

Guidance for Human Resources Staff: COVID-19 Preparedness Phase

This document provides general guidance to HR staff in addressing issues arising in our workplaces related to the Coronavirus Disease 2019 (COVID-19). The information is based on interim guidance from the Centers for Disease Control and Prevention (CDC), the Wisconsin Department of Health Services, other state and university sources as of the date noted in the footer. The document will be updated as additional information becomes available in accordance with the direction established by Wisconsin Public Health Officials.

BACKGROUND INFORMATION ON COVID-19

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading in numerous countries, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities.

COVID-19 is a new disease and **the CDC is still learning how it spreads**, the severity of illness it causes, and to what extent it may spread in the United States. Currently, the virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.
- It may be possible that 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, but this is not thought to be the main way the virus spreads.

Additional up to date resources and information about COVID-19 can be found here:

- [Wisconsin Department of Health Services](#)
- [Centers for Disease Control and Prevention](#)
- [United States Department of Labor Occupational Safety and Health Administration](#)
- [United States Department of State](#)
- [Public Health Madison Dane County](#)

CURRENT RISK IN THE WORKPLACE

At this time, most U.S. workers remain at low risk of exposure. According to the United States Department of Labor Occupational Safety and Health Administration, the U.S. Centers for Disease Control and Prevention (CDC) emphasizes that while the novel coronavirus, COVID-19, poses a potentially serious public health threat, the risk to individuals is dependent on exposure. For most people in the United States, including most types of workers, the risk of infection with COVID-19 is currently low.

Discrimination will not be tolerated. Remember: COVID-19 is not specific to an ethnicity or race. Racist behaviors or stereotyping are not tolerated. Employees who experience harassment or discrimination are encouraged to contact a human resources representative. To prevent stigma and discrimination in the workplace, do not make determinations of risk regarding COVID-19 based on race or country of origin, and be sure to maintain confidentiality of any people who are confirmed to have COVID-19.

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PREVENTATIVE MEASURES IN THE WORKPLACE

Avoid Exposure. The [CDC](#) advises that the best way to prevent infection is to avoid being exposed to the virus that causes COVID-19. There are simple everyday actions everyone can take to help prevent the spread of respiratory viruses:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Actively encourage sick employees to stay home. According to the [CDC](#), employees who have flu-like symptoms (fever of 100° F or higher (using an oral thermometer), cough or sore throat, headache or body aches, and in some cases diarrhea and vomiting) or symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100° F or higher 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 follow their work unit's sick leave notification procedures, including notifying their supervisor and staying home if they are sick.

MANAGING SICK EMPLOYEES

Employees who are sick with COVID-19 or suspect they are infected with the virus that causes COVID-19, will follow CDC guidance and self-quarantine for 14 days and monitor for symptoms (fever of 100° F or higher, cough, shortness of breath) during this time. **An employee may not return to the workplace until the quarantine period expires** and the employee is no longer considered infectious.

- Employees returning from a [CDC Level 3 travel advisory area](#) (South Korea, China, Italy, or Iran), **may not return to the workplace for 14 days.** To protect the community, employees will follow the [steps identified by the CDC](#) to help prevent the disease from spreading to people in their home and community.
- An employee can be disciplined for failure to follow these directives.
- Employees returning from any location under a [Level 2 CDC Travel Health Notice](#), are advised to self-monitor for 14 days for symptoms (fever of 100° F or higher, cough, shortness of breath). If this happens, employees should notify their supervisor or local HR as appropriate that they will not be into work and the employee should limit activity in congregate settings. The CDC defines "congregate" settings as crowded public places where close contact with others may occur, such as shopping centers, movie theaters, and stadiums.
- Employees who suspect they have been exposed to COVID-19 should contact their medical provider and discuss testing.

Separating Sick Employees. The [CDC](#) recommends that employees who exhibit flu-like symptoms (fever of 100° F or higher, cough or sore throat, headache or body aches, and in some cases diarrhea and vomiting) or acute respiratory illness symptoms (fever of 100° F or higher, 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).

- To encourage sick employees to stay home, agencies may consider a suspension of absence policies which impose discipline for sick leave beyond a specific threshold or policies that require medical verification to avoid a penalty for use of sick leave. Additional guidance will be provided if this becomes a necessary step.

