As we transition to reopening the economy, employers, unions, and community-based organizations face many new health and safety challenges arising from COVID-19. The Mount Sinai Selikoff Centers for Occupational Health aim to help these groups develop plans to mitigate risk for coronavirus exposure and set up programs to protect workers. Our expert team of occupational health physicians and health and safety professionals have developed a guide to assist with safe return to work.

Services available through the Mount Sinai Selikoff Centers for Occupational Health include:

- Return-to-Work Medical Screening
- Site Visits to Evaluate Worksite Layout and Design
- Respirators: Medical Clearance and Fit Testing
- Ergonomics and Injury Prevention Programs
- Mindfulness and Stress Reduction
- Education and Training

For individual service requests, please email occmed@moundsinai.org or call 212-824-7118.
Infectious disease preparedness

If one does not already exist for your workplace, the first step is to complete a COVID-19 risk assessment and then develop an infectious disease preparedness and response plan. The assessment should begin with a review of your production flow, employee work tasks, and processes, looking for areas and job tasks where there is potential virus exposure. The review should also include part-time and off-site employees such as delivery people, your sales force, and night shift workers. The risk assessment should be the guide for your risk mitigation strategy. You also will need to know where to access up-to-date health information, since policies and regulatory changes are rapidly changing as the current situation evolves, and your plan may need to change with them.

Space design and social distancing

While working remotely is the optimal way to ensure social distancing, most businesses will need to require individuals to be present at least part-time to perform work tasks on-site, provide support, or interact with the public for sales or services. You may need to modify your floorplan, activity flow, and locations of your work areas, add protective materials such as plexiglass barriers or sneeze guards, and provide detailed training to employees. Directional signage should be placed so that workers can move and flow safely. Signage to indicate social distancing measures should also be placed strategically in corridors and where lines may form. Translations may be needed depending on the worker population or audience served. For smaller spaces where social distancing cannot be implemented, a modified work schedule will be necessary to limit the number of employees on location at one time. Restrooms and other common shared areas, such as kitchens or lactation rooms, will require specific guidelines, disinfectants and other supplies, and will need increased cleaning and disinfection.

Cleaning and Disinfection

Cleaning is the first step of the disinfection process. Cleaning removes grime and dirt that might inhibit disinfection. Disinfection is the process of inactivating or killing microorganisms. Disinfection should concentrate on high contact areas such as door handles, desks, or tools. More frequent cleaning and disinfection may be required based on usage and other environmental factors. The Environmental Protection Agency (EPA) maintains a list of disinfectants for use against the virus that causes COVID-19. When selecting a disinfectant, review the recommended contact time (wet time) for it to work and its toxicity.* Select the least toxic product that will kill the microorganism of concern. Disinfectants may contain hazardous chemicals such as Quaternary Ammonium Products (“QACs”), bleach, or other toxic chemicals. Follow these steps to protect yourself from harmful chemicals:

- Disinfectant usage should follow manufacturer’s instructions.
- Always use safe work practices such as increasing ventilation to the area, including opening doors and windows.
- Try not to aerosolize disinfectants by spraying them onto surfaces. Instead, apply disinfectant to a towel or rag and then wipe the surface.
- Do not self-dilute full-strength disinfecting agents.
- Place rags and towels used for disinfection in trash receptacles that close automatically.
- Close containers holding disinfectant solutions after use.
- Use recommended personal protective equipment (PPE) when required, including gloves, eye protection, protective garments, and appropriate respiratory protection. Note that N-95 masks (most often used for protection from the COVID-19 virus) do not protect you from airborne vapors.

* The EPA list provides contact time. Safety Data Sheets list most, but often not all the toxic chemicals in the product. Manufacturers are required to list hazardous products that are greater than 1% of the total or 0.1 % of ingredients that are known carcinogens.
Hand Hygiene

Handwashing is an important and effective COVID-19 mitigation tool. It is important to provide employees, visitors to the site, and customers a readily available place to wash their hands. Vigorous handwashing with soap and warm water for a minimum of 20 seconds will kill the virus. In construction or other outdoor work environments, ensure convenient access to soap and warm water. If soap and running water are not immediately available, provide alcohol-based hand sanitizers containing at least 60% alcohol. Promote healthy hand hygiene practices with signage, educational videos, and training on proper hand hygiene.

Workplace controls

The hierarchy of controls is a guide for employers trying to select the most feasible and effective exposure mitigation tools. Using the hierarchy of controls to mitigate exposures is the fundamental method of protecting workers, not just during the COVID-19 pandemic. Selecting feasible controls must be based on a site-specific risk assessment. The control hierarchy is adaptable to every work site. Selection of the proper control(s) will be different for every industry. The hierarchy organizes workplace controls in order of effectiveness, from the most protective to the least.

- **At the top of the hierarchy is eliminating** the hazard from the work environment. For COVID-19, working from home and eliminating workplace exposure would be the most effective way to avoid transmission. Eliminating exposures by reconfiguring the work environment is another sound control method. Substituting a workaround that eliminates exposure is another viable control option.

