



# **NYS Public Employees Federation - Vital Health and Safety Actions for the Ongoing COVID-19 Public Health Emergency**

**Workbook for PEF Statewide Health & Safety and  
Labor/Management Chairs**

**USING THIS DOCUMENT** – This document is an internal strategy tool for Statewide Health & Safety and Labor Management Committees to use for their meetings with their agencies. Each topic includes a description, the “Ask for Management” for your agenda, and the “Why” justifying your requests.



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We have included space for you to take notes directly in your pre-meeting to prepare for management's responses, and to take notes for your minutes, but do not share the document with management in its entirety. There are some links and citations that may be shared with management, but some are for internal union use only (e.g. the Pandemic Plan Toolkit).

Please feel free to contact the PEF Health & Safety department at [HealthAndSafety@pef.org](mailto:HealthAndSafety@pef.org) with questions or for more information on a topic.

## Introduction

Twenty-two months after New York State was devastated by COVID infections, we find ourselves in a similar position with high rates of infection and hospitals being overwhelmed by the Omicron variant. Federal and State protections have grown weaker and State employees, who work with the public and our most vulnerable populations, continue to be at high risk for COVID.

But we know much more now, and we have better tools to protect workers than we did at the beginning of the pandemic. State agencies must use those lessons learned and proven tools to provide a safe and health work environment for their employees.

Here's how.....

## 1. Pandemic Plans

As of April 1, 2021 all New York State agencies were required to have a "Continuation of Operations Plan for a State Emergency Involving a Communicable Disease". These emergency preparedness plans were reviewed with Statewide Health & Safety Committees to ensure that the requirements under the Pandemic Preparedness Bill were met. The elements required in the plans are relevant and important when dealing with the risks of Omicron and any future variant. State agencies could and should use their pandemic plans to respond to resurgence issues with the continuing COVID exposure problems.

See the Returning to Work Toolkit for PEF Leaders and

Activists: [https://www.pef.org/pef\\_files/files/pdf/ToolkitForPEFLeaders-ReturnToWork-COVID.pdf](https://www.pef.org/pef_files/files/pdf/ToolkitForPEFLeaders-ReturnToWork-COVID.pdf)

See the PEF Pandemic Planning Toolkit: [https://www.pef.org/pef\\_files/files/pdf/PEF-Pandemic-Planning.pdf](https://www.pef.org/pef_files/files/pdf/PEF-Pandemic-Planning.pdf)

See the PEF Reviewing Your Agency COOP (Pandemic Plan) Guidance for PEF Leaders and

Staff: [https://www.pef.org/pef\\_files/files/pdf/NYS-COOP-outlinePEF-recommendations.pdf](https://www.pef.org/pef_files/files/pdf/NYS-COOP-outlinePEF-recommendations.pdf)

### **What is the ask for Management:**

- We encourage annual/periodic review of the plans. Has management done so in the past year?
- Request a meeting to conduct a review of the plan and recommendations to update it. These plans must:
  - Identify "essential" vs. "non-essential" employees\*
  - Establish telecommuting protocols for "non-essential" staff
  - Stagger work shifts to reduce workplace and public transportation density

- Provide adequate procurement, storage and training of Personal Protective Equipment
- Enact appropriate testing, contact tracing and quarantine protocols
- Ensure sufficient emergency housing for employees who test positive and need to isolate.
- Statewide H&S and L/M Chairs should also request a Word document of the final version so revisions can be made by all parties. The plans should be reviewed and updated for current conditions including Omicron.
- There must be clear communication between Statewide H&S and L/M Chairs to share information from your committees, such as:
  - Minutes
  - Agendas
  - Action items
- Communicate with management counterparts and identify who is the agency contact person for questions and concerns about the plan, including compliance with plan elements such as provision of PPE, cleaning and disinfecting, telecommuting plans, etc.

**Why?**

The Pandemic Planning bill was intended to help State agencies prepare for future pandemics. It was drafted early in the SARS-CoV-2 pandemic, before much was known about the virus or how it would mutate, including the Delta and Omicron variants. The legislation was well-intended but does not include critical COVID infection controls such as ventilation and vaccination plans. But it does include requirements on telecommuting, social distancing, screening and contact tracing that desperately needed now to address the Delta and Omicron surge.

Agencies have a blueprint prepared by their Pandemic Plans to address controlling the virus in the workplace – why aren’t they using it?

**PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?**

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**MEETING NOTES – MANAGEMENT RESPONSE**

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## 2. Respiratory Protection and Source Control (Masking)

As the virus mutated it became increasingly contagious and aerosolized. Higher level masking is needed for workers in direct care, congregate settings and the general public.

