

Organizing on Health and Safety in the Face of Coronavirus

LABOR NOTES VIRTUAL CONFERENCE

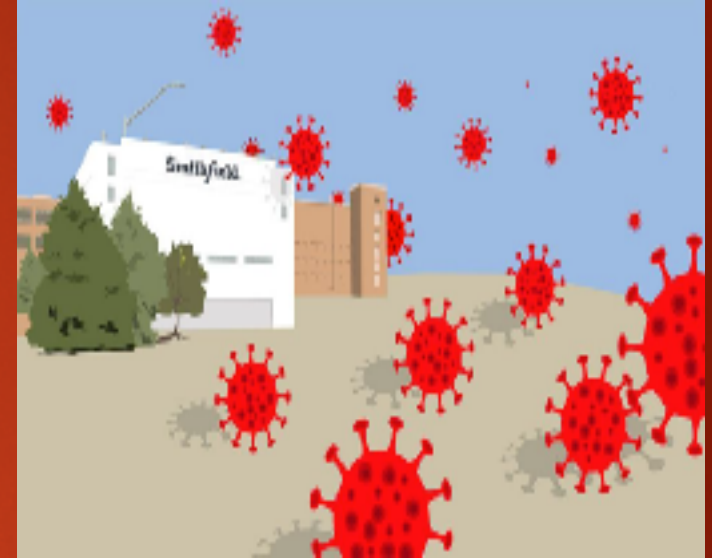
APRIL 18, 2020

NANCY LESSIN AND DAVID PRATT



Pandemic = Emergency for Workers – but also - an Opportunity to Reduce Hazards, Save Lives and Build Power

- ▶ Over 500 ill from COVID-19 at South Dakota pork processing plant; as of 4/14/2020, 1 death.
- ▶ Grocery store workers have died from COVID-19 in Illinois, Michigan, Massachusetts and other states
- ▶ In New York City, over 50 transit workers have died from COVID-19 and over 2,200 have tested positive as of 4/14/2020; at least 16 transit workers have died in Boston, Detroit, New Orleans, Washington, DC and St. Louis.
- ▶ Healthcare workers have died from COVID-19 and no one has the true number; it is estimated that 10,000 or more have become ill with COVID-19.



This is tragic, outrageous and unacceptable

The Basics:

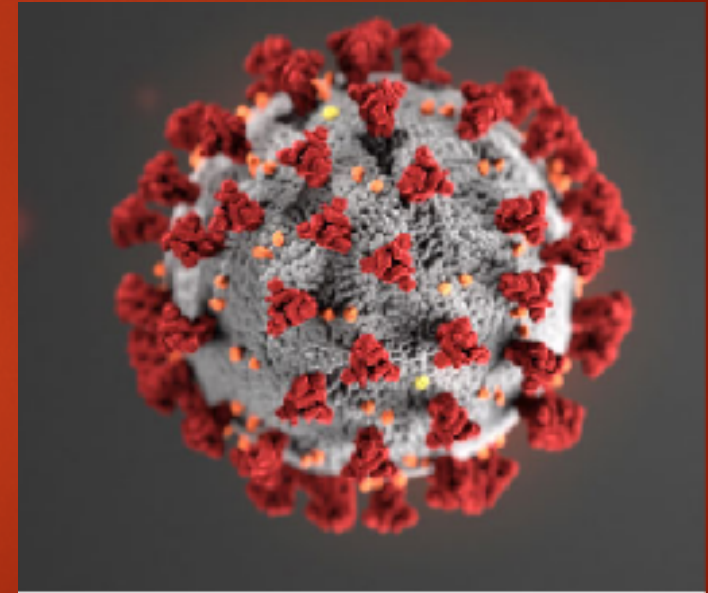
What is COVID-19 and What are the Symptoms?

- ▶ COVID-19 is a new (“novel”) viral disease that first appeared in China in December, 2019, and is now present throughout the U.S. and around the world.
- ▶ It is caused by exposure to the **SARS-CoV-2 virus**, and is very contagious.
- ▶ Some who are infected have little or no symptoms; many others have fever, cough and shortness of breath; some lose sense of smell and taste.



