

COVID-19 Exposure Guide: Employee

This guide is meant to provide basic instructions to follow when there is a concern of employee exposure to COVID-19 in the practice. Please be aware, each state is being asked to manage their COVID-19 contact tracing and protocols separately. In some areas, county and city level instructions may be different than state mandates. The outline below follows the federal CDC guidelines. Before moving forward with any COVID-19 exposure protocol, be sure to prioritize communicating with your Department of Public Health. This is an evolving situation and protocols prescribed by your Department of Public Health may have changed since your last inquiry.

As COVID-19 cases surge across the United States, employee exposure is becoming inevitable. It is unlikely that you will be asked to shut down your practice because of an employee exposure. Final decision on this will be left to the Department of Public Health for your State, County or City. It is worth considering if business operations can be sustained should an employee(s) need to quarantine. Reducing your schedule or closing the practice for these reasons will be more common than a mandate from the Department of Public Health.

Delays in testing and other state level issues will create concern about moving forward in any of the situations outlined below. If you are experiencing an issue with testing or any other concerns that will prevent an employee from returning and harm your business, follow up with your Department of Public Health as well as your local representative.

Although detailed and well researched, this document does not represent legal or medical advice. Please speak to your Department of Public Health and Department of Labor for specific questions or seek legal counsel.

Currently Associated Symptoms of COVID-19 (As of July 15th, 2020):

- *Fever or chills*
- *Cough*
- *Shortness of breath or difficulty breathing*
- *Fatigue*
- *Muscle or body aches*
- *Headache*
- *New loss of taste or smell*
- *Sore throat*
- *Congestion or runny nose*
- *Nausea or vomiting*
- *Diarrhea*

Employer Obligation Under OSHA:

COVID-19 is considered a health and safety risk in the workplace and employers are expected to mitigate all risk as best they can. This includes following consistent cleaning schedules, social distancing, mask requirements for staff and patients, posting visual alerts, turning away patients and employees with a temperature of $\geq 100.0^{\circ}\text{F}$, use of eye protection and other safety recommendations by the CDC as well as your Department of Public Health.

Requiring a Negative COVID-19 test before returning to work:

The CDC offers 3 methods to clear an employee to return to work. They are outlined below. Check with your Department of Public Health before putting forward any employee expectations. Differences in protocol include requiring:

1. *Doctor's clearance*
2. *2 negative tests after a positive test – arranged by the DPH*
3. *Department of Public Health direct screening and clearance*

Employee Presents to Work with Symptoms:

Employees who present to work with symptoms should be sent home and required to quarantine and seek medical support. The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in accordance with local Department of Public Health officials.

The CDC recommends 2 strategies for discontinuing isolation:

1) Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- *At least 24 hours have passed **since recovery** defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms; **and**,*
- *At least 10 days have passed **since symptoms first appeared**.*

2) Test-based strategy

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.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever **without** the use of fever-reducing medications for 24 hours **and**
- Improvement in symptoms, **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)*.

For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:

Options now include all strategies: a time-based strategy (outlined below under Employee Reports Exposure without Symptoms), (1) symptom-based strategy, and 2) test-based strategy.

Update as of July 17th, 2020:

The CDC has updated the requirements for return to work for Healthcare Providers (HCP). Checking with the Department of Public Health is even more critical to ensure these new guidelines match their recommendations. The term "Healthcare Provider" may not apply to all roles in the practice according to state and local officials.

- *Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.*
- *For HCP with severe to critical illness or who are severely immunocompromised, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).*
- *Other symptom-based criteria were modified as follows:*
 - *Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications*
 - *Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19*

Employee Reports Exposure without Symptoms:

Employees who report exposure to a COVID-19 positive person or someone who is exhibiting symptoms or has tested positive should be send home to quarantine for 14 days. Current guidance based on community exposure, for people exposed to people with known or suspected COVID-19 or possible COVID-19 is below:

Person	Exposure to	Recommended Precautions for the Public
<ul style="list-style-type: none"> Individual who has had close contact (< 6 feet)** for ≥15 minutes*** 	<ul style="list-style-type: none"> Person with COVID-19 who has symptoms (in the period from 2 days before symptom onset until they meet criteria for discontinuing home isolation; can be laboratory-confirmed or a clinically compatible illness) Person who has tested positive for COVID-19 (laboratory confirmed) but has not had any symptoms (in the 2 days before the date of specimen collection until they meet criteria for discontinuing home isolation). <p>Note: This is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE)</p>	<ul style="list-style-type: none"> Stay home until 10 days after last exposure and maintain social distance (at least 6 feet) from others at all times Self-monitor for symptoms <ul style="list-style-type: none"> Check temperature twice a day Watch for fever*, cough, or shortness of breath, or other symptoms of COVID-19 Avoid contact with people at higher risk for severe illness from COVID-19 Follow CDC guidance if symptoms develop

Employee Reports Positive Test Results:

Require the employee to quarantine and follow one of the three strategies above, unless otherwise instructed by your Department of Public Health.

