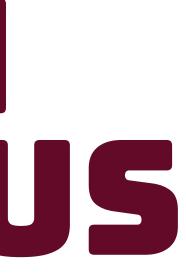
CORONAVIRUS 5 WORKER5 Precautions, worker rights, resources, and how to take action!

MARCH 26, 2020 PRESENTED BY NATIONAL COSH





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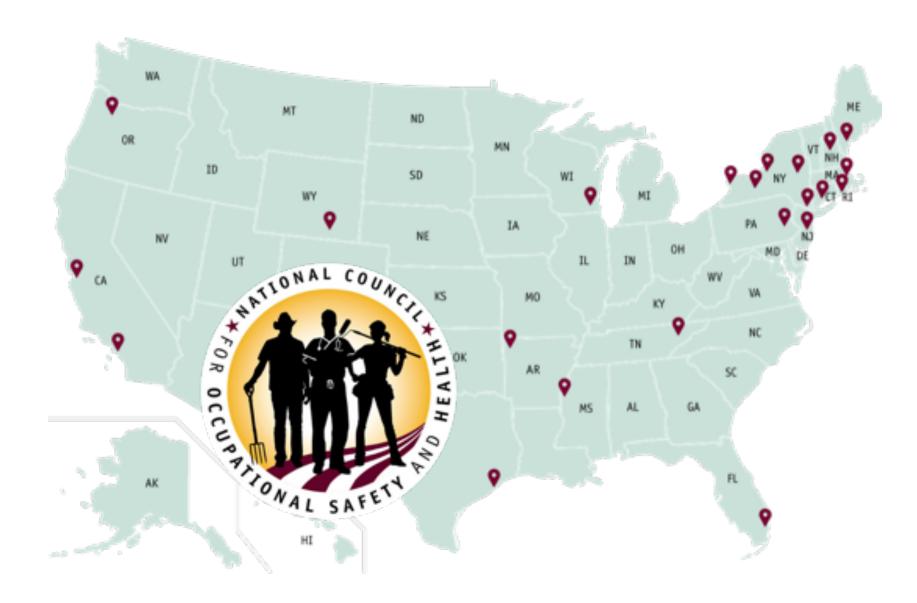
WEBINAR'S BEST PRACTICES





- Computer or app connections are preferred, but phone participation also welcome
- All attendees are <u>muted</u>, so submit your comments or questions using questions function
- The session will be recorded
- Members of the media are listening in
- Follow-up Qs or comments jessica@nationalcosh.org or peter@nationalcosh.org

THE NATIONAL COUNCIL FOR **OCCUPATIONAL SAFETY AND HEALTH**



SHARED MISSION: The COSH Network and our partners are dedicated to promoting safe and healthy working conditions for all working people through education, organizing, advocacy, and taking action!

National COSH is the U.S. national level coordinating body of the **COSH Network.**

BUILDING COMMUNITY AND TAKING COLLECTIVE ACTION! ALL WHILE PRACTICING SOCIAL DISTANCING

This webinar is designed to:

- Bring us together,
- Learn about what we need to do to keep workers safe, and Unite across the country to respond to this crisis and demanding safety protections, economic justice, and access to medical treatment



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AGENDA & PRESENTERS

Welcoming and Introduction

Jessica Martinez, MPH co-executive director, National COSH

Coronavirus (COVID-19) Overview

Sherry Baron, MD, Professor, Barry Commoner Center for Health and the Environment at Queens College

Preventative Measures

Luis Vazquez, MPH Education Coordinator, International Chemical Workers Union

Employer Responsibilities

Marina Jabsky, MPH -Industrial Hygienist, New York Committee for Occupational Safety and Health (NYCOSH)

Actions on the Ground

Dylan Valle, Employer Relations and Bargaining Coordinator, SEIU 32BJ and Shelly Ruzicka, Communications & Operations Director, ARISE Chicago

Taking Action Together

Nancy Lessin, COSH Fellow, United Steel Workers

• Q & A Discussion

All panelists plus Dave Newman, COSH Fellow, IH EOHS Associates LLC

HOST IMPACTED + MOST IMPACTED INDIVIDUAL WORKERS ARE VULNERABLE, BUT UNITED WORKERS ARE POWERFUL!



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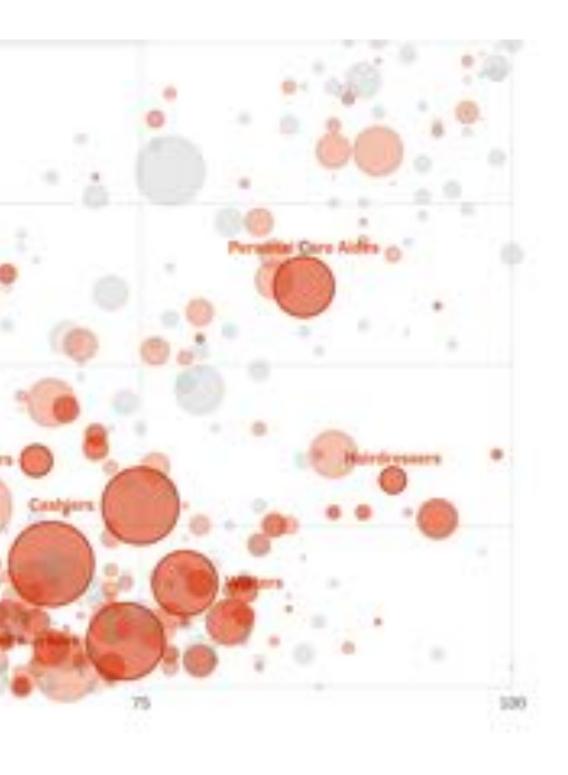
Physical proximity -----

WEBINAR WORKERS \propto COVID-19

SOME OF THE MOST EXPOSED:

- Health Workers
- Transportation Workers
- Caregivers
- Correctional workers
- Teachers
- Barbers
- Laundry / dry cleaning
- Sanitation workers
- Janitors
- Cafeteria / restaurant

- Cashiers and retail
- Funeral workers



WEBINAR WORKERS ∞ COVID-19

(LACK OF) ACCESS TO SICK LEAVE

Percent of workers with access to paid leave benefits

Group	Sick leave	Personal leave
All workers	74%	45%
Nurses	92%	68%
Teachers	86%	62%
Service industry workers	56%	28%
Sales workers	65%	40%
Full-time workers	85%	54%
Part-time workers	40%	18%
Top 25 percent of earners	92%	63%
Bottom 25 percent of earners	47%	24%

Source: Bureau of Labor Statistics Employee Benefits Survey

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(LACK OF) ABILITY TO WORK FROM HOME

Percent of wo	orkers with the	ability to wor	rk from home
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Percent	
9.2%	
20.1%	
37.3%	
61.5%	

Source: Bureau of Labor Statistics

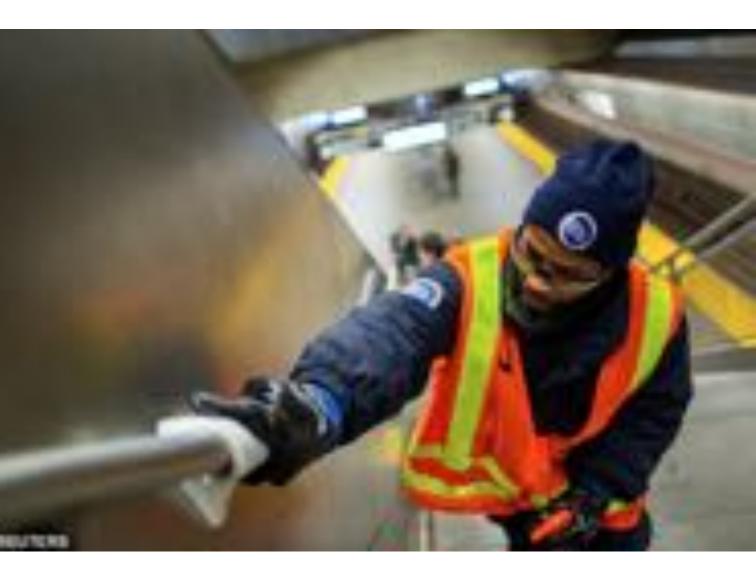


e by income percentile

Sources: O*Net, Bureau of Labor Statistics. Income and employment statistics are from May 2018, the most recent Occupational Employment Statistics release.