- **Engineering solutions** are next on the list. For example, improving ventilation by increasing filter ratings (which filters out smaller particles), the number of air exchanges per hour, and the percentage of outside air used in the HVAC system, or simply opening your windows, can be useful. Installing effective work barriers, such as plexiglass shielding, between employees, or between employees and the public, can help reduce airborne droplet transmission.

- **Administrative controls** and workplace policies can also help reduce potential exposures. These might include a clear sick leave policy for COVID-19 that can keep workers from coming to work if they are ill or suspect symptoms, rules for handwashing, and a worksite disinfection protocol (with documentation). Additional administrative controls might include: organizing staggered work hours or shift work designed to reduce congestion, developing worker/management training materials that are easy to understand, establishing protocols that help minimize contact with deliveries or visitors, and putting up signage related to COVID-19 policies.

- **Personal protective equipment** (PPE) such as masks, gloves, and protective coverings can be used alongside other controls to provide employees and customers with an additional level of protection. In some instances, PPE is the only feasible method of risk reduction. PPE has been the most-used control during the COVID-19 crisis. However, PPE is the least effective method in the hierarchy of controls because it relies on having adequate supplies, training, and proper usage. Individuals who are not properly trained may touch their mask frequently or be unfamiliar with proper practices for putting on and removing masks and gloves. Homemade and surgical masks do not protect individuals from inhaling the coronavirus, but instead reduce other employees’ exposure to droplet particles that infected persons might exhale. Employers whose workers require N95 masks or other respirators because of their risk for contracting the virus must follow the OSHA respirator program requirements, which include proper selection of respirators, medical clearance, training, and fit testing to ensure that respirators are providing the expected level of protection.
Return-to-Work (RTW) Medical Screening

As part of reopening workplaces, every employer should be implementing a plan to mitigate the risk of coronavirus infection. However, some employees may have particular individual medical conditions that place them at a higher risk of severe illness if infected, and thus may require additional safeguards. We recommend that these employees should be assessed either by their primary care physician or by a physician with experience in evaluating the hazards of the workplace. Depending on the degree of risk for an individual worker, the physician may make recommendations for accommodations such as remote work, job reassignment, increased barriers, or enhanced personal protective equipment (PPE).

Front Door Screening

Employers may designate personnel to screen incoming workers (and visitors) at the entrance of a facility. These screeners must be trained and have appropriate personal protective equipment. Screening protocols prior to entry may consist of (1) temperature checks, along with (2) a symptom check and (3) a review of risk of coronavirus exposure. Appropriate controls to permit entry, such as issuing or donning masks or gloves, or instructions on how to proceed after entering should be provided after screening.

Employees returning to work after being sick with COVID-19

The CDC does not recommend requiring employees to provide a COVID-19 test result or a doctor’s note after a sick employee recovers from COVID-19 and is ready to return to work. Return-to-work after coronavirus infection should be based on either symptom-based or time-based strategy.¹

If an employee returning after illness has a change in their work capabilities and requires accommodations to enable them to work, an assessment performed by a qualified physician can help determine an employee’s ability to perform specific tasks.

Updates on Available Testing

Three types of tests for COVID-19 are currently approved by the Food and Drug Administration (FDA) under the emergency use authorization (EUA).

- **COVID-19 ANTIGEN TEST**: An antigen is a substance that induces an immune response. On 5/9/2020, FDA issued emergency use authorization (EUA) for a new category of tests that have the advantage of rapidly detecting viral particles from samples collected by nasal swabs. Under the EUA these tests are authorized for point-of-care testing. “The Antigen tests are very specific for the virus but are not as sensitive as molecular PCR (Polymerase Chain Reaction) tests. This means that positive results from antigen tests are highly accurate, but there is a higher chance of false negatives, so negative results do not rule out infection.”² A positive test means that the person has COVID-19. A negative test may not exclude infection or prevent possible spread of the virus and should be confirmed by other testing. These tests have the advantage of lower cost, simpler design, and rapid results.

- **COVID-19 MOLECULAR TEST**: Molecular tests or PCR tests detect the presence of COVID-19 virus genetic material - viral RNA. These tests are believed to be highly accurate and according to the FDA both positive and negative tests are...
likely to be reliable. These tests offer the advantage of accurate determination of infected versus non-infected persons but have limitations in turn-around time for the test results, as well as regional variation in test availability. All but one currently authorized molecular tests must be done at a doctor’s office. There is one home-test kit currently authorized by the FDA under the EUA available “for use by individuals to self-collect nasal swab specimens at home”.

- **SEROLOGICAL TESTING**: These tests detect antibody presence in persons who were ill and mounted an immune response to an infection, such as COVID-19. These tests can help assess whether a previously infected individual has some degree of protection against re-infection with the same virus, might have had an unrecognized infection or one with minimal symptoms, or might have lower disease severity in case of re-infection. In the setting of COVID-19, however, there are multiple limitations to currently utilizing this test for determining the degree of protection from re-infection even in persons who have detectable antibodies to the SARS-CoV-2 virus. Some of these limitations include:

  - How accurately the test can detect antibodies specific to the virus that causes COVID-19, versus other coronaviruses.
  - The level of antibody titers (i.e. how many antibodies) needed to confer immunity against re-infection with COVID-19 or to decrease severity of disease in case of re-infection.
  - Whether having antibodies protects from re-activation of a virus.
  - How long the immunity might last.