Families First Coronavirus Response Act (FFCRA): Emergency Paid Sick Leave

Emergency Paid Sick Leave (EPSL) under FFCRA –

Employees who have worked for the practice for at least 30 days are eligible for up to 80 hours of leave. Eligible amount is determined by employee's na. Employees who have been laid off (or furloughed) need to have worked 30 of the last 60 days to be eligible on their first day back to work. Otherwise, they will need to wait 30 days. Eligible number of hours is determined by the employee's typical hours worked per week.

- *Covered employees eligible for paid sick leave include:*
 1. *Employee subject to a Federal, State, or local quarantine or isolation order related to coronavirus (this includes direction from the Department of Public Health),*
 2. *Employee has been advised by health care provider to self-quarantine due to coronavirus.*
 3. *Employee is experiencing symptoms of coronavirus.*
 4. *Employee is caring for an individual who is subject to an order described in (1) or has been advised as described in (2),*
 5. *Employee is caring for their child because the school is closed, or childcare provider is unavailable due to coronavirus. This also applies to adult dependents with mental or physical disabilities who do not have access to their typical care.,*
 6. *Employee is experiencing a similar condition specified by the Secretary of Health and Human Services.*
- *Employers would be required to pay employees their full wages, not to exceed \$511 per day and \$5,110 in the aggregate, for a use described in (1), (2) or (3) above.*
- *Employers would be required to pay employees two-thirds of their wages, not to exceed \$200 per day and \$2,000 in the aggregate, for a use described in (4), (5), or (6) above. (care for others or school closures).*
- *Leave does not apply to the loss of hours or quarantined required only by the practice's safety protocols because of exposure risk unless required by the Department of Public Health.*

Emergency Family and Medical Leave Act (EFMLA):

The Emergency Family and Medical Leave Act provides up to a total of 12 weeks of job protected leave to employees who are unable to work (or telework) because they must care for a child (see definition above under #5) due to school closures tied to the public health emergency.

- *The first 2 weeks will be unpaid, the employee can use PTO or the employee will use the balance of the EPSL.*
- *Remaining weeks (up to a total of 12) are paid at 2/3s of the employee's regular rate, capped at \$200 per day and \$10,000 in total.*

Tax Credit for Wages spent on Families First Coronavirus Response Act (Sick Leave and Emergency Leave):

When using either leave type in Families First Coronavirus Response Act, the practice is eligible for a quarterly tax credit. Any spent payroll related to FFCRA should be reported on the Practice's quarterly Form 941 (quarterly payroll tax return). Typically, the Practice's payroll company submits this form directly to the IRS. This will reduce the practice's payroll tax responsibility for the quarter.

If the practice over spends their payroll tax responsibility, they will be issued a refund for that quarter. Practices can retain and access tax deposits they would otherwise pay to the IRS in payroll taxes to fund the usages of this leave. All employers in the country can delay their payroll tax credits for all of 2020 and half will be due in 2021 and the remainder in 2022. If those amounts are not sufficient to cover the cost of paid leave, employers can seek an expedited advance from the IRS by submitting a streamlined claim form that is available at www.irs.gov.

Exemption options from Families First Coronavirus Response Act (FFCRA):

The Department of Labor has offered employers a few options for exemption:

Offering neither benefit of FFCRA-- Emergency Paid Sick Leave (EPSL) or Emergency FMLA (EFMLA)

The Employers of Health Care Providers, which includes those employed by a doctor's office, have the option to opt out of offering this benefit to their employees. Optometry offices are not automatically opted out. If the Practice Owner decides not to offer this benefit, it needs to be communicated to the employees and the reason for opting out documented in the practice should that information be requested by the Department of Labor. There is no formal application for this exemption.

Offering Emergency Paid Sick Leave (EPSL) and exempting from Emergency FMLA (EFMLA)

Small Employers with less than 50 employees can offer ESPL but exempt employees from taking EFMLA. Employers must document the exemption for each request provided related to these 3 reasons:

- *Complying the leave requirement (employee is caring for their child because the school is closed, or childcare provider is unavailable due to coronavirus) would increase the business's operating expenses and financial obligations to a level which exceeds its revenues and causes the business to cease operating at a minimal capacity.*
- *The absence of an employee would bring substantial risk to the business's financial health or operational capabilities because of specialized skills, business knowledge, or ability to fulfill specialized responsibilities.*
- *There are no other workers who are able, willing, and qualified to perform the labor or services provided by the employee requesting childcare leave, and these labor or services are needed for the business to operate at a minimal capacity.*

Documentation Needed

All leave requests should be submitted on a request form, even if they will be denied. IDOC has provided a request form on the IDOC COVID-19 Resource Center. However, the practice should check with the Department of Labor as some states have created their own.

