

WORKING ON NEW YORK FORWARD – Union Strategies

Returning to Work after the Pause NY for COVID-19



NYS Public Employees Federation

Occupational Health & Safety Department

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TOOL KIT FOR PEF LEADERS AND ACTIVISTS

WORKING ON NEW YORK FORWARD –
Union Strategies for Returning to Work after the
Pause NY for COVID-19



Governor Cuomo recently announced plans to begin the re-opening of New York (called New York Forward) – identifying areas to begin relaxing controls put into place to flatten the curve of the Coronavirus outbreak. The process for returning New Yorkers to work will be done in phases for both the public and the private sector. In each phase, restrictions will be relaxed for the identified sectors in counties determined to have met core factors to re-open.

The Governor’s plan (available here [NY Forward Region Status](#) [Regional Guidelines to Reopen](#) and here [NY Forward Additional Guidelines](#)) includes the four core factors to determine if a region can re-open: Number of New Infections, Health Care Capacity, Diagnostic Testing Capacity and Contact Tracing Capacity. There are seven criteria that must be met before a region may re-open. The NY Forward Region Status page has a chart showing the number of criteria met for each region.

Phase 1 is set to begin on May 16, 2020. The next phases will gradually bring workers back beginning with the more essential in lower risk areas, and leading to non-essentials in lower risk areas. The Governor has said a two week monitoring period would be needed between phases.

Phase One

Construction
 Manufacturing and
 wholesale supply chain
 Select retail using curbside
 pickup only

Phase Two

Professional services
 Finance and insurance
 Retail
 Administrative support
 Real estate and rental
 leasing

Phase Three

Restaurants and food
 service
 Hotels and
 accommodations

Phase Four

Arts, entertainment and
 recreation
 Education

The timeline for the re-opening will be fluid and areas may pause or revert between phases if infections spike. New York State has not specified their plan for their own workforce, other than comments by Governor Cuomo that he will hold the State to the same standards for return that he is holding businesses to.

**PEF LEADERS MUST BE INVOLVED NOW IN THE PLANNING FOR A
 RETRUN TO WORK FOR EMPLOYEES**

Some of our committees have been meeting, and have raised the return to work issue on their agendas. In many cases the Agencies have the same reply they did in the beginning of this – “we have to wait for instructions from the State”.

That is the kind of answer that will only lead to chaos and confusion as an anxious workforce returns to work. The same chaos and confusion we had in the beginning of the pandemic when the Unions were not involved in workplace planning. Even if Agencies have to wait for a plan template from the State for their plans – each agency will need to tailor the plan to their individual worksites. **WHY WAIT?** They must meet with PEF now to discuss the best way to bring people back safely.

This Toolkit is designed to help PEF Leaders and Activists to be prepared for meetings with the Agencies to develop a comprehensive and effective plan to create a safe transition from working from home to the workplace.

WHERE DO WE START

Statewide and Local Health and Safety Committees and Labor/Management Committees should take the following steps:

- **PUT IN A DEMAND FOR A MEETING** to discuss the health and safety concerns you have for your members: Leaders should meet **AS SOON AS POSSIBLE** to develop plans for returning to work. Be sure to pre-meet with your team to discuss your concerns and recommendations before meeting with management. You may use the outline in this toolkit as part of your agenda. You can meet as the H&S Committee, or as a special committee. There should be at least three from PEF and three from Management to address the concerns.

The Agencies have an obligation to meet with the Union to discuss the safe return to work for our members. Even during a crisis such as the Coronavirus pandemic, an employer must bargain with the union on procedures that would affect the terms and conditions of employment for the bargaining unit. Under the PESH/OSHA's general duty clause, employers are required to furnish "employment and a place of employment . . . free from recognized hazards . . . likely to cause death or serious physical harm." Article 18 of the NYS/PEF Contract provides for Local and Agency-level H&S committees to meet at least four times a year to address potential health and safety problems for the workforce. If the agency refuses to meet, the Union may consider filing charges under PERB, PESH or an Article 18 grievance – contact your PEF Field Representative and the PEF H&S Department for assistance.

