

FREQUENTLY ASKED QUESTIONS

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Thank you to everyone who participated in this Q&A. We appreciate the opportunity to provide your business with answers to your excellent questions. Our goal is offer you our continued support today and every day. If you have any additional questions, comments, or concerns, please do not hesitate to contact Operations Manager Lisa Degitz at 240-366-3258 or Ldegitz@fmh.org.

COVID-19 CLINICAL QUESTIONS

General Statement: Adapted from ACOEM COVID-19 White Paper 4-8-2020
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There are at least four distinct types or clinical presentations of COVID-19's SARS-CoV-2 virus infections:

1. Asymptomatic or nonspecific infection
2. Upper respiratory tract infection (URI), which also may include gastrointestinal symptoms
3. Lower respiratory tract infection, including pneumonia
4. Acute respiratory distress syndrome (ARDS)

The symptoms of COVID-19 vary but are generally typical of respiratory infections, such as fever and cough. COVID-19 symptoms may also include the following:

- Fever (Low or High Grade)
- Headache
- Muscle and Joint Pain
- Fatigue
- Runny Nose
- Pink Eye
- Sore Throat
- Loss of Smell and Taste
- Cough
- Shortness of Breath
- Chest Pain or Pressure
- Gastrointestinal Symptoms
- Loss of Appetite
- Diarrhea

Because the symptoms for most patients are typical of respiratory tract infections, they can be difficult to distinguish from other diseases. The disease commonly begins with mild symptoms for several days, which may readily facilitate its spread to other individuals. A minority of patients then develop more severe symptoms and may require ICU care. The virus infection may also cause no symptoms; however, asymptomatic individuals may still pass the virus to others, who may then develop symptoms

Question:

- 1) What is the range of clinical signs, as we have heard about GI signs and loss of smell from some employees?**

A – See the general statement above

Question:

- 1) Any ideas related to how we can address the PTSD, depression, anxiety that staff may be feeling? Short term for now, but likely longer term in the future.**

A – This is a good question to ask your EAP provider who will have additional resources and can address individual employee needs. Here are some general statements from the following source:

https://phpa.health.maryland.gov/Documents/FAQ_covid19_Maintaining_Mental_Health.pdf

Encourage your employees to:

- Feel free to feel your feelings. Experiencing stress and the feelings associated with it are by no means a sign of weakness or a reflection on your ability to do your job.
- Maintain a balanced view of the situation. Control the things that you can such as hand washing and social distancing, but try to let go of worries and anxieties that you can't control and are aggravating the situation.
- Employ coping strategies what have worked for you in the past or consider reaching out to one of our resources for additional guidance.
- Respect and support each other, recognizing that everybody reacts differently to stressors, including those brought on by this outbreak.
- Remember that a vast majority of individuals, even if they do get sick, will not become terribly ill. Avoid dramatic media and stick to credible sources of information. Social media is not a great source of information.
- Keep yourself grounded. Exercise, meditate and maintain your connection to friends and family. Try to maintain healthy habits.
- Plan for things over which you have control, but then move on and focus on living your life. Listen and help others work through the facts concerning the virus, but understand that hyping or denying the existence of a threat is not helpful.

TESTING FOR COVID-19

General Statement: A major issue in the U.S. response to the outbreak of a novel coronavirus has been the availability of tests for people who believe they may have COVID-19. The situation has improved in the last few weeks, but as of this time we are still not yet at the point where any person can request a test. Medical screening to determine who will be tested will continue for the foreseeable future, but the screening criteria will change week-to-week as more test kits become available and as CDC testing guidelines change.

Question:

1) What criteria are FMH doctors using to order testing?

A – This will differ for emergency department patients, admitted patients, and for ambulatory (outpatient) testing. The answers to the following questions will refer to the outpatient testing.

Question:

1) How do I get tested for COVID-19? If it is negative, when should I consider getting retested?

2) If an employee or family member exhibits symptoms, what is the procedure for scheduling a test? And are tests available?

3) A friend of mine had all the signs of COVID-19 and after a week was sent in to get testing done. The results took 5 days to come back. The results came back inconclusive. How is this so? Isn't there some sort of protocol when this happens...like a retest?

