 Are primary care providers seeing new patients in person or by virtual visit?

Owensboro Health Medical Group primary care providers are taking new patients. Requests for virtual visits for patients can be made with the individual provider’s office. In person new patient visits are still being scheduled. Patients in need of a primary care provider for the purposes of a work release or due to illness, can navigate to https://www.owensborohealth.org/find-doctor/. At the discretion of the provider, they may engage the patient in a virtual visit for an acute issue then schedule the new patient appointment at a later date.

What are guidelines for return to work after an illness other than COVID-19?

Owensboro Health Medical Group Occupational Medicine or Owensboro Health Medical Group Urgent Care cannot provide a work release or work status subsequent to a COVID-19 phone screening where an employee did not meet the criteria for testing nor can we issue a work release subsequent to an illness such as cold or flu. It is recommended that you potentially relax your return to work guidelines to consider an employee who has been fever free without the use of fever reducing medications for 72 hour, have no respiratory or other symptoms, or have a release from the employee’s primary care provider.

What exactly does it mean to be exposed to the virus?

Exposure to the virus means coming into contact with a hard surface touched by someone known to have the virus or being within close contact of someone known to have the virus.

“Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met


Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.”


If an employee has been determined to have been exposed or has been diagnosed with COVID-19, who needs to be quarantined/isolated as a result of that in their workplace?

“The virus that causes COVID-19 is spreading from person-to-person. Someone who is actively sick with COVID-19 can spread the illness to others. That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others.

How long someone is actively sick can vary so the decision on when to release someone from isolation is made on a case-by-case basis in consultation with doctors, infection prevention and control experts, and public health officials and involves considering specifics of each situation including disease severity, illness signs and symptoms, and results of laboratory testing for that patient.

Current CDC guidance for when it is OK to release someone from isolation is made on a case by case basis and includes meeting all of the following requirements:

- The patient is free from fever without the use of fever-reducing medications.
- The patient is no longer showing symptoms, including cough.
- The patient has tested negative on at least two consecutive respiratory specimens collected at least 24 hours apart.

Someone who has been released from isolation is not considered to pose a risk of infection to others.”

Social distancing is very important as it limits personal direct exposure. Employees should be encouraged to self-monitor for symptoms of illness.


Dr. Gayle Rhodes, Board Certified Occupational Medicine Physician
We have tanks of water in our workplace for use in our production process where employees are directly exposed to the water. Can COVID-19 be transmitted through water?

“Water Transmission and COVID-19 Drinking Water, Recreational Water and Wastewater: What You Need to Know

Can the COVID-19 virus spread through drinking water?

The COVID-19 virus has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19.

Is the COVID-19 virus found in feces?

The virus that causes COVID-19 has been detected in the feces of some patients diagnosed with COVID-19. The amount of virus released from the body (shed) in stool, how long the virus is shed, and whether the virus in stool is infectious are not known.

The risk of transmission of COVID-19 from the feces of an infected person is also unknown. However, the risk is expected to be low based on data from previous outbreaks of related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). There have been no reports of fecal-oral transmission of COVID-19 to date.

Can the COVID-19 virus spread through pools and hot tubs?

There is no evidence that COVID-19 can be spread to humans through the use of pools and hot tubs. Proper operation, maintenance, and disinfection (e.g., with chlorine and bromine) of pools and hot tubs should remove or inactivate the virus that causes COVID-19.

Can the COVID-19 virus spread through sewerage systems?

CDC is reviewing all data on COVID-19 transmission as information becomes available. At this time, the risk of transmission of the virus that causes COVID-19 through sewerage systems is thought to be low. Although transmission of COVID-19 through sewage may be possible, there is no evidence to date that this has occurred. This guidance will be updated as necessary as new evidence is assessed.

SARS, a similar coronavirus, has been detected in untreated sewage for up to 2 to 14 days. In the 2003 SARS outbreak, there was documented transmission associated with sewage aerosols. Data suggest that standard municipal wastewater system chlorination practices may be sufficient to inactivate coronaviruses, as long as utilities monitor free available chlorine during treatment to ensure it has not been depleted.

