

**Please note:** This is lightly edited transcript of the SHRM webcast, **How Business, Workers and Workplaces Should Respond to COVID-19**, which took place on March 10, 2020. It is intended to provide the content to those with hearing issues that make it impossible to listen to the program. Due to limitations of the transcription software, this transcript contains spelling and other errors. It is provided for general guidance only; you should consult with appropriate legal or medical professionals to determine what is appropriate for your workplace.

**Mike Frost (moderator):**

Hello and thank you for joining us for this update from SHRM and the Centers for Disease Control on the coronavirus or COVID-19 crisis. Before we start today's program, we want to provide you with a quick overview of the program and some guidance on using the SHRM webcast interface. We'll start with this tip: We have over 20,000 viewers watching today. If you send us requests for technical assistance, we will do our best to respond quickly. But, given how many people are with us today, there likely will be a significant delay in getting to you.

Today's program will provide up-to-the-minute guidance on the coronavirus, which is impacting individuals and businesses throughout the United States and around the globe. Today you will hear from Dr. Jay C. Butler from the Centers for Disease Control and Prevention and from the Society for Human Resource Management. You will hear from president and CEO, Johnny C. Taylor, Alexander Alonso, and Amber Clayton to start today's discussion about this crisis and the vital role HR professionals are playing in leading their organization's response to it. I'm pleased to introduce Johnny C. Taylor, SHRM-SCP. He is the president and CEO of the Society for Human Resource Management.

**Johnny C. Taylor, Jr. (SHRM):**

Good morning, Mike, and thank you all. In fact, Mike mentioned that we had some 20,000 people. I just got the latest numbers. We have 40,000 of you plus on this call, so thank you so much for joining us for this important briefing from SHRM and the Centers for Disease Control and Prevention.

You know, when we all started this, the headlines were this was a health care crisis. Over time we've come to understand that this is a global people crisis and no organization other than SHRM is better positioned as the voice of all things work, workers and the workplace to take this issue on because ultimately people are being impacted by this crisis. And so we decided to take a leadership role as a coronavirus spreads rapidly across the U.S. Business leaders are turning to SHRM in huge numbers for guidance about protecting their employees and their bottom line.

During this fast-moving situation, SHRM responded to the high demand with new expert resources and learning opportunities every day. That's why we are so excited to be able to partner with the CDC, our country's Centers for Disease Control and Prevention, to bring you this exclusive opportunity to hear directly from Dr. Jay C. Butler, the center's deputy director for infectious diseases. While I won't review his resume, all of you who registered know, he is a pre-

eminent medical health care professional, and I'm very excited to have him here with us today. Today Dr. Butler is going to give us the latest situational update, the federal response from a science perspective and advice on taking precautions and handling presumptive cases in the workplace. What should you do? We also have today with us two SHRM experts, Dr. Alexander Alonso, SHRM's chief knowledge officer, and Amber Clayton, director of the SHRM HR Knowledge Center.

They'll give you SHRM's perspective on how business leaders will manage through this crisis in their organizations. At SHRM, we have a Knowledge Center, and we are taking calls 24 hours a day and chat responses from members who really want to know how to do right by people. Together, this team of experts will address the most critical questions that we're receiving and that are concerning you—those things that you're thinking about right now.

The decisions you make in the coming days and weeks will have a long-term impact on your business and your employees. So we want to make sure that you have the right information so that you can make the right decisions as the voice of work, workers and workplaces. SHRM will continue delivering instructive webcasts and expanding our range of resources on SHRM.org. If you're not a SHRM member yet, this is a perfect opportunity for you to join us, our members-only toolkits and resources will help you manage this and other strategic business issues in these fast moving times. Rest assured, we will be here to guide you in developing a measured and informed response for your workplace. Now let's get right to it. It's my pleasure to introduce Dr. Jay Butler, the CDC's deputy director for infectious diseases. Welcome, Dr. Butler.

**Dr. Jay Butler (Centers for Disease Control):**

All right. Thank you, Johnny, and welcome, everyone. Good morning to you. I want to start just by thanking you for the opportunity to speak to you today. As Johnny mentioned, this is something that is really going to impact all of society and will have some longterm ramifications. So the more we can talk about how we work together and use the science that we have available, I think the better opportunity we're going to have to keep everyone as healthy as possible. Johnny, you mentioned when this first started, which was interesting because I reflected and realized that 10 weeks ago we had not yet heard about this. So it may seem like 10 years for many of the people who've been having to deal with it, but this is still a very new and very evolving situation. So let me start with a quick situation, a report with that knowledge of what's happened over the past 10 weeks.