CRISIS THREATENING ALL WORKERS IN US: BLACK AND LATINX WORKERS TO BE HIT THE HARDEST

- Work Hours Cut
- Risk the Virus with no health insurance
- Stay home with no pay
 - Black and Hispanic workers are more than twice as likely to earn poverty-level wages compared to their white counterparts, putting a further strain on them
 - Roughly 8% of black and Hispanic workers earn wages below poverty level, compared to just 4% of white workers



CRISIS THREATENING ALL WORKERS IN US: ATINX WORKERS TO BE HIT THE



- sick leave

COVID-19 & WORKERS WEBINAR

• Women of color struggle in particular: 10% of black women and 9% of Hispanic women are classified as the working poor, compared to 3.5% of white men • Economic Policy Institute states that only 48% of workers in the leisure and hospitality industry have access to paid





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COVID-19 HAS HIGHLIGHTEDH

- Importance of low-payed professions: workers make the world go-round!
- Insufficiency of worker protections
- Injustice in workplace practices
- Unpreparedness of health care system
- Importance of being organized, acting together to protect each other



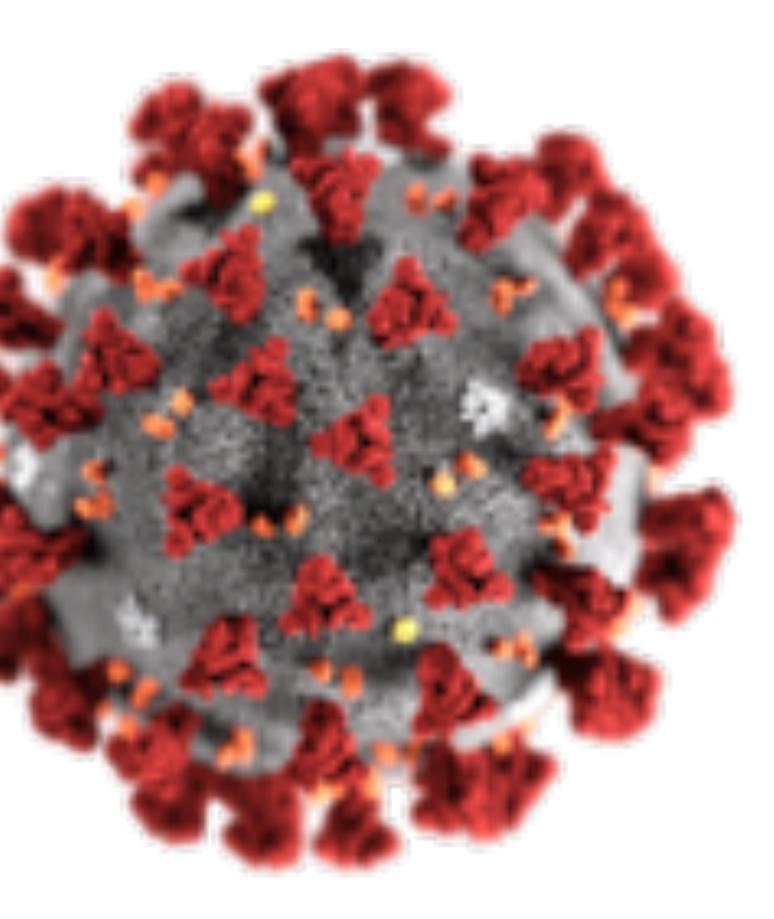


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COVID-19 & WORKERS WEBINAR



Sherry Baron, MD



WHAT IS **COVID-19?**

- Corona viruses are common include the common cold
- humans
- It is highly contagious
- Little community immunity

• COVID-19 is a new (novel) version that probably moved from bats to

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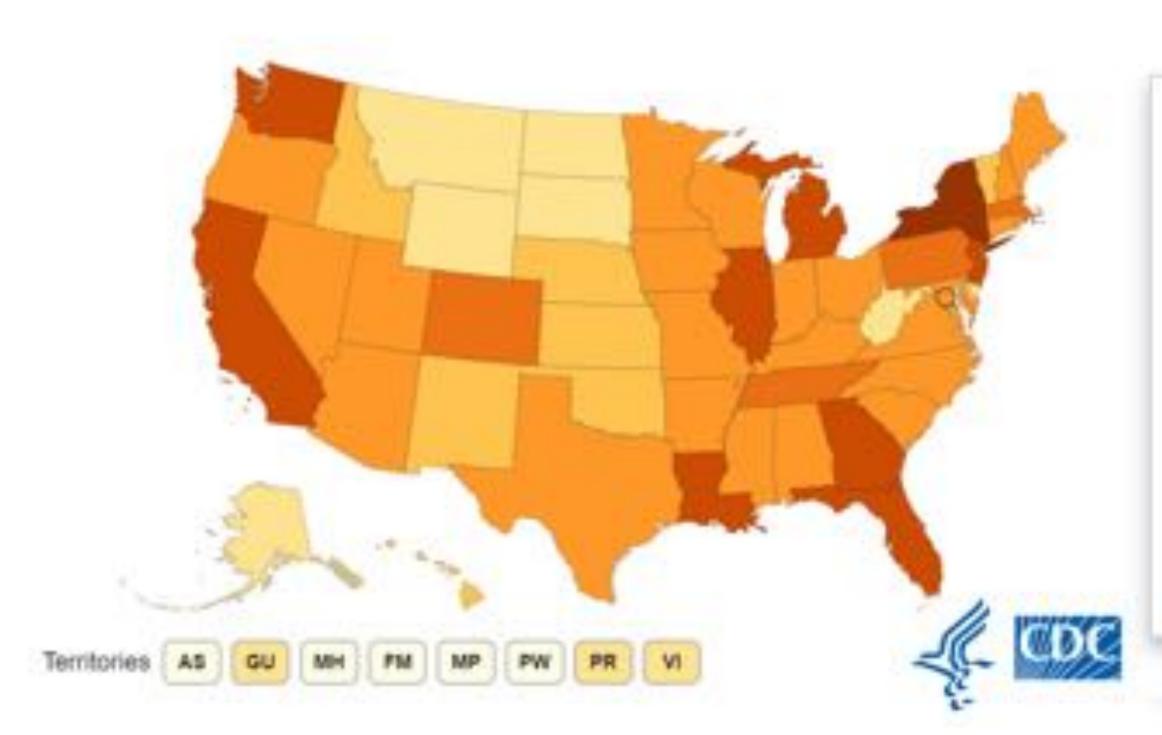
HOW IS IT SPREAD?