- **CONDUCT A RISK ASSESSMENT** of your worksite – where are the risks for exposure, what level of exposure do employees have, specify how many people, in what titles and what duties will have exposure.
- **USE THE OUTLINE** we have provided you and modify it to suit your agency and needs. A plan should be developed on a statewide level, with each location modifying to their specific needs. Contact the PEF H&S Department if you need assistance with that.
- **BE SURE TO INCLUDE TESTING IN YOUR PLAN** Testing will be an integral part of the Governor's New York Forward plan. According to Governor Cuomo, the "best data to inform decisions and calibrate the progress of any phased reopening of the economy will come via diagnostic and antibody testing". We agree. Everyone should be tested, whether

they have had an exposure or not or if they were asymptomatic or not. It is the only way to determine who in the population has had the virus. It is important to not only test for an active infection (molecular assay) but to also test for anti-bodies as well (serology assay). Those who have the antibodies may be returned to work. It is important to note that the general assumption is that once the antibodies are detectable that the virus is no longer shedding and these workers would not be infectious. This is different from those who test positive for infection. We maintain that those who test positive for the virus should remain home until they test negative (preferably with two negative tests), even though the NYS DOH return to work guidelines disagree.

- **TALK TO YOUR MEMBERS** to get their feedback on what their concerns before the return and throughout the process. Issues may arise during the return to work process that will need immediate attention. Don't forget to provide updates to your members on what is happening and any new information throughout the process.
- **PROVIDE RESOURCE INFORMATION** to your members to get more information on safety in the workplace, what their rights are, how to file complaints, and where to find other support information. Remember to visit the PEF COVID-19 webpage for information and resources – the page is updated regularly with the latest information. <http://www.pef.org/covid-19>

What Are We Asking For

Similar to what the Governor is requiring for businesses, Agencies must develop a plan to:

- Adjust workplace hours and shift design as necessary to reduce density in the workplace;
- Enact social distancing protocols;
- Restrict non-essential travel for employees;
- Require all employees and customers to wear masks if in frequent contact with others;
- Implement strict cleaning and sanitation standards;
- Enact a continuous health screening process for individuals to enter the workplace;
- Continue tracing, tracking and reporting of cases; and
- Develop a plan for resurgence of the virus

How Can We Make the Return To Work Safer?

As of May 6, 2020, the United States had over 1.2 million COVID cases, with close to 72,000 deaths. That is more than the entire membership of PEF.

There is no question that New York State has borne the worst of the virus in the U.S. With over 320,000 confirmed cases, and close to 25,000 confirmed COVID deaths, New York has more than twice the case rate than any other state in the U.S. Downstate, Capital District and parts of

Western NY areas show the highest density. Strict containment and control measures kept the outbreak from being far worse. It is important that New York State Agencies develop a plan, in constant coordination with the Union, so that all of the work done over the past two months does not get undone. Like the plan for the State overall, the plan for the State workforce will be a living process, changing as the needs of the situation change.

Using sound public health and occupational health and safety strategies, a return to the workplace can be made safer. Using a system of control measures to eliminate or lessen exposures to occupational hazards is critical to protect workers. These methods are:

Elimination: physically removing the hazard. For COVID-19 we may consider a vaccine as the only way to eliminate the hazard.

Substitution: replacing the hazard – really not an option for COVID-19.

Engineering controls: isolate people from the hazard - barriers, ventilation, contagion zones, etc.

Administrative controls: change the way people work to reduce exposure – policies, work practices, social distancing, individual behavior, etc.

Personal Protective Equipment (PPE): protect the worker with PPE, respirators, masks, face shields etc.

We have created a basic Return to Work Plan Outline of potential controls you may use for your COVID-19 Return to Work Plan. This plan is based on using Labor and Management strategies along with the Hierarchy of Controls, but you may modify your plan based on your specific situation and needs. Multiple control strategies may be used in combination. For example, you may need to modify equipment for meeting rooms (Engineering controls) but also use social distancing (Administrative Controls).

