RESOURCES FOR REOPENING

Clients may be planning ahead for employees to return to the worksite

Cigna recognizes the many variables clients, like you, will need to consider when planning to reopen worksites for employees, such as local, state, and federal guidelines, availability of tests, composition of workforce, and worksite preparedness.

Once regulatory restrictions are lifted that allow non-essential workers to return to worksites, we anticipate many employers will want to develop safety protocols to protect employees returning to worksites. These protocols may include physical changes to worksites / seating arrangements, staggered work schedules, additional cleaning protocols, and worksite health screenings. These requirements and recommendations can vary depending on risk stratification of employees and evolving guidelines from the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA).

Employers may also consider implementing various measures including daily temperature checks, risk assessment questions, personal protective equipment (PPE) fitting and education, plans to address sick employees on site, and contact tracing of co-workers. Whatever measures are decided upon should also be supported by additional safety standards such as signage for consistent messaging, safe distancing protocols, access to hand-washing and hand sanitizers, provision of face coverings, and screening tests where indicated. Measures should also align with the U.S. Equal Employment Opportunity Commission (EEOC) and Americans with Disabilities Act (ADA) compliance.

We created this reference document to support you in this process that includes links to important guidance and helpful information from the CDC, OSHA, U.S. Food & Drug Administration (FDA) and other sources, making it easier to access all in one place. We also have information to share about all of the ways we can support clients in the future to help plan their return to worksite strategies.

How can I minimize the risk of COVID-19 infection at my workplace?

Key questions to ask as you plan to bring employees back to the worksite

1. Can I maintain a safe work environment between employees to observe social distancing?

Social distancing means avoiding large gatherings and maintaining distance (at least 6 feet) from others when possible. Strategies that businesses could use include:

- Allowing flexible worksites, such as telework
- Allowing flexible work hours, such as staggered shifts
- Increasing physical space between employees at the worksite
- Increasing physical space between employees and customers, such as a drive-through and partitions
- Implementing flexible meeting and travel options, such as postponing non-essential meetings or events
- Delivering services remotely; e.g., phone, video, or web
- Delivering products through curbside pick-up or delivery

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2. Do I need to supply masks?

Cloth face coverings may prevent people who don't know they have the virus from transmitting it to others. These face coverings are not surgical masks or respirators and are not appropriate substitutes for them in workplaces where masks or respirators are recommended or required. Employee can bring these from home or the employer could supply them.

Employees should continue to follow their routine policies and procedures for personal protective equipment (PPE), if already in place, that they would ordinarily use for their job tasks.

When cleaning and disinfecting, employees should always wear gloves and gowns appropriate for the chemicals being used. Employers need to review their cleaning policies and procedures considering OSHA guidelines. Additional PPE may be needed based on setting and product.

The CDC does not recommend the use of PPE in workplaces where it is not routinely recommended. Facilities can use the hierarchy of controls, such as administrative and engineering controls – these strategies are even more effective at preventing exposures than wearing PPE.

3. How often should my employees wash their hands at work?

CDC recommends employees protect themselves from respiratory illness with everyday preventive actions, including good hand hygiene. Employees should wash hands often with soap and water for at least 20 seconds, or use a hand sanitizer that contains at least 60 percent alcohol if soap and water are not readily available, especially during key times when persons are likely to be infected by or spread germs, such as:

- After blowing one's nose, coughing, or sneezing
- Before, during, and after preparing food
- After using the toilet
- After touching garbage
- Before and after the work shift
- Before and after work breaks
- After touching objects that have been handled by customers

Please see the CDC website for additional information.

4. What symptoms should employers be able to recognize?

Individuals with COVID-19 have had a wide range of symptoms reported from mild to severe illness.

The most common symptoms that may appear **2-14 days after exposure to the virus include**:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

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5. How can employers help prevent workplace transmission of COVID-19?

The CDC and OSHA offer the following recommendations and resources:

- CDC Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19). This CDC web page provides guidance on how to reduce spread among employees, respond if an employee becomes ill, educate employees on how they can minimize their risk at work, and maintain healthy business operations and a health work environment.