- eyes

• <u>Droplets</u> - respiratory secretions from coughing or sneezing • <u>Aerosol</u> - a solid particle or liquid droplet suspended in air <u>Contact</u> -Touching someone or something with the virus on it and then touching mouth, nose or

COVID-19 CASES IN THE US





Reported Cases (last updated March 24, 2020) None 6 to 50 6 51 to 100 101 to 500 501 to 1000 1001 to 5000 5001 or more

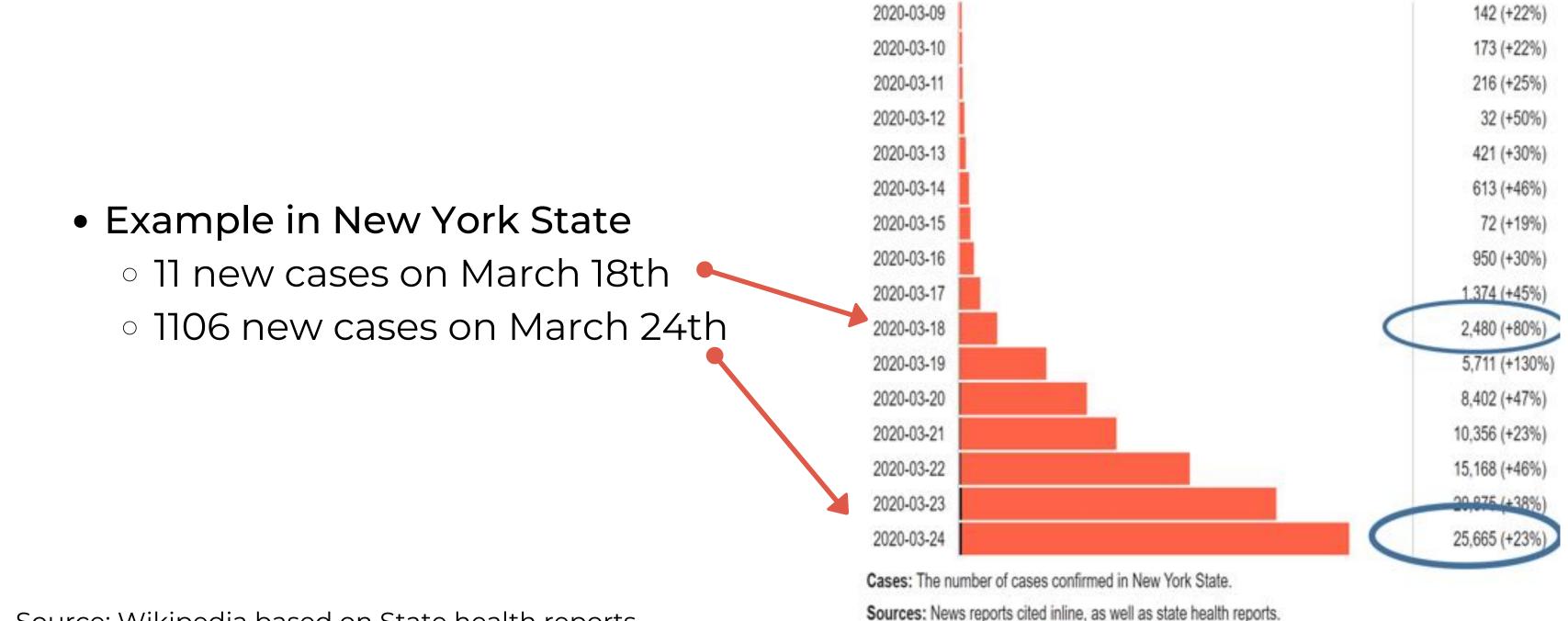
COUNTING CASES: SLOW RELEASE OF TESTING KITS DELAYED UNDERSTANDING THE TRUE SCOPE

- Now, it is placing undue stress on PPE supply and was defeating social distancing rules.
- Some places testing is no longer happening outside of hospitals



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THE NATURE OF AN EPIDEMIC IS THAT THE CASE COUNT RISES VERY QUICKLY



Source: Wikipedia based on State health reports

SYMPTOMS OF COVID-19



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COVID-19 VS SEASONAL FLU

- COVID-19 has the potential to cause more hospitalizations and deaths
 - Spreads much faster
 - Seasonal flu does not routinely overwhelm our hospitals



WHO IS AT RISK?

- Everyone is at risk of <u>getting</u> COVID-19 infection
- Everyone is at risk of *transmitting* COVID-19 to others
- The elderly and those with chronic diseases are at higher risk of <u>dying</u> from the disease
- Therefore, the young and healthy have the greatest responsibility for controlling the spread and limiting deaths



WHO SHOULD GET IMMEDIATE ATTENTION?

People experiencing:

- Shortness of breath
- Chest pain
- Feeling confused
- Bluish lips

Covid-19 can lead to acute respiratory distress syndrome

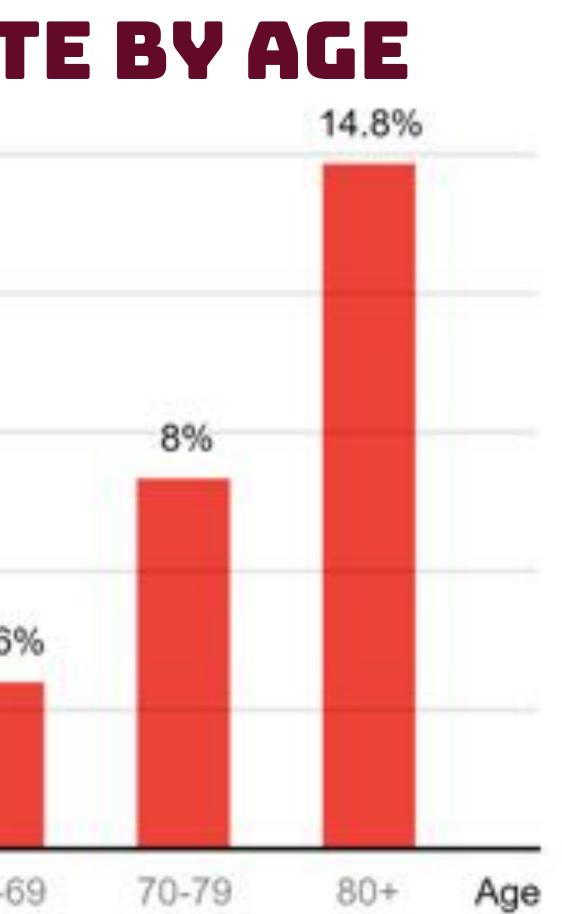




COVID-19 MORTALITY RATE BY AGE

(Data from China outbreak)

15% 12% 9% 6% 3.6% 1.3% 3% 0.4% 0.2% 0.2% 0.2% 10-19 20-29 30-39 40-49 50-59 60-69