Wastewater and sewage workers should use standard practices, practice basic hygiene precautions, and wear personal protective equipment (PPE) as prescribed for current work tasks. Should wastewater workers take extra precautions to protect themselves from the COVID-19 virus? Wastewater treatment plant operations should ensure workers follow routine practices to prevent exposure to wastewater. These include using engineering and administrative controls, safe work practices, and PPE normally required for work tasks when handling untreated wastewater. No additional
COVID-19–specific protections are recommended for employees involved in wastewater management operations, including those at wastewater treatment facilities. For additional information:

**CDC: Guidance for reducing health risks to workers handling human waste or sewage**

**CDC: Healthcare professionals: Frequently asked questions and answers**

**CDC: Healthy Water**

**Occupational Safety and Health Administration: COVID-19 Control and Prevention: Solid waste and wastewater management workers and employers**

**World Health Organization: Water, sanitation, hygiene and waste management for COVID-19**


**How is COVID-19 spread?**

“Although the ongoing outbreak likely resulted originally from people who were exposed to infected animals, COVID-19, like other coronaviruses, can spread between people. Infected people can spread COVID-19 through their respiratory secretions, especially when they cough or sneeze. According to the CDC, spread from person-to-person is most likely among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It’s currently unclear if a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

Given what has occurred previously with respiratory diseases such as MERS and SARS that are caused by other coronaviruses, it is likely that some person-to-person spread will continue to occur.

There is much more to learn about the transmissibility, severity, and other features associated with COVID-19, and investigations are ongoing.

**Workers Who May Have Exposure Risk**

Despite the low risk of exposure in most job sectors, some workers in the United States may have exposure infectious people, including travelers who contracted COVID-19 abroad. Workers with increased exposure risk include those involved in:

- Healthcare (including pre-hospital and medical transport workers, healthcare providers, clinical laboratory personnel, and support staff).
- Deathcare (including coroners, medical examiners, and funeral directors).
- Airline operations.
- Waste management.
- Travel to areas, including parts of China, where the virus is spreading.”
How do I help prevent the spread of the COVID-19 virus?

- **“Actively encourage sick employees to stay home:**
  - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4°F [38.0°C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
  - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
  - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
  - Do not require a healthcare provider’s note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
  - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- **Separate sick employees:**
  - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**
  - Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - Provide tissues and no-touch disposal receptacles for use by employees.
  - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
  - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
  - Visit the coughing and sneezing etiquette and clean hands webpage for more information.
- **Perform routine environmental cleaning:**
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - No additional disinfection beyond routine cleaning is recommended at this time.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

  **Advise employees before traveling to take certain steps:**

  - Check the CDC’s Traveler’s Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
  - Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - If outside the United States, sick employees should follow your company’s policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**

  - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
  - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.”


**What should I do if I have an employee who has recently been at work test positive for COVID-19?**

If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).

The COVID positive worker should be quarantined at home for 14 days. Fellow workers who have come within 6 feet of the person for a period 5 minutes or more should begin self-monitoring while remaining at work.

**Self-monitoring** means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

**They should not come to work.**
Here are numbers to call if their personal health care provider is not available:

- Call the Owensboro Health COVID-19 Hotline (24 hours a day) at 877-888-6647 to talk to a triage nurse. If it is determined that you should be seen by a medical professional, the nurse will give you instructions on where to go and what to do.
- Or Kentucky COVID-19 Hotline - 800-722-5725


How could a COVID-19 outbreak affect workplaces?


What guidance has OSHA provided in terms of control and prevention?

“In all workplaces where exposure to the COVID-19 may occur, prompt identification and isolation of potentially infectious individuals is a critical first step in protecting workers, visitors, and others at the worksite.

- Immediately isolate people suspected of having COVID-19. For example, move potentially infectious people to isolation rooms and close the doors. On an aircraft, move potentially infectious people to seats away from passengers and crew, if possible and without compromising aviation safety. In other worksites, move potentially infectious people to a location away from workers, customers, and other visitors.
- Take steps to limit spread of the person’s infectious respiratory secretions, including by providing them a facemask and asking them to wear it, if they can tolerate doing so. Note: A surgical mask on a patient or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person’s nose and mouth).
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission, including in screening, triage, or healthcare facilities.
- Restrict the number of personnel entering isolation areas, including the room of a patient with suspected/confirmed COVID-19.
- Protect workers in close contact* with the sick person by using additional engineering and administrative control, safe work practices and PPE.

*CDC defines "close contact" as being about six (6) feet (approximately two (2) meters) from an infected person or within the room or care area of an infected patient for a prolonged period while not wearing recommended PPE. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person.”