You will also need to prioritize controls based on the work and work environment. For example, PPE will be a critical component for healthcare workers or those with frequent direct contact with the public. Whereas Administrative controls may be the most effective for agencies that can take advantage of telecommuting.

RETURN TO WORK PLAN OUTLINE

H&S, Labor Management and bargaining

1. H&S Committee or L/M Committee for pandemic planning and response
 - a. Establish workgroup
 - b. Jointly develop return to Work (RTW) strategy
 - i. Plan for phased return of workforce
 - ii. Regular meetings throughout each phase
 - iii. Ongoing meetings to monitor plan through vaccination phase

- c. Resurgence Strategy
 - i. Monitoring for spikes
 - ii. Planning for resurgence during New York Forward (re-opening NY)
 - iii. Planning for resurgence in post-opening and in peak flu seasons (Fall and late Winter)
- 2. Contract Administration
 - a. If Contractual issues arise consult with the PEF Local leaders and PEF Field Staff

Phased in return of staff:

1. Identify locations and departments for phased in return based on prevalence and status of outbreak and recovery in that area, and level of essential/non-essential services.
Identify areas:
 - a. Lowest exposure risk
 - b. Greatest ability to control for exposure
 - c. Areas that are not declining or still have significant numbers, or where mass transit is used should be phased in much later
2. Utilize telecommuting as much as possible
 - a. Develop a telecommuting agreement?
 - i. Resources
 - ii. Reimbursement
 - iii. On request of the staff person
 - iv. For high-risk individuals
3. Stagger arrival and departure times to limit the number of people in the office at various times.
 - a. When possible, only require staff to be in the office for as long as needed to complete necessary tasks (e.g. printing & mailing)
4. Alternate work schedules – M, W, F or ½ days etc.
5. Redistributing work to provide more distance - would have to be careful of out-of-title issues
6. Areas under construction: complete construction first before bringing staff back
 - a. What is status of construction?
 - b. Identify and prepare other locations that can be used as overflow when staff need to access printers and copy equipment
 - c. Saves money by speeding up construction schedule, less temporary structures

- d. Social distancing problems exacerbated by COVID in renovation areas:
 - i. Limiting bathrooms
 - ii. Redirecting entry and exit from the building
 - iii. Flow of foot traffic more difficult
- 7. Test all Staff before returning to work (see below)

Screening – Test, Trace, Isolate

1. Test employees before returning them to work
 - a. Test first for anti-bodies. Those who have the antibodies may be returned to work
 - b. Those who test negative for anti-bodies are then tested for the virus
 - c. Those who test positive for the virus should remain home until they test negative for the virus (preferably 2 negative test results), or positive for the anti-bodies
 - d. Those who test negative should be considered to be at risk and should continue to work from home if at all possible until a vaccine is available or provide with the additional exposure controls
 - e. For those who test negative for both assays, a repeat test should be done periodically. For healthcare workers who test negative, they should have a repeat test every 7 - 14 days
 - f. Develop or utilize an existing Surveillance Program to conduct representative testing to monitor for infections in the workforce. An increase in infection rate would trigger additional testing of all employees at the worksite
 - g. Any antibody tests used must be FDA approved or have an FDA Emergency Use Authorization (EUA)
2. Screening for Staff
 - a. Staff should self-screen – Report if temperatures $\geq 100.4^{\circ}$ stay home
 - b. Staff who have symptoms of COVID should not report to work with no charge to accruals
 - c. Staff who become symptomatic at work, should be sent home with no charge to their accruals. Designate a triage area for symptomatic staff to go to
3. Protections for high-risk individuals
 - a. How do Unions identify w/o violating HIPPA
 - i. Have individuals self- identify to Union
 - ii. Confidential reporting system to the employer

- iii. Employer provides union resource information directly to the worker when they report an exposure/positive test result, or if they are high-risk individuals
 - b. Reasonable Accommodations
 - c. Set up work schedules, telecommuting, cohorting to protect high-risk
- 4. Vaccination Plan
 - a. Develop a plan to vaccinate employees when one becomes available

Personal Protective Equipment (PPE) are worn to minimize exposure to COVID-19.

