Welcome to our webinar: COVID-19 General FAQs for Employers

If you are having any technical issue during this presentation, please e-mail mwotus@aimnet.org
Asking Questions

• Due to the capacity of this webinar we will not be able to do a Q&A.
• If you have questions, please type questions into the question pane and we will do our best to answer your questions after the webinar.
• Question pane: type your questions and comments into the window and click “Send”
• A copy of the powerpoint will be provided in the handout pane.
COVID-19: Epidemiology, Clinical Aspects, And Prevention

David Hamer, MD
Department of Global Health,
Boston University School of Public Health
Section of Infectious Diseases
Department of Medicine, BU School of Medicine
National Emerging Infectious Diseases Laboratory, BU
Coronaviruses

- Large family of viruses that infect many animal species, including mammals and birds; 4 genera (a, b, g, d)
- 4 human coronaviruses known as early as the 1960s (a, b CoV)
  - 2 causal of the “common cold” (with other viruses)
  - 2 cause mild upper respiratory disease

Two epidemics of new coronaviruses (more pathogenic):
- SARS-CoV: 2002-2003: 8,098 cases, 774 deaths
- MERS-CoV: 2012-present: 2,507 cases, 902 deaths
Origin of the nCoV-2019?

Many species of bats harbor coronaviruses
• 2017: a coronavirus 96% identical to the Wuhan coronavirus was identified in a horseshoe bat in Yunnan cave

Pangolin virus?

Did pangolins spread the China coronavirus to people?
Genetic sequences of viruses isolated from the scaly animals are 99% similar to that of the circulating virus — but the work is yet to be formally published.

David Cyranoski
Qun Li et al. Early transmission dynamics in Wuhan, China of novel coronavirus-infected pneumonia. NEJM 2020
Figure 1. Epidemic Curve of the Confirmed Cases of Coronavirus Disease 2019 (COVID-19)

Confirmed cases only
- By date of onset (n=44672)
- By date of diagnosis (n=44672)

No. of cases:
- 0-500
- 500-1000
- 1000-2000
- 2000-3500
- 3500-4000

Wu & McGoogan JAMA 2020
Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 16 March 2020

Distribution of COVID-19 cases as of 16 March 2020

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
© World Health Organization 2020. All rights reserved.

*Confirmed* cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed (only applicable to Hubei province); for all other dates, only laboratory-confirmed cases are shown.

*712 cases are identified on a cruise ship currently in Japanese territorial waters.*

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
Status of COVID-19 in the United States - March 17

- 5853 cases in US
- 97 deaths
- MA 218 total

https://coronavirus.jhu.edu/map.html
SARS-CoV-2 Transmission

- Presumed respiratory droplet and contact (contaminated surfaces) transmission
- Early cases associated with Huanan Seafood Market
- Later cases community- and hospital-associated
  - Suggestive of person-to-person spread
  - Confirmed in several studies
    - e.g. intrafamilial spread in Shenzhen – Chan JFW Lancet 2020)
Transmission of SARS-CoV-2

- Possible asymptomatic transmission vs. viral shedding prior to onset of symptoms
- Estimates of transmissibility vary
- Basic reproductive number ($R_0$): initial estimate 2.2
- Systematic review found $R_0$ 1.4 to 6.49 (median 2.79)
  - Li Q et al. NEJM 2020
  - Liu Y et al. J Travel Med 2020
Clinical Manifestations

- Incubation period: median time to symptom onset 4-6 days (range 2 to 12 days)
  - Li Q et al. NEJM 2020
  - Backer JA et al. Eurosurveillance 2020
- Ranges from asymptomatic to mild illness to severe disease
- Milder illness: runny nose, sore throat, cough, myalgias, HA
- Severe disease: fever, fatigue, dry cough, shortness of breath
- Key lab findings: leukopenia, lymphopenia, elevated CRP
  - Guan W et al. NEJM 2020
  - Chen N et al. Lancet 2020
  - Wang D et al. JAMA 2020

- Mean duration viral shedding in survivors: 20 days (longest 37 d)
  - Zhou F et al. Lancet 2020
Who is at Risk?

- Large case series from China (n = 44,672)
- Risk factors for severe disease and death: age, comorbid conditions (cardiac or pulmonary disease, diabetes mellitus, hypertension)
- Health care workers
- Age-related increase in confirmed cases
  - 89% of cases in adults aged 30-79 years
  - Only 0.9% in 0-9 y old children
- Case fatality rate (CFR) overall 2.3%
- CFR increases with age
  - Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. China CDC Weekly 2020
What is the Actual Case Fatality Rate?

- Wide range of CFR reported in Chinese case series: 1.4% to 4.3%
  - Guan W et al. NEJM
  - Wang D et al. JAMA 2020
  - China CDC Weekly 2020
- Preliminary data from South Korea: 0.6% CFR

Why?
- Early case series included greater proportion of patients with moderate to severe disease
- Case definitions used initially in China have evolved
- Lag between initial diagnosis, confirmation of infection, and final outcome
COVID-19, SARS, and influenza: How do they compare?

