

Advice on Reopening Business: Frequently Asked Questions

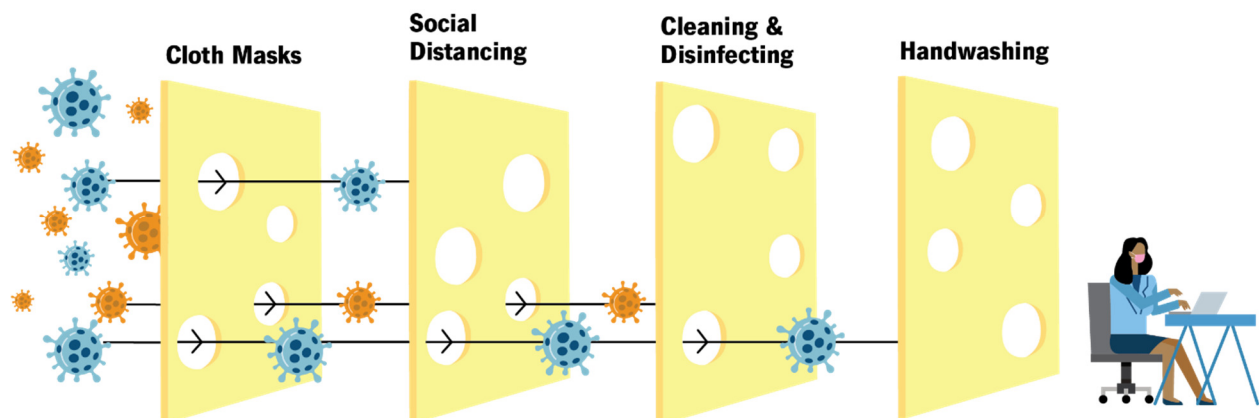


Key Personal Behaviors

With conflicting talk about which best practices are effective, how do we decide which are important?

Think of each tactic enacted as an extra layer of protection against the spread of the virus. Screening employees for symptoms is one layer. Screening employees for symptoms and adding thermal scanning is another layer. Adding social distancing is another layer. The more tactics — that are considered best practices — the more we can protect our employees and our customers in the work place.

In 1990, James Reason, PhD, introduced the “Swiss Cheese Model” that has been adopted to improve safety across many industries. In any work setting, there are inherent risks. Most of the time, these risks are never realized because safeguards are in place to prevent them. These safeguards are represented in his model as multiple layers of swiss cheese. However, every process has “holes” that, under the right circumstances, can line up and lead to an error, accident or “hazard” as Reason described it.



The COVID-19 pandemic requires multiple layers of protection to keep the workplace safe. These layers of swiss cheese serve as safeguards for your organization and your people. When used consistently and collectively, the holes (or weaknesses) in any single layer of protection will be offset by the strengths of another layer of intervention.

What are key personal behaviors everyone should practice?

- Good cough and sneeze etiquette.
 - Direct your face into your elbow, not your hand. This prevents contamination of your hands and by extension, any surface you may touch.
- Wear a cloth mask.
- Do not touch your face.
- Regularly wash your hands with soap and water, or use an alcohol-based hand disinfectant.
- Stay home if you are not feeling well or have symptoms that may be related to COVID-19 (See below).
- Beware of your environment and practice good social distancing procedures.

Suspected and Positive Cases of COVID-19**What are the signs and symptoms of COVID-19?**

- This is evolving as we learn more about the disease and does not include all possible symptoms.
- Cough, shortness of breath and fever are most common.
- Patients may also present with one or more of the following: chills, muscle pain, headache, sore throat, fatigue, congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste or smell.

What actions should I take if an employee is suspected of having COVID-19?

- All employees who are ill should notify their supervisor and be immediately sent home (or to medical facility if indicated) to prevent the spread to other employees and customers.
- They should be asked to put on a mask if they are not already wearing one.
- They should contact their physician and be evaluated and tested for COVID-19 expeditiously.

What actions should I take if an employee tests positive for COVID-19?

- Clean and disinfect high-touch surface areas.
- CDC guidance for return to work for healthcare providers with COVID-19 infections have recently been updated and use a symptom-based strategy. These guidelines would likely apply to workers in other industries as well:
 - Healthcare providers are excluded from work until at least 3 days (72 hours) have passed since recovery, which is defined as a resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and at least 10 days have passed since symptoms first appeared.