So where are we now? Globally, nearly 110,000 cases have been identified of the COVID-19 infection caused by the, I'll call it the COVID-19 or coronavirus. And globally, a little over 3,800 deaths have occurred as of about 10 days ago. There was a major shift in the epidemic in that there were more cases reported every day outside of China than in China. I'm sure everyone's aware that this epidemic first evolved out of Hubei province in central China. China was very heavily impacted. Many countries around the world took steps to contain the virus and to slow entry into new countries. And as we look at where we're at now, we're at a transition phase to talk about mitigation. And I'll say more about that in a minute. We are aware of reports now from over a hundred countries around the world and the hotspots right now really are still in

China, although the number of cases has really declined dramatically over the past week, in China, but also South Korea, Iran, Japan and Europe.

And I really wanted to highlight Europe because of the heavy amount of traffic traveling that occurs between the U.S. and Europe. I know that comes to be an issue in terms of business travel as well. The first instances of reports are real outbreaks in Europe or in Italy. Italy is reporting now over 9,000 cases, but then there's also been over a thousand cases reported from each of France, Germany and Spain.

There has been quite a bit of spread within Europe. There's also been a hotspot in the Eastern Mediterranean area with over 7,000 cases now reported from Iran and a number of countries that have had spread from Iran as well over the past two weeks here in the United States were aware, aware of nearly 700 cases all together. There are 36 different states that have reported cases now—I should say 36 jurisdictions—34 states, New York City, and the District of Columbia.

To date, there have been 26 deaths reported in the U.S., the vast majority of those have occurred in a longterm care facility where infection began occurring over a week ago in the Seattle area. I think everybody has been catching the news about a number of outbreaks that have been associated with cruise ships. And so that's another area to be aware of particularly if you manage HR resources in the hospitality industry. But also if you have workers returning from vacation that might have involved a cruise. So when we talk about moving towards mitigation steps, we're talking about ways to limit the impact of the epidemic and to distribute it over as long a time as possible. So if you can picture, you know, a period of a month or a period of six months and an equal number of cases, we would rather those cases occur over the longer period of time so that businesses, so that the health care system can absorb the impact of that degree of illness as well as that degree of absenteeism.

So much of the approach right now is trying to figure out how we slow the spread broadly. That includes some of the issues such as what we call social distancing, trying to limit your exposure to other people. And things that are very simple like hand hygiene. The virus is thought to primarily be transmitted by respiratory droplets. And by respiratory droplets, I mean this would be similar to how influenza is transmitted. When you cough or sneeze, there can be small droplets generated and they can contain the virus. There is also probably some role of what we call fomite transmission so that, say, if you cough or sneeze onto the counter, the virus will survive there for a period of minutes to hours and potentially have the opportunity to contaminate someone's hands.

So again, hand hygiene is important, but another overarching issue that's important to keep in mind is cleaning of surfaces using various type of household disinfectants that are effective against viruses, specifically for businesses. The CDC has literally hundreds of specific guidelines. And if you go to the CDC website which is [cdc.gov/COVID19](https://www.cdc.gov/COVID19), you will find a homepage that has a number of tabs that can take you to various recommendations including some of the recommendations on environmental cleaning, a health care environment, but also specifically for businesses. And these interim guidelines will be updated as more information becomes available. We've been working across the Department of Health and Human Services at

the federal level as well as with other departments in the federal government to be able to work together to develop some of these guidelines in the public health world.

Our state and city health departments are the boots on the ground front line. So I want to stress that those are important resources for you out there, both in terms of educational materials, web materials, but also in terms of who do you call when you're having issues or potentially have cases that have been diagnosed at your work site. The issues that we also have some guidelines on, which I think is important for this group to consider is preventing a stigmatization and discrimination against people who have been exposed or are potentially infected. So we do have some specific guidelines out there. I think it's important to recognize right up front that, as far as we know, everyone is potentially susceptible to the infection, but there are people who are at higher risk of complications. And the most important group for you to be aware of is older people, older adults.

Nothing magic happens when you turn 60 or 70 or 80. But as each year passes, your risk, if you become infected with the COVID-19 virus, your risk of having more severe illness, which may result in hospitalization and even potentially death, increases. The recommendations—I'm going to offer a quick summary of the recommendations for businesses and for employers. And the first one is one that I think is going to be of great interest to this group because it's where you can play a very important role in prevention and that is to actively encourage sick employees to stay home. So this is a time to look at sick leave policies and ways that people can be encouraged not to come into work. I know lots of your workers are going to tend to want to tough through it and come into work like they may do with other respiratory viruses.