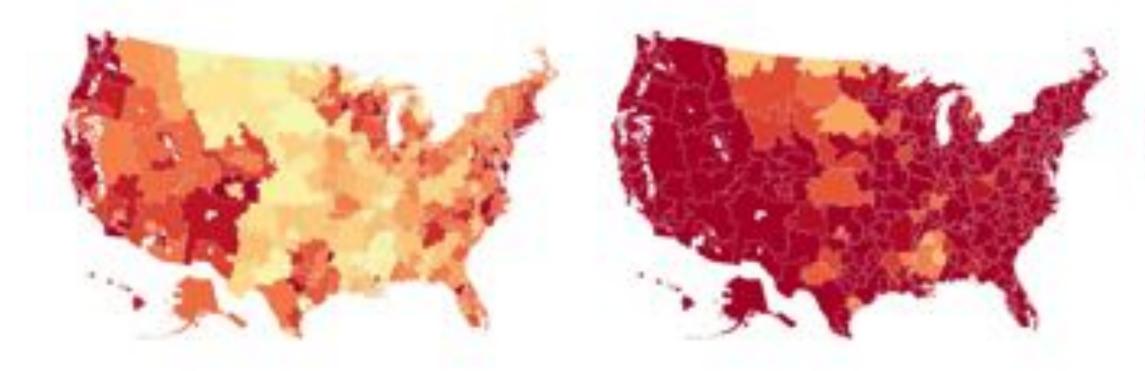
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MODELS PREDICTING HOSPITAL CAPACITY BASED ON THE PERCENT OF ADULTS WHO COULD DEVELOP COVID-19

Hospital regions would fill 0 100% 200%

20% over 6 months

40% over 6 months



Source: Harvard Global Health Institute, Hospital Bed Capacity & COVID Estimates

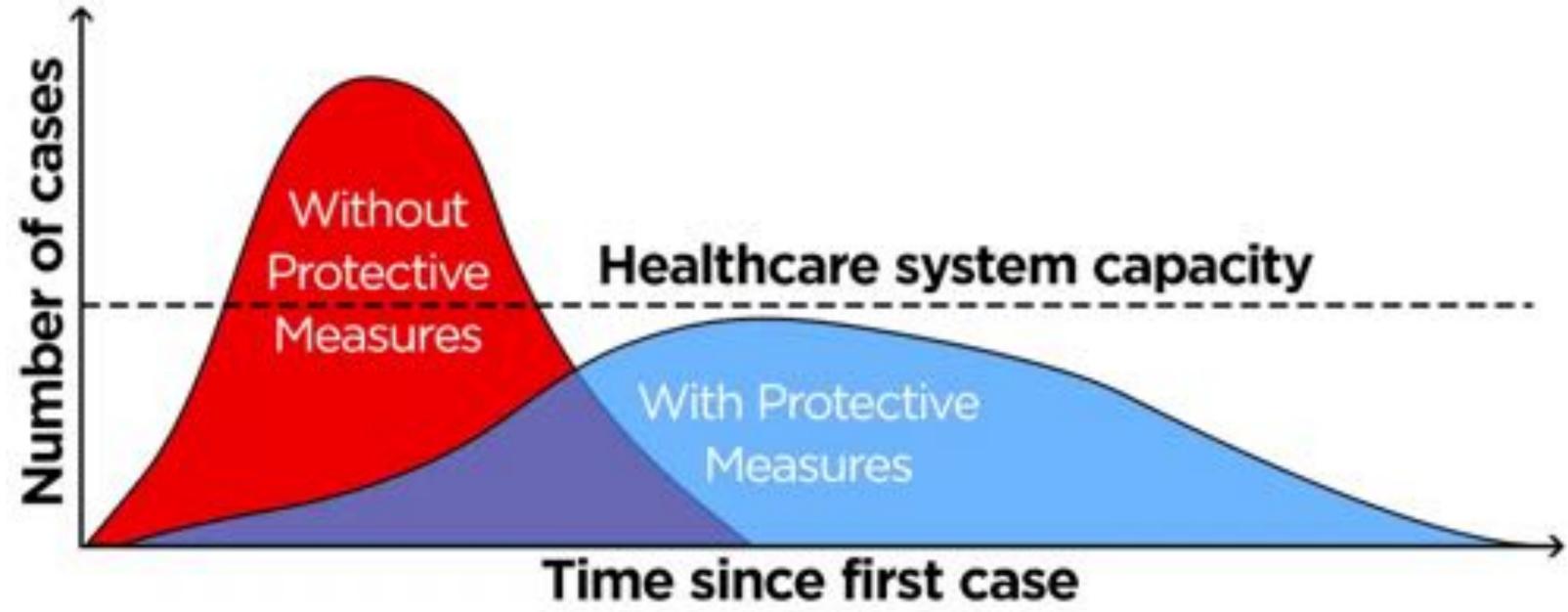
of their beds...

60% over 6 months



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FLATTEN THE CURVE



Adapted from CDC / The Economist



IN NEW YORK CITY WE ACTED TOO LATE

- The infection rate doubles every 3 days
- 15,597 cases as of 5 PM Tuesday (March 24)
- Approximately 1 in 1000 are infected
- Hospitalizations will peak in 2-3 weeks
- We will need 90,000 additional hospital beds before then

WHAT PUBLIC HEALTH MEASURES?

- Social distancing
- Washing with soap and water for 20 seconds
- Use hand sanitizer when soap is not available
- Don't touch your face and cough into your elbow or a tissue
- Clean and disinfect objects and surfaces



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RISK TO WORKERS

Highest Risk: Health care workers

Critical infrastructure

- Police, fire, energy, garbage collection, telephone etc
- Community careworkers- elderly, childcare

Essential community services

Grocery and pharmacy, take-out food services, warehousing and deliver

Manufacturing & construction

• Ventilators, PPE, healthcare equipment, field hospitals





WHEN IS IT SAFE TO RETURN TO WORK AND SCHOOL?

- The push to "get the economy going" should not put workers at risk.
- Plans need to be guided by the precautionary principle.
- Taking steps to reduce risk for workers and others should <u>not</u> await scientific certainty.



THANK YOU ALL!

 A mural of a nurse appeared on the wall of one of the Italian hospitals. It reads: "THANK YOU ALL"



Luis Vazquez International Chemical Workers Union Center for Worker Health & Safety

PRESERVE HEASURES

COVID-19 & WORKERS WEBINAR

KEY ELEMENTS: COVID-19 WORKPLACE PLAN

- Management leadership and employee participation
- Hazard identification and assessment
- Hazard prevention and control
- Education and training
- System evaluation and improvement
- Family preparedness
- Plan for a pandemic with "increased severity"
 - CDC recommends planning for current severity and "increasing severity"

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PROTECTING WORKERS

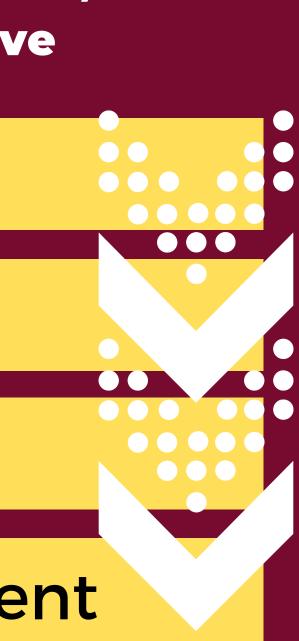
Use methods that protect workers, starting with the most effective