### **What is the ask for management:**

- Provide higher level masking such as N95 or KN95 respirators.
- Discourage use of cloth face masks and surgical masks as permissible face coverings for employees and contractors in State run offices and facilities.
- Educate and ensure that all staff are properly wearing tight fitting masks that are covering the nose and mouth.
- PEF members who work directly with patients in healthcare settings and those who work in congregate settings must be provided with fit tested N95 respirators as per the OSHA respiratory protection standard.
- Statewide Health & Safety Committees for the following State agencies should review and update their respiratory protection programs accordingly: OCFS, DOH, OMH, OPWDD, OTDA, DOCCS, and SUNY.
- PEF members, in all agencies, not covered by the OSHA respiratory protection standard must at the very least be provided with KN95s. Agencies shall permit PEF members to voluntarily wear N95 or KN95 respirators and provide Appendix D on voluntary use of the OSHA respiratory protection standard to such employees.
- Additional questions:
  - What is your inventory?
  - What is your burn rate?
  - Where/ how are they stored?
  - Are they checked for use-by dates?
  - How are masks distributed? And are replacements easily accessible?

### ***Why?***

Masks provide two basic functions – to protect the wearer from virus particles emitted by an infectious individual (respiratory protection), or to prevent the wearer from spreading the virus to others (source control). <https://blogs.cdc.gov/niosh-science-blog/2020/09/08/source-control/>

There is overwhelming evidence that SARS-CoV-2 is transmitted primarily by the inhalation of infectious particles, or virions, in the air (Brousseau, Mar 2020). Cloth face masks are the least effective, and surgical masks, while better at source control, provide limited protection against

inhalation of small infectious particles that may be emitted by an infected person (Brousseau, Oct 2021).

Small inhalable particles are created by people in high concentrations when breathing, talking, singing, etc. These smaller particles stay in the air for long periods of time, sometimes for hours, are easily distributed by diffusion and air currents throughout a space (thus negating the effects of physical distancing) and can carry many virions. Cloth masks and surgical masks do not efficiently capture these airborne particles and leave gaps around the mask that allow small particles to leak both in and out (Brousseau, Apr 2020).

PEF members require face coverings that offer both source control and respiratory protection. N95 respirators and KN95s provide this. According to the FDA, “Source control refers to a person’s use of barrier face coverings or face masks, including cloth face coverings, to cover the person’s mouth and nose when they are talking, sneezing, or coughing to reduce the likelihood of transmission of infection by preventing the spread of respiratory secretions and large particles.” (FDA, 2022)

The chart below shows the level of protection of cloth masks vs fit tested respirators. When both parties are wearing higher level masking (N95 or KN95 respirators) the exposure is tremendously decreased.

**Table 1. Time to Infectious Dose for an Uninfected Person (Receiver)\***

		Receiver is wearing (% inward leakage)				
		Nothing	Typical cloth mask	Typical surgical mask	Non-fit-tested N95 FFR	Fit-tested N95 FFR
<b>Source is wearing (% outward leakage)</b>						
Nothing	100%	100%	75%	50%	20%	10%
Typical cloth mask	75%	15 min	20 min	30 min	1.25 hr	2.5 hr
Typical surgical mask	50%	20 min	26 min	40 min	1.7 hr	3.3 hr
Non-fit-tested N95 FFR**	20%	30 min	40 min	1 hr	2.5 hr	5 hr
Fit-tested N95 FFR	10%	1.25 hr	1.7 hr	2.5 hr	6.25 hr	12.5 hr
		2.5 hr	3.3 hr	5 hr	12.5 hr	25 hr

\*The data for % inward and outward leakage of cloth and surgical masks were derived from a study by Lindsley et al (2021). Data for non-fit-tested N95 FFRs come from a study by Brousseau (2020). Data for fit-tested N95 FFRs are derived from the OSHA-assigned protection factor of 10 for half-facepiece respirators. Also, times were established before wide circulation of the more transmissible Delta variant.

\*\*FFR = filtering facepiece respirator; N95 = not oil-proof, 95% efficient at NIOSH filter test conditions

(Brousseau, Oct 2021)

PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?

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MEETING NOTES – MANAGEMENT RESPONSE

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### 3. Lower the Density and Increase Social Distancing of People in Workplaces

Lowering the density and increasing social distancing work well with other COVID controls to reduce the amount of virions in the work environment and lesson the risk of exposure to the virus. It is important to not only limit occupancy, but to pay attention to seating especially in cubicle and open layouts. Seating plans should spread workers out as much as possible, such as every other cubicle and not having people face to face or back-to-back.

