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Representative Zack Fields
Co-Chair, House State Affairs
1500 W. Benson Boulevard
Anchorage, AK 99503

Representative Jonathan Kreiss-Tomkins
Co-Chair, House State Affairs
201 Katlian Street, Suite 103
Sitka, AK 99835

RE: COVID-19 Workplace Safety

Dear Co-Chairs Fields and Kreiss-Tomkins, and the members of the House State Affairs Committee:

My name is Keith Wrightson. I am a Health & Safety Specialist with the American Federation of State, County and Municipal Employees (AFSCME) International Union. On July 8, 2020, I submitted written testimony to the House State Affairs Committee on Worker Safety During the Covid-19 Pandemic. Thank you for the opportunity to provide additional information today.

Evidence now confirms that SARS-Cov-2, the virus that causes COVID-19, can remain airborne for longer times and over farther distances than originally thought. In addition to close contact with infected people and contaminated surfaces, spread of COVID-19 may also occur via aerosolized respiratory droplets (aerosols) in indoor workplaces, in some circumstances beyond six feet.¹

There are straightforward steps that can be taken to reduce the potential for airborne transmission of SARS-CoV-2. The layout of a building (single or multi-story, room partitions, furniture, fixtures, etc.) as well as occupancy type (school, restaurant or warehouse) and the ventilation and air conditioning system (exhaust, supply, balanced or energy recovery), can impact airborne spread of the virus. Although improvements to ventilation and air cleaning cannot on their own eliminate the risk of airborne transmission of the SARS-CoV-2 virus, the Environmental Protection Agency recommends, “increasing ventilation with outdoor air and air

¹ Centers for Disease Control and Prevention, Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission (Oct. 5, 2020). <https://bit.ly/33cwnTs>.

filtration as important components of a larger strategy that includes physical distancing, wearing facemasks, surface cleaning and disinfecting, handwashing and other precautions.”²

On behalf of the 8,000 employees AFSCME represents in Alaska, I respectfully urge you to incorporate a series of hazard prevention controls in indoor workplaces to reduce the risk of exposure to SARS-Cov-2. A special emphasis must be placed on workplace configuration, ventilation, enhanced cleaning practices and personal protective equipment to protect the health and safety of workers indoors.

SARS-Cov-2 Transmission

The CDC recognizes three vehicles of SARS-Cov-2 transmission: the small droplets from speaking or coughing, which can end up in the eyes, mouth or nose of people standing nearby; contact with contaminated surfaces; and transmission from aerosols — the inhalation of invisible infectious particles exhaled by an infected person.³ Without ventilation, aerosols remain suspended in the air and become increasingly dense the longer an infected person remains in an enclosed space. The risk of contagion is highest indoors but can be reduced by applying all available measures to combat infection from aerosolized respiratory droplets.

Breathing, Speaking and Shouting

It was once believed that the large droplets we expel when we cough or sneeze were the main vehicle of transmission. We now know, however, that shouting and singing in indoor, poorly ventilated spaces over a prolonged period also increases the risk of exposure. This is because speaking in a loud voice releases 50 times more virus-laden particles than when we do not speak at all.⁴ These aerosols, if not diffused through ventilation, become increasingly concentrated, which increases the risk of infection. Scientists have shown that these particles — which we also release into the atmosphere when simply breathing and which can escape from improperly worn face masks — can infect people who spend more than a few minutes within a sixteen-foot radius of an infected person, depending on the length of time and the nature of the interaction.⁵

Ventilation, Temperature and Humidity⁶

Adequate flow of fresh air to workspaces is essential. Ventilation and filtration provided by heating, ventilating and air-conditioning systems can reduce the airborne concentration of SARS-CoV-2 and thus the risk of transmission through the air. Disabling of heating, ventilating

² Environmental protection Agency, Indoor Air and Coronavirus (COVID-19). <https://bit.ly/35Wx856>. Viewed on Nov. 23, 2020.

³ Centers for Disease Control and Prevention, *supra* note 1.

⁴ Tang, S., Mao, Y., Jones, R. M., Tan, Q., Ji, J. S., Li, N., Shen, J., Lv, Y., Pan, L., Ding, P., Wang, X., Wang, Y., MacIntyre, C. R., & Shi, X. (2020). Aerosol transmission of SARS-CoV-2? Evidence, prevention and control. *Environment international*, 144, 106039. <https://doi.org/10.1016/j.envint.2020.106039>.

