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DEPARTMENT OF LABOR

# INFECTION CONTROL PLAN

## CORONAVIRUS DISEASE 2019

**Nebraska Department of Labor**

Safety Division

Onsite Safety and Health Consultation Program

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## INFECTION CONTROL PLAN

### STANDARD

There are no OSHA Standards that require the development of an Infection Control Plan or equivalent. Therefore, this Infection Control Plan was developed based on the exposure control plan as required under the OSHA Bloodborne Pathogen Standard [29 CFR 1910.1030](#) and a voluntary guidance document, [OSHA Publication 3327-02N: Guidance on Preparing Workplaces for an Influenza Pandemic](#).

### Applicability

The provisions of the **infection control plan** apply to all employees, regardless of their employee status, since everyone can be infected by the **SARS-CoV-2 / 2019-nCoV**.

### Purpose

This infection control plan is meant as an emergency plan to prevent and mitigate the ongoing pandemic of **coronavirus disease 2019 (COVID-19)** caused by the **Severe Acute Respiratory Coronavirus 2 (SARS-CoV-2)** or the **2019 novel coronavirus (2019-nCoV)**, at the workplace and amongst employees. OSHA nor any other governmental agency does not enforce the **infection control plan**. However, the employer may decide to enforce the **infection control plan** entirely or partially at its workplace.

### Guidance

The **Nebraska Department of Labor, Onsite Safety & Health Consultation Program (NEDOL-OSHCP)**, provides this **infection control plan** template to assist the employer in pandemic management concerning the **COVID-19**. The employer may modify the plan accordingly to fit the specific needs of its own facility. The employer must note that despite the lack of specific OSHA Standards for any infectious agents excluding bloodborne pathogens, the employer has the general duty to ensure the employees' safety and health. Therefore the employer must take necessary measures to protect employees from occupational exposure to the **SARS-CoV-2 / 2019-nCoV**, as per the Occupational Safety and Health Act Section 5(a)(1) General Duty Clause.

### Review

Because of the novelty and ongoing nature of the **SARS-CoV-2 / 2019-nCoV** pandemic, this document will be updated, by the issuer **NEDOL-OSHCP** as frequently as possible as new information is obtained. The employer is also strongly recommended to frequently review and revise the **infection control plan**, periodically and/or when the need arises. Since there are so many uncertainties in the early stages of the pandemic, it is only wise to take the maximum precautions as possible, and gradually take more calculated risks when more findings and evidence arise with time.

The amount of risks the employer wants to take at the workplace is ultimately up to the employer.

### Effective Dates

The **infection control plan** if enforced, is effective during the duration of the pandemic, until the risk to infection exposure is eliminated or significantly diminished.



## INFECTION CONTROL PLAN

### EXPOSURE RISK ASSESSMENT

The employer is recommended to perform an exposure risk assessment for employees, based on department, job classification, and/or each individual employee, and categorize them according to the following varying degrees of risks posed to each employee:

#### Exposure risk classification

The employer may classify the employees in the following exposure risk levels, depending on the probability and/or quantity of potential exposure to known or suspected sources of infectious agents:

Risk	Exposure level	Definition
<b>Very High</b>	Probability: High potential Quantity: High concentration	Healthcare professionals (e.g. Physicians, nurses, EMT, lab tech, support staff) and deathcare professionals (e.g. coroners, examiners, funeral staff, support staff)
<b>High</b>	Probability: High potential Quantity: Any	Other high exposure circumstances than above, including the following: - Transportation and/or travel services; - Waste management services; - Business travels to high risk areas.
<b>Medium</b>	Probability: Moderate potential Quantity: Any	Require frequent, close contact (≤6 feet) exposures to Individuals or groups (e.g. coworkers, general public, school children).
<b>Lower</b>	Probability: Low & minimal potential Quantity: Any	Other circumstances.

This risk assessment is strictly based on occupational or work-related exposure to the infectious agent, and excludes any risk associate with such happening outside of work. The employer is strongly recommended to track and monitor its employees' non-occupational exposures wherever and whenever possible, to manage the overall exposure risk of employees.