Source: https://www.osha.gov/SLTC/covid-19/controlprevention.html
What resources are available to employers as it relates to policies and procedures?

https://www.fisherphillips.com/resources-alerts-comprehensive-faqs-for-employers-on-the-covid
https://www.eeoc.gov/facts/pandemic_flu.html
https://www.dol.gov/agencies/whd/flsa/pandemic
https://www.dol.gov/agencies/whd/fmla/pandemic

Why is Owensboro Health Medical Group Occupational Medicine calling scheduled occupational medicine and workers’ compensation injury/illness patients prior to their scheduled appointment? Why is Owensboro Health Occupational Medicine requesting all walk-n patients call ahead before arriving at the clinics? Why are patients screened for the presence of a fever before entering an Owensboro Health Medical Group clinic?

Owensboro Health Medical Group is committed to protecting the health and safety of patients, staff, visitors, and our employer partners. As such, minimizing the spread of illness is of the utmost importance. Our nurse triage staff is calling scheduled patients and taking calls from walk-in patients to screen for symptoms of illness. If symptoms are present, further direction will be provided to those patients up to and including referral to the Owensboro Health COVID-19 Hotline. Screening patients for fever prior to entering an Owensboro Health Medical Group in an effort to direct patients to the most appropriate resources while minimizing the opportunity for the communication of illness.

Why don’t we test everyone who presents with symptoms?

The majority of people who contract the virus recover without medical intervention and should follow guidelines on when to seek medical care. The CDC recommends “If you develop symptoms such as fever, cough, and/or difficulty breathing, and have been in close contact with a person known to have COVID-19 or have recently traveled from an area with ongoing spread of COVID-19, stay home and call your healthcare provider. Older patients and individuals who have severe underlying medical conditions or are immunocompromised should contact their healthcare provider early, even if their illness is mild. If you have severe symptoms, such as persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips of face, contact your healthcare provider or emergency room and seek care immediately. Your doctor will determine if you have signs and symptoms of COVID-19 and whether you should be tested.”

Dr. Francis DuFrayne, Chief Medical Officer of Owensboro Health, notes that five percent of those with the virus have no symptoms at all or the symptoms are so mild that they don’t realize they have an infections. 75-80% of people have moderate-to-severe symptoms that typically don’t require hospitalization and 15% are sick enough due to the virus that they require hospitalization.

What are the distinguishing differences between seasonal allergies and COVID-19.

Seasonal allergies typically have upper respiratory symptoms such as itchy eyes, runny nose, and congestion. While a cough from sinus drainage may be present, it’s considered a productive cough. The
COVID-19 symptoms are typically a fever, lower respiratory issues including a significant, non-productive cough, and shortness of breath.

Source: Dr. Gayle Rhodes

**What guidance exists for employees who have been symptomatic or had direct exposure to a person with COVID-19 returning to work?**

For healthcare workers, the CDC recommends the following and could be used as a standard for other industries:

<table>
<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
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<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
</tbody>
</table>

HCP=healthcare personnel; PPE=personal protective equipment
The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.

Additional Scenarios:

- Refer to the footnotes above for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.
- HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient’s secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.

III. Recommendations for Monitoring Based on COVID-19 Exposure Risk

HCP in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work

1. **High- and Medium-risk Exposure Category**
   HCP in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature >100.0°F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

2. **Low-risk Exposure Category**
   HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms.
symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature > 100.0°F or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

3. **HCP who Adhere to All Recommended Infection Prevention and Control Practices**
   Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision as described under the low-risk exposure category.

4. **No Identifiable risk Exposure Category**
   HCP in the *no identifiable risk category* do not require monitoring or restriction from work.

5. **Community or travel-associated exposures**
   HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to [CDC guidance](https://www.cdc.gov/). HCP should inform their facility’s occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance. Those who fall into the *high- or medium-risk* category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work.

**Additional Considerations and Recommendations:**

While contact tracing and risk assessment, with appropriate implementation of HCP work restrictions, of potentially exposed HCP remains the recommended strategy for identifying and reducing the risk of transmission of COVID-19 to HCP, patients, and others, it is not practical or achievable in all situations. Community transmission of COVID-19 in the United States has been reported in multiple areas. This development means some recommended actions (e.g., contact tracing and risk assessment of all potentially exposed HCP) are impractical for implementation by healthcare facilities. In the setting of community transmission, all HCP are at some risk for exposure to COVID-19, whether in the workplace or in the community. Devoting resources to contact tracing and retrospective risk assessment could divert resources from other important infection prevention and control activities. Facilities should shift emphasis to more routine practices, which include asking HCP to report recognized exposures, regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when ill. Facilities should develop a plan for how they will screen for symptoms and evaluate ill HCP. This could include having HCP report absence of fever and symptoms prior to starting work each day.
Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

* Fever is either measured temperature >100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities.