What is COVID-19 and What are the Symptoms, continued

- ▶ The illness may progress to pneumonia requiring mechanical ventilation in an intensive care unit. It can also attack the heart, kidneys and other organs. Those who develop serious illness can die.
- ▶ Symptoms usually develop from 2 to 14 days from exposure to the virus.
- ▶ People infected with the virus but showing no symptoms (no fever, no cough, etc.) can still transmit the disease to others.
- ▶ Many infected people who do develop symptoms are quite contagious for several days *before* their symptoms appear.



Who's at Risk in the Community?

- ▶ Those at most risk of serious illness and death include older people (65 and over) and people of any age with “underlying conditions” (e.g. diabetes, heart disease, lung disease, those with weakened immune systems including from cancer treatment).
- ▶ Recent data show that African-Americans and Latinx are at higher risk of developing serious illness and death from COVID-19. This has to do with decades and centuries of systemic, institutional racism, occupational and environmental injustice and inequities creating health disparities that put communities of color at increased risk.



Who's at Risk in the Community, continued

- ▶ Your ability to get a test to confirm whether you have COVID-19 varies from city to city, and state to state; there have also been racial disparities in the ability to get tested.
- ▶ There is currently no vaccine; and no known, effective treatments (experimental treatments are being tried).
- ▶ This is a rapidly-developing situation, and new information and research about COVID-19 can add or change what we now know. Stay tuned for changes!



How is the Virus Transmitted?

- ▶ People get infected by the virus by either breathing in particles of virus from an infected person; or by touching something that has virus particles on it and then touching their eyes, nose or mouth.



How is the Virus that Causes COVID-19 Transmitted, continued

Evolving research points to a few ways in which the virus travels through the air to be inhaled by, and infect, another person:

- ▶ **Droplet Transmission:** Large respiratory droplets are generated when an infected person coughs, sneezes or talks. These large droplets travel only short distances in the air, and then fall to the ground.
- ▶ **Micro-droplet Transmission:** much smaller particles that float easily in the air and are generated when an infected person coughs, sneezes, sings, talks or breathes. These particles can theoretically travel for many feet around a room and stay in the air for a much longer period of time.





**Time For A Few Questions/
Comments**

Which Workplaces Are At Higher Risk for Work-related COVID-19 Infection?

- ▶ Healthcare Workplaces (including home health)
- ▶ Critical Infrastructure (fire, police, garbage collection, transportation, community care)
- ▶ Essential Community Services (grocery, pharmacy, take-out food, warehousing and delivery)
- ▶ Workplaces where at least 6-foot physical distancing is not instituted, that lack adequate hand-washing facilities or ability to frequently wash hands or use hand sanitizer, that lack disinfecting with proper cleaning materials and procedures, and/or that lack other protective measures.

Double Trouble: Occupational Health Crisis and Emergency Response Crisis

- ▶ U.S. and employer failure to prepare and then to respond aggressively has a synergistic effect.
- ▶ Worse yet, employers quickly went into action to rollback worker protections and oppose measures that would benefit public.
- ▶ Not new dynamic: Katrina, 9/11, Sandy etc.
- ▶ So our demands are also for effective emergency response, and against the rollbacks.

What *Should* Employers Be Doing to Protect Workers?

- ▶ **Work-from-Home Options:** If your job can be done from home, this is a safer option than traveling to, and working in, a workplace with others. If work-from-home is possible but not being offered, consider a campaign to create (or expand) work-from-home options.



What *Should* Employers Be Doing to Protect Workers, continued

▶ “Non-essential” Workplaces:

- ▶ If your workplace is deemed “non-essential” and is shut down – understand resources for continuation of pay or obtaining unemployment benefits, and health care benefits. Benefits from recent legislation – Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act – may apply. **Consider campaigns to obtain benefits not provided.**
- ▶ If you believe your workplace is not essential and should not be operating now – but it has not yet been shuttered – **consider a campaign to get it shut down for the duration of the crisis, ensuring that workers get pay or unemployment benefits, and continued health insurance.**

What *Should* Employers Be Doing to Protect Workers?

