# **Comprehensive And Updated FAQs For Peppermint Stick On The COVID-19 Coronavirus**

**What’s the main workplace safety guidance we should follow?**

The Occupational Safety and Health Administration (OSHA) recently published [Guidance on Preparing Workplaces for COVID-19](https://www.osha.gov/Publications/OSHA3990.pdf), outlining steps employers can take to help protect their workforce. Also, please refer to our COVID-19 protocol and memos to staff.

**What if an employee appears sick?**

If any employee presents themselves at work with a fever or difficulty in breathing, this indicates that they should seek medical evaluation. While these symptoms are not always associated with influenza and the likelihood of an employee having the COVID-19 coronavirus may be low, it pays to err on the side of caution. Retrain your supervisors on the importance of not overreacting to situations in the workplace potentially related to COVID-19 in order to prevent panic among the workforce.

**Can we ask an employee to stay home or leave work if they exhibit symptoms of the COVID-19 coronavirus or the flu?**

Yes, you are permitted to ask them to seek medical attention and get tested for COVID-19. The CDC states that employees who exhibit symptoms of influenza-like illness at work during a pandemic should leave the workplace. The Equal Employment Opportunity Commission (EEOC) [confirmed that advising workers to go home](https://www.fisherphillips.com/resources-alerts-eeoc-clarifies-employer-rights-during-covid-19) is permissible and not considered disability-related if the symptoms present are akin to the COVID-19 coronavirus or the flu.

**An employee of ours has tested positive for COVID-19. What should we do?**

The infected employee should be sent home until released by their medical provider or local health provider. You should send home all employees who worked closely with that employee to ensure the infection does not spread. Before the infected employee departs, ask them to identify all individuals who worked in close proximity (within six feet) for a prolonged period of time (10 minutes or more to 30 minutes or more) with them during the 48-hour period before the onset of symptoms to ensure you have a full list of those who should be sent home. When sending the employees home, do not identify by name the infected employee or you could risk a violation of confidentiality laws. If you work in a shared office building or area, you should inform building management so they can take whatever precautions they deem necessary. The CDC provides that the employees who worked closely with the infected worker should be instructed to proceed based on the CDC [Public Health Recommendations for Community-Related Exposure](https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html). This includes staying home until 14 days after last exposure, maintaining social distance from others, and self-monitoring for [symptoms](https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html) (i.e., fever, cough, or shortness of breath).

How long should the employees who worked near the employee stay at home? Those employees should first consult and follow the advice of their healthcare providers or public health department regarding the length of time to stay at home. The CDC recommends that those who have had close contact for a prolonged period of time with an infected person should remain at home for 14 days after last exposure. If they develop symptoms, they should remain home for at least seven days from the initial onset of the symptoms, three days without a fever (achieved without medication), and improvement in respiratory symptoms (e.g., cough, shortness of breath).

* **For Employers:**
	+ Measure the employee’s temperature and assess symptoms prior to permitting the worker resuming work, ideally, before they enter the facility.
	+ Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.
* **For Employees:**
	+ Self-monitor under the supervision of their employer’s occupational health program.
	+ Wear a face mask at all times while in the workplace for 14 days after last exposure.
	+ Maintain a six-foot distance from others and otherwise observe social distancing in the workplace as work duties permit.

The [CDC also provides the following recommendations](https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html) for most non-healthcare businesses that have suspected or confirmed COVID-19 cases:

* It is recommended to close off areas used by the ill persons and wait as long as practical 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. If possible, wait up to 24 hours before beginning cleaning and disinfection.
* Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
* To clean and disinfect:
	+ If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection (Note: “cleaning” will remove some germs, but “disinfection” is also necessary).
	+ For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
	+ Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
	+ Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
	+ Gloves and gowns should be compatible with the disinfectant products being used.
	+ Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash. Follow the manufacturer’s instructions regarding other protective measures recommended on the product labeling.
	+ Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
	+ Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
	+ If you require gloves or masks or other PPE, prepare a simple half-page Job Safety Analysis (JSA): list the hazards and the PPE (gloves, masks, etc., as needed), and the person who drafts the JSA should sign and date it.

If employers are using cleaners other than household cleaners with more frequency than an employee would use at home, employers must also ensure workers are trained on the hazards of the cleaning chemicals used in the workplace and maintain a written program in accordance with OSHA’s Hazard Communication standard (29 CFR 1910.1200). Simply download the manufacturer’s Safety Data Sheet (SDS) and share with employees as needed, and make sure the cleaners used are on your list of workplace chemicals used as part of the Hazard Communication Program (which almost all employers maintain).