Engineering controls

Work practices

Administrative controls

Personal protective equipment



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ENGINEERING CONTROLS

- Ventilation
- Drive through service
- Plastic shields and other barriers



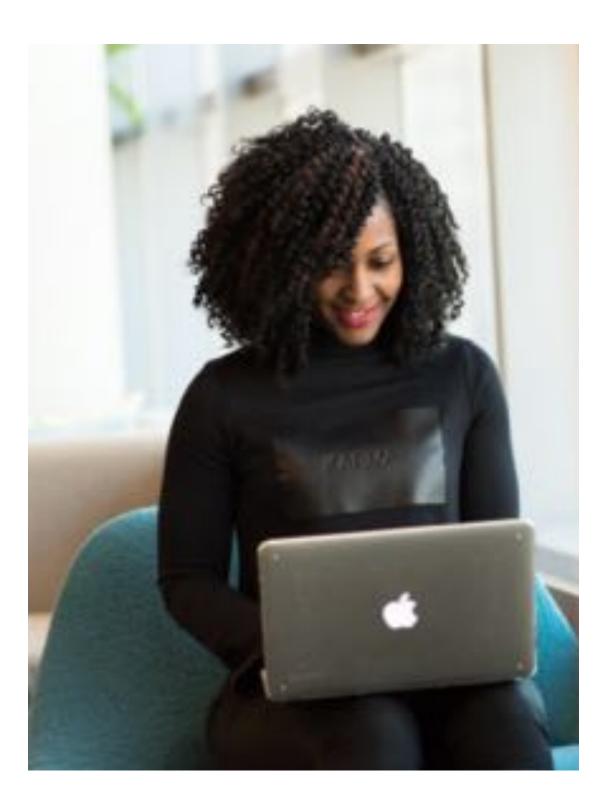
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WORK PRACTICES TO REDUCE EXPOSURE



- Work practices and administrative practices that can reduce workers' exposures to COVID-19 exposure include: • Enable sick workers to stay home • Minimizing contact among workers and
 - clients
 - very high, or high-risk tasks
- Discontinue non-essential travel • Limiting the number of staff present for
- Training

ADJUST POLICIES TO REDUCE EXPOSURES



- Encouraging workers who are ill to stay home without fear of reprisals or loss of pay or benefits
- Using email, phone, teleconferences instead of face-toface contact

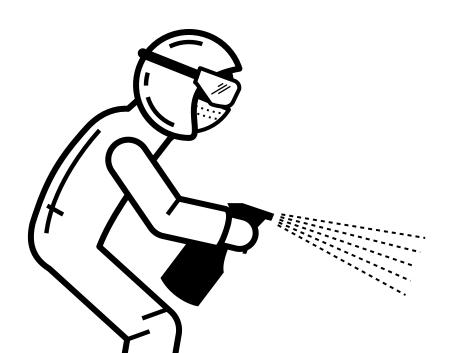
OSHA PPESTANDARD

- The OSHA PPE standard requires employers to:
- Conduct an assessment for PPE
- Provide PPE at no cost, appropriate to the hazard
- Train employees on how to don (put on) and doff (take off) PPE
- Train workers to maintain, store, and replace PPE
- Provide medical evaluation and fit testing

https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9777&p_table=STANDARDS

DECONTAMINATION

- Employers should develop site specific decontamination procedures.
- Decontamination may require consultation
- Use of an EPA registered disinfectant is recommended



- - the disinfectant.

• There is little info on the effectiveness of disinfectants on SARS Coronavirus 2. Worker and building occupant protection is essential when cleaning and disinfecting contaminated surfaces to protect against the virus and adverse effects of

RESPIRATORS

- Respirators are needed when there is a risk of aerosol transmission.
- A N95 respirator is the minimum level of protection to prevent inhaling coronavirus.



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RESPIRATORS (CONTINUED)

- Reusable respirators provide greater protection than disposal respirators:
 - Powered air-purifying respirator (PAPR)
 - Half or full-face elastomeric respirators



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N95-DISPOSABLE RESPIRATORS

- Minimum recommended protection for:
 - Healthcare workers and may be helpful in other work
- Lightweight and easy to use
- Requires no maintenance
- NIOSH approved
- Fit testing is best
- In emergency/crisis situations may offer some protection to virus from airborne route





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OTHER MORE PROTECTIVE RESPIRATORS

Requires respirator
 program for each specific
 type





N95-DISPOSABLE RESPIRATORS



User seal check

- 1. Cup both hands over the front of the mask to cover the filter and inhale. Do not push on the mask.
- 2. Check to see if the facepiece pulls in toward your face.
- there is a proper fit. If any leakage of air is detected, try readjusting the nosepiece and/or the straps until a good fit is achieved. limited supply on CDC website
- 3. If the facepiece is drawn in and no air leaks, 4. Emergency/Crisis - guidelines for re-use if

SURGICAL MASK DOES NOT PROTECT USER FROM VIRUS



These are only good for infected people to wear to help prevent others from being infected

RESPIRATORY PROTECTION

Respiratory protection must comply with all elements of OSHA Standard 1910.134

- Written program
- Selection hazard to match hazard
- Medically fit to wear
- Fit testing
- Ensure proper use of respirators
- Respirator maintenance
- Labeling/color coding filters
- Employee training
- Program evaluation
- Recordkeeping





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Marina Jabsky, NYCOSH New York Committee for Occupational Safety and Health

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WHAT MUST MY EMPLOYER DO?

- From OSHA Guidance on Preparing Workplaces for COVID-19:
 - https://www.osha.gov/Publications/OSHA3990.pdf
 - This is a guidance, not a new standard or a regulation

Employer should develop an Infectious Disease Preparedness and Response Plan

- Assess risk level(s) of worksites and job tasks performed by workers
 - Consider where, how, and to what sources of SARS-CoV-2 might workers be exposed, including:
 - General public, customers, coworkers
 - Sick individuals or those at high risk for infection (international travelers, healthcare workers
 - Consider non-occupational risk factors at home and in community settings
 - Consider workers' individual risk factors (age, preexisting medical conditions, pregnancy, etc)
- Assess controls necessary to address those risk factors

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d by workers oV-2 might workers be



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- Follow federal, state, local, tribal, and/or territorial (SLTT) recommendations for development of contingency plans for situations that may arise, such as:
 - Increased rates of worker absenteeism
 - Need for social distancing, staggering work shifts, downsizing operations, delivering services remotely, and other exposurereducing measures
 - Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs
 - Interrupted supply chains or delayed deliveries



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Implement basic infection prevention measures

- Promote frequent and thorough hand washing
- Encourage workers to stay home when they're sick
- Encourage respiratory etiquette (covering coughs and sneezes)
- Explore establishing flexible work sites (eg, telecommuting), flexible work hours (staggering shifts) to increase physical distancing
- Maintain regular housekeeping practices



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- Develop, implement, and communicate workplace flexibilities and protections
 - Actively encourage sick employees to stay home
 - Ensure sick leave policies are flexible and consistent with public health guidance
 - Recognize that workers with ill family members may need to stay home and care for them
 - Be aware of workers' concerns about pay, leave, safety, and health, and other issues that may arise during infectious disease outbreaks
 - Work with insurance companies and state and local health agencies to provide information to workers about medical care in the event of a COVID-19 outbreak