⁵ Centers for Disease Control and Prevention, How COVID-19 Spreads (Oct. 28, 2020). <https://bit.ly/33aeiWg>.

⁶ Information in this subheading attributed to American Society of Heating, Refrigerating and Air-Conditioning Engineers, Ventilation and Disinfection. <https://bit.ly/3fxdnDT>.

and air-conditioning systems is not a recommended measure to reduce the transmission of the virus.

Workers and employers should consult with building owners and HVAC technicians to ensure maximum flow of fresh air is passing through the ventilation system. Additional steps that can be taken include:

- Ensuring restrooms are under negative pressure.
- Cleaning and disinfecting all HVAC intakes and returns daily.
- Making certain that the proper filtration to control SARS-CoV-2 transmission (minimum efficiency reporting value ≥ 13) is being used, instead of less effective filtration that might otherwise be recommended for normal office use.
- When feasible, disinfecting filters with a 10% bleach solution or another appropriate disinfectant approved for use against SARS-CoV-2, before removal. Filters (disinfected or not) can be bagged and disposed of in regular trash.
- Maintaining temperature at 68.5-75°F in the winter, and from 75-80.5°F in the summer.
- Maintaining relative humidity at 40-60% throughout the year.

Cleaning and Disinfecting

Based on what is currently known about SARS-CoV-2, transmission of this coronavirus occurs much more commonly through respiratory droplets than through contact with surfaces and objects. However, current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials (e.g., plastics, glass, metal, linens, wood and cardboard).⁷ Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in workplaces.

Employers should implement and workers should engage in routine cleaning of frequently touched surfaces (e.g., tables, doorknobs, light switches, handles, desks, toilets, faucets and sinks) with EPA registered disinfectants that are appropriate for surfaces and objects, following label instructions. Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product. Additionally, a Safety Data Sheet (SDS) should be made available with each product available for employee use.

Employers are responsible for ensuring that workers are protected from exposure to SARS-CoV-2. This includes workers tasked with cleaning surfaces that may be contaminated with SARS-CoV-2. Employers are also required to make sure workers are protected from exposure to harmful levels of chemicals used for cleaning and disinfection. Employers must select personal protective equipment (PPE) that will protect workers against SARS-CoV-2 and hazards associated with chemicals to which they may be exposed.⁸ Workers must wear PPE to help minimize exposure to the virus and chemicals through inhalation, contact or ingestion.

⁷ The New England Journal of Medicine, Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1, (April 16, 2020). <https://bit.ly/396QUfy>.

⁸ US Department of Labor, Occupational Safety and Health Administration, Personal Protective Equipment, OSHA 3151-12R, (2004). <https://bit.ly/3folaEr>.

Examples of PPE that may be needed during cleaning and decontamination include:

- Nitrile gloves.
- Goggles or face shields.
- Fluid-resistant or fluid-impermeable gowns, coveralls and aprons.
- Dedicated work clothing and washable shoes with shoe or boot covers.
- Facemasks (e.g., surgical masks) that cover the nose and mouth. In some cases, additional respiratory protection (e.g., N95, powered air-purifying respirators or better) may be necessary to protect workers from exposure to SARS-CoV-2 or disinfectants.

Workers must receive training on and demonstrate an understanding of:

- When to use PPE.
- Which PPE is necessary.
- How to properly don, use and doff PPE in a manner to prevent self-contamination.
- How to properly dispose of or disinfect and maintain PPE.
- The limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE. Depending on the hazards posed by the size of a spill, degree of contamination or other factors, required PPE may be different than what is described.

Employers should implement and workers should engage in safe work practices to minimize exposure to the SARS-Cov-2 virus. For these reasons, AFSCME strongly urges you to incorporate these hazard prevention controls for workplaces into legislation and to vote in favor of them when it comes before you for a vote.

AFSCME greatly appreciates the opportunity to present this information to the Committee. If you have any questions regarding worker safety during the COVID-19 pandemic, I can be reached by phone at (508)-736-5522 or via email at kwrightson@afscme.org.

Sincerely,

/s/ Keith Wrightson

Keith Wrightson
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