#### Other high risk classification

The employer must consider the following individuals who cannot risk getting infected, by avoiding exposure at all times or offer the utmost protection where possible, regardless of their levels of potential occupational exposures to infection:

- Elders (Generally ≥60 years but the older the individual is, the higher likelihood of suffering more severe symptoms upon becoming infected);
- Immuno-compromised individuals: Ones with pre-existing medical conditions that can lower their chances of fighting off new infections;
- Pregnant women: Infection can adversely affect the health of both mother and unborn child;
- Employees in **business-essential functions**, that are necessary to sustain the business.

As the employer evaluates **business-essential functions** and the associated employees, the employer may want to ensure business continuation upon employees becoming infected. The employer may identify alternative work practices or other employees who may fill in (train if possible), unless the employer is willing to temporarily halt business.



## PREVENTION AND PROTECTIVE MEASURES (PRE-EXPOSURE)

The following measures can be practiced by the employer and employees in the order of higher to lower protectiveness from infectious agents primarily BEFORE becoming infected.

### Universal Precautions

Universal precautions are observed to prevent contact with infected or potentially infected individuals or inanimate objects. All individuals and inanimate objects shall be dealt as if they are infected, since every one of us cannot readily identify and distinguish individuals and inanimate objects that are truly infected or not.

### Hierarchy of Controls

According to the hierarchy of controls for managing any workplace hazards, including infection, the employer must utilize the following control measure(s) listed in the order of higher to lower effectiveness, often used in combination, and putting greater emphasis on higher control measures:

- 1) Elimination and/or Isolation: Eliminating the hazard (i.e. infection) at the source, or otherwise isolating the hazard (i.e. infection) from others, to prevent hazard exposure;
- 2) Engineering Controls: Modifying the physical aspect of workplace (e.g. environment, machines/equipment) to prevent or minimize hazard exposure;
- 3) Administrative/Work Practice Controls: Modifying the employees (e.g. behavior, knowledge, practice) to prevent or minimize hazard exposure;
- 4) Personal Protective Equipment (PPE): Employees wearing protective gear to minimize hazard exposure, but not necessarily prevent exposure.

#### *Elimination and/or Isolation*

The highest control measure within the hierarchy of controls. Since the hazard source (i.e. infection) cannot be readily identified nor sensed, aside from humans actually becoming ill, elimination is generally not an option for infections.

Although the infection itself cannot be readily sensed and identified, isolation would rather involve isolating the potentially infected source (i.e. humans and other potentially contaminated sources). Employer may practice the following isolation measures initiated either by the government and/or employer:

#### 1) Government initiated:

The employer must follow any government initiated orders (at the federal, state, and/or municipal level) when they are mandated:

#### a) Geographical shutdowns:

Governmental agencies may shutdown certain geographical areas by physically prohibiting entrance into and departure out of such areas, to minimize the spread of contamination;

#### b) Facility and/or business closures:

Governmental agencies may order all or specific businesses to close during a specific or indefinite duration of the pandemic;



c) Travel restrictions:

The Centers for Disease Prevention and Control (CDC) regularly updates travel advisories particularly for international travels, with high risk of infection (categorized as CDC's Level 3 or 4 Travel Health Notice). Governmental agencies may decide, based on the CDC and other relevant information to ban or restrict travels to certain parts of the globe or even within the country.

2) Employer initiated:

a) Facility and/or business closure:

When the employer has the capacity to do so, or if there is a foreseeable possibility that all or a significant proportion of employees would be infected, the employer may voluntarily close its business or facility entirely or partially;

b) Travel restrictions:

The employer may ban or restrict any business-related travels. Although the employer may not be able to restrict travels on a personal basis for geographical areas beyond governmental restrictions, the employer may still establish policies and ground rules with regards to the types of actions the employer would take if employees decide to travel to high risk areas, either internationally or domestically.

c) Remote work:

Wherever possible, the employer shall identify employees that can and/or should work from home, either fully or partially implemented, depending on the exposure risk level as well as health hazard risk level once becoming infected;

d) Client isolation:

For the employer that comes into contact with the general public as part of their business, the employer may entirely or partially prohibit employee and client contact. The employer may practice remote means for interaction (e.g. phone, fax, emails, internet) where possible.