**Can I take an employee’s temperature at work to determine whether they might be infected?**

Yes. The [EEOC confirmed that measuring employees’ body temperatures is permissible](https://www.fisherphillips.com/resources-alerts-eeoc-clarifies-employer-rights-during-covid-19) given the current circumstances. While the Americans with Disabilities Act (ADA) places restrictions on the inquiries that an employer can make into an employee’s medical status, and the EEOC considers taking an employee’s temperature [to be a “medical examination” under the ADA](https://www.eeoc.gov/facts/pandemic_flu.html), the federal agency recognizes the need for this action now because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions.

However, as a practical matter, an employee may be infected with the COVID-19 coronavirus without exhibiting recognized symptoms such as a fever, so temperature checks may not be the most effective method for protecting your workforce.

**One of our employees has a suspected but unconfirmed case of COVID-19. What should we do?**

Take the same precautions as noted above. Treat the situation as if the suspected case is a confirmed case for purposes of sending home potentially infected employees. Communicate with your affected workers to let them know that the employee has not tested positive for the virus but has been exhibiting symptoms that lead you to believe a positive diagnosis is possible.

As discussed above, critical infrastructure workers who have been potentially exposed may continue to work if they are asymptomatic and the additional precautions are implemented.

**How can we distinguish between a “suspected but unconfirmed” case of COVID-19 and a typical illness?**

There is no easy way for you to make this determination, but you should let logic guide your thinking. The kinds of indicators that will lead you to conclude an illness could be a suspected but unconfirmed case of COVID-19 include whether that employee has a suspected or confirmed COVID-19 case in their household or similar facts. You should err on the side of caution but not panic.

The [EEOC has confirmed](https://www.fisherphillips.com/resources-alerts-eeoc-clarifies-employer-rights-during-covid-19) that you can inquire into an employee’s symptoms, even if such questions are disability-related, as you would be considered to have a “reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat.” Inquiries into an employee’s symptoms should attempt to [distinguish the symptoms of COVID-19 from the common cold and the seasonal flu](https://www.whs.mil/Portals/75/Coronavirus/COVID-19%20vs%20Cold%20vs%20Flu.jpg?ver=2020-03-10-105044-380). This should include inquiries into whether an employee is experiencing:

* Fever
* Fatigue
* Cough
* Sneezing
* Aches and pains
* Runny or stuffy nose
* Sore throat
* Diarrhea
* Headaches
* Shortness of breath

The most common symptoms of COVID-19 are fever and a dry cough. [This helpful chart](https://www.whs.mil/Portals/75/Coronavirus/COVID-19%20vs%20Cold%20vs%20Flu.jpg?ver=2020-03-10-105044-380) can help you and your employees distinguish between the COVID-19 coronavirus, the seasonal flu, or a common cold.

It is important to remember that you must maintain all information about employee illness as a confidential medical record in compliance with the ADA.

**One of our employees has been exposed to the virus but only found out after they had interacted with clients and customers. What should we do?**

Take the same precautions as noted above with respect to coworkers, treating the situation as if the exposed employee has a confirmed case of COVID-19 and sending home potentially infected employees that he came into contact with. As for third parties, you should communicate with customers and vendors that came into close contact with the employee to let them know about the potential of a suspected case.

**If we learn or suspect that one of our employees has COVID-19, do we have a responsibility to report this information to the CDC?**

There is no obligation to report a suspected or confirmed case of COVID-19 to the CDC. The healthcare provider that receives the confirmation of a positive test result is a mandatory reporter who will handle that responsibility.

**Can we require an employee to notify the company if they have been exposed, have symptoms, and/or have tested positive for the COVID-19 coronavirus?**

Yes, you should require any employee who becomes ill at work with COVID-19 coronavirus symptoms to notify the Director. Employees who are suffering from symptoms should be directed to remain at home until they are symptom-free for at least 48 hours.

While outside of work, if an employee begins experiencing symptoms, has been exposed to someone that is exhibiting symptoms, or has tested positive, the employee should contact your company by telephone or email and should not report to work.

**What steps can we take to minimize risk of transmission?**

Repeatedly, creatively, and aggressively encourage employees and others to avoid exposure. The messages you should be giving to your employees are:

* Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
* Avoid touching your eyes, nose, and mouth with unwashed hands.
* Avoid close contact with others, especially those who are sick.
* Refrain from shaking hands with others for the time being.
* Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
* Clean and disinfect frequently touched objects and surfaces.
* Perhaps the most important message you can give to employees: stay home when you are sick.