The CDC has issued Interim Guidance on the provision and use of PPE based on the type of activity conducted by healthcare and emergency responders (see [CDC PPE Guidance](#)). The NYS Department of Health has issued Interim Guidance, and the Governor has issued Executive Orders on the provision of PPE to State workers ([NYS DOH Face Coverings at Work](#)). You will need to craft your plan for provision of PPE based on the specifics of your worksite and duties. This is just a general outline.

1. PPE for Staff (other than direct care staff)
 - a. Supply PPE to all staff
 - i. Have a 3 month supply of PPE in reserve in addition to the supply used for daily distribution
 - ii. Surgical masks - daily
 - iii. For cloth – issue at least 2, one to wash one to wear. Should have pocket for filter
 - iv. Gloves available on request
 - b. Mailroom, mail handling and receiving activities
 - i. Face masks and gloves daily
 - c. Field Staff and others required to attend outside meetings will be supplied with masks, gloves, hand sanitizer and sanitizing wipes
 - d. Additional PPE available upon request
 - e. Per the Governor’s order masks must be worn when you cannot achieve social distancing when in the public
 - f. Staff should be strongly encouraged to wear masks in common areas
2. PPE for Direct Care Staff. Direct care staff will be provided with PPE based on the type and duration of care provided to COVID-19+/Isolation or PUI/Quarantine patients/individuals/inmates

- a. Have a 3 month supply of PPE in reserve in addition to the supply used for daily distribution
- b. Depending on job duties additional PPE including face shields, gloves, gowns, N95's, other respirators, etc. may be required
- c. COVID-19+ Symptomatic direct care and aerosolizing procedures: full PPE, N95, face shield/goggles, gown, bonnet, booties, gloves
- d. COVID-19+ or PUI direct care with face to face contact: N-95, face shield/goggles, gown, gloves
- e. COVID-19+ Asymptomatic or PUI proximity care: N-95, gloves, optional face shield (type of individual may necessitate shields – propensity to spit/drool)
- f. For interactions with patients/individuals/inmates at a social distance, surgical masks may be acceptable for PPE
- g. Teach staff to properly don and doff face masks and other PPE
- h. Make hand sanitizer, hand washing, and sanitizing wipes accessible
- i. Additional PPE available upon request

Engineering Controls:

Isolate employees from COVID-19 work-related hazards. Engineering controls are physical changes to the work area or process that minimizes PEF members' exposure to COVID-19. Be sure to get input from the workers in each area on what would be feasible in the performance of their duties. These include but are not limited to:

1. Barriers for reception areas and customer service counters
 - a. Plexiglas barriers with pass-throughs
 - i. Would these be permanent or temporary?
 - ii. How to handle large packages? Have table for larger deliveries to be wiped down before delivering to addressee
 - iii. Designated receiving area for mail handling with wipes and gloves
 - iv. What to do about shared or leased spaces? Would agencies share costs or would the landlord pay the cost of installing?
2. HVAC systems
 - a. Increase outdoor air ventilation (disable demand-controlled ventilation and open outdoor air dampers to 100% as indoor and outdoor conditions permit)
 - b. Improve central air and other HVAC filtration to MERV-13 (ASHRAE 2017b) or the highest level achievable
 - c. Keep HVAC systems running for longer hours (24/7 if possible)

- d. Add portable room air cleaners with HEPA or high-MERV filters with due consideration to the clean air delivery rate (AHAM 2015)
 - e. Add duct- or air-handling-unit-mounted, upper room, and/or portable UVGI devices in connection to in-room fans in high-density spaces such as waiting rooms, prisons, and shelters
 - f. Maintain temperature and humidity as applicable to the infectious aerosol of concern
 - g. Bypass energy recovery ventilation systems that leak potentially contaminated exhaust air back into the outdoor air supply
3. Cubicles – modify set up
- a. 6’ distance between each
 - b. Leave empty, block or tape off cubicles to space people out
 - c. Raise cubicle walls
4. Cafeterias, lunchrooms, eating spaces:
- a. Modify space
 - b. Seating at 6’ distances with others - block off spaces/tables
 - c. Limit number of people allowed in an area at once
 - d. If unable to modify, close the area
5. Meeting space
- a. Teleconference and video meeting platforms used whenever possible
 - b. Determine COVID capacity for meeting rooms (for scheduling)
 - c. Modify space
 - d. 6’ space between chairs and tables
 - e. Purell stations in meeting rooms
 - f. Terminal cleaning before and after use
 - g. All meeting attendees must wear masks
6. Purell Stations – Install at:
- a. All building entrances
 - b. Office suite entrances
 - c. Copiers, bathrooms, common areas
 - d. Keep them well stocked and encourage employee use