A – Frederick Health offers drive-up testing at the Toll House site, and Carroll Hospital Center offers drive-up testing on the third floor of the parking garage; the State of Maryland offers drive up testing at some VEIP emission testing sites with an appointment and after the test is ordered on line by a physician (this is not available at this time in Frederick or Carroll Counties). As with any medical test, the COVID-19 testing is not perfect. There will be inconclusive results, as well as false negative and false positive results. Retesting after an inconclusive or negative test is not recommended at this time unless the patient becomes ill enough to need hospitalization.

Question:

1) What is the status of testing? Is it still only if directed by a medical professional? Is there a plan to open up testing to people with symptoms other than the top 3 of: Cough, fever, or chest tightness/heaviness? We have an employee who consulted with a doctor via Telehealth 3 times in 10 days. It was only when she was taken by ambulance to FMH ER, that she was able to get tested.

A – See the general statement above.

Question:

- 1) We had a job close down because of two confirmed cases of COVID-19, due to confidentiality the identity of the individual or trade at the job site is unknown. We had two employees who were working there at the same time based on the dates that were provided. At our urging, we asked one employee to contact his primary care provider to explain the situation and whether he could get a test. Based on the limited information the provider did not authorize a test. Our issue is that without being sent for a test the employee is unable to “seek a diagnosis” as defined under the FFCRA and so is not eligible to receive the Emergency Sick Leave under the FFCRA. We however feel it prudent to have the employees stay home for a period of time. The ability to “seek a diagnosis” or “get a health care provider to issue a self-quarantine” seems to be limited and therefore our company and the employee are unable to avail ourselves of the benefit of FFCRA. Please provide your thoughts.**

A – This Families First Coronavirus Response Act (FFCRA) is a question for the DOL. As per the general statement above, we are not currently at the point where “on demand” COVID-19 testing will be performed. However, it appears the FFCRA also covers medically directed self-quarantine which would not require testing.

Question:

- 1) What are the anticipated options for confirmation and return-to-work tests?**

A – Currently confirmation testing is not recommended due to limited test kits. The CDC has a return to work protocol that involves 2 negative tests 24 hours apart for critical healthcare and public safety workers, but this testing is very limited at this time due to supply issues. Return to work issues will also be addressed in the section below. COVID-19 antibody testing may prove to become an alternative testing protocol for return to work, but this has not yet been confirmed and is not included in current CDC guidelines. Frederick Hospital is working on being able to offer this testing in the near future.

COVID-19 SAFE WORKPLACE

General Statement:

CDC guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

The World Health Organization guidelines for workplace readiness can be found here: https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_6 .

The OSHA pamphlet can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

The EOCC guidance can be found here: <https://www.eeoc.gov/coronavirus/> and here: https://www.eeoc.gov/facts/pandemic_flu.html

Question:

1) What are the current recommended screening protocols?

A – As per the EOCC reference above, employers are allowed to ask general symptom related questions of employees (fever, cough) and possible COVID-19 exposures, but must not ask personal medical questions about underlying conditions, immunity impairment, etc. (ADA violations), and must ask the same questions of ALL employees. Non-invasive temperature checks are also allowable.

Question:

1) What no-contact thermometer would you recommend to test our employees?

A – I have no specific recommendation, but for this purpose any non-contact thermometer sold to the general public for adult use will be fine. These are currently in short supply.

Question:

1) What precautions should “essential workers” take besides mask, glove and sanitizing?

A – Please review the references above. Maintaining social distancing (6 feet between co-workers) is also important if the job duties permit this.

Question:

1) What are the minimum mask covering specifications for these essential workers?

A – Non-healthcare or first responder (firefighters, police) employees should wear a cloth facemask or equivalent. Medical facemasks are not needed for routine workplaces. The CDC has a webpage including how to manufacture cloth facemasks here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html> . All retail business employees and customers are required to wear a face mask as of April 18th per Governor Hogan’s April 15th Executive Order.

Question:

1) How necessary it is for people to wear face coverings when they are in common areas (inside our building/office space)?

