

March 2 2020 Coronavirus Update-What We Know Now

Please be sure an individual in your organization is responsible for receiving and sharing updates from your state or local health department.

What We Know Now About the Virus per the CDC - Change in Criteria for Clinical Evaluation and Testing February 28 2020:

COVID-19 Clinical Features	AND	COVID-19 Epidemiological Risk
Fever-(confirmed or subjective) <u>or</u> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact(≤6ft) with a laboratory-confirmed (may not be possible) 2019-nCoV patient within 14 days of symptom onset
Fever (confirmed or subjective) <u>and</u> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from effected geographic regions – CDC level 2 or 3- within 14 days of symptom onset. 3/1/2020: China, Iran, Italy Japan, South Korea
Fever confirmed or suspected) with severe, acute respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g. influenza).	AND	No source of exposure identified.

- Implementing home care for a person with suspected or confirmed coronavirus guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>

CDC Current Risk Assessment:

- Most people in the United States have little immediate risk of exposure to this virus. ***This virus is NOT currently spreading widely in the United States.*** <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>
- More cases of COVID-19 are likely to be identified in the coming days, including more cases in the United States. It’s also likely that person-to-person spread will continue to occur, including widespread transmission of COVID-19 in the United States.

Ensure your emergency plans are in place. The following items to consider in your review and planning.

CHAP will continue to provide you with information as it is known. ***State and local health departments remain your best source of information and action to take.***

Corona Virus (COVID 19) Pre-Pandemic Preparation - Employer Information

At CHAP we appreciate that you are in the process of reviewing your emergency preparedness plan. The following information is provided as issues unique to a possible declaration of a pandemic by WHO and CDC, or other action taken by your local or state health department based on an outbreak in your area. Our goal is to support you in your efforts.

Initiating pandemic planning involves 3 sources of regulation and information in addition to CMS regulation and CHAP emergency preparedness standards.

- 1) The American Disabilities Act (ADA) as to what you as an employer can and cannot ask employees.
- 2) OSHA, CALOSHA and FLOSHA regulation for protecting employees including during pandemics.
- 3) CDC guidelines that focuses on the health of the population that can be exposed or has been exposed to an infectious disease. The CDC's local arm is the local or state health department- always your best source of information and which will make the declaration for action in your area.

As an Employer Before a Pandemic – What You Can and Cannot Ask

- You **cannot** ask an employee to disclose if they have a compromised immune system or a chronic health condition that may place them more at risk for infection.
- You **can** ask the following ADA compliant questions. The survey is provided by the ADA and can be given to each employee prior to a pandemic declaration. Based on each response you can assess the impact on key job roles.

ADA compliant employee survey:

Note the questions are listed and an employee is only asked once to answer "yes" or "no" if any one statement would apply to them. A copy follows.

Pre-Pandemic Employee Questionnaire

If a pandemic occurred in our area, would you be unable to come to work because of any ONE of the following reasons:

- If schools or day-care centers were closed, you would need to care for a child;
- If other care or services are stopped, you would need to care for a dependent;
- If public transport is not regular or unavailable, you are unable to travel to work; and/or,
- If you or a member of your house are in any **one** of the following categories the public health department may advise that you should not to come to work (e.g., pregnant women; persons with compromised immune systems due to cancer or other medical conditions; people less than 65 with underlying medical conditions; or people over 65.

YES _____ NO _____

Print Name: _____

If the CDC Declares a Pandemic: What an Employer Can and Cannot Ask

- **Can an employer send employees home if they display COVID-19-like symptoms during a pandemic?**

Yes. The CDC states that employees who become ill and have symptoms of COVID 19-like illness (fever, cough, short of breath) at work should leave the workplace. This is also permitted under the ADA if the illness could pose a direct threat to other employees and a pandemic has been declared.

- **During a pandemic, how much information can an employer request from employees who report feeling ill at work or who call-in sick?**

Employers may ask if these employees are experiencing COVID 19-like symptoms such as fever, cough, and shortness of breath. Employers must maintain all information about employee illness as a confidential medical record.