Is it appropriate to screen employees as they report to work?

A. DIRECT THREAT

A “direct threat” is “a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation.” If an individual with a disability poses a direct threat despite reasonable accommodation, he or she is not protected by the nondiscrimination provisions of the ADA.

Assessments of whether an employee poses a direct threat in the workplace must be based on objective, factual information, “not on subjective perceptions . . . [or] irrational fears” about a specific disability or disabilities. The EEOC’s regulations identify four factors to consider when determining whether an employee poses a direct threat: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that potential harm will occur; and (4) the imminence of the potential harm.

**DIRECT THREAT AND PANDEMIC INFLUENZA**

Direct threat is an important ADA concept during an influenza pandemic.

Whether pandemic influenza rises to the level of a direct threat depends on the severity of the illness. If the CDC or state or local public health authorities determine that the illness is like seasonal influenza or the 2009 spring/summer H1N1 influenza, it would not pose a direct threat or justify disability-related inquiries and medical examinations. By contrast, if the CDC or state or local health authorities determine that pandemic influenza is significantly more severe, it could pose a direct threat. The assessment by the CDC or public health authorities would provide the objective evidence needed for a disability-related inquiry or medical examination.
During a pandemic, employers should rely on the latest CDC and state or local public health assessments. While the EEOC recognizes that public health recommendations may change during a crisis and differ between states, employers are expected to make their best efforts to obtain public health advice that is contemporaneous and appropriate for their location, and to make reasonable assessments of conditions in their workplace based on this information.

Source: https://www.eeoc.gov/facts/pandemic_flu.html

What You Should Know About the ADA, the Rehabilitation Act, and COVID-19

- The EEOC enforces workplace anti-discrimination laws including the Americans with Disabilities Act (ADA) and the Rehabilitation Act, including the requirement for reasonable accommodation and rules about medical examinations and inquiries.

- The ADA and Rehabilitation Act rules continue to apply, but they do not interfere with or prevent employers from following the guidelines and suggestions made by the CDC or state/local public health authorities about steps employers should take regarding COVID-19.

- The EEOC has provided guidance (a publication entitled Pandemic Preparedness in the Workplace and the Americans With Disabilities Act), consistent with these workplace protections and rules, that can help employers implement strategies to navigate the impact of COVID-19 in the workplace. This pandemic publication, which was written during the prior H1N1 outbreak, is still relevant today and identifies established ADA and Rehabilitation Act principles to answer questions frequently asked about the workplace during a pandemic.

- The World Health Organization (WHO) has declared COVID-19 to be an international pandemic. The EEOC pandemic publication includes a separate section that answers common employer questions about what to do after a pandemic has been declared. Applying these principles to the COVID-19 pandemic, the following may be useful:

  - How much information may an employer request from an employee who calls in sick, in order to protect the rest of its workforce during the COVID-19 pandemic?

    - During a pandemic, ADA-covered employers may ask such employees if they are experiencing symptoms of the pandemic virus. For COVID-19, these include symptoms such as fever, chills, cough, shortness of breath, or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA.

  - When may an ADA-covered employer take the body temperature of employees during the COVID-19 pandemic?

    - Generally, measuring an employee's body temperature is a medical examination. Because the CDC and state/local health authorities
have acknowledged community spread of COVID-19 and issued attendant precautions, employers may measure employees' body temperature. However, employers should be aware that some people with COVID-19 do not have a fever.

- **Does the ADA allow employers to require employees to stay home if they have symptoms of the COVID-19?**
  - Yes. The CDC states that employees who become ill with symptoms of COVID-19 should leave the workplace. The ADA does not interfere with employers following this advice.

- **When employees return to work, does the ADA allow employers to require doctors' notes certifying their fitness for duty?**
  - Yes. Such inquiries are permitted under the ADA either because they would not be disability-related or, if the pandemic influenza were truly severe, they would be justified under the ADA standards for disability-related inquiries of employees. As a practical matter, however, doctors and other health care professionals may be too busy during and immediately after a pandemic outbreak to provide fitness-for-duty documentation. Therefore, new approaches may be necessary, such as reliance on local clinics to provide a form, a stamp, or an e-mail to certify that an individual does not have the pandemic virus.

