Guidance for Businesses and Employers to Respond to Coronavirus Disease 2019 (COVID-19)

June 17, 2020

This guidance is based on what is currently known [about the coronavirus disease 2019 (COVID-19)](). The Kansas Department of Health and Environment (KDHE) will update this guidance as needed and as additional information becomes available. Additional information and guidance related to COVID-19 is available at www.kdheks.gov/coronavirus.

KDHE is working with multiple state agencies in the public health response to COVID-Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

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 from person-to-person in multiple countries including in the United States.

The following guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on KDHE's web page at [/www.kdheks.gov/coronavirus/index.htm](http://www.kdheks.gov/coronavirus/index.htm) and CDC's web page at www.cdc.gov/coronavirus/covid19.

Strategies for employers to use now:

- **Screening for symptoms**

   o As a best practice, worksites should establish procedures for employees and contractors to either self-screen for symptoms prior to shifts or be screened prior to entering the facility. Screening should include temperature checks, as well as inquiring about other COVID-19 symptoms.

- **Exclusion from work**

   o As a best practice, employees and contractors exhibiting symptoms of COVID-19 without other obvious explanations, should be prohibited from coming to work, and if they do come to work, they should be sent home immediately.

- o Consider posting symptom based posters asking people to leave the premises if sick

  - COVID-19 Symptom Poster-English

  - COVID-19 Symptom Poster-Spanish

- o Employers should be familiar with the symptoms of COVID-19 based on KDHE guidance (See **Coronavirus vs. Cold vs. Flu vs. Allergies**). The current known symptoms are:

  - Fever

  - Chills

  - Rigors

  - Muscle or body aches

  - Fatigue

  - Headache

  - Sore throat

  - Lower respiratory illness (cough, shortness of breath or difficulty breathing)

  - New loss of taste or smell

  - Diarrhea

- o Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- o Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- o Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
- o Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

- **Emphasize respiratory etiquette and hand hygiene by all employees:**
  - o Provide educational materials that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - o Provide tissues and no-touch disposal receptacles for use by employees.
  - o Instruct employees to clean their hands often by washing with soap and

water for at least 20 seconds. Alcohol-based hand sanitizer that contains at least 60-95% alcohol may be used if soap and water are not available. Soap and water should be used preferentially if hands are visibly dirty.

- o Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
- o Remind employees to cover their mouth and nose with a tissue when coughing or sneezing or use the inside of the elbow. Throw used tissues in the trash and immediately wash hands with soap and water, or hand sanitizer with at least 60% alcohol.
- o Visit the coughing and sneezing etiquette and clean hands webpage for more information.

- **Perform routine environmental cleaning:**
  - o Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - o If hard surfaces are visibly soiled (dirty), clean them using a detergent or soap and water before you disinfect them.
  - o For disinfection, most common, EPA-registered household disinfectants should be effective as well as diluted household bleach solutions or alcohol solutions with at least 70% alcohol. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow manufacturer's instructions for all cleaning and disinfection products.
  - o Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
  - o Encourage employees to avoid using other employees' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.

- **Assess your essential functions**
  - o Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize existing customers, or temporarily suspend some of your operations if needed)
  - o Identify alternate supply chains for critical goods and services. Some goods and services may be in higher demand or unavailable.
  - o Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
  - o Talk with business partners about your response plans. Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.
- **Before reopening office buildings, check the building to see if it's ready for occupancy.**
  - o Ensure that ventilation systems in your facility operate properly. For

building heating, ventilation, and air conditioning (HVAC systems) that have been shut down or on setback, review new construction start-up guidance provided in [ASHRAE Standard 180-2018, Standard Practice for the Inspection and Maintenance of Commercial Building HVAC Systems.](#)

- o Increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and other methods. Do not open windows and doors if doing so poses a safety or health risk for current or subsequent occupants, including children (e.g., allowing outdoor environmental contaminants including carbon monoxide, molds, or pollens into the building).
- o Evaluate the building and its mechanical and life safety systems to determine if the building is ready for occupancy. Check for hazards associated with prolonged facility shutdown such as [mold growth](#), [rodents or pests](#), or [issues with stagnant water systems](#), and take appropriate remedial actions.