If an Employee has exhausted their EPSL balance or is not Eligible but needs to quarantine

Employers can allow employees who do not have access to EPSL to use their paid time off from the practice or take the time unpaid. Because of the obligation under OSHA and to your patients, you will still need to ask your employee to quarantine, even if they do not have paid time to take.

Resources:

[Public Health Guidance for Community-Related Exposure](#)

[General Business Frequently Asked Questions](#)

[Prepare your Small Business and Employees for the Effects of COVID-19](#)

[HCP Providers Return to Work Strategies](#)

This is a list of telephone numbers for health departments across the United States that travelers can use to connect with the health department in their destination state or the state they are in. These phone lines are monitored at all times, and travelers may call 24 hours a day and 7 days a week unless noted. Members of the public with general questions about COVID-19 should call their state health department’s main daytime telephone number or they can contact CDC at www.cdc.gov/cdc-info or 1-800-CDC-INFO (800-232-4636) or TTY 888-232-6348.

State	Phone Number
Alabama	1-800-338-8374
Alaska	1-800-478-0084 or 1-907-269-8000
Arizona	1-480-303-1191
Arkansas	1-800-554-5738
California	1-800-852-7550 <i>Ask for the CDPH Duty Officer</i> <i>If you are in L.A. County, call:</i> 1-213-288-8707 <i>Available from 8:00am-5:00pm</i>
Colorado	1-303-370-9395
Commonwealth of the Northern Marian Islands	1-670-234-8950
Connecticut	1-860-509-8000
Delaware	1-302-744-4700
District of Columbia	1-202-576-1117
Florida	1-850-245-4401
Georgia	1-866-782-4584
Hawaii	2-1-1 or 1-808-586-4586
Idaho	1-208-334-5939
Illinois	1-800-889-3931 <i>If you are in Chicago, call:</i> 3-1-1 <i>(inside city limits)</i> or 1-312-744-5000
Indiana	1-317-233-1325
Iowa	1-800-362-2736
Kansas	1-877-427-7317
Kentucky	1-888-973-7678
Louisiana	1-800-256-2748
Maine	1-800-821-5821
Maryland	1-410-795-7365
Massachusetts	1-617-983-6800
Michigan	1-517-335-9030
Minnesota	1-651-201-5414
Mississippi	1-601-576-7725 or 1-601-576-7400 <i>(after hours, holidays, and weekends)</i>

State	Phone Number
Missouri	1-800-392-0272, Ext.1
Montana	1-406-444-0273
Nebraska	1-402-444-3400 <i>Available from 8:30am-4:00pm CT</i>
Nevada	1-775-400-0333
New Hampshire	1-603-271-4496
New Jersey	1-800-222-1222
New Mexico	1-505-827-0006
New York	1-866-881-2809
<i>If you are in New York City, call:</i>	1-347-396-7990
North Carolina	1-866-462-3821
North Dakota	1-701-328-2270
Ohio	1-614-722-7221
Oklahoma	1-405-271-4060
Oregon	1-971-673-1111
Pennsylvania	1-877-724-3258
<i>If you are in Philadelphia, call</i>	1-215-686-4514
<i>If you are in Pittsburgh, call</i>	1-412-687-2243
Puerto Rico	1-787-765-2929, Ext.3552 or 3551 or 1-787-692-6276
Rhode Island	1-401-222-2577 or 1-401-276-8046 <i>(after hours)</i>
South Carolina	1-888-847-0902
South Dakota	1-800-592-1861
Tennessee	1-615-741-7247
Texas	1-512-776-7111
Utah	1-888-374-8824
Vermont	1-802-863-7240
Virgin Islands	See below.
<i>If you are in St. Thomas, call:</i>	1-340-774-9000 <i>Available from 9:00am-5:00pm</i>
<i>If you are in St. Croix, call:</i>	1-340-718-1311 <i>Available from 9:00am-5:00pm</i>
Virginia	1-877-ASK-VDH3 (1-877-275-8343)
Washington	1-800-525-0127
West Virginia	1-304-558-5358, Ext. 1
Wisconsin	1-608-258-0099
Wyoming	1-888-996-9104