Even if someone is mildly ill, this is not a good time to try and tough it out because that's the kind of thing that can lead to spread in the community and ultimately runs the risk of poor outcomes for people who are at higher risk of complications such as older employees. It's important, of course, to communicate these things as early as possible and also to have, ideally, flexible telework options. So that people can, again, minimize their contact, particularly in the early phase of when the infection enters your community. If you have employees who are at work who are sick, it's important to try and separate them from other people as quickly as possible and basically to send them home. If they're clinically stable. I'm going to make a bit of an assumption that they've had mild illness if they've come into work, but at the same time they need to be aware that if they have COVID-19, there is the risk that the illness could regress and they need to contact a health care provider for further evaluation, particularly if they are at higher risk of infection.

I mentioned the role of age in being at higher risk. It's important also to recognize that certain underlying medical conditions seem to be as important as well. So that's chronic heart disease, lung disease, kidney disease or diabetes mellitus. Based on some of the epidemiology out of China, it does appear likely that particularly older individuals who smoke may be at higher risk of bad outcomes also. So in addition to emphasizing the importance of staying home when sick, also respiratory etiquette and hand hygiene, it's basically cover your cough with a Kleenex or something that's disposable, ideally, or, if that's not available, coughing or sneezing into your sleeve at the elbow but not into your hands. I know that sounds like something our mothers all told us when we were growing up, but it's actually—there's some science behind this approach

and it's critically important right now when we don't have a full armamentarium of antiviral drugs and we certainly are not close to a vaccine that's available for widespread use within the next year, year and a half.

Because it's possible that people may be asymptotically infected, we don't know exactly what role that type of person would play in transmission. It's important to make sure soap and water are available where appropriate. Alcohol-based hand cleaners as well. I think this has been actually an interesting phenomenon, how much people have seemed to have supported that. I've talked to several service personnel that usually are in the restroom when I'm in there and I have asked them, are you busier, are people using soap and water and needing paper towels more? And the answer has uniformly been yes.

And I would encourage you when you're in the washroom to you know, talk to the people around you, be a good example and wash your hands with soap and water for at least 20 seconds.

Another important factor is a routine environmental cleaning. So wiping down surfaces with things like bleach-type wipes or alcohol-based wipes. These are good things that can be done. And think of high touch surfaces, particularly high touch surfaces by multiple people. So this is things like doorknobs, keyboards, remote controls and particularly counters in public areas. I mentioned briefly travel earlier so advise employees before traveling to take steps. I think the most important source of information, because this is such a rapidly evolving situation, is CDC's travelers health website. And if you just Google CDC, coronavirus and travel, it'll take you there. But also that's one of the tabs on the CDC website. When we talk about travel, it's important to emphasize there's more than just the virus out there to be concerned about.

For instance, Israel has now started a 14-day self-quarantine on all persons coming into the country. And even though it's a self-quarantine it sounds like the plan is to enforce it fairly vigorously if people are in violation, at least the news reports were talking about up to seven years potential jail sentence for violation of quarantine. And that's an important consideration in terms of employees being overseas and potentially not able to return to work or not able to actually do the purpose of their meeting. You've probably noticed that there is a large number of mass gatherings, usually conferences and conventions that are being canceled right now. So of course, check with those meeting organizers to make sure that the meeting is actually happening before people travel. Another issue is for employees to be able to check themselves for symptoms if they've had a known exposure.

As we see more transmission in communities, it's important that people be able to recognize if they're developing symptoms and to be able to self-isolate. And finally, in terms of additional measures, we recognize that there are other aspects or secondary effects of response to the epidemic to be aware of and having flexible policies where those are important as well. Two examples that come to mind are school closures, which sometimes happen without a consultation of public health, but we also recognize that it's going to impact the work site because people will not necessarily be able to come in to work. So once again, having flexible sick leave policies and also telework options are going to be important. So that's in broad strokes, an update on the situation and a little bit of a drill-down on some of what's available with recommendations for

businesses and employers. I'm going to stop at this time and I'll look forward to taking questions, which I'm sure there's many.

**Mike Frost (moderator):**

And I'm at this point going to introduce our speakers from SHRM, Amber Clayton and Dr. Alexander Alonso. They will ask Dr. Butler some of the questions that we have received. Dr. Alonso?