- Identify where and how workers might be exposed to COVID-19 at work
  - o Conduct a thorough [hazard assessment](#) of the workplace to identify potential workplace hazards that could increase risks for COVID-19 transmission.
  - o Identify work and common areas where employees could have close contact (within 6 feet) with others — for example meeting rooms, break rooms, the cafeteria, locker rooms, check-in areas, waiting areas, and routes of entry and exit.
  - o Include all employees in the workplace in communication plans — for example management, staff, utility employees, relief employees, janitorial staff, maintenance staff, and supervisory staff.
  - o If contractors are employed in the workplace, develop plans to communicate with the contracting company regarding modifications to work processes and requirements for the contractors to prevent transmission of COVID-19.

- **Develop hazard controls using the [hierarchy of controls](#) to reduce transmission among workers upon reopening. Include a combination of controls noted below.**
  - o Consider establishing policies and practices for social distancing
    - Implementing flexible work sites (e.g., telework)
    - Implementing flexible work hours (e.g., staggered shifts)
    - Implementing flexible meeting and travel options (e.g., postpone non- essential meetings or events)
    - Downsizing operations
    - Delivering services remotely (e.g., phone, video, or web)
    - Delivering products through curbside pick-up or delivery
    - [Modify or adjust seats, furniture, and workstations](#) to maintain social distancing of 6 feet between employees.
    - Install transparent shields or other physical barriers where possible to separate employees and visitors where social distancing is not an option.
    - Arrange reception or other communal seating area chairs by

turning, draping (covering chair with tape or fabric so seats cannot be used), spacing, or removing chairs to maintain social distancing.
- Use methods to physically separate employees in all areas of the facilities including work areas and other areas such as meeting rooms, break rooms, parking lots, entrance and exit areas, and locker rooms.
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Replace high-touch communal items, such as coffee pots, water coolers, and bulk snacks, with alternatives such as pre-packaged, single-serving items.

o Take steps to improve ventilation in the building:
- Increase the percentage of outdoor air (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
- Increase total airflow supply to occupied spaces, if possible.
- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.
- Improve central air filtration:
  - [Increase air filtration](#) to as high as possible (MERV 13 or 14) without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass
- Consider running the building ventilation system even during unoccupied times to maximize dilution ventilation.
- [Generate clean-to-less air movement](#) by re-evaluating the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials. Have staff work in areas served by "clean" ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open).

o Consider conducting daily in-person or virtual health checks (e.g., symptoms and/or temperature screening) of employees before they enter the work site. See [CDC's COVID-19 General Business FAQs](#) for guidance on how to safely conduct employee screening.
- To prevent stigma and discrimination in the workplace, health checks should be as private as possible. Maintain confidentiality of individual medical status and history.

- For employees who commute to work using public transportation or ride sharing, consider offering the following support:
  - Incentives to use forms of transportation that minimize close contact with others (e.g., biking, walking, driving or riding by car either alone or with household members).
  - Ask employees to follow CDC guidance on how to [protect yourself when using transportation](#).
  - Allow employees to shift hours to commute during less busy hours.
- Employees should wear cloth face coverings that cover nose and mouth in all areas of the business to contain the wearer's respiratory droplets and help protect their co-workers and members of the general public.

- **Advise employees before traveling to take certain steps:**
  - Carefully consider whether travel is necessary.
  - Consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person.
  - If an employee has recently traveled from a location on the [KDHE Travel-related Quarantine List](#) the employee is subject to a mandatory 14-day quarantine starting from the day after they return to Kansas.
  - When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces.
  - Check the [CDC's Traveler's Health Notices](#) for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the [CDC website](#).
  - 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 outside the United States, sick employees should follow your company'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.

- **Defining cases and close contacts**
  - A person is considered a case of COVID-19 disease if they have tested positive for the SARS-CoV-2 virus by a diagnostic test (PCR or antigen). Based on what we currently know, a case is considered infectious 2 days prior to the onset of symptoms through at least 10 days after the onset of

symptoms. For cases that do not have symptoms, the infectious period is considered as 2 days prior to the date the sample was collected through a minimum of 10 days from the date the sample was collected. Cases must remain in isolation until they have met the criteria for release from isolation set by KDHE or the local health department (See Isolation and Quarantine Release Graphic).

