in the workforce, which will make the whole concept of "flattening the curve" pointless.

We anticipate that employers across the country will use this guidance to prematurely return workers to work sites and greatly increase the spread of the virus. Implementing the provisions in this guidance now flies in the face of control measures previously recommended by the CDC to flatten the curve at the apex of the outbreak.

The AFT welcomes the opportunity to assist CDC in revising this interim guidance. Please include us and other vital stakeholders in a process to make this a genuine, lifesaving guidance that protects working people in the critical infrastructure sectors and our communities across the country.

Sincerely,



Randi Weingarten

American Federation of Teachers

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AFT Guild, San Diego Community College District  
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Wisconsin Federation of Nurse Health Professionals, Jeff Weber, President

cc: Anne Schuchat, MD, Chief Deputy Director CDC

RW : KT : rjb opeiu#2 afl-cio

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<sup>i</sup> Heneghan, C. et al., COVID-19: “What Proportion Are Asymptomatic?” <https://www.cebm.net/covid-19/covid-19-what-proportion-are-asymptomatic/>

<sup>ii</sup> W. Guan, Z., et al., “Clinical Characteristics of Coronavirus Disease 2019 in China” *New England Journal of Medicine*, Feb. 28, 2020, <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2002032?articleTools=true>

<sup>iii</sup> <https://www.osha.gov/SLTC/covid-19/>

<sup>iv</sup> U.S. Department of Labor: Occupational Safety and Health Administration, *Guidance on Preparing Workplaces for COVID-19*, March 2020, <https://www.osha.gov/Publications/OSHA3990.pdf>

<sup>v</sup> <http://211.103.242.144:1010/dzfw/yhjy/xgzl/202002/P020200210748043850573.pdf>

<sup>vi</sup> <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2763229>