What is the difference between isolation and quarantine?

- By CDC definition, isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates people who were exposed to a contagious disease to see if they become sick.

Who should be quarantined and for how long?

- This is determined by local health departments but in general:
 - Exposed employees should remain at home and practice social distancing for 14 days.
 - Healthcare providers exposed to a COVID-19 positive person can return to work with a mask if they are asymptomatic in consultation with local health departments.

Preventing the Spread of COVID-19

What are some basic engineering controls I can put in place to create distance and protect employees from hazard?

- Space seating 6 feet apart.
- Install physical barriers between employees and customers when possible.
- Use hallways as one-way streets.
- Add outdoor break rooms and eating areas where possible.
- Stagger shifts and restrict use of shared spaces.
- Mark floors to guide spacing.
- Add hand sanitizer dispensers and hand washing stations.
- Implement touch-free time clocks and doors where possible.
- Require universal face covering with masks where possible.

What are some basic administrative controls I can put in place to lessen the threat of hazard?

- Exclude all symptomatic employees.
- Maintain physical distancing on production lines.
- Adhere to face covering recommendations.
- Adhere to cleaning and disinfection guidelines, especially for high touch / high traffic areas (e.g., door handles).
- Implement personnel policies that do not incentivize working while ill.
- Encourage telework when possible, decanting all non-essential personnel to a work-from-home approach.
- Cancel non-essential travel.
- Restrict visitors and contractors.
- Provide influenza vaccination stations.
- Implement a protocol for employee testing and certification of infection.
- **Communication is critical.** Regular, frequent updates (i.e., at least weekly) on policies and reminders to employees is a critical best practice.

What type of face mask should my employees wear?

- There are different types of masks available:
 - Cloth masks.
 - Surgical masks.
 - N95 respirator masks.
- Cloth masks are a textile (cloth) cover over the nose and the mouth that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing or coughing. Wearing a cloth mask also helps remind people not to touch their face.
 - They are not personal protective equipment (PPE) and it is uncertain whether cloth face coverings protect the wearer.
 - Wearing a cloth face covering can be used by people for source control in the workplace as well as public spaces and is recommended by the CDC to potentially help prevent transmission as a complement to social distancing.
 - Their use and facility should be considered when distancing is not feasible but are not a replacement for adequate distancing.
 - CDC does have guidance available on design, use and maintenance of cloth face coverings. Cloth masks should be washed properly and frequently so they can be worn again.
- Surgical masks and N95 masks are considered personal protective equipment (PPE).
- Surgical masks and N95 respirators are for medical use.
- N95 respirator masks should be immediately discarded after use unless there are capabilities to re-sterilize them.

Should my employees wear gloves?

- Disposable sanitary gloves should be worn in workplaces that prepare, or serve food or when cleaning and disinfecting is conducted.
- The use of gloves does not eliminate the need for cleaning your hands. Hand hygiene is one of the most effective actions you can take to reduce the spread of the virus.

How do I manage the safety and behavior of our customers while in one of our store locations?

- Follow local governmental guidelines that are published as they may state certain requirements.
- In the absence of guidelines, limit occupancy and manage lines inside and outside by keeping customers 6 feet apart.

Should I conduct temperature screening of my employees?

- Temperature screenings serve as active surveillance for screening for febrile illness and the effectiveness as a preventive measure for COVID-19 is debatable. It is important to remember that this action does not completely mitigate the risk of contagion. An employee may be infected with the COVID-19 coronavirus without exhibiting symptoms such as a fever, so temperature checks may not be the most effective method for protecting your workforce.

However, if workers know their temperatures will be measured, it may help to keep them at home if sick.

How long should we keep these safety measures in place?

- We are in the pre-protective period of COVID-19. Until we have herd immunity (either through natural infection or an effective vaccine), the virus has the potential to keep infecting people and causing outbreaks until there is a vaccine or treatment in place.
- You should plan to keep these safety measures in place until a vaccine or treatment has been developed.

How should we ensure safety in elevators?

