**Update for 2019 Novel Coronavirus (2019-nCoV): Frequently asked questions**

**Is 2019-nCoV a health and safety issue?**

In the view of CUPE, **YES**!.. CUPE reiterates the call for all airlines to engage with their policy and workplace health and safety committees and act on their recommendations for company specific safety measure to protect their workers from exposure.

**What does having 2019-nCoV look like?**

According to the Public Health Agency of Canada[[1]](#footnote-1), people infected with 2019-nCoV may have little to no symptoms. A person may not know they have symptoms of 2019-nCoV because they are very similar to a cold or flu. Symptoms may take up to 14 days to appear after exposure to the virus, though Public Health Ontario[[2]](#footnote-2) reports that the average incubation period centres around five days.

Symptoms of 2019-nCoV may include:

* fever
* cough
* difficulty breathing
* pneumonia in both lungs

**How can you catch 2019-CoV?**

There are three general ways that illness can be spread from person to persons known as contact, aerosol (droplet) or airborne transmission.

* Contact is just as it sounds. An infected person is in contact with an unaffected person and transfers the virus.
* Aerosol or droplet spread happens when fluids in large droplets from a sick person come into contact with the eyes, nose, mouth or a cut in the skin of an uninfected person. Due to their size droplets do not hang in the air, but may contaminate surfaces.
* Airborne spread happens when the infecting biological material (virus, bacteria etc.) float through the air after a person talks, coughs, or sneezes. Those germs can be inhaled even after the original person is no longer nearby.

According to Public Health Ontario, coronaviruses are transmitted between people most readily through respiratory droplets produced when an infected individual coughs or sneezes and possibly through contaminated objects including surfaces or objects contaminated with infectious droplets). Additionally, according to Public Health Ontario (PHO), there have been reports of potential asymptomatic transmission of the virus. If the virus can be transfer during the incubation period, then that means that a person can spread virus unknowing for 5 days.

Airborne transmission has not been ruled out. According to the Public Health Agency of Canada “*Significant additional information is still required to identify the cause of the outbreak, to fully understand how the disease is transmitted, and the severity of illness it causes in humans[[3]](#footnote-3).*

**Should I wear a mask onboard?**

It is very important to understand the differ types of ‘masks’ which exist. As mentioned in the first update (below), surgical masks are not designed to filter air that is breathed in, just capture large droplets from the wearer. When asked “Will a tight fitting surgical mask provide any protection?” the answer is, “It is better than nothing”. However, many people get a false sense of security, that is not warranted while wearing surgical masks. Following the precautionary principle, **CUPE recommends that if flight attendant have to work closely with symptomatic people on board, they should be fitted for and provided with at least an N95 half face respirator that has a proper seal to the face**. This would require at least some of every crew to be fit tested. If the passenger refuses to wear a surgical mask, then FA’s should also where a face shield to protect droplets from getting into their eyes.

**What should we do if someone shows signs of 2019-nCoV on the plane?**

If a passenger is showing signs of the virus, they should be provided with and told to dawn surgical mask. This will help reduce the release of large droplets. CUPE reiterates the call for leaving space on the plane to seat and set up minimal quarantine area for passengers that show symptoms and assign a limited number of flight attendants (who have the proper personal protective equipment) to work exclusively with these passengers.

**Non-symptomatic protections**

CUPE members should ensure a strong commitment to hand hygiene. This includes frequent hand washing, use of gloves when interaction with items that have been in contact with passengers and avoid touching face especially, eyes, nose mouth. CUPE reiterates the call for cleaning that follows the American CDC-recommended guidelines for cleaning aircraft after a symptomatic passenger has been on board, but also increasing the frequency of deep clean procedures to ensure that surfaces do not remain contaminated.

**Are people who ‘look Chinese’ more likely to have the virus?**

This is simply false and causes negative social impacts. Anti-Asian racism and xenophobia have spiked in the context of the recent outbreak.  It’s pattern of refueled racism towards the Asian population globally and is causing harm, much like what happened during the SARS pandemic. Indictments and blame of Chinese people (and those presumed to be Chinese) are not acceptable.  Nor are the jokes associating the virus and people of Asian decent acceptable.  CUPE stands with those of Chinese heritage and condemns these types of harassing, racist, and discriminatory remarks and unwelcomed acts of violence.

If you are a flight attendant who experiences any form of harassment, racism and or discrimination in the workplace, remember that this is a violation of your human rights and can be grieved even when the collective agreement doesn’t address these issues. Additionally, under health and safety law, the airlines are required to provide a healthy and safe workplace, so incidents should be reported to your immediate supervisor and health and safety committee as well.

1. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/frequently-asked-questions.html [↑](#footnote-ref-1)
2. https://www.publichealthontario.ca/-/media/documents/ncov/what-we-know-feb-04-2020.pdf?la=en [↑](#footnote-ref-2)
3. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html [↑](#footnote-ref-3)