SARS: Protecting Workers
## OSHA Guidance for Employers on Severe Acute Respiratory Syndrome (SARS)

- Potentially deadly respiratory disease
- Coronavirus is the leading suspected causative agent
- Most U.S. cases contracted by those who have traveled to Asia, more recently also Toronto
- Spread primarily by close person-to-person contact
- In the U.S., healthcare workers face greatest risk of workplace transmission
SARS: Possible Symptoms

- Fever
- Chills
- Muscle aches
- Dry cough
- Shortness of breath or difficulty breathing
Suspect Cases of SARS

- Onset within 10 days foreign travel or close contact with someone with SARS
- Fever of at least 100.4 degrees F
- Respiratory illness—cough, shortness of breath, difficulty breathing
SARS: Potential High Risk Population

- Age 40 or older; especially those over 65
- Have other medical conditions (heart/liver disease)
- Hospital worker or family member of victim
SARS: Transmission

- Spread through airborne droplets released when infected person coughs or sneezes
- Or through contact with body fluids
- Not likely to be transmitted in offices or on public transportation
SARS: Treatment

- Treatment options may be influenced by severity of the illness
- The majority of those affected by SARS get better in a week
- Some may get worse, may need mechanical ventilators to breathe
- Death rate appears to be higher for patients over 60
SARS: Precautions for Workplaces

Centers for Disease Control documents provide most up-to-date information at www.cdc.gov/ncidod/sars

See also the World Health Organization SARS webpage at www.who.int/csr/sars/en/
SARS: OSHA Recommendations

See OSHA suggested practices at www.osha.gov/dep/sars/index.html

Or click on “S” in the OSHA homepage index
Precautions for Healthcare Facilities

- Universal or standard precautions, including frequent handwashing
- PPE: gowns, gloves, N95 respirators, eye protection
- Airborne precautions, including isolation rooms with negative pressure for suspected SARS cases
- Low or Intermediate level disinfectants
Precautions for Laboratories

- **PPE:** disposable gloves, gowns, eye protection and respiratory protection—N95, N100, or PAPR with HEPA filters
- **Manipulation/testing of specimens**—certified biological safety cabinet
- **Low or intermediate level disinfectants**
Precautions for Airline Flight Crews/Airport Personnel

- All workers should use good hygiene practices, including frequent hand washing.
- Respiratory protection has not been recommended by CDC for airline crews.
- Airline cleaning crews, INS, TSA workers should wear gloves where appropriate.
Precautions for Airplane Cleaning Crews

- Wear disposable gloves
- Do not use compressed air for cleaning
- Discard gloves after cleaning
- Use soap and water to wash hands after cleaning
- If soap and water are not available, use alcohol-based hand wash
- Wipe down frequently touched surfaces in the passenger cabin with low or intermediate level disinfectant
Precautions for Air Medical Transport of SARS Patients

- Use respiratory protection (N95)
- Wear appropriate gloves
- Wear protective clothing if there is potential for exposure to blood or body fluids
- Follow standard hygiene practices, including frequent handwashing
Precautions for Handling Human Remains of SARS Patients

- Use N95 or higher respirators
- Wear surgical scrub suit, surgical cap, gown or apron, eye protection, shoe covers, double gloves
- Use good hygiene practices, frequent handwashing
- Refer to CDC website for more detailed precautions
Employee Training

- All employees with potential exposure should receive training.
- Training should cover hazards and protocols at worksite to reduce exposures and isolate and report SARS cases.
- Workers who experience SARS symptoms should be excluded from duty and referred to a healthcare provider.
CDC Suggestions for Family Members
Caring for SARS Patients at Home

- Detailed guidance for family members of SARS patients available from CDC: www.cdc.gov/ncidod/sars/factsheetcc.htm