A – Face coverings are not necessary when the employee is able to work at social distancing in a non-shared workspace. Otherwise, they should be worn. Healthcare workers are required to wear face masks when caring for patients. Retail business employees are required to wear masks as of April 18th as per Governor Hogan’s April 15th Executive Order.

Question:

- 1) We are a child care center. We have a question regarding masks. Now that the medical community/CDC has changed their view on wearing masks...should we encourage our teachers to wear them when working with children? Should the children in our care 2 yrs and older be encouraged to wear a mask?**

A – This is a question best answer by your local Health Department. In my opinion the staff should certainly wear the masks, and are probably required to per Governor Hogan’s Executive Orders. I have seen no recommendations to have children wear them.

Question:

- 1) What do we do if we do not have protective equipment; that is, what can we substitute for it that will be beneficial?**

A – See the CDC reference regarding homemade masks above. Bandanas can also be used effectively.

Question:

- 1) What are the best practices to support essential workers in an office setting?**

A – See the references in the general statement above. Briefly, encourage ill employees or those with COVID-19 exposure to stay home, consider screening employees on arrival to work, encourage social distancing, proper cough hygiene (into the elbow), hand washing, not touching the face, and wearing a face mask when appropriate.

Question:

- 1) If a worker is feeling ill, or has a symptom that may be COVID-19 related, what are the appropriate steps to take to ensure the safety of co-workers, and to ensure they are safe to resume work activities?**

A – The ill employee should be immediately sent home and encouraged to call their physician. If the above “best practices” have been followed, coworkers will have minimal risk. Disinfect any workplace surfaces. There may be privacy or ADA issues regarding informing coworkers of the illness (consult your Human Resources or the EOCC reference in the general statement above).

Question:

- 1) What are the best practices to support essential workers who must conduct work at customer sites? What about out-of-state or overnight travel?**

A – Customer visits and travel should be avoided if possible until the pandemic has lessened and government agencies lift the stay-at-home guidelines. Phone calls, video conferencing, etc. are options.

Question:

- 1) We have a cleaning crew that has been directed to clean all the surfaces in the buildings. I was cleaning my own area and using disposable wipes to do so. I noticed that the crew was coming behind later in the day and using rags and spraying a solution onto them onto my chair and work surfaces, and then going to the next workspace or area and continuing throughout the buildings. To me, this is not a sanitary practice and is just spreading/transferring germs or potentially COVID-19 from one place to another, which defeats the purpose of cleaning in the first place. I asked about the cleaning process and was told that because they are using the stronger solution, using the same rag is fine. The effectiveness of sanitizers are reduced by soil on a rag correct?**

A – In my opinion, the crew is “cleaning” but not “sanitizing” and each employee should maintain the sanitization of their workspace.

Question:

- 1) One of our managers was instructed by our Safety Director that if an employee wears a N95 mask they have to be fit tested – however, I was thinking that this was a mask (higher level of filtration) and didn’t need fit testing, training maybe, but not tested. Can you confirm?**

A – OSHA does require fit testing for tight fitting face masks (including N-95), but in a March 14, 2020, letter from PATRICK J. KAPUST, Acting Director Directorate of Enforcement Programs, OSHA, the regulation will not be enforced during the COVID-19 pandemic. However, the use of N95 masks is not necessary or recommended for non-healthcare or first responder employees, and a cloth facemask will suffice.

Question:

- 1) We have been directed to use N95 dust masks at work when we cannot maintain 6 ft. separation distance from our coworkers. These masks do not seal, they just rest on the face so what is the benefit? I have a full face respirator with cartridges that handle various toxic gases as well as the P100 for dust/particulate that is required for my daily tasks. The P100 has a 99.97% removal of particulates where the N95 is only 95%. Why is the medical community suggesting and using N95? Which micron rating is better protect against the virus, something that can remove 0.1 micron or less? What is the best way to protect myself and others when working closely with my colleagues in tight spaces for long periods of time (2 to 6 hours)? I have been using the full face respirator.**

A – From your question, I believe you are using a face mask, not a N95 mask. N95 masks are by definition tight fitting. Unless you are a healthcare worker performing invasive procedures or a first responder (EMT, police, etc.), the use of a N95 or higher mask is not recommended and is a waste of resources. The COVID-19 virus is not spread in the air from person to person outside of the 6 foot safety zone, and even within this zone is spread only by coughs or sneezes, not by routine breathing.