When the employer in any part of their business absolutely requires direct client interaction, the employer may minimize onsite client visitations in the following ways:

- Minimize onsite client numbers and/or duration per a given timeframe;
- Have employee(s) visit clients instead, as long as the risk of infection is kept minimal;

The employer can also see sections "Engineering Controls > 2) Physical barriers:," and "Administrative/Work Practice Controls > 4) Social distancing:," for ways to interact with clients.

e) Quarantine:

Selective isolation of certain employees (as well as clients), to remain at home (or other safe isolated areas) who are or may have become high risk at actually or potentially being infected. It is up to the employer to determine the criteria of high risk individuals who are or maybe infected, that would initiate quarantine.

The CDC has recommended that high risk individuals, including both suspected and confirmed positive individuals, are quarantined for 14 days, based on the World Health Organization's (WHO) estimate of the symptom onset for **COVID-19** being around 2-14 days. It is important to



note that there is still a possibility for an individual to display symptoms beyond the 14 day period, so the employer is recommended to take extra precaution around such high risk individuals

### *Engineering Controls*

Due to the hazard source being humans themselves and whatever inanimate objects humans come into contact with, there are limited engineering controls or physical modifications that can be implemented on humans, as well as the objects that humans come in contact with. The employer may implement the following most feasible engineering controls, regardless of employees being ill of any cause or not:

#### 1) Ventilation:

##### a) Mechanical ventilation:

Healthcare facilities' patient rooms are generally designed to maintain negative pressure (i.e. the inner room pressure lower than the outer pressure), so as to prevent any potentially contaminated atmosphere to escape outwards and contaminate the remainder of the facility. If there is a necessity to develop an offsite quarantine space for any employees,

##### b) Natural ventilation:

Since people are the major sources of infectious agents, it is vital that employers allow natural outdoor air throughout every parts of the facility, as frequently as possible. Closed off workplaces (e.g. offices, storage spaces) are especially susceptible for contamination to remain for a period of time if left contaminated and uncleaned. When such closed off workplaces have HVAC systems that recirculate air (including air that may potentially contain infectious agents), the natural ventilation must be conducted, in addition to equipping the HVAC system with High Efficiency Particulate Air (HEPA) filters (changed periodically) that is the most efficient filter to trap miniscule particles including infectious agents. Natural ventilation will allow wind to physically blow off and/or dry off potentially contaminated surfaces.

If mechanical or natural ventilation is not possible or feasible for any reason, household or industrial air purifiers can be used in place, as long as they are equipped with HEPA filters.

#### 2) Physical barriers:

Non-porous barriers can limit not only direct touching but any **droplet/aerosol generating activities** (e.g. coughing, sneezing, talking, laughing, yawning, spitting, heavy breathing), from reaching other individuals or other surfaces, depending on how the barriers are setup and how the droplets/aerosols that does or potentially contains the infection disperses relative to the barriers. Physical barriers can be:

- Erected/placed around or between individuals, applicable to employees and clients;
- In the form of certain rooms/spaces/buildings acting as isolated barriers (e.g. waiting rooms, drive-through windows).

#### 3) Work area restrictions:

The employer can set up physical barriers, demarcate, or place signs prohibiting or restricting employee access to certain areas within the facility, from the standpoint of preventing the



spread of infection to various surfaces, and minimizing employees coming into contact with such surfaces;

The survivability of **SARS-CoV-2 / 2019-nCoV** is highly variable depending on the nature of the surface, but may live up to a few hours to a few days on inanimate objects, if left contaminated.

### *Administrative/Work Practice Controls*

The employer may implement the following administrative controls:

#### 1) Infection screening:

Due to the novelty of the pandemic, the healthcare system is overburdened, and adequate or any care is likely reserved for severe and/or critical patients [As of 2020-04-03]. Infection screening can be a crucial step in early infection detection and containment, while lacking access to proper healthcare interventions.

The employer may perform infection screening (verbal and/or physical) prior to any interaction with employees, clients, and anyone else entering the facility or its premises, by obtaining the following types of information to determine overall risk factors for infection:

- Travel history (within the past few weeks or month);
- Health conditions (Particularly, current or recent respiratory or infectious illness);
- Signs of symptoms (Can involve temperature measurement);
- Interaction with actually or potentially ill individuals (within the past few weeks or month);

If the employer identifies any employee that does not pass this infection screening, based on the criteria set by the employer, the employer must proceed to the section “EXPOSURE DETERMINATION (POTENTIAL EXPOSURE).”

