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Milwaukee Area Compensation Association

Virtual Roundtable – 8

Back to Work – What is everyone planning?

5.5.2020

MMAC

Smart Restart Resolution

Whereas the Metropolitan Milwaukee Association of Commerce represents member employers throughout metro Milwaukee, whose collective workforce is greater than 300,000, and its representative board has assessed the impact of COVID-19 on the health, safety, economy and community of the region.

Whereas, the board recognizes that a gating criterion for this policy position is the capacity of the regional health care institutions to treat all patients requiring hospitalization, including the case load from COVID-19. Health care systems have the responsibility to manage crisis levels of care. They also have the capability to communicate the actions that are necessary to meet a crisis of care. Continued resources to build testing capabilities, along with tracing and tracking will be necessary to both protect public health and support a safe community.

Whereas, the Association will collaborate to share best practices with the broader business community that meet employee, supplier, vendor and consumer health and safety needs. And that implementation of these best practices will be essential for operating in the new normal, until a widespread vaccine becomes available,

MMAC

Smart Restart Resolution (continued)

Whereas, the Governor's implementation of Safer at Home on March 25th was a responsible step to address the impact of COVID-19, having a positive impact on social distancing. And employers have also taken independent actions to mitigate the impact of COVID-19 in their own organizations,

Whereas, the health and safety metrics are improving, the economy is deteriorating. It is imperative that a private-public partnership build confidence in employees and consumers to restore and accelerate an economic recovery. A continued smart restart of the economy is a prudent next step.

Be it resolved, that the MMAC board of directors endorses commencing a phased reopening of the economy prior to May 26th. The reopening plan should utilize occupational and industry risk to make the transition more quickly and safely than only utilizing essential vs. non-essential business definitions. It should also incorporate the available health care capacity and improving metrics under the Badger Bounce Back plan to advance to Phase One, as soon as the week beginning May 11th.

Which Workplace safety measures (physical) has your company implemented or will implement

Already implemented?
Slated for implementation?
Under consideration?
Non under consideration?

- **Mandatory use of masks**
- **Use of contact tracing apps**
- **Testing employee body temperature**
- **Use of regular testing for Covid-19**
- **Use of regular antibody testing**
- **Quarantining procedures**
- **Advanced cleaning protocols**
- **Individualized work from home plans for high-risk employees**
- **Ongoing travel restrictions**
- **Use of new remote locations**
- **Reduced workspace/footprint**
- **Restrictions on use of shared space**
- **Elimination of shared space permanently**
- **Upgrading technology/security resources**
- **Increased use of office signage**
- **Additional of technology personnel**
- **Reduction/elimination of non-essential meetings**

Items Discussed in the Meeting:

- Staggering return to work dates, rotate 1 week on 1 week off
- Infrared thermometers
- Removing vending machines, changing cafeterias
- Removing refrigerators
- Boxed lunches instead of cafeteria choice lines
- Masks in elevators and shared spaces
- Contact tracing (Milwaukee is hiring and it looks like a very manual process from the JD)

Here's what you need to know

- The CDC recently unveiled new guidance for businesses to bring workers back to work

- Employers can ask if employees are experiencing fever, chills, cough, shortness of breath, or sore throat

- There are different scenarios where your employees can return to work, depending on their current or recently past health status

- Organizations should look to recall staff members on a case-by-case basis

- Employees should still distance as much as possible, maintain clean surfaces, and wear PPE if dealing with the public

When is it safe for my employees to return to work?

Unconfirmed COVID-19 with illness

Let's say you have an employee who has had a fever and cough, but did not get confirmation they were infected with COVID-19. They have fully recovered from their illness with or without medical intervention. Based on the CDC guidelines, **you can allow them to return to work only under all of the following conditions:**

- At least 3 days have passed since recovery, with no fever for a minimum of 72 hours. Employees must have no abnormal temperature for 72 hours *without* the use of any fever-reducing medicines (aspirin, acetaminophen, or ibuprofen)
- Their respiratory symptoms have improved
- 7 days have passed since the beginning of any symptoms

When is it safe for my employees to return to work?

Confirmed COVID-19 with *no* illness

What about an employee who has been confirmed (tested positive by a medical professional) with COVID-19 but has not become ill due to the virus? They have to remain in isolation following their diagnosis. Based on the CDC guidelines, **they should be able to return to work only under all of the following conditions:**

- After at least 7 days have passed since the date of their first positive COVID-19 test
- They have not become ill
- For an additional 3 days *after* they end isolation, they continue to limit contact (stay 6 feet away) with others
- They wear a mask or other covering of their nose and mouth to limit the potential of dispersal of respiratory secretions

When is it safe for my employees to return to work?

Confirmed COVID-19 with illness not requiring hospitalization

This is an employee who has been confirmed (tested positive by a medical professional) with COVID-19 and has become mildly or moderately ill due to the virus. These employees were the ones who self-isolated and medicated at home and did not require hospitalization. Based on the CDC guidelines, they should be able to return to work only under all of the following conditions:

- At least 3 days have passed since their recovery, with no abnormal fever for a minimum of 72 hours. Employees must have no significant temperature for 72 hours *without* the use of any fever-reducing medicines (aspirin, acetaminophen, or ibuprofen)
- Respiratory symptoms have improved
- No continuing illness: the employee exhibits no symptoms of COVID-19
- The employee has had *2 confirmed negative COVID-19 tests*, administered by a medical professional and spaced at least 24 hours apart

When is it safe for my employees to return to work?

Confirmed COVID-19 with illness requiring hospitalization

An employee who has been confirmed (tested positive by a medical professional) with COVID-19 and has become ill due to the virus, requiring hospitalization may be at higher risk of shedding (dispersing respiratory secretions) and spreading the infection. The CDC recommends rigorous testing before returning these employees to work since they may experience longer periods of viral detection compared to those with mild or moderate symptoms.

The CDC writes, "Severely immunocompromised patients (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) may also have longer periods of SARS-CoV-2 RNA detection and prolonged shedding of infectious recovery."

For those who have been hospitalized and others in high-risk categories, the contagion may last longer than for others. Further, they suggest, "placing a patient in a setting where they will have close contact with individuals at risk for severe disease warrants a conservative approach."

The CDC recommends a test-based strategy before returning high-risk and hospitalized employees to work. Employees with conditions that might weaken their immune system may have "prolonged viral shedding after recovery." The CDC recommends these employees discuss returning to work with their personal healthcare provider to best assess if they pose no threat to coworkers.

This may include re-testing to verify they are no longer shedding the virus. Businesses should consider each of these staff members on a case-by-case basis, requiring verified testing and return to work authorizations from the worker's healthcare professional.