- **During a pandemic, can an employer ask employees *who do not have COVID 19 symptoms* to disclose whether they have a medical condition that the CDC says could make them vulnerable to COVID 19 complications if infected.**

No, this is considered making a disability-related inquiry. Requiring medical examinations of employees *without* symptoms is also prohibited under the ADA regulations.

Reviewing Your Emergency Preparedness Plan from the Perspective of a Possible Pandemic:

- **On an ongoing basis, who has the responsibility for communicating with the local or state health department, as well receiving and sharing their updates?**

- Employees, patients and caregivers hear a variety of information. It is important that they know that you are planning and what information you can give them now, and until the threat passes. Attached is some basic information you can provide as well as letting them know you will communicate.
 - Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly - even clinicians may have concerns.
 - How often will you communicate with staff, patients and families and who is responsible for the messaging?
- Remind all staff about covering their coughs and sneezes with a tissue and washing their hands (hand-hygiene per your infection control plan) often as well as cleaning frequently touched surfaces and objects (includes laptops carried in and out of the home, stethoscopes and BP cuffs).
- Communicate your plan to your staff and business partners (e.g. contracted staffing, therapists, contracted hospice inpatient units, etc.), as well as how and when you will share information with them, and who is responsible for the communication should a pandemic occur.
- **What flexibility do you have in your leave policies and procedures anticipating absences, the need for overtime in meeting patient needs, etc.** Use the results of your pre-pandemic questions to identify functions and roles that may or may not be problematic to cover. Consider:
 - If an employee self-quarantines or meets criteria to quarantine, will they need to use sick leave, if they have none, how will they be paid?
 - Should the health department announce “social distancing” in your geographic region-this means people should avoid situations with crowds. This is when schools may close, childcare centers close, events be cancelled, and mass transportation be limited or sporadic.
 - Will employees that need to be home with children or other dependents be able to use sick leave or be required to use vacation time?
 - Check state or local law that may authorize the use of sick leave when a public emergency occurs, and schools are closed.
 - Do you have a policy to cover telework, and when will it be put in place (who makes that decision) and do all staff have the technology and infrastructure to work from home?
 - Will a ‘leave pool’ be created to cover those who must be at home and whose job responsibilities cannot be covered by telework?
- You have Identified essential business functions (e.g. payroll), essential jobs or roles (e.g. clinical coordinator, scheduler), and critical supplies to sustain care per your emergency preparedness plan. **Have you addressed how you will operate if there is increasing absenteeism (e.g. who is back-up) or there is an interruption in access to needed supplies?**
- **What are the triggers and procedures for activating and terminating this response plan, including who makes the following decisions?**
 - possibly changing or closing operations in affected areas,
 - transferring business and patient care knowledge to key employees in different areas anticipating absenteeism,

- think about moving patients to another setting based due to limited staff available – now is the time to work with nursing homes, hospitals and other facilities to anticipate the needs for patients who have no one at home to care for them in your absence and are not safe alone.
- **What are your plans to care for staff who become ill while working and get them home as soon as possible?**
 - Plan to follow up with the staff, patients and/or families with whom ill staff member has had contact in the days preceding their illness, checking symptoms and advising them when to act.

What is your policy about staff who plan to attend large conference or meetings?

- The CDC guidance is to offer them the option not to attend, and you do not and cannot ask for a reason per the ADA

Preparing for a Health Department Declaration:

- Local and state health departments will make decisions.
- How will you share health department information with staff, patients and families? Who is responsible for messaging and how will it occur?
 - Critically staff, patients and families will want to know what that means for them, what can they do and not do.
 - Do you have patients that have family members who should know and are not in the home? Do you have a means to reach them, and who is responsible for doing this and sharing the information?
- If information requiring action is received on a holiday or weekend, how do you get the information to staff, patients and caregivers?

Sharing information, including changes in leave policies, with staff, business partners and with patients and families can reduce anxiety and reduce absenteeism. Emphasize that everyone is still learning about COVID-19 and plans will likely change going forward.

Ongoing CDC resources:

Guidance for clinical caring for patients with known COVID-19 virus:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

Updated infection prevention and control guidance specific to 2019-nCoV

(<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>).

Other documents for health care professionals. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html> Here you will find the latest home care and clinical care guidance

Abstracted from the following websites: cdc.gov; ada.gov; osha.gov February 29, 2020