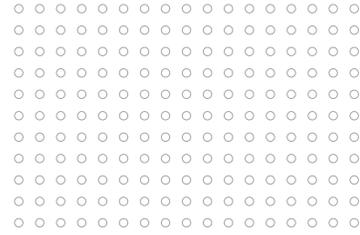


COVID-19 in the Workplace

Managing on-site employees and workers in the wake of COVID-19



Employers have specific obligations to mitigate the risk when an employee or worker tests positive for COVID-19. HUB International has created this bulletin to assist employers with mitigating risk and reopening, relying on the CDC guidance as of April 1, 2020 to help protect the resources of your organization.

We've had an employee test positive for COVID-19 – What now?

Notifying Employees

The CDC [advises](#) that “if an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).” There are a [number of regulations](#) that will dictate the scope of the information you provide to other employees.

How was I informed of the diagnosis?

From a health plan:

- An employee’s medical information obtained through the group health program is Protected Health Information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, the employer may not share the identity (which is broadly defined) of any employee in connection with the medical condition or diagnosis unless there is a true medical emergency where: (1) the employee’s diagnosis becomes imperative for health and safety reasons; or (2) the employee has provided a written HIPAA-compliant authorization to share the information.

From the employee:

- Medical information obtained directly from the employee for employment purposes (such as under the Family and Medical Leave Act (FMLA) or the Americans with Disabilities Act (ADA)) is not protected by HIPAA but is protected by strict confidentiality rules. More specifically, only those who “need to know” may be informed of both the employee’s identity and the diagnosis or medical condition. “Need to know” is strictly construed and narrowly defined. The employer has the obligation to safeguard the identity of the employees.
- However, the employer may notify the employees that came into contact with an employee that tests positive for COVID19 without revealing the employee’s identity. Likewise, the employer may inform employees of exposure to someone or has been exposed to another person with the virus employee (or may have been potentially impacted by working with the employee during that timeline).

What can I share or ask? (see attached sample questionnaire)

If you've been informed *by the employee* that they have a confirmed positive test for COVID-19:

- You may ask the employee that has tested positive for COVID19 to identify the last time he/she was in the office, what parts of the office he/she may be been in, and with whom the employee may have had direct contact.
- You may share with the employees that an unidentified employee with whom they have had recent contact has tested positive.
- You may ask how the employees (with whom the diagnosed employee had contact) are feeling and if they have any [symptoms](#)?
- You may direct the exposed employees to monitor their own health COVID19 symptoms.
- You may ask employees to disclose if they have tested positive or have been in close contact with others who have tested positive for COVID19.
- Depending on the job and local health department regulations, there may be mandatory reporting obligations and the employer should consult with that health department.

How can I share?

- Employers should assign a specific point of contact for information and communication. Generally, Human Resources is in the best position to operate as the central point of contact in particular because HR is versed in the various applicable state and federal regulations.
- Telephone communication with the diagnosed employee's co-workers may be an appropriate approach to inform them of the possible exposure. The conversation should be led by the designated HR professional or a manger who knows and understands the applicable regulations and related limitations.
- In addition to a phone call, the company may also choose to share the information via an e-mail targeted to the possibly exposed employees.
- All conversations with employees should be treated as confidential. Managers that communicate with employees should ensure HR remains "in the loop" and should report all questions and concerns to Human Resources.

Disinfecting Your Building, Facility, or Workspace

Disinfecting the building, facility, and workspaces requires an employer to understand the infection pathways of COVID-19 along with specific definitions:

Cleaning: Refers to the removal of germs, dirt, and impurities from surfaces. It does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting: Refers to using chemicals, for example, EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Where should I start?

The decision to clean and disinfect a building, facility, or workspace requires an employer to perform a risk assessment to determine if the employees or a third-party vendor would be the more appropriate party to clean and disinfect the facility. When determining the cleaning disinfecting methodology, employer should consider the type of business, the facility, and layout of the work-space.

When an employee who has been in the workspace tests positive for COVID-19, employers should engage a vendor to clean and disinfect the affected area(s).

For offices and other facilities where people are not housed overnight, CDC recommends that employers:

- Close off areas used by the diagnosed persons and wait as long as practical (24 hours is recommended) before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets.
- Open outside doors and windows to increase air circulation in the area.
- Instruct janitorial staff to clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the diagnosed person, focusing especially on frequently touched surfaces.
- Instruct janitorial staff to use cleaning agents that are typically used for disinfecting and follow the instructions on the label. Disinfection occurs with most common EPA-registered disinfectants, diluted bleach solutions (if appropriate for the surface), or alcohol solutions with at least 70 percent alcohol. Porous surfaces should be disinfected with products with EPA-approved emerging viral pathogens claims.
- Provide disposable disinfection/cleaning/bleach wipes to employees so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down throughout the day.
- Coordinate with the building manager (where applicable) to identify the efforts by the facilities and janitorial staff to provide a safe, clean, and disinfected environment for your employees and workers.