Question:

- 1) As an essential business, our stores are open. If an employee tests positive do you recommend that we shut the store? For what period? Should we have all employees in that store tested?**

A – This is a question for the Health Department, but in my experience the areas of the store where the employee worked should be deep cleaned before opening the next business day. Other employees with casual work contact do not need to be tested (and probably would not be at the current time unless symptomatic) but should monitor for symptoms, and consideration should be given to have twice daily temperature checks (this can be done by the employee).

Question:

- 1) What actions can my employer take to assist workers in preparing for the next epidemic? Should they request antibody test kits for all staff to get an idea of who may have been exposed or who is asymptomatic yet actively spreading the virus? If we are considered essential workers, can tests be set aside for our staff, or expedited even now, so we can get a snapshot of how our staff has been affected?**

A – This is a difficult question to answer since we do not know how the COVID-19 pandemic will resolve or what testing will be useful. The antibody testing is just beginning and not widely available. It is unknown how helpful this will be. If a vaccine should become available, this should be encouraged as the first line of defense against future waves of COVID-19. After the current pandemic, employers may want to obtain supplies of masks, gloves, wipes, hand sanitizer to have available for future pandemic to avoid the shortages experienced with the current pandemic.

COVID-19 RETURN TO WORK QUESTIONS

General Statement: The CDC recommends patients exposed to COVID-19 maintain self-quarantine for 14 days and may return to work after this if no symptoms develop. If symptoms develop, or if the employee has a positive COVID-19 test, the employee may return to work 7 days after the positive test or onset of symptoms as long as they have had no fever greater than 100.3 F or significant symptoms (more than a slight cough) for the previous 3 days.

The CDC does have a return to work testing protocol, but this involves 2 tests 24 hours apart and is not recommended due to the difficulty in having this testing approved at the current time. In the near future COVID-19 antibody testing will become available and may be helpful in return to work decisions. Frederick Hospital is working on being able to offer this testing in the near future.

Both OSHA and EOCC discourage employers from requiring a return to work note from a physician as per the following references:

The OSHA pamphlet can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

The EOCC guidance can be found here: <https://www.eeoc.gov/coronavirus/> and here: https://www.eeoc.gov/facts/pandemic_flu.html

Question:

- 1) **What are the requirements to return back to work – waiting period, testing?**
- 2) **We have heard mention of people needing to be retested before returning to work. However, if somehow has been in quarantine for 14 days and symptoms gone, do they need to retest, or can they return to work at this time? What is the reason for a retest?**
- 3) **What is the return to work process if an employee that has been out after testing positive for COVID -19 is ready to return to work?**
- 4) **What is the process if I have an employee who has been exposed to someone who has tested positive for COVID-19?**
- 5) **What is the appropriate amount of time a staff member should be off of work if they get COVID-19?**

A – See the general statement above.

Question:

- 1) **What is the process if I have an employee who “thinks” they have been exposed?**
- 2) **If an employee is “a-symptomatic” but possibly has been exposed to the virus what action should we take as the employer?**

A – These employees should discuss the possible exposure with their physician and self-quarantine if directed to do so.

Question:

- 1) If our policy is that the CMA (Certified Medical Authority) has to see us when we are sick, why can't she just do the 5-15 minute COVID test in the exam room at my place of employment? By making us go to a primary care physician, that just takes a lot longer and you end up having to mingle with a lot more sick people just to get the same result. Is this something we should be moving towards in the future (in-house testing for pandemics)?**

A – At this time the “rapid” COVID-19 tests have not been in use long enough to determine accuracy, especially for essential, critical job descriptions. The false positive and false negative test percentages need to be determined to see if they will be of any use.