#### 2) Decontamination/Sanitization:

The employer may clean inanimate object surfaces, with the hopes of removing and/or deactivating potential infectious agents. Since infectious agents are not readily visible or sensed, surfaces are ideally cleaned before and after directly contacting them.

Since humans are the primary source of contamination of any surfaces with the **SARS-CoV-2 / 2019-nCoV**, the employer may analyze their facility and classify surfaces as to their “cleanliness” based on the frequency and/or duration of direct and indirect contact. The employer may then adjust the decontamination frequency, intensity, method based on the “cleanliness” level of particular surfaces. The employer may implement the following example of decontamination regimen, for various surfaces:

##### a) Comprehensive decontamination:

Deep cleaning of all of the facility’s surfaces (at least those that are reachable) on a monthly basis, and/or upon any employee becoming ill, regardless of infection confirmation;

##### b) Selective decontamination:

i) Decontaminating surfaces of areas that are most commonly or most frequently used, on a daily basis, at the end of each day (e.g. toilet, break/lunch room, front desk, all door knobs, all light switches, office appliances);





ii) Decontaminating surfaces of specific workplace surfaces, as frequently as possible or after each use during the day (e.g. particular machines/equipment, all computer equipment, smartphones, vehicles);

### 3) Hygienic practices:

The employer may encourage employees to “sanitize” oneself, as well as perform other self-manageable activities that can prevent the further spread of infectious agents.

#### a) Body washing:

Employees may wash the following potentially contaminated bodily skin surfaces with a skin-friendly and adequate decontaminant agent, and/or regular soap and water:

- Hand washing: The most common body part to transfer infectious agents;
- Face washing: Body part where the infectious agent is likely to enter;
- Other exposed body parts: Whenever needed.

Just the same when contacting inanimate objects, body parts are ideally cleaned before and after directly contacting any other surfaces.

#### b) Proper etiquette:

Employees may strive to practice proper etiquette to control the very activity that spreads respiratory-related infectious agents, in the following manner:

i) During any droplet/aerosol generating activities (e.g. coughing, sneezing, talking, laughing, yawning, spitting, heavy breathing):

- Particularly sneezing and coughing (activities that transports water droplets/aerosols the furthest and fastest): Covered with nonporous surfaces (e.g. towards one’s arm or between the elbows) and done facing away from others;
- Other droplet/aerosol generating activities: Maintain sufficient distance between one another;

ii) During contacting surfaces:

- Using non-hand body parts (e.g. knuckles, arms, elbows, back) or covering of hands (e.g. with handkerchief, clothing, gloves), which is the most contagious body part, while contacting any surfaces, such as for greeting others, opening doors, turning a switch, etc.

### 4) Social distancing:

While at the workplace, as well as offsite locations where one may directly or indirectly interact with others (e.g. clients, general public), one should reduce the frequency, proximity and duration of contact between people. The CDC recommends a minimal distance between individuals of  $\geq 6$  ft (2 m), considered to be a safe distance where can avoid directly touching one another, and inhaling droplets/aerosols containing infectious agents.

### *Personal Protective Equipment*

The lowest control measure within the hierarchy of controls. Unless the employee has been assessed as “very high risk” or “high risk” during the “exposure risk assessment,” including employees directly attending to ill individuals, no PPE is required for most workplaces and most employees. In such case, the employer is not required to procure PPE against infectious agents, however, employees can provide their own PPE if they choose to do so.



Due to the highly burdened healthcare systems worldwide, and a shortage in PPE, it is highly recommended that the employer that is NOT at “very high risk” or “high risk,” NOT to stockpile nor purchase PPE for use at their workplace.

The employer may also voluntarily offer PPE to employees that has become ill, or employees that are caring for ill individuals, to not further spread contamination at their homes. In this scenario, the employer is not required to offer PPE, as long as it is non-work-related.

If the employer was assessed as “very high risk” or “high risk,” or the employer mandates the use of any PPE, it must comply with the OSHA Standards for Personal Protective Equipment [29 CFR 1910 Subpart I], particularly the OSHA Respiratory Protection Standard [29 CFR 1910.134] when respirators are used.