Administrative Controls:

Changes to work policies, practices or procedures. This involves changes in work procedures, schedules and training that reduce the duration, frequency and severity of exposure to COVID-19. These include Safe Work Practices that promote personal hygiene and social distancing to reduce exposure to COVID-19. Administrative controls include but are not limited to:

1. Signage
 - a. Instructions for masking
 - b. Hand hygiene/handwashing/hand sanitizer
 - i. Handwashing for 20 seconds
 - ii. Hand sanitizer
 - c. Visitor screening (example: if you have COVID-19 or symptoms such as fever, cough, difficulty breathing, you must return home and call for assistance)
 - d. Clearly marked COVID Zones – Staff Only, PPE past this point, Don/Doff etc.
2. Cleaning:
 - a. Schedules for:
 - i. Thoroughly clean and sanitize all offices before opening
 - ii. Have a terminal cleaning schedule – at least once a day
 - iii. Frequent cleaning/disinfection of high-touch areas: handles, phones, desks, keyboards, mice, copy machines, vending machines, elevator buttons, watercoolers, etc.
 - iv. Encourage employees to frequently clean/disinfect their areas
 - v. Cleaning and disinfection of work spaces and surrounding areas for COVID-19+ workers
 - b. Make sure cleaning crews are trained on DOH cleaning protocols, especially on high touch areas. Have cleaning company provide them gloves and masks as a requirement
 - c. Elevators
 - i. Frequent cleanings of high touch surfaces (buttons and handles)
 - ii. Full cleaning at least daily
 - iii. Determine COVID capacity for elevators
 - iv. Utilize masks when on elevators with others
 - v. Provide Purell stations in elevator lobbies

- d. Doors
 - i. Clean handles frequently
 - ii. Areas between offices should have Purell stations right there for when people walk through
 - iii. Explore anti-viral/microbial wraps or coatings on high touch areas
 - iv. Install levers on doors that currently have door knobs (also ADA compliant)
- 3. Receptionists/Call Centers
 - a. Individual headsets that belong to individual staff - do not share!
 - b. Staff disinfect work area (phone, switchboard equipment, chair, desk & high touch surfaces) at the beginning and at the end of shift
- 4. Visitor Policy
 - a. Includes members, clients, customers, vendors etc.
 - b. Schedule visits by appointment - limit walk-ins
 - c. Limit number of visitors scheduled for office visits at any one time
 - d. Designate an intake room where staff can meet with appointments – set up for social distance and have a hand sanitizer station and sanitizer wipes in room
 - e. 6' marks at reception areas
 - f. Take out couches in waiting areas
 - g. Chairs spaced at 6' in waiting area – use non-fabric chairs with (easy to wipe down and disinfect)
 - h. Screening for visitors (COVID exposure, positive, or symptoms)
 - i. Surgical masks for visitors
 - j. Protocols for receptionist – what to do if visitor affirms survey or looks symptomatic (supervisor then takes over)
 - i. Ask visitor to leave and reschedule
 - ii. Designate triage area for supervisor to meet with visitor in well ventilated area with barrier between staff and visitor, or at least 6' social distance space
 - iii. Provide supervisor with mask
 - iv. Area is cleaned and disinfected
- 5. Catered or Delivery of Food
 - a. Develop protocol for ordering, reception and use of catered food