▶ Workplaces That Continue to Operate

- ▶ Employers must take care of those in “essential” workplaces who are not able to work now:
 - ▶ Workers in “High Risk” categories (older workers, those with weakened immune systems, those with underlying conditions (e.g. heart disease, lung disease, diabetes))
 - ▶ Workers who are experiencing symptoms or illness or are in quarantine
 - ▶ Workers who are taking care of ill or quarantined family members and/or children not in school
 - ▶ Assistance would include expanded paid sick and family leave, continuation (or initiation) of paid health insurance. (FFCRA and CARES Act may have provisions that apply). **Consider campaigns to obtain benefits not provided.**

What *Should* Employers Be Doing to Protect Workers, continued

Protections for Workers Who Remain In Workplaces

- “Infectious Disease Preparedness, Response and Control Plan”:
 - Employers work with union(s)/workforce on plan specific to that workplace
 - Identify all areas and activities where exposure to the virus could happen
 - Develop control measures to eliminate, reduce and prevent exposures
- Use “**Hierarchy of Controls**” to select the most effective protective (hazard control) measures possible



“Hierarchy of Controls” to Protect Workers from COVID-19

- ▶ **Elimination:** It is most protective to entirely eliminate a hazard from the workplace. This is not an option regarding the SARS-CoV-2 virus at this time.
- ▶ **Substitution:** Where a less-hazardous substance or process replaces a more hazardous one. While there is no way to do this now with the virus, substitution can be used to replace hazardous cleaning materials with cleaning chemicals that are effective on this virus but are safer as they do not cause asthma, rashes or other ill effects. https://osha.washington.edu/sites/default/files/documents/FactSheet_Cleaning_Final_UWDEOHS_0.pdf

“Hierarchy of Controls” to Protect Workers from COVID-19, continued

- ▶ **Engineering Controls:** These measures keep the hazard from coming in contact with workers. Examples:
 - ▶ In hospitals: use of negative pressure isolation rooms for patients with known or suspected COVID-19 (prevents airborne virus from drifting to other areas and dilutes airborne hazards)
 - ▶ Dilution ventilation system. In most buildings, it is possible to increase the number of air changes per hour/increase outside air percentage.
 - ▶ In groceries/pharmacies: plexiglass shields (aka “sneeze guards”), properly sized and placed, to protect workers from customers who may be infected.
 - ▶ Automatic doors (open with sensors) and bathrooms (no-touch flush, sink water, paper towels) prevent touching of what would be shared surfaces.

“Hierarchy of Controls” to Protect Workers from COVID-19, continued

- ▶ **Administrative Controls:** Workplace policies and procedures that can lessen exposure. Examples:
 - ▶ At least 6-foot distance between workers, and workers and others in the workplace.
 - ▶ Discontinue production standards and productivity monitoring systems
 - ▶ Frequent cleaning and disinfecting of surfaces, equipment, etc.
 - ▶ Enough hand-washing facilities to ensure physical distancing, and expanded times and breaks for hand-washing
 - ▶ Training on how to properly put on and remove personal protective equipment (PPE)
 - ▶ One-person-to-a-vehicle policy
 - ▶ Reducing shifts or worktime to reduce overall exposure
 - ▶ Combining or reorganizing tasks to reduce exposure.

“Hierarchy of Controls” to Protect Workers from COVID-19, continued

- ▶ **Personal Protective Equipment (PPE):** PPE puts equipment directly on the body of workers. While this is generally seen as the least effective method and last line of defense, it is essential regarding protection from this virus. Examples include:
 - ▶ Healthcare workers need face protection to filter out the virus: powered air purifying respirators, or elastomeric (1/2 facepiece) respirators, or disposable N95 (or N99 or N100) respirators – often used with faceshields or goggles. They may also need specific gowns, gloves, shoe covering, head covering and eye protection.
 - ▶ Disposable gloves (but handwashing is essential before and after glove use, gloved hands must not touch face, and proper removal and disposal of gloves is needed to prevent hand contamination).