Implement workplace controls

- Engineering controls
 - Ventilation (eg, increasing ventilation rates, installing high-efficiency) air filters, negative pressure ventilation in specialty settings)
 - Installing physical barriers (eg, clear plastic sneeze guards)
- Administrative controls
 - Encourage sick workers to stay home
 - Minimize face-to-face contact
 - Discontinuing non-essential travel
 - Provide up-to-date education and training
 - Train workers who need personal protective equipment (PPE)
- <u>Personal protective equipment (PPE)</u>

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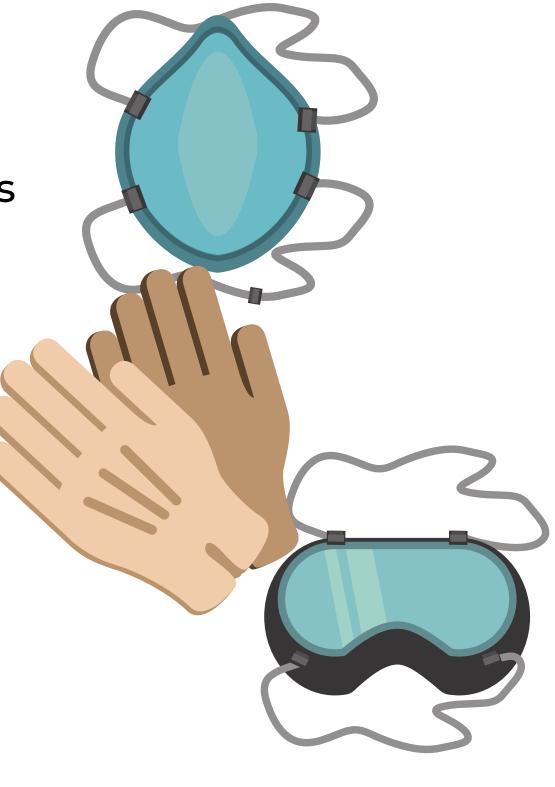
- Follow existing OSHA Standards
 - Personal Protective Equipment (PPE) 29 CFR 1910 Subpart I
 - The General Duty Clause, Section 5 (a)(1) of the Occupational Safety and Health Act of 1970, 29 USC 654(a)(1)
 - Bloodborne Pathogens 29 CFR 1910.1030



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DO I NEED PPE?

- It is the employer's responsibility to conduct a hazard assessment of the workplace and of all tasks performed by workers. (29 CFR 1910.132(d))
- If it is determined that workers need PPE, the employer is required to select the appropriate PPE for the risk, and provide it to the employees at no cost. (29 CFR 1910.132(h)
- The employer is also responsible for training employees on how to use PPE correctly. (29 CFR 1910.132(f))



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WHAT ARE MY RIGHTS AS A WORKER?

Right to a workplace free from recognizable hazards

- General Duty Clause; Section 5 (a)(1) of OSH Act, 29 USC 654(a)(1)
- The right to go to the bathroom whenever needed, including to wash hands
 - OSHA Sanitation Standard; 29 CFR 1910.141 Sanitation Standard



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WHAT ARE MY RIGHTS AS A WORKER?

Right to rest and meal breaks

- Per US DOL: federal law does not require lunch or coffee breaks When employers do offer short breaks (lasting 5-20 min), federal law considers those breaks as compensable work hours, included in the sum of hours worked during the week (29 CFR 785.18)
 - Meal periods (lasting at least 30 min) are not work time and are not compensable (29 CFR 785.19)
 - State by state laws: https://www.dol.gov/agencies/whd/state/meal-breaks



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RIGHT TO REFUSE DANGEROUS WORK

- OSHA Right to Exercise of Any Right Afforded by the Act; 29 CFR 1977.12(b)(2)
 - ALL of the following conditions must be met:
 - Where possible, you have asked the employer to eliminate the danger, and the employer failed to do so; and
 - You refused to work in "good faith." This means that you must genuinely believe that an imminent danger exists; and
 - A reasonable person would agree that there is a real danger of death or serious injury; and
 - There isn't enough time, due to the urgency of the hazard, to get it corrected through regular enforcement channels, such as requesting an OSHA inspection

RIGHT TO REFUSE DANGEROUS WORK

- You should take the following steps:
 - Ask your employer to correct the hazard, or to assign other work;
 - Tell your employer that you won't perform the work unless and until the hazard is corrected; and
- Remain at the worksite until ordered to leave by your employer. If your employer retaliates against you for refusing to perform the dangerous work, contact OSHA immediately. Complaints of retaliation must be made to OSHA within 30 days of the alleged reprisal. To contact OSHA call 1-800-321-OSHA (6742) and ask to be connected to your closest area office. No form is required to file a discrimination complaint, but you must call OSHA.



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UNION RESPONSE

- What can we organize around, as workers?
 - Employer hazard assessment and control measures
 - Worker protections, including PPE
 - Infectious disease preparedness and response plan
 - Including sick leave and alternative work plans
 - Bathroom breaks for hand washing
 - Housekeeping practices







Dylan Valle, SEIU 32BJ & Shelly Ruzicka, ARISE

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SETUBZEJJCOSH AIRPORT WORKER TRAINING RELATED TO COVID-19 OUTBREAK

SEIU 32BJ/COSH COVID-19 RESPONSE

SEIU 32BJ and COSH teamed up to provide training for Airport workers are in Major Airports from Boston to Miami. SEIU 32BJ have contracts and/or organizing campaigns in 10 major airports on east coast.



SEIU 32BJ/COSH COVID-19 RESPONSE

Trainings are being done for workers performing the following Job Classes:

 Wheelchair Agents , Cabin Cleaning, Security Guards, Terminal Cleaning, Line Que(PreTSA), Lavatory and Water Drivers, Skycaps, Security Escorts, Shuttle Drivers, ETC





AIRPORT WORKERS ARE AT HIGH RISK DURING COVID-19

- Need to follow the CDC Guidelines as they are announced
- Ensuring that SEIU Leaders (worker Leaders) and Field Representatives who are on the Frontlines and expected to report for duty during this pandemic
- We are engaging the employers regarding Supplies, Enhanced Cleaning Practices, reports of passengers Airport employees, and General Public testing positive while in the Airport.
- Our members who cannot practice Social Distancing while performing their duties are very concerned the CDC has not required an N-95 Respirator Mask Program in Airports.
- Wheel Chair agents, Sky Caps, and Baggage Handlers are in close proximity to the passengers for an extended period of time while preforming their service.

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ISSUES AT AIRPORTS DURING COVID-19

- We have been facilitating a training of Best Practices as recommended by the CDC when working in an Increased Risk Environment.
- There is No Direct access to Airport workers by the OSHA, CDC or DOH.
- The Airports Remain Open and Workers reporting to duty.
- There are Daily reports of persons in the Airports having tested positive.
- There are no protocols set to shut down a particular workplace, station, or airplane for 24 hours and deep cleaning.





SOME BEST PRACTICES - WHAT WORKERS **ARE DOING**

- Wheelchair Agents are wiping doing the chairs before and after each service, washing there hands before, after and during the service
- Sky Caps are wiping down stations computers and using gloves during service
- Baggage handlers are using gloves during the service and practicing social distancing
- Terminal Cleaners are running out of supplies including gloves but are cleaning the normal sections three times
- Cabin Cleaners are being asked to intensify the cleaning all planes are deep cleans



COVID-19 RESPONSE FROM CHICAGO



Arise Chicago:

Chicagoland.