- i. Know what procedures the restaurant or caterer uses for social distancing, PPE and cleaning and disinfection procedures in their business
 - ii. Individually wrapped food items and individually wrapped disposable cutlery.
 - iii. No family style
 - iv. Have a designated area near reception for drop off/pick up of food items – limit delivery inside building
 - v. Wipe down bags and containers with disinfecting wipes
- 6. Controlled movement
 - a. Entrance
 - b. Exit
 - c. Flow of traffic through work areas by visitors and staff
 - d. In and around cubicle or patient areas (if applicable)
 - e. In and around COVID-19 quarantine and isolation zones
- 7. Training
 - a. Exposure risks
 - b. Control methods
 - c. Infection Control procedures
 - d. Proper PPE wear
 - e. Social Distancing
 - f. Resilience training

Additional Considerations:

- 1. Group Activities/ Trainings
 - a. Phased in re-introduction of group activities or trainings while maintaining social distancing
 - b. Reduce size of groups – use larger areas – maintain 6’ distance
 - c. Explore alternate methods to provide group activities – especially for those individuals who are incapable of keeping social distance
 - d. Wearing of masks for patients/individuals/inmates, if they are able to
 - e. Provide additional PPE for staff who conduct groups (N-95, face shields, gloves)
 - f. Hand washing/hand sanitizing by staff and patients/individuals/inmates before and after sessions

- g. Purell station or handwashing station in group/training rooms/areas, or the ability to sanitize after a group has been in that area
 - h. Discussions for when there needs to be contact within group settings and how to protect people- minimizing direct contact as much as possible
2. Provide alternate housing for COVID unit workers at no cost
 3. Reporting:
 - a. Employer provides regular summary reports to Unions on the number of positive, PUI, quarantined member and population served in institutional settings
 - b. Include title, locations and bargaining unit
 4. Field Employees – Develop procedures (see H&S factsheet)
 - a. When possible, conduct interviews/check-in via telephone.
 - b. Be sure to have your employer-provided face cover before going into the field.
 - c. For unavoidable field visits, , screen the individuals(s) for COVID exposure/illness prior to going to the location

Individual Controls:

1. EAP
 - a. EAP should have a program available now to deal with issues and increased anxiety due to pandemic
 - b. Grief counseling
 - c. Develop a Peer-to-Peer support system
 2. Strongly encourage staff to:
 - a. Practice proper social distancing - 6’ distance. Those with offices are encouraged to work with their doors closed whenever possible
 - b. Clean and sanitize their workspace during the workday and before they leave
 - c. Have minimal items on their desk so that cleaning crews can clean surfaces
 - d. Frequently use hand hygiene throughout the day
 3. Hand Washing and Hand Sanitizer
 - a. Allow for and encourage frequent hand washing
 - b. Place hand sanitizer station throughout workplaces to encourage use
 4. Disinfecting Stations
 - a. Provide disinfecting wipes to employees to wipe down personal work areas
- b. Instruct employees on the proper usage of cleaning and disinfecting supplies

WHAT RESOURCES DO WE HAVE?

The PEF Health and Safety Department and the Field Services Department are a good resource for you during this return to work process and for any other questions you may have. Staff can assist PEF committees and leaders to work with management to implement safety protocols.

You may use the “Contact Us” form on the PEF website, or call 800-342-4306.

The plan to reopen New York State, and the rest of the U.S. for that matter, will be an ongoing process. It is clear that a reopening does not mean a return to how things were. How we move about our work and our home lives has changed dramatically. We will have to work together as a Union and with Management to take additional steps to make our workplaces as safe as possible. Not just until we have a vaccine for this virus, but moving forward as well. We must have strong pandemic planning in the workplace for any future outbreaks.

**FOR MORE INFORMATION ON COVID-19, including Workers Compensation and COVID,
PLEASE SEE <http://www.pef.org/covid>**

Other online resources:

New York State Governor
<https://www.governor.ny.gov/>

New York Forward
<https://www.governor.ny.gov/programs/new-york-forward>

New York State Department of Health
<https://coronavirus.health.ny.gov/home>

Centers for Disease Control (CDC) COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Please contact the PEF Health and Safety Department with any question at
HealthAndSafety@pef.org or 800-342-4306 Ext 254

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