The Issue of Masks (surgical or cloth, as opposed to N95 or other filtering respirators)

- ▶ Masks (surgical or cloth, as opposed to N95 and other filtering respirators) do not filter out the virus, but have been thought to reduce the chances that the person *wearing* the mask will infect others with large droplets of virus from a cough or sneeze.
- ▶ Current research indicating the presence of micro-droplets that can escape surgical or cloth masks because of their very small particle size, travel distances of over 6 feet and remain in the air for a longer period of time, call into question just how protective such masks are in reducing the spread of this virus.
- ▶ A significant problem remains that those in the front of the front lines (healthcare workers and first responders whose job it is to interact with COVID-19 patients) are facing a shortage of protective, life-saving filtering respirators (N95's and others).
- ▶ **Is it time for a nation-wide campaign to enable the Defense Projection Act to have factories significantly ramp up the manufacture of filtering respirators so that all workers who may be exposed on the job to those who carry the virus can be protected?**



**Time For A Few Questions/
Comments**

TAKING ACTION: Collective Bargaining

- ▶ Unions should use relevant contract language (including “right to refuse dangerous work” provisions) as needed
- ▶ Engage in “instant bargaining” to win COVID-19 protections – initiated by actions including petitions, threats of job actions, job actions, media attention, group grievances, informational picketing (at least 6 feet apart)
- ▶ Demands could include specific protections against COVID-19, extra paid sick and family leave time, an end to disciplinary attendance/absentee policies, temporary closure of workplaces

TAKING ACTION TO WIN NEEDED PROTECTIONS

- ▶ A **walk-out** of unionized transportation workers in Detroit won new cleaning procedures for buses and terminals, the hiring of additional staff, bus loading from the rear, and no fare collection – by the next day!
- ▶ Nurses who needed N95 respirators for patient care were not getting them (they were kept under lock and key and not available when they were needed) went to **sit in** the break room and said they were ready to care for patients as soon as they received their protective gear. The lock-and-key system was done away with and nurses won control over the protective equipment for use when and where they needed it.
- ▶ **Demonstrations** outside stores during the work day and other actions by grocery store workers have won plexiglass shields being installed between cashiers and customers, some protective equipment, and additional cleaning procedures.



Photo by Jim West.

CAN THEY DO THAT?

TAKING ACTION TO WIN NEEDED PROTECTIONS: Legal Rights

Can They DO That? -- Well, they just did – and it's happening every day!

Some Laws Apply, BUT:

- ▶ Speedy action is needed now; laws and agencies work slowly, when they work at all.
- ▶ Complaints to agencies such as the NLRB and OSHA could be **a piece** of your campaign to get the protections you need, by adding pressure and possibly helping with media attention.
- ▶ To win protections *quickly*, campaigns are needed, complete with strategic plans and creative, collective actions!



TAKING ACTION TO WIN NEEDED PROTECTIONS: Legal Rights, continued

Rights to “Concerted Action” Under the National Labor Relations Act

- ▶ Workers have the legal right to act together to improve pay and working conditions (including health and safety) – *with or without a union*.
- ▶ “Concerted Action” = 2 or more; the more, the stronger the action!
- ▶ “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.” (NLRB website)
- ▶ Generally a long, slow process
- ▶ Examples of “protected, concerted action” cases taken up by the NLRB:

<https://www.nlr.gov/about-nlr/b/rights-we-protect/our-enforcement-activity/protected-concerted-activity>

OSHA Complaints from Workers and Unions: COVID-19 Edition

Complaints coming in to OSHA from workers/unions in hospitals, construction sites, grocery stores, pharmacies, shipping companies

- ▶ Lack of masks, gloves, protective gear
- ▶ Not enough space in workplace to stand 6 feet apart
- ▶ Forced to work with others who appear sick
- ▶ Required to disinfect vehicles with chemicals we need to supply, with no training
- ▶ Forcing us to work very close to one another
- ▶ Healthcare workers given plastic ponchos and masks made out of paper towels
- ▶ No soap or hand sanitizer in the bathroom

Over 3,000 complaints between January and early April, (from “Federal OSHA” states (not the over 20 states where the state enforces OSHA laws)

<https://www.washingtonpost.com/business/2020/04/16/osha-coronavirus-complaints/>