#### Types:

The employer may provide the following types of PPEs to employees:

- 1) Respiratory protection: The following respiratory protection are listed in the order of effectiveness to protect against microbial infectious agents:
  - a) Respirators [NIOSH-approved]: The CDC recommends at least an N95 or higher capacity for high risk scenarios, and NO respirator for the general public including most employees;
  - i) Positive pressure respirators (i.e. Supplied Air Respirators): These respirators provide the most respiratory protection but may not be the best option due to its expensiveness and impracticality;
  - ii) Non-powered Air Purifying Respirators (APR)
    - 100 series (i.e. N100/R100/P100);
    - 99 series (i.e. N99/R99/P99);
    - 95 series (i.e. N95/R95/P95);
  - iii) Surgical masks [FDA-cleared; Excluding N95 surgical respirators]: These offer some protection but not as effective as respirators, since they are a little more porous and lack of tight fit to the wearer’s face;
  - iv) Facemasks for consumer use [Non-NIOSH-approved]: Not approved nor regulated by any government entity;
  - v) Face covers (e.g. scarf, handkerchief, clothing): NOT meant as respirator and has little protective properties from microbial infectious agents;
- 2) Hand protection: Any glove would offer adequate protection, but impenetrable gloves must be used especially when there is an open wound on the hand(s);
- 3) Eye protection: Tight fitting eye protection, particularly goggles would offer the best protection against droplets/aerosols containing infectious agents.

#### Management:

For disposable PPEs, the employer must ensure that such are disposed to prevent the spread of contamination. If such PPEs are suspected to be contaminated with infectious agents, the employer may follow the disposal procedure outlined in the section “Waste Disposal.”

Under emergency conditions like pandemics where PPE can be in short supply, the employer may reuse disposable PPE (particularly respirators being the most important PPE to protect from respiratory infectious agents) as long as the following conditions are met with regards to post-use PPEs:

- Structure remains relatively intact and undamaged;



- Performance remains relatively unaffected (if can be confirmed);
- Can be decontaminated without significantly, altering its structure and performance.

For reusable PPEs, the employer must ensure that PPEs are:

- Adequately decontaminated and/or cleaned, ideally before and after use;
- Inspected for any damage/defects that diminishes the protective integrity of the PPEs, ideally before and after use;
- Properly and securely stored so the PPEs do not become a hazard of themselves, are prevented from further contamination and damage/defects.

Moreover, such reusable PPEs should be prevented from being shared among numerous employees, as long as there are adequate supplies of PPEs for employees.

## Operation-specific measures

### *Housekeeping*

The employer must ensure that sufficient decontamination/sanitization agents to control the **SARS-CoV-2 / 2019-nCoV**, are stocked at the workplace in order to upkeep with a higher need to maintain a contamination free workplace. Decontamination/sanitization agents must be procured for the application of both the human body and inanimate object surfaces, which commonly contain active ingredients such as alcohol, sodium hypochlorite, hydrogen peroxide, quaternary ammonium. Since most decontamination/sanitization agents are in liquid form and can be corrosive and/or caustic, it is not only vital to maintain proper PPE usage during such application, but also shield particular objects that are sensitive to liquid, corrosives, and/or caustics, by applying a protective barrier (e.g. masking tape, aluminum foil, plastic wrap) and replaced periodically.

### *Waste Disposal*

#### Regulated waste

Under the OSHA Bloodborne Pathogen Standard [29 CFR 1910.1030], only blood or other potentially infectious materials (OPIM; other bodily fluids or other materials contaminated by such bodily fluids) suspected to be contaminated with bloodborne pathogens (e.g. HIV, Hepatitis B) are required to be disposed as "Regulated Waste" or biohazardous waste.

Regulated waste must be disposed in the following ways:

- Disposed in appropriate containers, with sharps in a rigid sharps container, and non-sharps in any container, separate from other waste;
- Waste containers are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal; and
- Add second container when primary container is externally contaminated and/or is leaking.

#### Contaminated waste

Otherwise non-Regulated Waste that are suspected to be contaminated with infectious agents are not subject to any regulatory requirements, but are recommended to be disposed in any container that would not leak, and separate from other waste.



### *Laundry Procedures*

If the employer has or requires laundering services onsite or offsite, due to the need of laundering particularly common use fabric materials (e.g. uniforms, towels, linens, napkins), such employer must take precaution to prevent cross-contamination with other materials. Cross-contamination must be controlled during handling, transporting, and laundering.