- CDC guidelines for cleaning and disinfecting your workplace including recommendations for routine cleaning, cleaning when an employee has been sick in the workplace, and recommendations for minimizing risk to environmental service employees.

- OSHA overview: The OSHA web page provides information on preventing employee exposure to COVID-19. This information also includes helpful industry-specific (e.g. manufacturing, retail, etc.) links.

- OSHA Standards: This web page contains updated OSHA standards and directives for compliance officers and other information about worker exposure including personal protective equipment (PPE) standards. Links to state-specific guidelines are available here.

What about antibody testing?

Health officials do not have enough data to prove that antibody testing can aid in determining the health or level of protection of employees. Much has been said online about antibody testing, better known medically as serology testing, and its role in helping to return employees to the worksite. This testing detects antibodies produced by the body over time after exposure to a virus, but it is not known if current testing kits are accurate enough, which could leave employers and their workforce with a false sense of security.

There are several FDA Emergency Use Authorized (EUA) approved antibody tests available. **Any test used for diagnosis that has FDA EUA approval will be covered by Cigna if performed in a high complexity CLIA (Clinical Laboratory Improvement Amendments) Lab.** However, there are several more tests promoted online that do not have FDA EUA approval.

Challenges with antibody testing

As there are many gaps in the understanding of the value of antibody tests, they are not currently an effective tool for determining when it is safe for a person to return to work and do not serve as a reliable guide to relaxing social distancing or other infection prevention measures.

- Antibody tests are not diagnostic of acute COVID-19 infection.
- Antibody tests do not guarantee immunity to COVID-19, as it is unknown whether or not individuals can contract the virus more than once or, if they have immunity, how long it will last.

What should I do if an employee has COVID-19 symptoms?

Common symptoms of COVID-19 include fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.

Separate sick employees

- Consider **signage prior to entering the worksite** reminding employees of the symptoms that require screening.
- **Without delay, separate employees who appear to have symptoms** (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day
- **Employees showing symptoms should be sent home and instructed to contact a healthcare professional** regarding next steps for evaluation and treatment.

If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the EEOC and ADA to remain in compliance with the law. The employer should instruct employees about how to proceed based on guidance from the CDC and local health officials, which could include self-isolation and testing.

When to seek medical attention

If a person develops any of these **emergency warning signs*** for COVID-19, get **medical attention immediately**:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Call 911 if you have a medical emergency: Notify the operator that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives.

**This list is not all inclusive. Please consult a medical professional for any other symptoms that are severe or concerning to you.*

For employees with a sick household member or close contact with COVID-19

If an employee is exposed to a person with known or suspected COVID-19 in the following settings:

- Household member
- Intimate partner
- Individual providing care in a household
- Individual who has had close contact (less than 6 feet) for a prolonged period of time (defined as any exposure greater than a few minutes)
  AND
- The employee's exposure occurred while the sick person had symptoms or 48 hours prior to symptoms. Exposure also includes employees who've been in contact with individuals who were supposed to continue home isolation, but disregarded that prescribed end date for whatever reason.

In these situations, the CDC recommends the exposed employee:

- Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times
- Self-monitor for symptoms
  - Check temperature twice a day
  - Watch for fever, cough, or shortness of breath, and other COVID-19 symptoms
- Avoid contact with people at higher risk for severe illness, unless they live in the same home and had same exposure
- Follow CDC guidance if symptoms develop

When can employees safely return to the worksite after being diagnosed with COVID-19?

Review the CDC website for the most up to date guidelines as recommendations for isolation are evolving and the medical and scientific community learns more about this virus.

For Persons with COVID-19 under Isolation AT HOME:

The decision to discontinue isolation should be made in the context of local circumstances.

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The CDC recommends two possible options to discontinue self-isolation for patients who have been diagnosed with COVID-19. Options include

1) A non-test-based strategy
2) Test-based strategy

1. The *non-test-based strategy* bases recommendations on the time since the person initially AND most recently had symptoms of COVID-19.

Individuals with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation if **all** of the following conditions have been met:

- At least three days (72 hours) have passed *since recovery* defined as absence of fever without the use of fever-reducing medications, such as acetaminophen or ibuprofen, **and**
- Improvement in cough, shortness of breath, and other COVID-19 symptoms **and**
- At least seven days have passed *since symptoms first appeared*.