Health and Safety Rights under OSHA

- ▶ OSHA largely MIA regarding COVID-19
- ▶ In March OSHA issued “Guidance on Preparing Workplaces for COVID-19” (“advisory in nature,” “created no new legal obligations” for employers) <https://www.osha.gov/Publications/OSHA3990.pdf>
- ▶ OSHA has a “General Duty Clause” that requires employers to provide “employment and a place of employment which are free from recognized hazards that are causing or likely to cause death or serious physical harm to his employees,” as well as standards and rules regarding workers’ rights to bathroom (and handwashing) breaks, requirements for certain personal protective equipment, a very weak “right to refuse dangerous work,” as well as weak “whistleblower protection” when employers retaliate.
 - ▶ On April 13, 2020 OSHA issued “*Interim Enforcement Response Plan for Coronavirus Disease 2019 (COVID-19)*” which starts inspections in health care, but not non-healthcare sites, and continues its policy of handling “most” complaints by phone and without workplace inspections. <https://www.osha.gov/memos/2020-04-13/interim-enforcement-response-plan-coronavirus-disease-2019-covid-19>
- ▶ OSHA complaints can be **a piece** of an overall strategy

Employer Retaliation (Blame-the-Worker), COVID-19 Edition

- ▶ “COVID [Care] Nurses Who Asked for Protective Gear on Social Media Placed on Unpaid Leave” 4/7/2020, West Hills Hospital, California; <https://losangeles.cbslocal.com/2020/04/07/covid-nurses-who-asked-for-protective-gear-on-social-media-placed-on-unpaid-leave/>
- ▶ “Hospitals Tell Doctors They’ll be Fired if They Speak Out About Lack of Gear” 3/31/2020; <https://www.bloomberg.com/news/articles/2020-03-31/hospitals-tell-doctors-they-ll-be-fired-if-they-talk-to-press>
- ▶ “A Nurse Bought Protective Supplies for Her Colleagues Using GoFundMe. The Hospital Suspended Her” 4/7/2020 Newark Beth Israel Hospital, New Jersey; <https://www.propublica.org/article/a-nurse-bought-protective-supplies-for-her-colleagues-using-gofundme-the-hospital-suspended-her>
- ▶ “Kaiser Permanente Threatened to Fire Nurses Treating COVID-19 Patients For Wearing Their Own Masks, Unions Say” 3/24/2020, California; <https://theintercept.com/2020/03/24/kaiser-permanente-nurses-coronavirus/>
- ▶ “Nurse Claims He Was Fired for Wearing a Protective Mask” (3/20/2020; Oklahoma Heart Hospital South, Oklahoma; <https://fox6now.com/2020/03/20/nurse-claims-he-was-fired-for-wearing-a-protective-mask>
- ▶ Amid PPE Shortage, Clinicians Face Harassment, Firing for Self-Care 3/26/2020; https://www.medscape.com/viewarticle/927590#vp_3

An outcry by unions, workers, worker advocates and allies got OSHA to issue:

- ▶ April 8, 2020 OSHA Press Release: **“U.S. Department of Labor Reminds Employers That They Cannot Retaliate Against Workers Reporting Unsafe Conditions During Coronavirus Pandemic”**
<https://www.osha.gov/news/newsreleases/national/04082020>

Taking Action: Build Effective and SPEEDY Campaigns in Four Steps

1. Research and Information-Gathering: Done quickly, this can help identify the best protective demands. Use reliable sources; conduct surveys; collect first-person accounts; submit information requests; identify examples of effective collective actions.

2. Communication and worker involvement: Collect everyone's phone number and email address; set up phone trees and Communication Action Teams; use social media, list-serves, on-line newsletters and internet communications platforms for on-line meetings. Ensure that communication takes place in the language(s) and literacy level(s) of co-workers. Develop leadership.

Especially helpful right now: Hustle and Zoom.