Although it is unclear as to how long infectious agents can survive on soft, porous materials, studies show that different infectious viruses can survive on such surfaces. Therefore, employers should practice universal precaution and treat all soiled fabric materials to be contaminated with infectious agents. Moreover, special care must be taken on fabric materials used by ill individuals.

## **EXPOSURE DETERMINATION (POTENTIAL EXPOSURE)**

Due to the novelty of the pandemic, the healthcare system is overburdened, and adequate or any care is likely reserved for severe and/or critical patients.

The employer must ensure that employees are able to seek the help of healthcare professionals, when needed, especially when there is suspected infection. The employer is strongly recommended to take the following actions BEFORE infection occurs:

- Compile a list of healthcare professionals that employees can reach out to (e.g. employee's primary care physician, local hospitals and health departments);
- Compile a list of diagnostic testing sites; and
- Understand the protocols to be taken upon any suspected and actual infection, by coordinating with healthcare professionals.

### **Precautionary actions: [As of 2020-04-03]**

When the employee is suspected to have been exposed to the **SARS-CoV-2 / 2019-nCoV**, based on the "infection screening" (See section "Administrative/Work Practice Controls > 1) Infection screening:"), the employer may implement the following measures to further prevent and minimize the potential spread of the infectious agent:

- Depending on the symptoms, order home quarantine for ≥14 days (for mild to moderate symptoms) or contact a healthcare professional (for severe to critical symptoms) for advise on further action;
- Isolate off and decontaminate the entire or parts of the workplace, especially the areas and surfaces that suspected to have been exposed to the employee;
- Monitor the health conditions of other remaining employees over the course of the quarantine, to further screen out potential exposure;
- For employees under home quarantine, they may return to work when there are no worsening of illness, no respiratory symptoms (e.g. coughing, sneezing, shortness of breath) and no fever;
- For employees hospitalized, they may return to work if the healthcare professional allows.

### **Diagnosis: [As of 2020-04-03]**

#### *Medical consultation:*

When one becomes ill from an unknown cause, the employer and/or employee may contact any of the identified healthcare providers, ideally by remote contacting methods. The healthcare professional will assess whether the individual fits the symptoms and criteria of **COVID-19**, and exclude other possible diagnoses.



The healthcare professional, based on the medical consultation screening, will likely make the final decision as to whether an individual can receive diagnostic testing or not.

#### *Diagnostic testing:*

Testing for **SARS-CoV-2 and COVID-19** is available nationwide (as distributed by the CDC since 2020/02/02 to state and local public health departments), but is still limited to high-risk cases, due to the limited numbers of tests available.

Since the Food and Drug Administration (FDA) expanded the applicability of Emergency Use Authorizations (EUA) of medical equipment including diagnostic tests to the private sector (e.g. university and commercial laboratories, hospitals) on 2020/02/29, diagnostic testing shall become more widely available soon.

### **INFECTION MANAGEMENT (POST-EXPOSURE)**

Due to the novelty of the pandemic, the healthcare system is overburdened, and adequate or any care is likely reserved for severe and/or critical patients.

#### **Medical Interventions: [As of 2020-04-03]**

The following measures can be sought by the employer and employees in the order of higher to lower protectiveness from infectious agents particularly AFTER becoming infected, if available.

#### *Prevention (Vaccinations):*

Vaccinations are primarily beneficial before becoming infected by preparing one's immune system against a certain infection, but can be somewhat beneficial after becoming infected by boosting the existing immune response. Vaccinations for the **SARS-CoV-2 / 2019-nCoV** are still in the development stage [As of 2020-04-03]. Until the vaccinations for **SARS-CoV-2 / 2019-nCoV** are developed, individuals may keep up with one's vaccination regimen, including the following examples of respiratory illness vaccinations:

- Influenza vaccination;
- Pneumococcal vaccination;
- Tetanus, diphtheria, whooping cough/pertussis (Tdap);
- Measles, Mumps, Rubella (MMR);
- Varicella/Chicken pox.

Receiving the aforementioned vaccinations will NOT prevent infection from **SARS-CoV-2**, but can help in ruling out false-positive illnesses that can appear similar to the **COVID-19**, as well as avoid co-infections from multiple infectious agents that may severely worsen one's health conditions. The healthcare professional shall be able to offer better advise on whether and which vaccinations to receive.