**Alexander Alonso (SHRM):**

Absolutely. Dr. Butler, thank you for opening the floor to questions. One of the questions that we've received is if we have an employee with a confirmed case of COVID-19, can we expect that the CDC or our local health service provider will help us with mandatory and/or recommended courses of action specifically around protecting other employees and their families?

**Dr. Jay Butler:**

Yes. The first course of action would be to work with your state or local health department because they're going to be most aware of the community situation. When we talk about mitigation, there is a transition phase. There's a point in the epidemic beyond which you will probably be doing less because there's so much transmission that's occurring earlier on when it's new in the community. It may be more appropriate to take more steps to try and limit further spread in thinking about who might have had a higher risk of exposure such as a prolonged particularly face-to-face contact with someone and who might benefit from a self-quarantine and potentially working from home.

**Dr. Alex Alonso:**

Okay. Thank you, Dr. Butler. The next question that we received was something along the lines of this: There seems to be different schools of thought about wearing face masks. Some say only the sick and those tending to the sick should wear them. Others suggest that everyone should wear them to prevent us from touching our faces. What are your thoughts on this latter position?

**Dr. Jay Butler:**

Sure. There are two types of facemasks that we talk about. One is face masks that are used primarily to protect the wearer and in health care environments in high-risk situations. Oftentimes that's a filtering face mask—N95 is one of the specs for that. Our recommendation for those are primarily in health care settings, particularly when there's a risk of generating aerosol, such as might occur in an intensive care unit during suctioning of a patient that's on the ventilator or other things that could potentially lead to particles becoming airborne. There's really no strong evidence that the virus just naturally becomes airborne. So that's why when we talk about issues like how many, how infectious this is, it is not as infectious as a disease like measles where the virus can actually stay suspended in the air for a prolonged period of time.

The other type of face mask is like surgical masks, and our recommendation for those is primarily for people who are actually sick and symptomatic as a way to prevent them from spreading the respiratory droplets through a cough or a sneeze. And getting to your question of, well, should we all be walking around wearing masks? That's not recommended by the CDC because there really is not a lot of evidence that that's going to provide protection. And I appreciate the question raised about whether or not the mask might somehow help people keep from touching their faces. I have to say just anecdotal observations of I've been watching people particularly when I travel, who are wearing the masks and notice how many times they touch their face to adjust the mask or to adjust the strap. So I'm not sure there's really even good data to say that it's effective at keeping your hands away from your face.

**Dr. Alex Alonso:**

As a psychologist, I can say that it actually alters the human behavior to some degree such that you do touch your face more frequently.

Another question that we've received is how long does COVID-19 virus remain active on hard surfaces? And I know that you spoke to this in your opening remarks, but we had a direct question and then the next question dealt specifically with risks. Specifically with shipped containers from China. And can COVID-19 remain active in those environments?

**Dr. Jay Butler:**

The short answer and very frustrating answer is ... it depends. So let me sort of build on that a little bit. Under real-world situations, it's probably on the order of minutes and days. It depends on temperature, it depends on humidity and it also depends on the type of surface, the evidence for this type of transmission. For this particular virus, it's based primarily on what we have observed of the other coronaviruses. So this is the seventh coronavirus that's known to infect humans. There's a number of previously recognized coronaviruses that cause a mild cold-like syndrome. There are a couple—the SARS virus, also the Middle East respiratory syndrome virus—that causes a much more severe illness. COVID-19 is somewhere between those two extremes. It's likely that this virus behaves like its relatives.

So we're assuming that it is possible that transmission may occur via surfaces and we don't want to assume that it does not. In terms of the question of containers or mail, there is not good epidemiological data support that I think we would have seen more infection popping up around the world during the early days if something like mail or exported items coming out of China could become contaminated and transmit the infection.

In fact, when we were looking globally, in just a few thousand cases, almost all of those cases that were occurring outside of China were occurring in people who had recently traveled in China during the 14 days prior to becoming ill or where household contacts of someone who had come in from China developed symptoms and transmitted it in the household setting. So the data really does not support the concept of shipments being a mode of transmission. There have been laboratory studies that I think are important to recognize where we really tried to basically do whatever we could to create a situation that would make the virus survive for as long as possible

under absolutely ideal conditions, which probably are reproducible in the real world. It is possible to detect the virus for a period of longer than a day. But that was—those would be very unusual situations and they, again, the epidemiology doesn't point to that type of stable environmental contaminant mode of transmission.

**Dr. Alex Alonso:**

Thank you. We have two additional questions. The first is, normally, in your experience, how long do these types of outbreaks last and how does it compare to H1N1 in terms of its outbreak?