FREDERICK HEALTH EMPLOYER SOLUTIONS & CARROLL OCCUPATIONAL HEALTH DURING COVID-19

Question:

- 1) Should employees have any concerns about reporting to your facility for random drug testing or what is being done to minimize or eliminate possible COVID-19 exposure?**

A – Frederick Health Employer Solutions and Carroll Occupational Health are following all required and suggested protocols to ensure a safe environment for our patients and employees. This includes pre-screening patients outside of the facility, use of facemasks at all times and other personal protective equipment as needed, maintaining social distancing between as much as feasible during medical exams, handwashing before and after every patient encounter, and frequent disinfecting of surfaces.

Question:

- 1) Will you continue to do physicals for drivers who have an expiration date?**
- 2) Will you continue to test bus drivers for Random Selection even though they are not performing a safety sensitive function?**

A – Frederick Health Employer Solutions and Carroll Occupational Health remain open during the pandemic and can perform all needed testing, examinations and injury care as usual.

Question:

- 1) Is the FMCSA website still up and functioning?**

A – Yes

DRUG AND ALCOHOL TESTING QUESTIONS

Question:

- 1) If a company sends an employee in for a regulated random drug screen and the employee answers “yes, that they have a fever” how should the employer handle this since we would be the ones sending them away? This would not be considered a refusal to test as they aren’t being seen?**

A – From the DOT (link below): If you are unable to conduct DOT drug or alcohol training or testing due to COVID-19-related supply shortages, facility closures, State or locally imposed quarantine requirements, or other impediments, you are to continue to comply with existing applicable DOT Agency requirements to document why a test was not completed. If training or testing can be conducted later (e.g., supervisor reasonable suspicion training at the next available opportunity, random testing later in the selection period, follow-up testing later in the month), you are to do so in accordance with applicable modal regulations. Links to the modal regulations and their respective web pages can be found at <https://www.transportation.gov/odapc/agencies> and https://www.transportation.gov/sites/dot.gov/files/2020-03/DOT_Guidance_on_Compliance_with_Drug_and_Alcohol_Testing_Regulations.pdf

COVID-19 AND ADA/HIPAA QUESTIONS

Question:

- 1) **What considerations should be in place for high risk employees? Should they have a doctor's note saying they are okay to work?**
- 2) **What questions regarding COVID-19 symptoms and health status can an employer ask without infringing on employee rights?**

A – Employers must be careful regarding ADA implications of such questions. Please consult your human resources department or your legal counsel. From the EOCC link https://www.eeoc.gov/facts/pandemic_flu.html:

The ADA prohibits an employer from making **disability-related inquiries** and requiring **medical examinations** of employees, except under limited circumstances, as set forth below.

An inquiry is "**disability-related**" if it is likely to elicit information about a disability. For example, asking an individual if his immune system is compromised is a disability-related inquiry because a weak or compromised immune system can be closely associated with conditions such as cancer or HIV/AIDS. By contrast, an inquiry is not disability-related if it is not likely to elicit information about a disability. For example, asking an individual about symptoms of a cold or the seasonal flu is not likely to elicit information about a disability.

Question:

- 1) **If an employee is tested, how are the results communicated back to the employer?**

A – For HIPAA compliance these results would be reported to the ordering physician and the employee.

COVID-19 PUBLIC HEALTH QUESTIONS

Question:

- 1) **Once the states “reopen”, how do I know it is safe for me to visit my elderly/at risk family members in person? I am worried about being asymptomatic and carrying the virus to them without knowing it.**
- 2) **Similarly, how will at risk/elderly people know when they can safely leave their homes for more than just a quick shopping trip for groceries or pharmacy?**

A – These questions are unanswerable at the current time since we have no idea yet of the course of this pandemic. I advise following Health Department guidelines rather than guidelines from local or national political figures.

Question:

- 1) **Do you foresee the American people being made (via state government order) to wear masks while in public for the rest of 2020 and possibly beyond?**

A – This question is also unanswerable at the current time. In my opinion, we will be wearing masks for at least the next month, but perhaps until a COVID-19 vaccine is available. One can only hope that the current pandemic will run its course sooner rather than later.