Time will be needed for answers regarding lasting immunity and degree of protection from re-infection with COVID-19 in those with antibodies. At the present time, these tests are most useful in convalescent plasma donation for potential treatment of severely ill COVID-19 patients.

**Lactation Accommodation in the Workplace**

Update and share guidelines for lactation room usage to support nursing mothers in the workplace. Address issues related to how to access the space, utilization of supplies, and cleaning and disinfection practices. Post signage to encourage proper hand hygiene.

**ADA Compliance and Families First Coronavirus Response Act (FMLA expansion)**

The U.S. Equal Employment Opportunity Commission (EEOC) enforces workplace anti-discrimination laws including the Americans with Disabilities Act (ADA) and the Rehabilitation Act, including the requirement for reasonable accommodation for those with disabilities, and rules about medical examinations and inquiries. Updated guidance was issued on March 21, 2020, addressing return to work issues as businesses begin to reopen or transition employees back to their work site.

The Families First Coronavirus Response Act (FFCRA) signed into law on March 18, 2020, expands the Family and Medical Leave Act (FMLA) temporarily (until the end of December 2020) to cover leave and loss of income when an employee needs to care for children without school or childcare because of the COVID-19 pandemic. Additionally, it provides for two weeks of paid sick leave for childcare and other leave and provides tax credits related to the paid leave.

- **Employer requirements and the ADA**: When planning return to work, employers must meet all public safety codes, building codes, applicable laws, and security requirements. Specifically, as it relates to the public and employees, ADA requirements must not be compromised.
• **ADA Qualifying Conditions:** Concerns most often are centered on individuals who may be at higher risk for developing complications related to the coronavirus. This may also include older adults as identified by the [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov).

Employers must address these concerns, which could encompass but are not limited to individuals with chronic medical conditions such as diabetes, lung or heart disease, and those who are immunocompromised. A relationship between the disabling condition and the accommodation request should be provided by the employee (or their physician) to demonstrate that if infected by the coronavirus the employee could experience medical complications.

Consideration must be given to measures that reduce employee exposure to the virus as these requests are categorized as ADA-related. An employer must consider these types of requests and must engage in a dialogue with the employee to identify reasonable accommodations barring undue hardship to the employers.

• **Parameters for a Disabling Condition:** Reasonable accommodations under the federal ADA requires that an individual must have an established record as outlined in the [ADA Amendments Act](https://www.eeoc.gov/). To be eligible to receive workplace reasonable accommodations under the federal ADA, an individual must have a record of a disability, as defined by the [ADA Amendments Act](https://www.eeoc.gov/).

• **Confidentiality:** According to the [EEOC](https://www.eeoc.gov/), the ADA requires that all medical information about a particular employee be stored separately from the employee’s personnel file, thus limiting access to this confidential information. An employer may store all medical information related to COVID-19 in existing medical files. This includes an employee's statement that he has the disease or suspects he has the disease, or the employer's notes or other documentation from questioning an employee about symptoms.

• **Accommodations:** If it is determined that job accommodation is possible, the employer must do their utmost to implement these modifications barring undue hardship. This might include changes to employee assignment, types of job tasks to perform, shifts in work hours and when possible, an employee performing their job duties from home. A flexible mindset is important to maintain a strong employer – employer relationship as these changes can be temporary in nature.

### Wellness and Mental Health

The outbreak of COVID-19 has induced a considerable degree of fear, stress, and anxiety across all sectors of the workforce. The emotional toll will have a lasting effect on many individuals and their families in the months and years to come. Employers have an opportunity to support their workforce by including wellness and mental health programs as a key component of their return to work planning.

Programs may include:

- Individual, Group, and Family Counseling
- Stress Reduction and Mindfulness Programs
- Grief and Loss Counseling
- Injury Prevention and Remote Work
- Childcare and Elder Care Assistance
- Peer-to-Peer Support Groups
Checklists and Guidance Documents

Hearing Impaired COVID-19 Symptom Check

General Resources

New York State (NYS) Dept of Health – COVID-19
NYS Workers’ Compensation
NYS Resources for workers
Paid Leave Law
NYC Community Resources
OSHA Guidance on Preparing Workplaces for COVID-19
OSHA COVID-19
NIOSH Coronavirus Disease 2019
CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
WHO Coronavirus disease (COVID-19) technical guidance: Guidance for schools, workplaces & institutions
National COSH Coronavirus Resources for Workers
ACOEM COVID Resources
Infectious Diseases Society of America

Lactation Resources

CDC COVID-19 Pregnancy & Breastfeeding
CDC Proper Storage & Prep of Human Milk & Safe Cleaning Practices
The World Alliance for Breastfeeding Action (WABA)

Wellness & Mental Health Resources

NYC Well
NYS Office of Mental Health
NYS Children’s Environmental Health Center Stress resources
County Health Offices
Crisis Text Line
CDC Managing Stress

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iii  https://www.fda.gov/media/138144/download