**Dr. Jay Butler:**

So this is going to sound like a very strange response to the question of how long. In a sense, as long as possible. And I say that because that's the goal of the mitigation is to not overwhelm society with millions of people becoming sick over a very short period of time. So that's that concept again of distributing the impact over as long a period of time as possible. Now getting at the question of, you know, when does this even under best of circumstances go away. It right now appears that this is a virus that the human population may be universally susceptible to. I can't prove that, but it certainly does, particularly as we learn more about people who are infected and become minimally ill. It is indeed very possible that this is a virus that is going to go around the world and infect the majority of people. When we look at influenza pandemics, that generally takes a period of about 12 to 18 months. And nowadays we're, we're very interconnected. Even though there have been restrictions on travel, in much of the world, there's still a lot of travel that occurs. But it doesn't require just air travel. Even looking at the 1918 pandemic that is an infection that spread really globally over a period of less than a year, even to some very remote parts of the world—in the remote parts of Alaska, presumably spread by some of the dog sled mail routes. It's very interesting to look at even then in the age before air travel, how rapidly that infection spread. The 2009 influenza pandemic is another good example of global spread of a pandemic virus.

The H1N1 was different in number of ways. First of all, it really popped up in our own backyard emerging in Mexico and the United States. So very early on we were having to deal with it on our own shores. Whereas with the coronavirus, we've had some time to address containment at the borders and to try and limit or slow the entry of the virus into the country as much as possible. Another difference is when H1N1 emerged, very early on we knew that it was susceptible to antiviral drugs. So we did have some antiviral drugs that were available and FDA-approved basically ready to go for treatment of people, particularly those who were severely ill. In the case of the coronavirus there are some theoretical options out there.

There's an antiviral drug that has now entered into clinical trials both in China and as well as in the United States. And some of the patients in the United States have received a compassionate-use protocol approved by the FDA. There's also ongoing research to identify other treatment options, whether those be antiviral drugs or monoclonal antibodies. For H1N1, we did not have a vaccine as quickly as we wanted, although based on what we would have projected of how long it takes to develop a pandemic flu vaccine, it actually was ahead of schedule, but it still wasn't ahead of the pandemic. So I think because we're starting with a completely new virus, potentially

new vaccine platforms, we're probably close to two months out from having a vaccine that would even be ready to enter into human trials.

And after that it's anywhere from 12 to 18 months before I think we would anticipate having an FDA-approved drug that's proven to be safe and effective and available for the general population. The last thing I'll mention is a difference in who is impacted. H1N1 was the pediatric pandemic. Depending on who you talk to, I think there were some people who hardly noticed there was a pandemic. If you talk to a pediatric intensive care specialist, it was a life-changing event because there were young people, vigorous young people who became severely ill and some died from H1N1. The group that is at highest risk as we were discussing earlier for the coronavirus infection for severe illness are older people.

And then also particularly older people with chronic underlying medical conditions. Infections can occur in kids, but they really represent a very small proportion of the cases that come to medical attention. So it does appear that either it's innate resistance to a severe infection that younger people have. Or perhaps there is some pre-existing immunity maybe from exposure to one of the other common coronaviruses that kids oftentimes get that we still don't have a really good handle on.

**Dr. Alex Alonso:**

Speaking of infection, another question that we've received is when is a person most contagious and how long can they be ill or have the virus before it turns into something that is diagnosable?

**Dr. Jay Butler:**

That's a great question. And I say it's a great question because that's one of the questions we are always asking of the data as we receive it as well. It appears based on viral load information that a person is more infectious early in the course of the infection and as it progresses, the amount of virus that at least is detectable in the nose and in the respiratory secretions begins to decline fairly dramatically. There is some epidemiological evidence that it's possible that someone could be infectious before onset of symptoms. So that's one of the reasons why we encourage at this point in time that people be fairly aggressive at staying home if they're feeling like they may be coming down with something. It also, I think in terms of that, that the latter half of the question, how long are they infectious afterwards?

We're still reviewing that and coming up with good guidelines because that's also important in terms of knowing when to discontinue infection control precautions as well. In general we're thinking that it's probably at least 14 days after onset of symptoms and probably about three days after the symptoms have resolved. We will get more details on that as we get more data, but that's the way we're synthesizing the limited data that we have so far. So, maybe, our bottom-line on that one is that this is probably not a 24-hour bug. People who have COVID-19 really should probably be isolated for a period of several days. So it gets back to the sick leave policy questions.

**Dr. Alex Alonso:**

Another question: Is it possible for someone to be reinfected with [inaudible] after they've had it or COVID-19 and then the followup to that is what distinguishes this from the flu?