**Sources:**
https://www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitation_act_coronavirus.cfm

**Important Phone Numbers and Websites**

Owensboro Health’s hotline phone number is 877-888-6647 and is answered 24/7 by nurses.

The Kentucky COVID-19 hotline number is 800-722-5725.

The Indiana COVID-19 hotline number is 877-826-0011.

The Indiana department of health can be found at [www.in.gov/coronavirus](http://www.in.gov/coronavirus)

The Centers for Disease Control information can be found at [www.CDC.gov/coronavirus](http://www.CDC.gov/coronavirus)

The Kentucky Health Department information is at [www.kycovid19.ky.gov](http://www.kycovid19.ky.gov)

The Green River Health Department is at [www.healthdepartment.org](http://www.healthdepartment.org)
3/24 Employer Updates

1. Dr. Rhodes has suspended all occupational medicine pulmonary function tests across the system per recommendations of the American College of Occupational and Environmental Physicians due to droplet exposure concerns. If you have PFTs as a component of you pre-employment or ERT physical, we will perform all other aspects of that physical now; however, the PFT will be scheduled at a later date.

2. Visitor Restrictions are in place at ALL Owensboro Health locations.

3. Virtual visits are available across nearly all Owensboro Health locations. Please go to www.owensborohealth.org to find the phone number for your provider.

4. Owensboro Health COVID-19 hotline triage nurses assisting the KDPH in screening for individuals who potentially have the virus cannot provide a work release or clear to work document. Dr. Rhodes has recommended the implementation of a threat level return to work policy similar to that of Owensboro Health. If a employee has been ill but does not meet the screening criteria for COVID-19, that employee should be fever free without the use of fever reducing medications for 72 hours and have no respiratory symptoms to return to work.

5. Owensboro Health Urgent Care locations cannot provide a clear to work document following an illness at this time. Please do not send your employees to the urgent cares for this documentation.

6. Owensboro Health Medical Group will be offering employer partners onsite health screening services as a community benefit on a first come, first serve basis contingent on the availability of staff.

7. If you have questions for medical staff, Dr. Rhodes, or the health system related to COVID-19, please email kelly.conner@owensborohealth.org.

8. Ashley Phillips is available to assist with any occupational medicine/wellness questions for employers across the region at 270-688-4162.

COVID-19 Update No. 8

March 23, 2020 - As of Monday afternoon, twelve (12) cases of COVID-19 have been confirmed in Western Kentucky: eight (8) in Daviess County, two (2) in Henderson County and our first two (2) cases in Muhlenberg County. One of these cases is being treated at Owensboro Health Regional Hospital while the rest are in self quarantine at home.

We’ve expected these numbers to rise as testing increases, and we’ve been preparing for our first hospitalized case of COVID-19. These numbers will continue to grow, but the majority of cases will fully recover at home.

As always, practice social distancing and stay home as much as possible. Taking these simple precautions can limit everyone’s exposure to the virus.

Daily Dashboard

In Kentucky, at least 124 cases have been confirmed so far and with tests beginning to be more readily available, we expect this number to grow. The Daily Dashboard shows the status of the COVID-19 tests and quantities of supplies on hand.
Owensboro Health Medical Group Employer Partner Onsite Employee Health Screenings

- Owensboro Health Medical Group values our employer partners and their endeavors to assist our public health departments and our medical community in fighting this public health crisis.
- We will send staff to your employer location preceding each shift to screen for health. We will ask the screening questions and log the temperature of each employee.
- This log is maintained by the employer.
- Any individual who answers the screening questions in such a way that our screeners feel it is necessary for a formal screening by the KDPH or the Owensboro Health COVID-19 hotline, will be directed to do so.
- Any individual with a temperature greater than 100.4°F will be directed to contact the human resources representative and not allowed to enter the facility.
- Owensboro Health is providing this as a community benefit in partnership with our employers as a means to slow the spread of the virus while affording our employers an opportunity to maintain vital production.
- You will need to provide your own forehead or non-contact thermometers.
- We hope to be ready to deploy staff as early as Wednesday, 3/25/20.
- The workflow is still being written as we discuss more needs with our employer partners. Thank you for your patience. Services will be provided as staff is available.
- If you’re interested, you’ll need to email kelly.conner@owensborohealth.org the shift schedule, how many employees per shift, and the duration you want the screeners present. I will reach out to you to discuss details related to where staff reports, setup instructions, logs, standard work instructions, etc. along with availability of screeners.