Sending Employees Home. Supervisors and/or HR staff can send employees home who exhibit flu-like symptoms (fever of 100° F or higher, cough or sore throat, headache or body aches, and in some cases diarrhea and vomiting) or acute respiratory illness symptoms (fever of 100° F or higher, cough, shortness of breath) or otherwise appear very sick, and are unable to perform their duties. In this instance, the employer is designating the employee as "unfit for duty".

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- Supervisors and/or HR staff should never take an employee's temperature or attempt to do any medical evaluation of an employee, even if the supervisor and/or HR representative is also a trained medical professional.
- If the employee is not able to immediately leave the workplace due to transportation issues, the employee should be separated in a non-public area. Alternative transportation should be encouraged if the employee uses public transportation to get to work.
- If after discussion regarding the necessity of protecting the employee's health and the health of the workforce, the employee refuses to leave work, the supervisor should order the employee to leave. Human resources staff should be available for consultation to supervisors unsure about whether to send an employee home.
- Whether an employee calls in and does not report to work or is sent home from work with flu-like symptoms, the employee is considered unfit for duty and may not return to work until the applicable interval has passed. Employees will be required to use the appropriate leave category. Employees with no available sick leave or alternate leave will be placed on approved leave without pay for the duration of his/her illness.

Medical verification. Consistent with CDC and Wisconsin Public Health recommendations, normal agency requirements to provide a doctor's note to justify an extended absence have been temporarily suspended for an employee's absence due to flu-like (COVID-19) symptoms, *unless* the employee is currently required to provide medical verification for all absences. *However, employees do need to follow normal work unit procedures when calling in sick (including calling in sick each day of your absence). Before returning to work, employees need to contact their supervisor to provide an update on their status.*

Employees who care for family members who have been diagnosed with COVID-19 fall into the CDC's "medium risk" category and will be quarantined for a minimum of 14 days.

Workplace Notice re COVID-19 Confirmation. If an employee is confirmed to have COVID-19, agencies 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. DPM has a workforce notice if needed.

SPECIFIC GUIDANCE FOR STAFF WHO WORK IN HEALTH CARE SETTINGS

Employees who regularly work in health care settings, including health care providers, support staff, and security staff, must remain home until they are fever-free for 24 hours. The CDC has provided [additional guidance for health care providers who provide direct patients with confirmed or suspected COVID-19](#).

EMPLOYEE LEAVE GUIDELINES

Leave Management. Employees are able to use their accrued sick leave for absences from employment for personal illnesses, exposure to contagious disease, to care for an immediate family member, and for any absence covered by the Wisconsin Family and Medical Leave Act (WFMLA) or Federal Family and Medical Leave Act (FMLA).

Employees may also use other available leave to cover absences from work. If no leave balances are available to an employee, agencies should be flexible in allowing Leave without Pay for affected employees. If an employee has paid leave available, it must be exhausted prior to allowing Leave without Pay unless it is designated FMLA/WFMLA.

It may be appropriate to designate FMLA/WFMLA for an employee who becomes sick with COVID-19. While FMLA regulations state that "the flu" ordinarily does not meet FMLA's definition of a "serious health condition," [the flu can still qualify as an FMLA serious health condition](#) if it meets that definition, such as inpatient care or continuing treatment by a healthcare provider. In the same way, COVID-19 may qualify as a serious health condition under FMLA/WFMLA depending upon the specific situation. For example, an eligible employee or their covered family member who contracts COVID-19 may qualify for FMLA/WFMLA leave.

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Working from Home and Telecommuting. Telecommuting is *not* available for many state employees due to the nature of their jobs. However, in instances in which employees can work from home agencies should have a policy or procedure ready for use. DPM has a template policy available if needed. Employees can be permitted to telecommute while self-quarantining.

Individual requests to work remotely or telecommute will first be discussed by the employee with their supervisor and then the employee's HR representative. Individual requests should be reviewed and considered on a case-by-case basis and consider the needs of the job and the agency or work unit. If remote work or telecommuting is approved, be sure to have a telecommuting agreement on file for the employee.