**Dr. Jay Butler:**

Reinfection is not known to occur. But, again, we're talking about limited data. We've recognized COVID-19 for 10 weeks, so that would be really bad luck to get it twice in a 10-week period. That's one of the things that we certainly are monitoring for, to determine whether or not re-infection is possible. If we look at the other coronaviruses there is an antibody response, but it's not lifelong. So it is possible that someone could become re-infected somewhere down the road, although that might be more likely to be on the order of years, not days or weeks. Um, in terms of the question about influence, I mean we compared the two in terms of epidemics earlier, but the important question is what is the role of flu vaccine.

There's no evidence that flu vaccine would provide protection against COVID-19, and we wouldn't expect that. These are completely different types of viral viruses that, although they cause a fairly similar illness, the reason it's important to get a flu shot is because, there's already been tens of millions of cases of influenza this year. We estimate that about 20,000 deaths related to influenza infection have occurred in the United States this year. And this is also a pretty bad flu year. We started with early influenza B activity that began to tail off. And then, or about the same time, we saw an increase in influenza, in H1N1, basically the descendants of that 2009 pandemic strain. And in the past couple of weeks we've really been at the peak of a flu season. So the flu shot will protect you against influenza and our estimates are it's about 50% protective this year. So it's better than some of the recent years. Also, it helps maintain the workforce as well as the health care system to not be overwhelmed with flu patients. And that's definitely a concern we have where we've heard of hospitals that are pretty stressed out with the flu that's happening right now as well.

**Dr. Alex Alonso:**

Thank you. The next question is what are the best sources for testing and where are the best sources for testing in some way? And that has a second part, which is what can employers and specifically HR professionals do to help promulgate that information?

**Dr. Jay Butler:**

Testing is now predominantly being performed either at state or local health labs. The testing capacity is out there in all 50 states. There's also a number of commercial laboratories that are able to do testing as well. I think the best source of finding out where to go and get tested is through your state or local health department.

**Dr. Alex Alonso:**

Final question for you, Dr. Butler: What guidance do you have for employers in terms of any questions that they might have regarding coronavirus?

**Dr. Jay Butler:**

So I think you could certainly start with the CDC website and let me get that again. It's [cdc.gov/COVID19](https://www.cdc.gov/COVID19). I know if you just Google "CDC coronavirus," it'll be on top, or maybe after the news breaks. It will give you a link to the [cdc.gov](https://www.cdc.gov) website. The other is to visit your state or local health department website. They may have particularly more timely data on the amount of disease that's occurring in your area and also have some specific guidelines for your state or city.

**Dr. Alex Alonso:**

Thank you, Dr. Butler. I want to thank you for sharing your time and your insights with us here today. We are now going to go ahead and transition over to Amber to kind of deal with some other recurring questions that are more from the employer perspective.

**Amber Clayton:**

We've received a number of questions on coronavirus and how it impacts the workplace. And one of the questions that we received is can an employer ask an employee who's been coughing or sneezing to wear a mask or can they just send the employee home? This is a really good question. We've already talked a little bit about employers requiring employees to wear a mask in positions like health care where there's a hazard where the employee could potentially be working with someone who's been directly infected with their coronavirus. However, there's no specific guidance that says employers can require an employee to wear a mask when they're coughing or sneezing. It could certainly be encouraged though. But again, going back to what Dr. Butler said, not everyone is going to need a mask nor should people wear masks, especially when they're in low-risk areas and it may not even help with the virus.

So if employees want to wear masks, that's something you want to speak directly with your employees about. An employer can also send an employee home, keep in mind though that coughing and sneezing actually could be related to other illnesses like allergies. And so you'll want to talk to the employee then decide whether it's appropriate to send the employee home or not. Employers may ask, you know, how the employee's doing, but be aware that asking specific questions like, do you have the coronavirus could potentially run afoul of the Americans with Disabilities Act. And I'm going to be mentioning some laws on the call today that we're not going to go through all the specific regulations, but I definitely encourage employers to take a look at those websites so that you understand what your rules are or guidance with respect to complying with those laws.