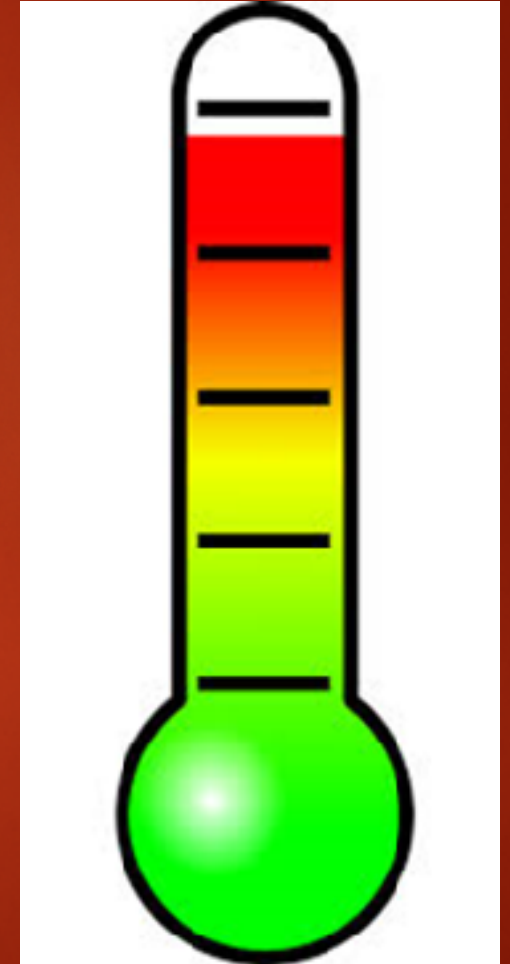
Taking Action: Build Effective and SPEEDY Campaigns in Four Steps, continued

3. Develop Demands: Use your research and ideas from co-workers to decide priorities and appropriate protective measures. Identify secondary demands in case you can't win your initial demands right away.

4. Identify and Exercise Leverage:

- ▶ Make a strategic plan for *quickly* winning your demands.
- ▶ TURN UP THE HEAT! Think in terms of **worker-involving** strategies and **escalating** tactics.
- ▶ Identify allies who can help pressure your employer.

An example of a New York State Nurses Association Campaign for Increased Protections from COVID-19:



Making the Case: Grassroots Data

Back in the day, workers would use pocket sized spiral bound note pads to keep track of issues.

New tools, like the COVID-19 report form shown here, can be scanned and emailed or texted.

A daily diary and periodic use of text and on line surveys provide data from the frontline in real time.

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Making the Case with Science

Employers have rolled back worker protections during the pandemic, contrary to science.

In the case of airborne transmission – how people get exposed – we have used the science to push back.

Even when science is missing, we need to use the precautionary principle.

COVID-19 PROTECTION BULLETIN

Airborne Transmission of SARS-CoV-2 Virus

WHAT HEALTHCARE WORKERS NEED TO KNOW

Evidence supporting the possibility of airborne transmission of COVID-19 is mounting. NYSNA's position is all healthcare facilities must put in place airborne precautions for treating COVID-19 patients and PUIs.

LATEST SCIENTIFIC FINDINGS

According to a recent National Academies of Sciences, Engineering and Medicine letter to President Trump's Office of Science and Technology Policy, multiple studies have supported airborne (aerosolized) transmission of the COVID-19 virus, even by breathing alone.¹

This evidence contradicts the CDC's conclusion that workers only need to wear an N95 or higher protection respirator during aerosol-generating procedures such as intubation.

The modes of transmission of an infectious disease determine the control measures that can prevent its spread. Understanding how the SARS-CoV-2 virus is transmitted is key to preventing COVID-19 disease in healthcare workers and in the general population.

There are 3 modes of transmission in which intubation is a concern:

Droplet Transmission: Large respiratory droplets are generated when a person coughs, sneezes, or talks. Large droplets descend rapidly and travel only short distances. *Inhalation of large droplets may also be possible.*²

Droplet transmission is understood to be a primary mode of transmission of the SARS-CoV-2



Figure 1: Virus particles initially released from a source (A) are inhaled by a susceptible person (B) who then becomes a new source (C).
B may breathe large, variable sized air-borne particles of all sizes.

2. Airborne (aerosolized) transmission: Airborne (aerosolized) virus particles are released from a source (A) and are inhaled by a susceptible person (B).
Figure 2: Airborne (aerosolized) virus particles are released from a source (A) and are inhaled by a susceptible person (B).