#### *Cure (Viricides):*

Medications that kill or eliminate any virus infections (while remaining relatively harmless to humans) are unavailable. Viral infection management are highly dependent on prevention and treatment measures [As of 2020-04-03].



### *Treatment (Antivirals):*

In general, antiviral medications prevent the viral disease progress by further preventing the virus replication within the infected individual. Antiviral medications (as treatment) are still in the development stage, and numerous existing drugs to treat other maladies are tested to potentially treat **COVID-19** [As of 2020-04-03]. Treatments also focus on controlling the magnitude of the disease symptoms.

### **Health monitoring: [As of 2020-04-03]**

Once a healthcare professional's diagnosis confirms that any employee has **COVID-19**, the patient may be sent home or admitted to a healthcare facility for eventual quarantine, depending on the following factors:

- Healthcare facility's capacity for inpatient admission and **COVID-19** care; and
- Severity and prognosis of the **COVID-19**.

If the infection exposure is determined or suspected to be work-related, the employer is strongly recommended to offer healthcare professionals with the following information, that may help the healthcare professional to make more sound judgements:

1. A copy of the facility's or organization's **infection control plan**, and other details of onsite infection management practices;
2. The exposed employee's duties and the circumstances, relative to the exposure incident (since exposure to respiratory infectious agents are not readily visible, a rough characterization);
3. Medical records relevant to the employee to provide appropriate treatment (if available).

If possible, the employer is then recommended to obtain a healthcare professional's written opinion, with the following examples of information:

1. Evaluation of employee's health condition (only diagnoses pertaining to the exposure, as other medical information is confidential);
2. Potential exposure sources, if known;
3. Whether the employee has been informed of the evaluation results, and any medical conditions resulting from the exposure.

When the patient is put on quarantine (regardless of being at home or at a healthcare facility), the employer is strongly recommended to monitoring the employee's health progress, in a remote manner. If the employee recovers from **COVID-19**, such employee may safely return to work only when the healthcare professional declares so, in accordance with the CDC's guidance.

### **Workplace management:**

When any employee(s) is confirmed to have **COVID-19**, the employer must ensure that other employees at the workplace have not been infected, prior to detecting the illness. The employer ideally backtracks the infected employee's activities (e.g. the employee's movement within the facility, employee's interaction with other people, employee's work location and potentially interacted surfaces) for possibly 14 days prior to the infection determination date. Based on the magnitude of potential contamination spread, the employer is then strongly recommended to address the following matters for the non-infected employees remaining at the workplace:

- Notification of confirmed **COVID-19**;



- Business and/or facility closure;
- Precautionary quarantine;
- Decontamination of entire and/or part of facility;
- Stricter infection screening;
- Need for additional and/or more stringent control measures.

## PANDEMIC POLICIES

During times of emergency and uncertainty like pandemics, it is important that overall employer policies and rules be flexible and adaptable, to ensure the ultimate wellbeing of employees. The employer is strongly recommended to address the following matters upon developing and/or modifying policies suited to the pandemic:

### Business matters:

#### *Business operations:*

Establishing criteria and conditions to implement the following:

- 1) Business shutdown: Complete business closure, including closing off the facility for access;
- 2) Business restrictions: Partial business closure and/or restrictions on specific business aspects (e.g. specific operations/processes; specific job classifications);

#### *Travel and transportation (Business purposes only):*

Establishing criteria and conditions for restricting the following:

- 1) Travels: Business travels at the international and/or domestic level;
- 2) Transportation services: Employers with drivers and/or transportation services as part of their business (e.g. deliveries, offsite work, employee transportation);

#### *Human interaction:*

Establishing criteria and conditions for restricting the following:

- 1) Onsite:
  - a) Between employees;
  - b) Between employees and others (including clients);
- 2) Offsite (Business purposes only):
  - a) Between employees;
  - b) Between employees and others (including clients);

### Human resources matters:

#### *Leave:*

##### 1) Sick leave (Including family care):

If the employer does not offer or wants to offer further paid sick leave, the **Families First Coronavirus Response Act (FFCRA)** of 2020/03/18 conditionally mandates (until 2020/12/31 unless extended) both public and private employers with <500 employee (employers with <50 employees, with healthcare professionals, and/or first responders can elect to opt out), to offer paid sick leave to its employees, under certain conditions. The employer must provide paid sick leave (full compensation) of 14 days (80 hours) for the following employees unable to work because of:



- Quarantine requirement for employee or other individual that the employee is caring for, by government order or healthcare professional's decision;
- Experiencing COVID-19 symptoms and seeking medical diagnosis.