GUIDELINES RELATED TO AN EMPLOYERS' DISABILITY-RELATED INQUIRIES AND MEDICAL EXAMINATIONS

Under the ADA, making disability-related inquiries or requiring medical examinations of employees to determine if they have COVID-19 are generally not allowed. However, asking an individual about symptoms of a cold or the seasonal flu is not likely to elicit information about a disability, so is permitted.

Employers may ask employees who report feeling ill at work if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. This is not considered a disability-related inquiry if the influenza is not classified by the CDC or local health officials as severe.

- If COVID-19 is classified as severe, the inquiries, even if disability-related, are justified by a reasonable belief based on objective evidence that the severe form of COVID-19 poses a direct threat.
- Inquiries to determine if an individual would be in a high-risk group for COVID-19 due to a chronic health condition like asthma are not permitted **prior to a pandemic** being declared and if the pandemic that is declared is not classified as severe. However, such inquiries may be made if public health officials find that the illness caused by the pandemic is generally severe.

Any medical information obtained or disclosed, including the identity of an employee with a communicable disease such as COVID-19, should be kept confidential to the extent required by law. Certain sharing about this information is allowed under the law including:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations.

As a reminder, the ADA prohibits covered employers from excluding individuals with disabilities from the workplace for health or safety reasons unless they pose a "direct threat" **which means** a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodations.

- Assessment of whether an employee poses a direct threat must be based on objective, factual information, "not on subjective perceptions."
- Whether COVID-19 rises to the level of a direct threat depends on the severity of the illness. If the CDC or state and local health authorities determine COVID-19 is significantly more severe an employee who has COVID-19 may be considered to be a direct threat in some situations. Before doing anything consult with the Bureau of Equity and Inclusion.
- The ADA requires reasonable accommodations for individuals with disabilities during a pandemic. During a pandemic, reasonable accommodations must continue to be provided unless these constitute an undue hardship.
- Working remotely could be considered as an accommodation during a pandemic.

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The Equal Employment Opportunity Commission (EEOC) [issued the following guidance](https://www.eeoc.gov/facts/pandemic_flu.html) to distribute to the workforce in the event of global health emergency. Pandemic Preparedness in the Workplace and the Americans with Disabilities Act: https://www.eeoc.gov/facts/pandemic_flu.html

TRAVEL IMPACTS INFORMATION FOR EMPLOYEES

Traveling for State Business. At this time, there are no restrictions on in-state or out-of-state travel for state employees. However, agencies are strongly encouraged to assess all travel to determine if it necessary and whether an alternate option is available to limit in person meetings.

Personal Travel Information. The [CDC](#) advises the following steps before traveling:

- Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. More travel information can be found on the [CDC website](#).
- If employees have upcoming international travel plans for either Spring Break or other business-related reasons, it is advisable to reconsider them. There could be substantial travel delays and/or new restrictions, along with possible prolonged isolation when you return home, with significant impact on your personal and professional plans.
- 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 traveling outside the United States, sick employees should follow their health plan'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.
- The State has not yet suspended state-sponsored travel to any domestic or foreign location including Italy, South Korea, and mainland China, but this may change in the very near future.

WHAT IS THE STATE DOING TO PREPARE FOR COVID-19

The State has officially enacted weekly, or more frequently as needed, strategy meetings between the Department of Health Services Public Health Officials and the Department of Administration. In these discussions, DHS officials provided status updates regarding COVID-19 in Wisconsin and the US as well as any additional steps needed to protect the workforce, or the public based on CDC guidance and direction.

All agencies are reviewing Continuity of Operations Plans (COOP) plans for pandemic preparations and contingency strategies particularity for those agencies tasked with provided care in our veterans' homes, schools, DHS facilities, and prisons. The state has various strategies which can be used to address shortages and supplement the workforce if needed during a variety of emergency situations. While it is hopeful a pandemic will not arise, preparedness is essential in the event it does occur.

Additional direction and information will be provided as the situation evolves.

ADDITIONAL INFORMATION

HR updates will continue to be provided via HR Leadership meetings, email announcements and documents like this one. Please remember to keep COOP plans updated and any essential employee lists/information updated. If you don't see your HR issue or concern addressed about COVID-19 in the materials provided in this document, please contact Stacey Rolston or Scott Thompson for additional assistance and support.