

The logo features the text 'AFSCME' in a large, bold, white sans-serif font, with 'Health & Safety Fact Sheet' in a smaller, white sans-serif font below it. The background is a blue rectangle with a green horizontal bar at the bottom. On the right side, there is a stylized white star with several curved lines trailing off to the right, suggesting motion or a starburst effect.

AFSCME

Health & Safety Fact Sheet

Ebola and General Exposure Protections for Workers

What Is Ebola?

Ebola hemorrhagic fever, first identified in what now is the Democratic Republic of Congo, is a severe, often fatal disease in humans and primates. The first case of Ebola in the U.S. was confirmed in September 2014. The first case of transmission of Ebola to a health care worker in the U.S. was confirmed in October 2014.

Biology and Symptoms

Ebola is considered to be a bloodborne pathogen which means it is not spread through the air. A person can only be infected from contact with blood or body fluids from a symptomatic person. Ebola breaks down arteries and veins, allowing blood to be present in vomit, stool, urine, saliva and in late stages of the disease, even sweat. The virus in blood and body fluids can enter another person's body through broken skin or unprotected "pink" skin, such as inside the eyelids, nose or mouth. The virus can survive on surfaces for several days. People can also be infected by direct contact with objects (such as needles or bed sheets) that contain infectious blood or body fluids.

Symptoms usually appear 8 to 10 days after exposure. However, symptoms can appear as early as 2 days or as long as 21 days after exposure. A person who is infected with Ebola is not contagious until symptoms, such as fever, begin. Early symptoms include sudden fever, chills and muscle aches. Around the fifth day, a skin rash may develop. Nausea, vomiting, chest pain, sore throat, stomach pain and diarrhea may follow. Symptoms become increasingly severe and may include yellowing of the skin (jaundice), dehydration, weight loss, mental confusion, bleeding inside and outside the body, shock and multi-organ failure.

The first symptom someone is likely to show is a fever. A person under investigation (PUI) is someone who has both consistent symptoms and risk factors as follows:

1. Clinical criteria, which includes fever of greater than 38.6 degrees Celsius or 101.5 degrees Fahrenheit, and additional symptoms such as severe headache, muscle pain, vomiting, diarrhea, abdominal pain or unexplained hemorrhage; AND
2. Risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have Ebola, residence in—or travel to—an area where Ebola transmission is active (Guinea, Liberia, Nigeria, Senegal and Sierra Leone) or direct handling of bats or non-human primates from disease-endemic areas.

Who Is at Risk?

- Residents of central and west Africa.
- Persons traveling from Guinea, Liberia, Nigeria, Senegal and Sierra Leone who may have contact with an infectious person or animal.
- Health care workers including those involved with intake, transport and environmental services that may have contact with an infectious person and/or infectious waste.
- Laboratory personnel who may handle infectious samples.
- Airline flight crews including airline and airport ground crews who may have contact with an infectious person or with contaminated surfaces or materials.
- Any other person who has close contact with an infectious person.

Use Standard Precautions and Personal Protective Equipment (PPE)

Since many AFSCME members have contact with the public, it is important that all workers practice standard precautions when in direct contact with other persons or their body fluids. Standard precautions assume everyone is infectious. Never touch broken skin, blood, vomit or stool without the use of vinyl or nitrile gloves. Remove gloves promptly once contaminated. Wash hands for at least 20 seconds between clients or after direct contact with a member of the public, after using the restroom and before preparing or eating food. If hand washing facilities are not available, use an alcohol based hand sanitizer. Do not touch soiled clothing or items with bare hands. Practice regular environmental cleaning and disinfect bathrooms and high touch areas.

The consistent use of standard precautions helps protect workers from catching Ebola as well as most other infectious diseases including HIV, Hepatitis A, B and C, Norovirus and influenza.

Laws or Standards to Protect Workers

In 25 states, the Virgin Islands and Puerto Rico, AFSCME members are covered by federally approved OSHA laws that cover public employees. Several of the 25 states that do not have federally approved OSHA laws have state laws. All private sector workers are covered under the federal OSHA law. AFSCME members in states that do not have OSHA protections sometimes have contract language requiring the employer to comply with federal OSHA standards.

Most health care employers are required to protect workers against exposure to bloodborne pathogens such as Ebola. The OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030) requires employers to have a written Exposure Control Plan to determine which work tasks might be “reasonably anticipated” to expose employees to infectious or potentially infectious materials. The plan must also describe the measures the employer will take to prevent or reduce exposure. These measures must include annual training of workers and provision of appropriate personal protective equipment (PPE) such as impermeable gloves and gowns. Employers must provide access to hand washing facilities, or if not feasible, to antiseptic hand cleaners.

The OSHA Personal Protective Equipment/General Requirements Standard (29 CFR 1910.132) requires employers to conduct a job hazard assessment to determine whether hazards are present that require the use of PPE. If PPE is required, the employer must provide it at no cost. The employer must train employees who are required to use PPE. Training must cover when and where to use PPE, how to use PPE, the limitations of relying on PPE and how to maintain and dispose of PPE.

The OSHA Respiratory Protection Standard (29 CFR 1910.134) requires employers to implement a written respiratory protection program where respirators are required to protect worker health. Employers must medically evaluate and annually train and fit-test workers who will use respirators.

Workers must not be discriminated against for raising legitimate safety concerns. Contact your union representative if you feel safety issues are not being addressed.

Information on the Ebola crisis changes often. For the most recent information, please visit the AFSCME webpage at: www.afscme.org/ebola

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For more information about protecting workers from occupational hazards, please contact the AFSCME Department of Research and Collective Bargaining Services at 1625 L Street, NW, Washington, DC 20036 or osha@afscme.org