The **FFCRA** will refund these employer expenses through tax credits. If the employer is not applicable, or elects to opt out of the **FFCRA** requirements, the employer is still strongly encouraged to offer sick leave (either compensated or not compensated) to (especially by utilizing government or other assistance (See section "Layoff decisions:")):

- Infected or potentially infected employee(s);
- Uninfected employees caring for infected individuals.

## 2) Child care leave:

If the employer does not offer or wants to offer further child care leave, the **FFCRA** of 2020/03/18 conditionally mandates (until 2020/12/31 unless extended) employers under the aforementioned conditions to offer child care leave under certain conditions. The employer must provide child care leave (2/3 of full compensation) of 12 weeks/84 days (2,016 hours) for employees unable to work because of the closure of school or child care facility.

Employers may review the U.S. Department of Labor website for more details:  
[https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave#\\_ftnref4](https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave#_ftnref4)

## 3) Other leaves:

It is up to the employer to go beyond the legal requirements to offer other forms of leaves, during the pandemic.

### *Layoff decisions:*

Employers may be faced with the decision to lay off or already laid off employees for various reasons caused by the pandemic, but possibly with the intention of rehiring them after the pandemic subsides.

For employers that offer health insurances to their employees, laying off would not only mean employees losing their income source but also the termination of their health insurances. This would lead to several complications on the employees' inability to receive the medical care needed, especially when directly or indirectly affected by the **COVID-19**. Before laying off or rehiring employees, the employer must consider the following factors:

## 1) Small Business Administration (SBA) Loans:

Eligibility for the following loans from the SBA, as made possible under the **Coronavirus Aid, Relief, and Economic Security Act (CARES Act)** of 2020 March: Employers with ≤500 employees (or employers in select industries with >500 employees):

- a) Payroll Protection Program Loans: The employer can take out loans under this program to pay for employees' payroll (and other business expenses such as rent, mortgage interests, utilities) until 2020/06/30, where repayment can be deferred for 6 months and forgiven for up to 100% if ALL employees are kept on payroll for at least 8 weeks
- b) Economic Injury Disaster Loan Advance: Low interest loans (3.75% for private employers) that can be used on different business expenses such as payroll, paid sick leave, rent and mortgage payments;





c) SBA Debt Relief Program Loans: SBA paying the principal and interest of new 7(a) program loans issued prior to 2020/09/27 or current 7(a) program loans for 6 months;  
\*7(a) program loans refer to loans of sum up to \$5 million that can be used on general business development and maintenance.

Employers may review the Small Business Administration website for more details:  
<https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

## 2) FFCRA obligations

Obligation of offering sick and child care leave under the **Families First Coronavirus Response Act (FFCRA)**, which can be refunded later through tax credits: Employers with <500 employees.

## 3) Other economic relief:

Eligibility for any economic relief from other sources.

## Other matters:

### *Personal life:*

Although the employer cannot restrict what the employee does in their personal life, it can indirectly restrict certain employee behavior, in order to prevent employees from bringing the infectious agent into the workplace. For example, an employer can develop a list of high risk factors for contracting the infectious agent and/or having severe consequences from infection, and enforce a home quarantine measure for any employee conducting these activities, in conjunction with extensive infection screening procedure.

## RECORDKEEPING & NOTIFICATIONS

The employer is not obligated to specific recordkeeping or notification with regards to the **COVID-19**, except for relevant obligations in accordance with any OSHA Standards.

### Illness recordkeeping

The employer must fulfill it's regulatory obligations as per the OSHA recordkeeping standard [29 CFR 1904] for recordkeeping and notification of injuries and illnesses for any **SARS-CoV-2 / 2019-nCoV** infection cases, as long as such cases fulfill the recordkeeping criteria (i.e. Work-related, new case, and conditional applicability (e.g. days away from work, medical treatment)).

### Medical recordkeeping:

Since there is no recordkeeping requirements pertaining to any infectious agents excluding bloodborne pathogens, the employer is not obligated to maintaining medical records with regards to the **COVID-19**.