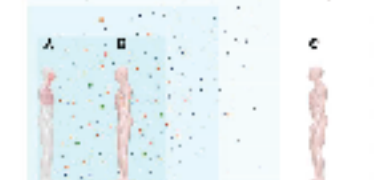


Figure 2: Airborne (aerosolized) virus particles are released from a source (A) and are inhaled by a susceptible person (B).
Airborne (aerosolized) virus particles are released from a source (A) and are inhaled by a susceptible person (B).



Figure 3: Airborne (aerosolized) virus particles are released from a source (A) and are inhaled by a susceptible person (B).
Airborne (aerosolized) virus particles are released from a source (A) and are inhaled by a susceptible person (B).

Get the latest COVID updates: nysna.org/covid
Last Revised April 11, 2020



Making the Case: Demands

Do's:

1. Based on the hazards and the issues on the ground.
2. Geared to building deep support from members.
3. Be prepared to aim above the positions of others (but, see #1).
4. Stay on them.

NYSNA'S ACTION PLAN TO PREPARE FOR COVID-19 SURGE

The State of New York has the full authority to take action to address the coming wave of people who will be seeking treatment and care for COVID-19 exposure. Below are the recommendations on behalf of the 42,000 members of the New York State Nurses Association.

1. With the supply of Personal Protective Equipment (PPE) reaching low, New York must take extraordinary measures to secure all existing stocks of PPE outside of the usual supply chains, including small local vendors and PPE suppliers used in construction, and distribute them to the hospitals that need them; direct manufacturers to produce more PPE to meet the need; and take measures to deter and punish hoarding, black market trade and price gouging.
2. The State DPH must immediately issue uniform and binding minimum infection control standards to protect frontline healthcare workers from harm.
3. The state must provide all necessary funding to keep hospitals and facilities, many of which already struggle financially, fully operating throughout the crisis.
4. New York should step in and assist hospitals with other non-operating costs such as debt obligations and utilities, so that hospital administration can focus their immediate attention on providing emergency levels of health care.
5. There must be no immediate restrictions on all closures of hospitals and reductions in services. In fact, this is a time where we need to increase capacity, particularly hospital beds and ICU units.
6. The state must work closely with local governments to ensure that essential personnel and their families can continue to access to childcare, educational, elder care, transportation, and other services.
7. Pass a fair budget with a cut to Medicaid or other health care funding to allow the healthcare system to respond as strongly as possible to the COVID-19 crisis.
8. Any emergency measures to deregulate the health care system must be temporary and must expire when the state of emergency has ended, including reducing professional licensing requirements or the certificate of need process.

www.nysna.org

   @nynurses


NEW YORK STATE
Nurses
ASSOCIATION

Making the Case: In the Hospitals

Action on the ground can include:

- Petitions
- Button/sticker days
- Pop up actions
- March on the boss – March on the Command Center
- Dirty dozen/find the hazards actions
- All driven by COVID Action Teams.



Making the Case: On the Streets

Rallies and pickets have taken place outside a half dozen NYC hospitals.

These helped lead to:

- Increased media attention, including 60 minutes.
- PPE donations from the community.
- More pressure on city and state to come up with PPE.



Making the Case: Dirty Dozen Action

- Health and safety issues lend themselves to investigations that involve members and draw on their knowledge of the workplace.
- Photo “albums”, testimony, checklists – all are ways to carry this out.
- This dirty dozen campaign was kicked off at a Bronx hospital.

**COVID-19
ANNOUNCEMENT**



THE DIRTY DOZEN!

NYSNA NURSES ARE EXPERIENCING
UNSAFE CONDITIONS EVERYWHERE.
BUT WHERE IS THE WORST UNIT AT MONTEFIORE?

TAKE PHOTOS

- PPE gone wrong: Dirty respirators you had to keep using, or ones that don't fit, can't get new gowns and yours is ripped, anything that's missing or broken
- No ventilation
- Reusing disposable equipment?? No way!
- Contaminated areas where you have to take off your PPE
- Where are the sinks, sanitizer, and sharp containers?
- Negative air not working
- Blocked exits
- Gowns and hoes that are hazardous
- Filthy environments and surfaces!
- ...and more. What's the worst you're seeing?