<table>
<thead>
<tr>
<th>Virus</th>
<th>Number of cases</th>
<th>$R_0$</th>
<th>Case fatality rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2</td>
<td>&gt;110,000</td>
<td>2.2</td>
<td>&lt;1 – 2.3%</td>
</tr>
<tr>
<td>SARS-CoV</td>
<td>8,096</td>
<td>2 - 4</td>
<td>9.5%</td>
</tr>
<tr>
<td>MERS-CoV</td>
<td>2,494</td>
<td>2 - 3</td>
<td>34.4%</td>
</tr>
<tr>
<td>Pandemic H1N1</td>
<td>200 million (estimated)</td>
<td>1.3 – 1.7</td>
<td>0.02– 0.4%</td>
</tr>
</tbody>
</table>
Treatment of COVID-19

- No antiviral agent of proven effectiveness (several candidates being tested)
- Antibiotics of no value unless secondary bacterial infection develops, e.g., pneumonia
- Supportive care – close monitoring, isolation, fluids, fever control
- Need to ensure adequate protective measures for health care workers
### Hospital Strategies to Address COVID-19

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶️</td>
<td>Triaging care (telehealth, home vs ED/inpatient)</td>
</tr>
<tr>
<td>⚪️</td>
<td>Quickly identifying those patients that could have COVID-19</td>
</tr>
<tr>
<td>♂️ ♂️ ♂️</td>
<td>Working on surge capacity (space and people)</td>
</tr>
<tr>
<td>🔒</td>
<td>Keeping staff safe</td>
</tr>
<tr>
<td>🚚</td>
<td>Managing supply chains to maintain physical resources</td>
</tr>
<tr>
<td>🏥</td>
<td>Changing procedures and flow to reduce chances of transmission within the hospital</td>
</tr>
<tr>
<td>📉</td>
<td>Decreasing visitors</td>
</tr>
</tbody>
</table>
10 things you can do to manage your health at home

If you have possible or confirmed COVID-19:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, **call 911 and notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. **As much as possible, stay in a specific room and away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

Please go to [www.cdc.gov/covid19-symptoms](http://www.cdc.gov/covid19-symptoms) for information on COVID-19 symptoms.
Prevention of COVID-19 in the Workplace

- Encourage teleworking
- Use internet for meetings (Zoom, Skype, etc.)
- At workplace, maintain space between workers (6 feet if possible)
- Encourage frequent handwashing
- Clean frequent touch surfaces with effective disinfectants
- Develop plan for sick employees
• State initiatives
• Federal initiatives
• What's law what isn't?

Tom Jones ESQ
Vice President
AIM HR Solutions
COVID-19 General FAQs for Employers

By: Delaney M. Busch, Esq.

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.
Workplace safety and issues for workforces that travel

What is the main workplace safety guidance employers should follow?

• Occupational Safety and Health Administration (OSHA) recently published Guidance on Preparing Workplaces for COVID-19, providing steps employers can take to protect their workforce.

• This Guidance divides workplaces and operations into four risk zones, according to likelihood of employees’ potential exposure during a pandemic:

  1. Very High Exposure Risk
  2. High Exposure Risk
  3. Medium Exposure Risk
  4. Lower Exposure Risk
Workplace safety and issues for workforces that travel

What if an employee appears sick?

Can an employer ask an employee to stay home or leave work if they exhibit flu-like (or COVID-19) symptoms?

• Yes, an employer can ask an employee to seek medical attention and get tested for COVID-19.
Workplace safety and issues for workforces that travel

Common Questions Regarding Sick Employees

• What if an employee has tested positive for COVID-19?

• What if an employee has a suspected but confirmed case of COVID-19?

• What if an employee has self-reported that they came into contact with someone who had a presumptive positive case of COVID-19?

• What if an employee has been exposed to the virus, but only learned of the exposure after they had interacted with clients and/or customers?

• What about an employee who is absent because of COVID-19 and wants to return to work?
Can an employee refuse to work because of fear of infection?

Employees are only entitled to refuse to work if they believe they are in “imminent danger.”

- Section 13(a) of OSHA defines “imminent danger” as “any conditions or practices in any place of employment which are such that a danger exists which can reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through the enforcement procedures otherwise provided by this Act.”

- Section 7 of NLRA extends broad-based statutory protection to employees in union/non-union settings to engage in protected concerted activity.
Workplace safety and issues for workforces that travel

Can employers in the U.S. refuse employee requests to wear medical masks or respirators? Yes, under most circumstances – but employers may want to consider allowing those workers who want to wear a mask to do so without necessarily encouraging them if it makes them feel safer.

- OSHA respiratory standard, covers the usage of most safety masks in the workplace, a respirator must be provided to employees only, “when such equipment is necessary to protect the health of such employees.”
- OSHA also provides guidance on when a respirator is not required – “an employer may provide respirators, if the employer determines that such respirator use will not in itself create a hazard.”