2. The *test-based strategy* recommendations rely on the availability of testing for the COVID-19 virus.

Individuals who have COVID-19 symptoms and were directed to care for themselves at home may discontinue isolation when **all** of the following conditions have been met:

- Resolution of fever without the use of fever-reducing medications, such as acetaminophen or ibuprofen, **and**
- Improvement in e.g., cough, shortness of breath, and other COVID-19 symptoms **and**
- Negative results of an FDA-Authorized molecular test for COVID-19 (i.e. no COVID-19 virus detected) from at least two consecutive tests collected at least 24 hours apart for a total of two negative specimens.

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when:

- At least 7 days have passed since the date of their first positive COVID-19 diagnostic test **and**
- They have had no subsequent illness provided they remain asymptomatic.

For three days following discontinuation of isolation, these persons should continue to limit contact (stay at least six feet away from others) and limit potential dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where others are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask.

For persons suspected of having COVID-19 who were never tested, the decision to discontinue isolation is made using the *non-test-based strategy* described above.

The CDC adds the following footnote to these recommendations:
This recommendation will prevent most but cannot prevent all instances of secondary spread. The risk of transmission after recovery, is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point if they are shedding at all. Certain employers can choose to apply more stringent criteria for certain returning workers where a higher threshold to prevent transmission is warranted. These criteria can include requiring a longer time after recovery or requiring they get tested to show they are not shedding virus. Such persons include healthcare workers in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19. It also includes persons who work in critical infrastructure or with high-value human assets (e.g., military) where introduction of COVID-19 could cause major disruptions or reduce national security. Lastly, persons who have conditions that might weaken their immune system could have prolonged viral shedding after recovery. Such persons should discuss with their healthcare provider how best to assess if they are safe to return to the worksite; this might include getting tested again to show that they are not shedding virus.

All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

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What information scams and fraud schemes exist?

Stealing personal information can come in many forms

It's important for employers and their employees to watch for the various social engineering tactics, such as email phishing and phone-based fraud. Suspicious emails and attachments, especially if from a questionable or unknown source; claim to be from health services providers or companies (such as Cigna) or health organizations such as the CDC, WHO, or experts saying that have information about COVID-19.

Tips:

- For the most up-to-date information about COVID-19, remind employees to visit websites directly and not through suspicious links in email.
- Never click on links embedded within email messages from unfamiliar senders. These could download viruses onto your computer or device.
- Employees should avoid online offers for any medications for COVID-19. There are currently no prescription or over-the- counter products available to treat or cure COVID-19 – online or in stores.
- Employees should know that Cigna would never ask for highly sensitive data or information by email.
- Remind employees they should not provide highly sensitive data or information over the phone unless certain the person is confirmed to have the authority to collect it.
- If unsure about a communication coming from Cigna, clients should reach out to their Cigna representative. Customers should call the number on the back of their Cigna insurance card.

Beware of fraudulent test kits and treatments

The FDA is actively and aggressively monitoring for any firms marketing products with fraudulent COVID-19 diagnostic, prevention, and treatment claims as part of the ongoing efforts to protect public health during this pandemic. As a result of these activities, the agency has discovered fraudulent products with claims to prevent, treat, mitigate, diagnose or cure COVID-19.

It's important to recognize that home testing has not been approved by the FDA as of the date of publishing this document.

Learn more at Fraudulent Coronavirus Disease 2019 (COVID-19) Products.

Helpful resources for employers

State and Local Health Departments

In addition to federal guidelines, several states and local health departments have resources to provide additional information on COVID-19. The CDC provides a link to accredited State Departments of Health here. The National Association of County and City Health Officials (NACCHO) provides links to local health departments here.

CDC main COVID-19 website:

https://www.cdc.gov/coronavirus/2019-ncov/index.html

OSHA COVID-19

https://www.osha.gov/SLTC/covid-19/

EEOC COVID-19

https://www.eeoc.gov/coronavirus/

Cigna resources

https://www.cigna.com/COVID19

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