Primary industries of our members:

cleaning

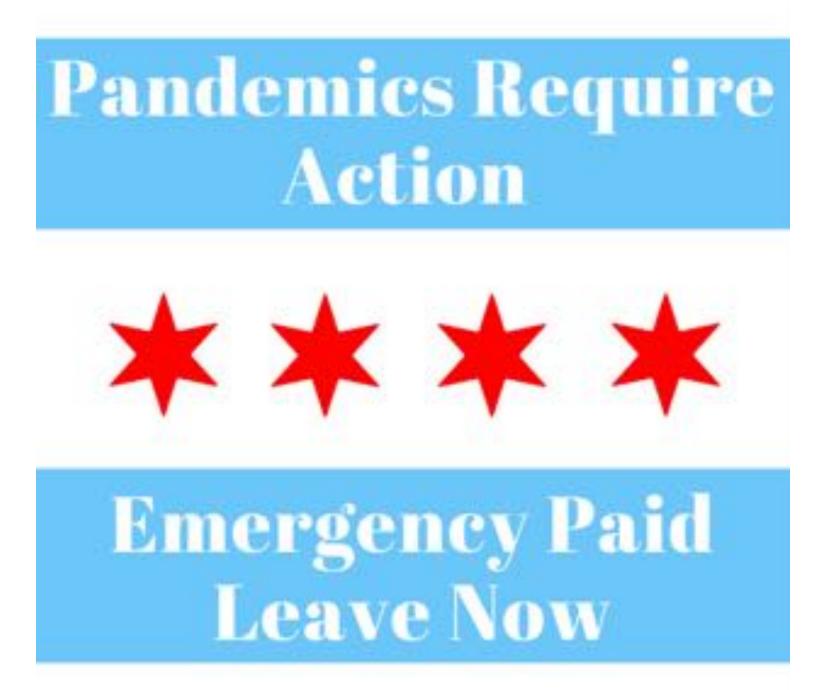
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- Worker rights organization educating,
- organizing, and developing the
- leadership of low-wage, primarily
- immigrant workers across industries in

Restaurants, production/small manufacturing, small construction, domestic work (home cleaners, nannies, homecare workers), commercial



COVID-19 RESPONSE FROM CHICAGO



Order of steps: 1. Build coalition 6. Connect with City officials 7. Blitz outreach to electeds

8.Go public with press

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- 2. Communicate with worker members
- 3. Create demands & talking points
- 4. Reach out to elected officials
- **5. Create legislation language**



COVID-19 RESPONSE FROM CHICAGO

Important framing and messaging:

- ALL workers need physical and financial stability
- ALL workers need to have physical and financial health protected

Why we need state and local action:

- Many workers will be left out of federal action, including undocumented workers and families
- Workers are hurting Now and need action yesterday







COVID-19 RESPONSE FROM CHICAGO

3. Emergency Paid Leave:

- Discretionary number of days determined by mayor during public health emergency/until conclusion of the emergency. Can be extended.
- Leave available immediately, no need to accrue
- Applies to: workers who are sick themselves, caring for sick family member, caring for children or family whose schools or care facilities are closed due to health emergency
- Can't require workers to use other paid leave first
- Can't require workers to find their own replacements
- After leave, workers must be restored to same position, title, equivalent benefits, etc.

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COVID-19 RESPONSE FROM CHICAGO

Emergency Paid Sick Leave Ordinance -- proposal Amends the current Chicago Paid Sick Days ordinance **Paid Sick Days** to include: Кеер Upon Declaration of a public health emergency or disaster: 1. Definition of employee: work 2 hours within 2 weeks within City **Our Communities** 2. Penalties: triple penalties for violations during public Healthy

- health emergency





TAKING ACTIO

Nancy Lessin, COSH Fellow

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UNIONS AND WORKERS ARE TAKING ACTION!

Unions Bargaining Benefits, Protections:

- Extra paid sick/family leave days, no discipline for COVID-19 related absences, and more
- Temporary closure of workplaces
- This is happening even with recent limitations on union's bargaining rights!
- See https://www.nlrb.gov/news-outreach/news-story/boardadopts-contract-coverage-standard-determining-whetherunilateral

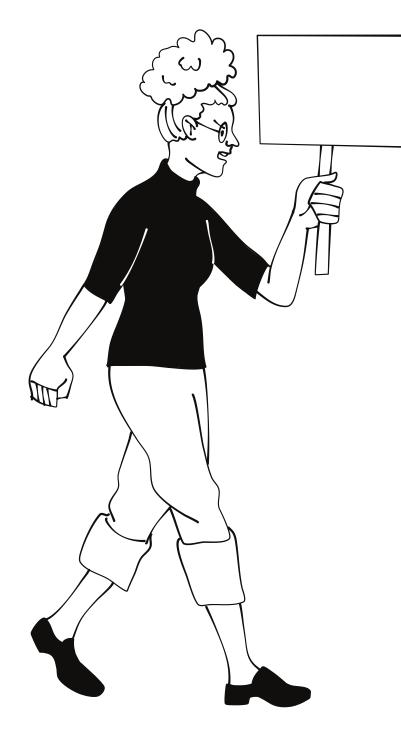
Coalition Actions:

- Philadelphia city library workers initiated a petition signed by workers and the community, winning closure of libraries and paid time off for both union and non-union library workers
- Teachers' unions and parents won school closures



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UNIONS AND WORKERS ARE TAKING ACTION!



Job Actions

- Walk-out of unionized transportation workers in Detroit won new cleaning procedures of buses and terminals, hiring of additional staff, and more • Chipotle workers in NYC walked out to protest employer violations of sick leave and other laws • 50 Perdue plant workers in Georgia walked out on Monday: "We're risking our lives for chicken!"

BUT - CAN THEY ALL DO THAT?

LEGAL RIGHTS FOR ACTING TOGETHER

National Labor Relations Act (NLRA): Rights to "Concerted Action" in the Workplace

- Workers have the legal right to act together to improve pay and working conditions (including health and safety) – with or without a union <u>https://www.nlrb.gov/rights-we-protect/rights/employee-rights</u>
- "If fired, suspended or otherwise penalized for taking part in this protected group activity, the NLRB will fight to restore what was unlawfully taken away"
- For example of cases, see: <u>https://www.nlrb.gov/rights-we-</u> protect/enforcement-activity/protected-concerted-activity

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NLRA RIGHTS (CONTINUED)

- "Don't Overlook NLRA Rights During Coronavirus Outbreak"
- "During the coronavirus outbreak, employers need to comply with the [NLRA], including the 'concerted activity' protections that apply to non-unionized and unionized employers. Any concerted activity designed to increase workplace safety would be protected."
- "Even non-unionized workers who band together can't be disciplined or discriminated against based on protected concerted activity, which can include declining to work without a mask."
- "The key in determining if any such activity is potentially covered under the NLRA is whether two or more employees are joining together to speak out or otherwise protest a practice or action."
- Source: Society for Human Resource Management (!) https://www.shrm.org/resourcesandtools/legal-and-compliance/employment-<u>law/pages/coronavirus-protected-concerted-activity-unions.aspx</u>



LEGAL RIGHTS TO SICK/FAMILY LEAVE IN THE AGE OF CORONAVIRUS

- Rights to Paid Sick Leave/Family Leave
 - Check your collective bargaining agreement (if unionized)
 - Check employer policies
 - Check local, county, state law(s) including recent changes
- "Families First Coronavirus Response Act" Federal paid sick and family leave provisions <u>https://www.congress.gov/bill/116th-</u> congress/house-bill/6201/text
- Whatever You May Have, Consider Campaigns to Make It **Better!**
- Resource for City and State Paid Sick Leave Laws: https://www.zenefits.com/workest/the-definitive-list-of-statesand-cities-with-paid-sick-leave-laws/



WEBINAR WORKERS ∞ OVID-19

FAMILIES FIRST CORONAVIRUS **RESPONSE ACT - PAID SICK / FAMILY** LEAVE PROVISIONS

Who is covered?