**Dr. Alex Alonso:**

Okay. Another question that we received from our audience is if you are a food establishment or offer a company cafeteria, what best practices would you suggest to keep everyone safe? For instance, should we close the salad bar? That would be one option. Certainly there other options available depending upon the setup. Many organizations like this have opted to designate employees to serve the food or have limited the access that the general public has to this information or to this food. These types of businesses should also be monitoring the food bars

already, but could be even more proactive in watching customers if it is left for them to serve themselves as usual. Cleaning the food service prep areas is absolutely critical as well as the utensils. And we ask that each of these organizations follow the guidance provided by the CDC or OSHA. In addition, we've also got a subsequent question, which is if we have a food service employee who has tested positive for the COVID-19 virus, do we have an obligation to inform previous customers? The answer to this is yes, a business would need to notify employees as well as customers and vendors that an employee was diagnosed with the virus and recommend that if they were there during that specific period, those individuals who might've been exposed should seek additional guidance.

**Amber Clayton:**

On that, Alex, just making sure that the employer's keeping the name and personal information and medical condition confidential is important and in those situations, another question that we received is can we impose return-to-work conditions after an employee has been out sick with either COVID-19 or an undiagnosed respiratory ailment? For example, should they be fever-free without fever reducing medications for 24 hours? An employer could require employees to remain out for 24 hours after their fever. CDC actually has information on the website that recommends it. An employer could also have policies in place which require a doctor's note after being out for a specific number of days. But keep in mind, though, that not everyone who has the flu or other respiratory ailment will have a fever and not all employees will go to the doctor when they're sick. The CDC has also recommended that employers not require doctor's notice at this time because we know that medical professionals are going to be extremely busy during this time and they may not be able to provide documentation timely. Again, this is going to be up to the employer. This is a recommendation by the CDC with respect to doctor's notes, but employers can require a doctor's notes releasing employees back to work after being out due to an illness.

**Dr. Alex Alonso:**

A subsequent question is what do you recommend for employees who are exhibiting signs of illness or say they don't feel well but refuse to go home? Usually because they can't afford not to earn their wages. ... But we do recommend that employers consider paying them. There is a trend of employers and a trend that we're seeing here in terms of our research as well as our Knowledge Center that answers a variety of different questions and is available to you SHRM members to answer questions regarding this and other issues. And the trend that we're seeing is specifically around what employers should do and many of them are paying their employees because they cannot afford for the operations to have to sustain a bigger impact or exposure to the possible epidemic.

In addition, what we're seeing is that if employers are interested in doing so, they could have them use paid leave such as vacation, PTO and sick leave, even allowing them to go into a negative leave bank if needed before requiring an employer to use their PTO or sick leave, check state local paid sick leave laws to ensure compliance. And we asked that employers should also look into any short term disability plans that may provide paid leave during a medically related

absence like this. For more information about these things, we also point you to the SHRM.org website.

**Amber Clayton:**

Another question that came in is, are there any legal issues if a company asks employees to voluntarily share their personal travel locations with their manager and HR?

Keep in mind there could be potential privacy issues when asking about personal travel and there could possibly be discrimination issues if, for example, employers only ask Asian employees to notify them of their personal travels. Employers should have guidance across the organization asking employees to disclose to the employer when family members have been to an area affected by the coronavirus. Another one here is, is the coronavirus considered a serious health condition and thus protected under the Family and Medical Leave Act. (The flu is not protected under FMLA.) So with the coronavirus, it would likely be considered a serious health condition under the FMLA due to the quarantine guidance of 14 days. It could be argued that it meets the incapacity of more than three consecutive days with either two or more in-person visits to the health care provider within 30 days, incapacity or one in-person visit to the health care provider with a regiment of continuing treatment. Well, common colds and the flu don't usually rise to the level of serious health condition. They actually could if they met one of the criteria under the FMLA such as the one I just mentioned.

**Dr. Alex Alonso:**

Speaking of the cold and the flu, if an employee has a cold or flu symptoms but has not recently traveled, we are still suggesting that they work from home. Would you recommend a 14-day quarantine? The answer is employers may suggest a sick employee stay home or work from home. It is not recommended though for employers to require employees to self-quarantine for 14 days if they are a low-level risk according to the State Department travel alerts or the CDCs risk assessment levels as described by Dr. Butler earlier. An additional question is: We have confirmed cases of the virus in our area. How would you suggest we best deal with mental stress of employees who are too scared to come to work? Employers should provide information on the coronavirus such as the information that's provided to you here and what they are doing to prevent the spread of the disease within their workplaces. Listen to your employee's concerns and try to make accommodations where you can.

For example, some employees may prefer to work from home or wear a mask while working employees may want to work a different schedule to limit their exposure to a large number of employees. Employers may be able to get creative depending upon their workplace, and we advise that employers take a very calm and prepared approach to this and be methodical with it. The last thing that we want to do is generate or promote hysteria.