How do I handle ongoing cleaning and disinfecting?

Employers should establish ongoing cleaning and disinfecting standard operating procedures (SOPs) that may include:

- Public entry doors (handles, push bars, surface area) – a minimum of four times a day
- Elevator buttons – three times each day
- Public counters in lobbies and reception areas – twice each day
- Stair handrails – twice each day
- Copy-rooms, breakrooms and kitchen appliances (vending machines, microwaves and refrigerators) – twice each day
- Conference room light switches – twice each day
- Employee workspaces – three times each day
- Specific directives for building maintenance to clean and disinfect building common areas

- If your organization provides vehicles or ride sharing services, a daily cleaning and disinfecting of vehicles' high touch areas with an EPA-registered disinfectant spray or wipe used according to the manufacturer product label, to include keys, steering wheel, gear shift, console, door handles (interior and exterior), arm rests, and seatbelt hardware.

When May Employees Return to Work?

Employees diagnosed with COVID19 or who have COVID19 symptoms without a test should follow CDC-recommended [steps](#). Employees should not return to work until he or she has satisfied CDC post-diagnosis/illness criteria to return to work:

1. *Test-based strategy*. Exclude from work until
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
2. *Non-test-based strategy*. Exclude from work until
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*

For persons with laboratory-confirmed COVID-19 who have not had any symptoms:

Persons with positive COVID-19 tests who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

- **NOTE:** Specific guidance for return to work for healthcare facilities for healthcare personnel can be found at: [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)

What if someone is asymptomatic, but has potentially been exposed to the virus?

The CDC has provided [specific guidance](#) for individuals who have experienced community exposure and remain asymptomatic along with persons exposed to persons with known or suspected COVID-19 or possible COVID-19.

Separate guidance is available for [travelers](#) and [health care workers](#). See also [Guidance for essential workers](#). CDC's recommendations for community-related exposures are provided below. Individuals should always follow guidance of the state and local authorities.

Person	Exposure to	Recommended Precautions for the Public
<ul style="list-style-type: none"> • Household member • Intimate partner • Individual providing care in a household without using recommended infection control precautions • Individual who has had close contact (< 6 feet)** for a prolonged period of time *** 	<ul style="list-style-type: none"> • Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory-confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission) 	<ul style="list-style-type: none"> • Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times • Self-monitor for symptoms: Check temperature twice a day • Watch for fever*, cough, or shortness of breath • Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure) • Follow CDC guidance if symptoms develop
<ul style="list-style-type: none"> • All U.S. residents, other than those with a known risk exposure 	<ul style="list-style-type: none"> • Possible unrecognized COVID-19 exposures in U.S. communities 	<ul style="list-style-type: none"> • Be alert for symptoms: Watch for fever*, cough, or shortness of breath • Take temperature if symptoms develop • Practice social distancing: Maintain 6 feet of distance from others • Stay out of crowded places • Follow CDC guidance if symptoms develop

Footnote

*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4oF (38oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

** Data are limited to define close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important

Name:

Facility Address:

Date:

Manager:

MAY ONLY BE USED FOR EMPLOYEES/WORKERS COMING ON-SITE

MAY NOT BE USED FOR REMOTE EMPLOYEES/WORKERS

Section 1:					How long have you experienced these symptoms?
Employee Health and Wellness Checklist	YES	NO	NA	Comments	
Are you experiencing any of the following symptoms? CDC - COVID-19 Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Fever (100.4 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Dry Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are you currently waiting for COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CANNOT ASK ABOUT FAMILY MEMBER HEALTH CONDITIONS					
Section 2:					
Social Distancing & Employee Exposure	YES	NO	NA	Comments	Additional Notes
Have you self-quarantined? If so, how many days and why? (remaining in your home and outdoor activities without coming closer than 6-feet from others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you been exposed to <u>anyone</u> currently waiting for COVID-19 test results?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you been exposed to <u>anyone</u> who has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you been exposed to <u>anyone</u> with any of the following symptoms?					
• Fever (100.4 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Dry Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Difficulty Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Have you traveled outside your state or regional area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Additional information that is pertinent to you returning back to the facility?					
Human Resources Use Only					
Notes:					

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