- Full-time employees of private sector businesses with less than 500 workers; and state and federal government workers (benefits pro-rated for part-time workers) Employers of 50 or fewer workers can apply to the US Department of Labor for hardship waivers –
- and could be exempt

Who is not covered?

• Up to 80% of the nation's workforce

What is covered?

- 10 days paid sick leave for those ill with COVID-19, or subject to quarantine for illness, or caring for a family member with the virus or affected by school closings. (Full pay if worker is sick, 2/3 pay if others)
- Up to 3 months of paid family and medical leave at no less than 2/3's of the workers' pay
- Tax credits to companies covered by the legislation to offset their costs
- Self-employed workers, including independent contractors & gig workers, can claim a credit against their self-employment taxes for sick leave



FAMILIES FIRST CORONAVIRUS RESPONSE **ACT – SOME OTHER KEY PROVISIONS** • Free coronavirus testing for all, including the uninsured

- Increase in federal payments to Medicaid for states
- Funding to the Indian Health Services to cover costs of testing for Tribes
- Funding to Department of Veterans Affairs for testing for Veterans
- Funding to the National Disaster Medical System to reimburse for costs of testing and services to those without health insurance
- Funding for food security programs to help those in need to get access to meals during the pandemic
- Funding for additional administrative funding for state Unemployment Insurance (UI) agencies to be able to better handle the increased flow of UI claims
- Provisions begin in 15 days from bill signing on 3/18/2020; all provisions end 12/31/2020.

INTERIM GUIDANCE FOR **BUSINESSES AND EMPLOYERS FOR COVID-19**

- "Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work..."
- "Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies."
- "Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies."
- "Do not require a heathcare provider's note for employees who are sick with acute respiratory illness to validate their illness or return to work..."
- "Employers should maintain flexible policies that permit employees to stay home to care for a sick family member."
- Source: Center for Disease Control <u>https://www.cdc.gov/coronavirus/2019-</u> <u>ncov/community/guidance-business-response.html</u>

USE CDC'S GUIDANCE TO GET RID OF ANY **EMPLOYER POLICY THAT** PENALIZES **WORKERS FOR SICKNESS ABSENCE!**

WEBINAR WORKERS ∞ COVID-19

WORKERS COMPENSATION & COVID-19

- On March 5, Washington State announced workers comp coverage for quarantined health workers/first responders (even if they end up not having COVID-19) <u>https://www.governor.wa.gov/news-media/inslee-announces-</u> workers-compensation-coverage-include-quarantined-health-workersfirst
- Check to see what your state offers (and if there have been recent changes)
- Monitor resources such as National COSH Coronavirus resource page <u>https://nationalcosh.org/coronavirus</u> to follow what other states are doing

What should Workers Comp cover for COVID-19? Consider campaigns to make it so!



WEBINAR R S Ш WORK COVID-19

4 STEPS FOR TAKING ACTION, BUILDING CAMPAIGNS!

1. RESEARCH / INFORMATION-GATHERING / DOCUMENTATION: • Use reliable sources, use internet (wisely), conduct surveys, collect first

person accounts

2. COMMUNICATING WITH AND INVOLVING MEMBERS / CO-WORKERS:

• Get everyone's phone #, email address, set up phone trees and Communications Action Teams, use social media, list-serves, on-line newsletters, be mindful of language justice!

3. DEVELOPING DEMANDS

 Make decisions together, have fall-backs if you can't win your initial demands right away

4. IDENTIFYING AND EXERCISING LEVERAGE

 Think in terms of member/worker-involving strategies and escalating tactics – building your power for the long-haul

CREATIVE COLLECTIVE ACTION -THE POSSIBILITIES THAT ARISE FROM LIMITATIONS

- Wonderful, traditional actions in which we engaged in the past (e.g. last week) –
 large press conferences, rallies, etc. -- may be difficult these days (at least for a while)
- Lots of competition for getting stories into the media (at least for a while)
- And yet most recently unions and parents pushed for and won school closures, communities halted evictions, & more. VICTORIES ARE HAPPENING!
- Find hidden talents and skill-sets; be creative with the tools we have: social media, on-line petitions, "singing from balconies" (Italy, Norway..),"Bat Lights." Use phones and computers to connect, and sound, light, and color to publicize.
- Come together in workplaces and neighborhoods like never before. Link with efforts all over -- and share your creative actions and methods through Protecting Workers Alliance so we can keep learning from each other!





MAKING THE INDIVIDUAL COLLECTIVE



COVID-19 & WORKERS WEBINAR

ACTIONS TO TAKE RIGHT NOW!

• Call Congress! (202) 224-3121

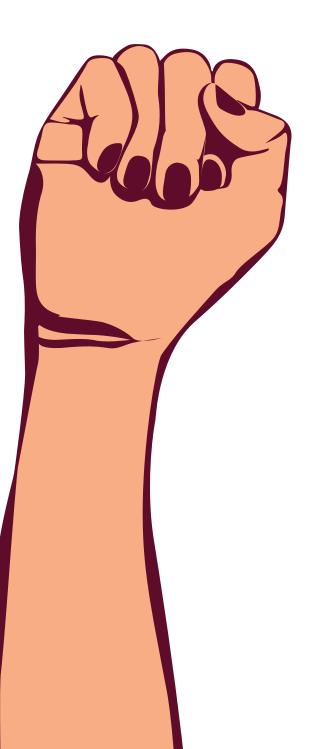
- OSHA Temporary Emergency Standard to develop and implement a comprehensive infectious disease exposure control plan
- Financial assistance for all those left out of "Families First Coronavirus Response Act" (e.g. vulnerable, temporary, gig, misclassified workers, etc.)
- Eliminate restrictions for 'undocumented immigrants' workers re: testing, benefits
- Stay Updated on the Progress and Content of the Federal Coronavirus Stimulus Package
- Create/Join Local/State Coalitions & Mutual Aide Groups, Link to Worker Campaigns
- Connect to COSH Groups in Your Area; Stay Connected to National COSH

nd implement a blan First Coronavirus assified workers,



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THOUGHTS FOR THE IMMEDIATE FUTURE



"Do the next right thing."

(from my grandchildren) – So many "right things" to be doing now!

- "No plan survives first contact with the enemy." (from a family member who's been to war) – Have back-up plans to the back-up plans; be flexible and adapt as needed!
- May the Force be with you! (from Luke) – Thanks for all your good works – now and in the future!



All panelists plus Dave Newman, COSH Fellow

COVID-19 & WORKERS WEBINAR



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