See the COVID-19 Controls Assessment Checklist:

[https://www.pef.org/pef\\_files/files/pdf/Revised-COVID-ControlsChecklist.pdf](https://www.pef.org/pef_files/files/pdf/Revised-COVID-ControlsChecklist.pdf)

See the PEF Pandemic Planning Toolkit: [https://www.pef.org/pef\\_files/files/pdf/PEF-Pandemic-Planning.pdf](https://www.pef.org/pef_files/files/pdf/PEF-Pandemic-Planning.pdf)

#### **What is the ask for management:**

- Every State agency must evaluate their workplace and have a plan in place that effectively lowers the density and increases social distancing of occupants in buildings where the State has employees.
- This plan may include:
  - Limit occupancy -- Increase telecommuting
  - Staggered work schedules
  - Mapping of seating charts/ cubicles
  - Increasing social distancing
  - Reevaluate opening to the public and visitor policies
  - Assess the need for field visits

## Why?

Personal exposure includes both the time individuals spend in a shared space with one or more infectious people and the concentration of infectious particles in the air of that shared space (Brousseau Oct 2021). Lowering the density of people in a space lowers the amount of potential virions in the space and decreases the exposure risk.

### PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?

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### MEETING NOTES – MANAGEMENT RESPONSE

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## 4. COVID-19 Screening of Staff

Screening is a critical tool to keep the virus out of the workplace as much as possible. Multi-level screens can assess potential for COVID exposures for both symptomatic and asymptomatic individuals.

### What is the ask for management:

- All State Agencies should continue to screen people that enter State workplaces for COVID-19 symptoms and possible contact with COVID-19 positive individuals.
- Screenings should include the following:

#### **1. Have you experienced COVID-19 symptoms in the past 14 days? Yes / No**

Symptoms may include:

Fever or chills	New loss of taste or smell	Cough
Sore throat	Shortness of breath or difficulty breathing	Congestion or runny nose
Fatigue	Nausea or vomiting	Muscle or body aches
Diarrhea	Headache	

*This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.*

2. **Have you tested positive for COVID-19 in the past 14 days?** Yes / No
3. **Have you been in close contact with a confirmed or suspected COVID-19 case in past 14 days?**  
Yes / No
4. **Do you have a temperature of 100.4 or above?** Yes / No

**Why?**

Screening employees and visitors helps lower the risk of exposure to SARS-CoV-2 in the workplace and assists in gathering crucial contact information that can be used to keep people safer in the workplace. Without a stronger requirement for screening for State agencies, along with Governor Hochul saying that Local Health Departments have the option of conducting contact tracing or not, the potential for individuals who are positive for COVID in the workplace has greatly increased. Onsite screening and workplace exposure identification are powerful tools to lessen workplace exposures.

PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?

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MEETING NOTES – MANAGEMENT RESPONSE

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## 5. Workplace Contact Tracing Procedures

Like screening, workplace contact tracing is a critical tool to identify and control exposures in the workplace. By quickly identifying workers who may have had close contact with a COVID positive individual, agencies can limit consequential exposures.

**What is the ask for management:**

Agencies should create a template procedure for workplace contact tracing processes to immediately address exposures and stop the spread of SARS-CoV-2 in the workplace. These processes must:

- Identify COVID-19 positive cases in the workplace (these may be self-reported)
- Implement a questionnaire to determine possible [close contacts](#)
- Notify workplace close contacts of exposure
- Notify other occupants in the workplace to monitor for symptoms for 14 days

*Sample Email Notification to Employees Working in a Space Identified as Having a COVID-19 Positive Case*

*Dear [Employee Name],*

*We have been notified that an individual who was present in our workplace on [MM/DD/YYYY] has been diagnosed with COVID-19. We are separately notifying people who appear to have had close contact with the individual, but we want to alert everyone working in the areas identified as having been occupied by the person diagnosed with COVID-19 to the possibility of exposure. This does not mean that you had close contact, but you should monitor for symptoms for 14 days and if you experience symptoms of COVID-19, such as fever, chills, cough, difficulty breathing, new loss of taste or smell, or other symptoms, please contact [Appropriate Supervisor Name and Contact Information] and consider consulting with your healthcare provider about COVID-19 testing.*

*As always, [Agency Name] will protect all employee medical information.*

*Sincerely, [Signatory]*

- Provide support to staff who must isolate or quarantine

**Why?**

The CDC endorses and encourages employers to collaborate with health departments when investigating workplace exposures to infectious diseases, which can prevent COVID-19 transmission and may lower the need for business closures. See here guidance on how this can best be achieved: <https://www.cdc.gov/coronavirus/2019-ncov/community/contact-tracing-nonhealthcare-workplaces.html>

NYS Agencies in general report their workforce COVID-19 positive reports to NYS county and local health departments, and rely on those departments to conduct contact tracing. However, local health departments have been overwhelmed throughout the pandemic, and especially with the Omicron surge, leaving them short staffed and unable to keep up with contact tracing. In many cases, they are not notifying individuals of reported COVID-19 exposures until 10 days or more afterwards. This puts many more employees at risk as there is no on-time means of keeping COVID-19 positive individuals out of the workplace during their most infectious period – especially for those who are asymptomatic.

PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?

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## 6. Ventilation

Mutations of the virus have made it able to spread much more easily through smaller respirable droplets and aerosols that can remain suspended in the air for long periods of time. Good ventilation is a powerful method to reduce the presence of the virus in the work environment.

### **What is the ask for management:**

All buildings, State owned or rented, that house State employees must provide adequate amounts of filtered outdoor air to occupants. The purpose is to dilute the virus in the work environment to lessen exposure.

A building's HVAC system is adequate if:

- Outdoor air is increased to maximum extent possible with consideration of the outside environment
- HVAC filtration is increase to a MERV-13 or to the highest level possible based on the capability of the system
- The HVAC system is kept running longer hours, up to 24/7 if possible, and at least 2 hours before occupants arrive and 2 hours after the last person leaves
- Portable air cleaners with HEPA are provided in spaces where there is high occupant load and in areas that have poor ventilation
- Temperature and humidity levels are maintained within the established ASHRAE seasonal guidelines with temperatures between 68°F to 74°F in the heating season and 72°F to 80°F for the cooling season and humidity between 40% and 60%.

### ***Why?***

- Ventilation, in conjunction with the other mitigation strategies, is an effective intervention because it dilutes and removes inhalable particles from shared spaces (WHO, Mar 2021). Using higher level filtration (MERV 13) along with increasing fresh air intake and air exchange, will effectively flush more of the virus from the inside space and reduce exposure.

PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?

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MEETING NOTES – MANAGEMENT RESPONSE

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## 7. Hand Hygiene and Cleaning and Disinfection

Earlier in the pandemic it was believed that the virus was contact transmitted by heavy droplets that fell to the ground in under six feet – hence the 6 foot social distancing rule. We now know that it is primarily spread through smaller respirable droplets and aerosols that can remain suspended in the air for long periods of time. However, contact transmission is still of a concern and hand hygiene and cleaning and disinfection of surfaces are important controls to continue to push.

**What is the ask for management:**

State agencies must continue to fight contact transmission of COVID-19 by maintaining clean and disinfected surfaces.

- Agencies must provide enough hand sanitizer and disinfecting wipes to workers
- Agencies must clean and disinfect regularly (at least weekly) with high touch areas more often (at least daily)
- Staff that are required to use hazardous chemicals must be trained and provided with the appropriate PPE as is required by the OSHA Hazard Communication Standard.

***Why?***

The virus that causes COVID-19 can land on surfaces. It’s possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. In most situations, the [risk of infection from touching a surface is low](#). The most reliable way to prevent infection from surfaces is to [regularly wash hands with soap and water or use alcohol-based hand sanitizer](#). Cleaning and disinfecting surfaces can also reduce the risk of infection from other viruses such as the flu. (CDC, Nov 2021)

## PRE-MEETING NOTES – WHAT WILL MANAGEMENT SAY/ASK?

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## MEETING NOTES – MANAGEMENT RESPONSE

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## Summary

COVID controls must be prioritized 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 density reduction and social distancing may be the more effective for agencies that can take advantage of telecommuting.

The PEF Health and Safety Department and the Field Services Department are good resources for you throughout this pandemic. Staff can assist PEF committees and leaders to work with management to implement strong safety protocols. We will have to work together as a Union and with Management to take additional steps to make our workplaces as safe as possible.

To contact Field Services, you may use the “Contact Us” form on the PEF website, or call 800-342-4306.

To contact the Health and Safety Department, please email us at [HealthAndSafety@pef.org](mailto:HealthAndSafety@pef.org).

## Citations

Brosseau LM. COMMENTARY: COVID-19 transmission messages should hinge on science. CIDRAP 16 Mar 2020. Available from: <https://www.cidrap.umn.edu/news-perspective/2020/03/commentary-covid-19-transmission-messages-should-hinge-science>

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Brosseau LM. COMMENTARY: What can masks do? Part 1: The science behind COVID-19 protection. CIDRAP 14 Oct 2021. Available from: <https://www.cidrap.umn.edu/news-perspective/2021/10/commentary-what-can-masks-do-part-1-science-behind-covid-19-protection>

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FDA. “Masks, Barrier Face Coverings, Surgical Masks, and Respirators for COVID-19.” FDA, <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/face-masks-barrier-face-coverings-surgical-masks-and-respirators-covid-19#using>. January 10, 2021.

This factsheet and many others were developed and produced by the NYS Public Employees Federation Health and Safety Department. If you have any questions or need assistance with ergonomics or any other workplace health and safety issue, please contact the PEF Health & Safety Department at 1-800-342-4306, ext. 254 or at [HealthandSafety@pef.org](mailto:HealthandSafety@pef.org).

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