- Passengers should wear a mask.
- Wipe down buttons and other surfaces regularly.
- Limit occupancy to 2-4 people; whichever number allows appropriate distancing.

Science of COVID-19

How does the new coronavirus compare with the flu?

- There is already preexisting baseline immunity for seasonal flu viruses. Unlike the flu, it is unclear if there is any preexisting immunity for COVID-19. Research also suggests COVID-19 spreads more easily and is more infectious during the pre-symptomatic period, and also has a higher mortality rate than the flu.

How sick will the coronavirus make you?

- Most people (i.e., roughly 85%) have mild illness and will not require medical attention. Of those that require medical attention, 20% will require intensive care. For the 20% in intensive care, there is a 30% mortality rate.

Can spending more time at home and social distancing weaken your immune system?

- There is no evidence to suggest that staying at home weakens your immune system, likely because our immunity has been built up over many years. However, the byproducts of limited exposure can potentially have a negative impact on your immune system. This includes stress, depression, not sleeping enough, poor diet and lack of exercise.

Are minority groups at a higher risk?

- Current data from the CDC suggests a disproportionate burden of illness and death among racial and ethnic minority groups. These health differences between racial and ethnic groups are often linked to social determinants of health (i.e., economic and social conditions) and are not believed to be biologic.

What kinds of tests are available for testing employees?

- There are two different types of tests – diagnostic and antibody. Diagnostic tests are used to detect active COVID-19 infections. The FDA approved tests for diagnosing a COVID-19 infection include molecular RT-PCR tests that detect the genetic material of the virus and antigen tests that detect specific proteins on the surface of the virus. Alternatively, antibody tests are used to help identify people who may have had a previous COVID-19 infection, and should not be used as a diagnostic test.

Is antibody testing (blood test) a validated method for immunity or diagnosis?

- The short answer is no. Thus far, the FDA has granted authorization to a number of antibody tests, which means their methods, materials and accuracy have passed agency regulations. For now, the tests are mainly a research tool for scientists trying to determine how widely the coronavirus has spread among the U.S. population. Researchers haven't yet been able to answer essential questions including the level of antibodies it takes to be immune and how long that protection lasts.

Are there medications or treatments available?

- Data is still emerging as to its effectiveness, but remdesivir is an antiviral drug that is showing recent data that the drug appears to be effective in reducing recovery times. There is still no clear evidence of a difference in mortality rates. We hope to see other treatments developed similar to Tamiflu; however, these will likely be targeted for use in high risk groups.

When will a vaccine be available?

- There are > 100 COVID-19 vaccine candidates currently using a variety of platforms. Although hard to predict, the earliest time one may have a COVID-19 vaccine for widespread use will be the fall of 2021. A coronavirus vaccine has never been released before and the average duration to develop a new vaccine is at least four years.

How can we achieve herd immunity?

- There are two ways to achieve herd immunity: either a large proportion of the population gets infected, which could be catastrophic for our healthcare system, or a large proportion of the population gets a protective vaccine. Individual immunity is not yet proven, and like many viruses you may not be perfectly protected since immunity can wear off over time. With the uncertainty of whether recovered patients are immune from contracting the disease a second time, a vaccine is our best option for achieving herd immunity. We will only be able to achieve herd immunity if the vast majority of people get vaccinated.

What happens if the virus mutates?

- Every virus mutates, especially RNA viruses like the new coronavirus, which are more prone to changes and mutations. The virus has mutated at a very slow pace and at this time does not appear to be any more infectious or fatal than the original strain.

What are the guidelines related to contact tracing?

- Contract tracing methodology can vary.
- Cleveland Clinic follows an algorithm that asks about household contacts and illness, and will test Cleveland Clinic employee household contacts.

How can we ensure that we consistently follow safe procedures?

- Use a checklist to review key tactics every day.
- Form daily check-in huddles with managers and employees to reinforce precautions.
- Place signs in work areas that relate to:
 - Personal behavior.
 - Hand hygiene.
 - Social distancing.
- Place tape on floors to indicate appropriate social distances.

The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. The Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources. This guidance may change from time to time and should be used only as a general reference. Employers are solely responsible for determining the best practices to deploy within their work environments.