In almost all work situations, at this time, there is no currently recognized health or safety hazard – even when employees work near others people. Therefore, there is no need for a mask or respirator.
Workplace safety and issues for workforces that travel

Common Questions Regarding Employee Travel

• Can an employer prohibit an employee from traveling to a non-restricted area for business purposes or on their personal time?

• Are employers within their rights to ask employees to self-quarantine for 14 days if they have recently traveled to particularly risk-prone countries?

• Can employees refuse to travel as a part of their job?
Telecommuting or remote working

Should employers institute a remote work policy in light of COVID-19?

• Entirely dependent on an organization’s circumstances and the area where your workforce resides as well as applicable state and local laws.

What can employers do to prepare for a work from home scenario?

• Take an inventory of types of equipment workers will need and ensure access to them.
• Prepare employees to take essentials they need for work home and encourage employees to digitize materials.
• Develop or update remote work policy for specific situation.
Telecommuting or remote working

What should be included in a remote work policy?

- Clearly set expectations for employees during remote work period:
  1. Normal business operations during period of time
  2. Strictness of policy
  3. Availability of employees
  4. In-person meetings
  5. Location and security concerns
  6. Personal devices
  7. Anticipated end date and weekly updates
  8. Point of contact
  9. Communications platform
DISCRIMINATION AND HARASSMENT RELATED TO COVID-19

Do employers have any EEOC concerns related to COVID-19?

• Employers cannot select employees for disparate treatment based on national origin.

• Employers need to monitor any concerns that employees of Asian descent are being subjected to disparate treatment or harassed in the workplace because of their national origin.

• Employers cannot base a decision to bar an employee from the workplace on the employee’s national origin.
  • However, if an employee, regardless of race or national origin, was recently in China and has symptoms of COVID-19, employer may have legitimate/non-discriminatory reasons to bar employee from the workplace.
Wage and Hour Issues

Must an employer pay employees who are not working?

- It depends upon many factors including the applicable laws, such as Fair Labor Standards Act (FLSA) and company policy.
- Under FLSA, for the most part the answer is “no.” FLSA minimum wage and overtime requirements attach to hours worked in a workweek, so employees who are not working are typically not entitled to wages the FLSA requires.
  
  - One possible difference – exempt “white collar” employees whose exempt status requires they be paid on a salary basis.
  
  - Another difference – non-exempt employees paid on a “fluctuating work-week” basis must normally be paid their full fluctuating work-week salaries for every week in which they perform any work.
  
  - Other legal obligations (e.g. contracts, CBA, leave laws)
WARN Act and Plant closings

Do employers have an obligation to provide notice under the Worker Adjustment and Retraining Notification Act (WARN Act) if it is forced to suspend operations as a result of COVID-19?

- Yes, if a company is covered by the WARN Act. The federal WARN Act imposes a notice obligation on covered employers (aka those with 100 or more full-time employees), who implement a “mass lay-off” or “plant closing” in certain situations, even if forced to do so for economic reasons.

- Generally, employers must provide 60 days of notice.

- There is a specific exception when layoffs occur due to unforeseeable business circumstances, which may apply to COVID-19. However, a fact-specific analysis is required, and therefore, this exception is often litigated. This exception is also limited, and an employer must provide as much notice as practicable along with a statement regarding the short notice.
Other Resources for Employers and Employees

- CDC Interim Guidance for Business and Employers
- OSHA Guidance on Preparing Workplaces for COVID-19
- U.S. Dept. of Labor, Pandemic Flu and the FLSA
- IRS High Deductible Health Plans and Expenses Related to COVID-19
- EEOC Pandemic Preparedness in the Workplace Guide
- Department of Public Health
- Mass.gov website
Workers Compensation and claims of COVID-19

Laurie Parsons
Director of Claims
A.I.M. Mutual Insurance Companies
Section 1 (7A) “Personal Injury” includes infectious or contagious diseases if the nature of the employment is such that the hazard of contracting such diseases by an employee is inherent in the employment
AIM Membership: Corporate Level

Resources

- Hotline Access – unlimited number of calls to HR Hotline
- Newsletters: Biz Weekly, HR Edge
- Member Only Blog Content
- Webinars: Free or member pricing
- Events: Free or member pricing
- COVID-19 Content and Resources (Webinars/Blogs/Website)
- Employment Law Reference Guide
- Policy Committee & Roster Eligibility

Members - Review your membership benefits at https://aimnet.org/membership/
*New, limited membership level for 1st time members.*

Resources

- HR Hotline Access – limited to ten Hotline calls
- Newsletters: Biz Weekly, HR Edge
- Member Only Blog Content
- Webinars: Free or member pricing
- Events: Free or member pricing
- COVID-19 Content and Resources (Webinars/Blogs)

Learn more about program benefits by emailing membership@aimnet.org.
Thank you for attending

- SAVE THE DATE!

More weekly webinars about similar topics coming soon

March 26th
April 2nd
April 9th
April 16th

We appreciate your continued support!