**MONTE NEEDS TO
DO MORE TO FIX
THE HAZARDOUS
CONDITIONS
WE FACE.**

**TEXT YOUR PHOTOS AND
CAPTIONS TO NYSNA STAFF**

Jorge Maldonado: 646-620-8212
Candice Spring: 347-967-7115
Marlene Fontes: 718-722-0929
Michele Gaus: 646-708-5198

PLEASE NO PHOTOS OF PATIENTS OR PHI.



Text COVID to 877-877
to get NYSNA COVID text alerts.

**NYSNA
NURSES
ASSOCIATION**

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Exposure to Coronavirus at Work: Assault and Battery with a Deadly Weapon?



An Accompanying Tactic: *Write A Little Letter to the Local D.A.*

- ▶ If your actions aren't getting the protections you need as fast as you need them, consider writing a letter to the District Attorney, detailing:
 - ▶ Specific lack of protections putting you/co-workers at risk of death or serious harm.
 - ▶ Include the names of management officials with whom you have communicated and dates of communications
 - ▶ Say in the letter: if management doesn't act quickly to implement needed protections, the union/group will be back in touch for the possibility of criminal investigation and prosecution regarding this assault and battery with a deadly weapon.
 - ▶ CC the letter to Senators, Congressperson, local elected officials, community leaders, the media.
 - ▶ Give a copy of the letter to management, give them a short time frame to address your concerns or the letter will go in the mail/email.

SAMPLE LETTER TO DISTRICT ATTORNEY

Dear District Attorney:

We are employees of X Employer. On [DATE(S)] we spoke to [MANAGEMENT NAMES] about our exposures and potential exposures to COVID-19 and the risk we face of death or serious harm if protections we need, many of them specified in OSHA and CDC guidance, are not implemented. [ADD ANY ADDITIONAL SPECIFIC INFORMATION—including specifics of any COVID-19 cases.]

As of now the protective measures needed have not been implemented, which [IS PROVING/COULD PROVE] deadly for those working here.

We are in immediate fear for our health and lives, and those of our families, and believe we are facing assault and battery with a deadly weapon. If our employer fails to implement adequate protections in the immediate future, we will be in touch with you for the possibility of criminal investigation and prosecution.

Signed,

[union or group of workers]

cc: Senators, Congressperson, mayor, media, etc.

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Resources/References

- ▶ **Labor Notes: Organizing in a Pandemic** (includes Prescriptions and Analysis, Strikes and Demands, Organizing Tips, & Resources) <https://www.labornotes.org/coronavirus> ; <https://labornotes.org/2020/04/saving-workers-health-and-lives-covid-19-pandemic-tools-fight>
- ▶ **National Council for Occupational Safety and Health:** <https://www.coshnetwork.org/coronavirus>
- ▶ **AFL-CIO COVID-19 Pandemic Resources:** <https://aflcio.org/covid-19>
- ▶ **UE:** <https://www.ueunion.org/covid19>
- ▶ **CWA:** <https://cwa-union.org/covid-19>
- ▶ **National Employment Law Project:** <https://www.nelp.org/publication/worker-safety-health-during-covid-19-pandemic-rights-resources/>
- ▶ **OSHA Guidance for Preparing Workplaces for COVID-19** <https://www.osha.gov/Publications/OSHA3990.pdf>
- ▶ **OSHA COVID-19 Page** <https://www.osha.gov/SLTC/covid-19/>
- ▶ **CDC Corona Virus Disease 2019** <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- ▶ **EPA List of Approved Disinfectants** <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- ▶ **National Institute for Occupational Safety and Health** https://www.cdc.gov/niosh/emres/2019_ncov.html
- ▶ **City and State Paid Leave Laws** (updated 3/2020) <https://www.zenefits.com/workest/the-definitive-list-of-states-and-cities-with-paid-sick-leave-laws>
- ▶ **Families First Coronavirus Response Act's Paid Leave Provisions:** <https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave>
- ▶ **Benefits Which Can Assist Workers Under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act)** <https://www.ueunion.org/covid19/hr748>



**Time For A Few Questions/
Comments**