As an employer, you should be doing the following:

* Ensure that employees have ample facilities to wash their hands, including tepid water and soap, and provide alcohol-based hand rubs containing at least 60% alcohol where hand-washing is not available.
* Accelerate your third-party cleaning/custodial schedules.
* Evaluate your remote work capacities and policies (see later section on Remote Work for more information). Teleconference or use other remote work tools in lieu of meeting in person if available.
* Limit worksite access to only essential workers, if possible.
* Consider staggering employee starting and departing times, along with lunch and break periods, to minimize overcrowding in common areas such as elevators, break rooms, etc.
* Have a single point of contact for employees for all concerns that arise relating to health and safety, and encourage workers to report any safety and health concerns.
* Discourage workers from using other workers’ phones, desks, or other work tools and equipment.
* Regularly clean and disinfect surfaces, equipment, and other elements of the work environment.

**Can an employee refuse to come 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 the Occupational Safety and Health Act (OSH Act) defines “imminent danger” to include “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.” OSHA discusses imminent danger as where there is “threat of death or serious physical harm,” or “a reasonable expectation that toxic substances or other health hazards are present, and exposure to them will shorten life or cause substantial reduction in physical or mental efficiency.”

The threat must be immediate or imminent, which means that an employee must believe that death or serious physical harm could occur within a short time, for example, before OSHA could investigate the problem. Requiring travel to China or to work with patients in a medical setting without personal protective equipment at this time may rise to this threshold. Most work conditions in the United States, however, do not meet the elements required for an employee to refuse to work. Once again, this guidance is general, and employers must determine when this unusual state exists in your workplace before determining whether it is permissible for employees to refuse to work.

**What actions can we take if an employee is exhibiting flu-like symptoms but refuses to leave the workplace?**

You should first take a collaborate approach. Remind the employee that you are asking them to leave. Try to make them understand the reasons why their departure is necessary to maintain the health and safety of the entire workplace. If there are benefits available such as paid sick leave, use of accrued vacation, or something else that may appease them, you should explain these benefits and how the employee can utilize them.

If the employee still refuses to leave the workplace, you can consider (a) explaining that the employee is now trespassing on private property and if they do not leave you will be forced to call local law enforcement to escort them off the premises; or (b) terminating the employee for insubordination. Termination of the employee, however, should be considered a last resort. Given the current climate, you will need to also consider public perception related to taking overly strong adverse action against an employee expressing concerns or apprehension related to the coronavirus.

**When may an employee discontinue home isolation?**

Have the infected employee follow the direction of their medical provider or local health official regarding the duration of self-isolation. If that guidance is unavailable, there are three options per the CDC for determining when a person may end home isolation, using either (1) a time-since-illness-onset option, (2) a time-since-recovery option, or (3) a test-based option.

* *Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy):* Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
	+ At least three 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 seven days have passed since symptoms first appeared.
* *Test-based strategy (simplified from initial protocol):* Previous recommendations for a test-based strategy remain applicable. However, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling. Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:
	+ Resolution of fever without the use of fever-reducing medications;
	+ 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). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)](https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html) for specimen collection guidance.
* Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least seven days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness. For 3 days following discontinuing home isolation, asymptomatic individuals who have tested positive for COVID-19 should continue to limit contact (stay 6 feet away from others) and wear a covering for their nose and mouth whenever they are in settings where other people are present.

[The EEOC confirmed](https://www.fisherphillips.com/resources-alerts-eeoc-clarifies-employer-rights-during-covid-19) that you may require a doctor’s note stating the employee is fit for duty before permitting them to return to work.

**How should we treat medical information?**

We recommend you treat all medical information as confidential and afford it the same protections as those granted by HIPAA in connection with your group health plan. In certain circumstances, if you have plan information, you can share it with government officials acting in their official capacity, and with health care providers or officially chartered organizations such as the Red Cross. For example, you can share protected health information with providers to help in treatment, or with emergency relief workers to help coordinate services.

In addition, you can share the information with providers or government officials as necessary to locate, identify, or notify family members, guardians, or anyone else responsible for an individual’s care, of the individual’s location, general condition, or death. In such case, if at all possible, you should get the individual’s written or verbal permission to disclose.

However, if the person is unconscious or incapacitated, or cannot be located, information can be shared if doing so would be in the person’s best interests. In addition, information can be shared with organizations like the Red Cross, which is authorized by law to assist in disaster relief efforts, even without a person’s permission, if providing the information is necessary for the relief organization to respond to an emergency.

Finally, information can be disclosed to authorized personnel without permission of the person whose records are being disclosed if disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public.

These restrictions remain in effect, even after the outbreak has been declared a pandemic.