**Amber Clayton:**

Another question we are seeing today, and actually we've received this question before here in the Knowledge Center from our members, is should we require that new hires wait longer than two weeks before they start work if they've been on a cruise or international vacation before hiring? So employers should really assess the risk by reviewing the State Department's travel alerts and the CDC's risk assessment levels and, if there is a high risk, employers may want to delete the start dates or allow new hires to begin actually working from home first.

**Dr. Alex Alonso:**

Let me add in another question we got: We are located in Snohomish, Washington, health district, the initial area of infection in the U.S. The wife of one of our employees is quarantined. She was a nurse who treated two of the cases that resulted in death. Our employee has not been tested and he tried to come to work. Today we encouraged him to stay home. But do we have the right to require him not to come to work if we feel there is a concern?

Employers have a duty under OSHA's general duty clause to furnish a place of employment which is free from recognized hazards that are causing or likely to cause death or serious physical harm to their employees. If an employee or an employer has objective evidence that an employee has been exposed to coronavirus or COVID-19, they should require the employee to work from home or take leave for the 14-day recommended period. In addition, we also have another question, which is we have an employee traveling for personal reasons to Rome. Any advice on what we can or should do when he returns to the U.S. Again, this is the same principle here. Employers who have employees who travel to high-risk areas should require employees not to return to the work site for 14 days. We could, if possible, allow the employee, and this is one thing you might try, is allow the employee to work remotely if that is feasible or to take some form of leave.

**Amber Clayton:**

Along the same lines as the remote work. We had a question: If our remote team members become sick and they need to be quarantined, what portion of their time are we required to compensate? They'll technically be at the work site but not necessarily working, so there's a couple of pieces to this. For example, employees who are non-exempt under the federal Fair Labor Standards Act are not required to be paid for time not worked. Exempt employees typically receive a guaranteed salary—if they work any part of the work week, they are required to get paid their salary for the full week. Now if they don't work at all during the work week, then there is no requirement to pay that salary. The employers will want to review the state and local laws also to determine if any employees need to be paid sick time. So for some employers, it is part of their policies or practices.

They may actually require employees to use their vacation or PTO or sick time, but there are some state and local pay paid sick leave laws that do need to be reviewed and ensure that you're compliant with it. The other thing is that employers should also check if there's any language within a collective bargaining agreement, employment contracts, any company policies or practices and determine if and how those employees are paid. And again, you know, go back to look at your disability plan benefits as well. To see if it was, if it is a disability that would qualify

for benefits and that could be another thing that could potentially come into play if someone is out of work due to the current virus.

**Dr. Alex Alonso:**

I will go ahead and take one last question here: Should we require a doctor's note for clearance to return to work before allowing any employee who has been out sick back into the work site? The answer is many employers have a policy requiring employees to provide a doctor's note after being out for a specific number of days. The CDC suggests that employers not require a health provider's note for employees who are sick as there is a large demand related to health care providers' time. At this point in time, what they do recommend is just as Dr. Butler suggested, that you use the resources available to you at your public health sites as well as your public health offices within each state. At this time, I'd also like to take the opportunity to remind everyone that we have a variety of different offerings related to this through SHRM.

First and foremost, we have the Knowledge Center, which consists of a knowledge advisor service available to our members that provides a variety of resources including individual HR professionals who can answer your questions on the spot. We also have a resource toolkit online through our communicable diseases toolkit. And so that is a resource. I will now turn it back over to Mike. Thank you so much.

**Mike Frost (moderator):**

Thank you.

SHRM invites you to join us for SHRM Live 2020 on March 17 from 2 to 3:30 PM Eastern time. 11:00 AM Pacific. This virtual event offers an in-depth look at the complex political and policy landscape that impacts workplaces. Pressing topics like the coronavirus will be covered. SHRM Live is free to SHRM members. For more information, visit [SHRM.org/SHRMLive20](https://www.shrm.org/SHRMLive20).

As Dr. Alonso mentioned, SHRM is making resources available to help businesses of all sizes and types respond to this unprecedented health crisis. You can find articles, forums, webcasts, and more on the SHRM communicable diseases page at [shrm.co/healthsafety](https://www.shrm.co/healthsafety).

Before we sign off, we want to thank to our presenters, Dr. Jay C. Butler from the Centers for Disease Control and Prevention, and Johnny C. Taylor Jr., Dr. Alexander Alonso, and Amber Clayton from the Society for Human Resource Management. Thank you for the insight you shared today and we want to thank our audience for joining in today. That concludes this program.