- o A person is considered a close contact of a case if they were within 6 feet of the case for 10 minutes or more, or if they had exposure to secretions (for example, being coughed or sneezed on). Close contacts must remain in quarantine until they have met the criteria for release from quarantine set by KDHE or the local health department (See Isolation and Quarantine Release Graphic).

- **Return to work after exclusion**
  - o Once an employee or contractor is excluded from the facility, they may return if they satisfy the recommendations of KDHE or the local health department. Currently those guidelines are:
    - Untested. It is recommended that persons who have not received a test proving or disproving the presence of SARS CoV-2, the virus that causes COVID-19, but experience symptoms may return if the following conditions are met:
      - Ten (10) calendar days have passed since symptoms first appeared AND
      - Fever free for 72 hours without the use of fever reducing medicine and other symptoms have improved (for example, when cough or shortness of breath have improved)
      - Whichever criteria is longer. Meaning, a minimum of 10 days.
    - Tested and awaiting results. Persons who are suspected of having COVID-19 disease and are awaiting test results must be isolated at home until test results are received.
    - Positive result.
      - Symptomatic cases may return if the following conditions are met:
        - Ten (10) calendar days have passed since symptoms first appeared AND

- Fever free for 72 hours without the use of fever reducing medicine and other symptoms have improved (for example, when cough or shortness of breath have improved)
- Whichever criteria is longer. Meaning, a minimum of 10 days.

- Asymptomatic cases may return if the following conditions are met:
    - Ten (10) calendar days have passed since the date sample was collected AND
    - Symptoms have not developed.
    - If symptoms develop during the 10-day isolation period, then follow the above criteria for symptomatic cases with a new isolation period starting from the day symptoms started.

- Negative result.
    - Known exposure to a COVID-19 case or travel from a location on the KDHE Travel-related Quarantine List.
        - People who are identified as close contacts of a COVID-19 case or have travelled from a location on the KDHE Travel-related Quarantine List must be quarantined for 14 days. A negative test result within the 14-day quarantine period does not affect the quarantine period and the person must finish their 14-day quarantine.
    - No known exposure to a COVID-19 case or travel-related exposure. People who have not been identified as a close contact to a COVID-19 case and have not travelled from a location on the KDHE Travel-related Quarantine List may return to work.

- **Other Employees in the Household**
  - If an employee is excluded from work because of a positive COVID-19 test, other employees living in the same household are considered close contacts and will be excluded from work for a mandatory 14-day quarantine period which begins after their last exposure to the case. If the household contacts continue to live in the same household as the case while the case is in isolation, the 14-day quarantine period for household contacts begins once the case is released from isolation by Public Health (See Isolation and Quarantine Release Graphic).
  - If an employee is excluded from work on a 14-day mandatory quarantine period because they have been identified as a close contact of a case, then other employees living in the same household are considered contacts of a contact and do not need to be excluded from work unless they were also identified as a close contact of a case.

- **Employer Response to Employee in Isolation or Quarantine**
  - Upon learning of a case associated with the workplace, the employer will immediately begin compiling a list of close contacts, including names, email addresses and phone numbers. Consider the 2 days prior to when the case started having symptoms, or if the case was asymptomatic the 2 days prior to the date the sample was collected. Identify anyone who would have been within 6 feet for 10 minutes or more or would have had direct contact with secretions. Any employees identified as close contacts should be informed immediately. Close contacts must start a 14-day mandatory quarantine period starting from the day after the last contact with the case. The list of close contacts should be shared with the local health department for follow-up during the quarantine period.
  - Employees who are identified as close contacts should be informed that a limited amount of information about them, including their names and contact information, will be shared with the local health department or with KDHE so that Public Health can follow-up with them during their quarantine period. Public Health will contact them during their quarantine period to ensure that they are still feeling well and, if they do become sick, will help coordinate testing. Employees should be given the option of opting out of having their information shared with Public Health. Businesses should consider establishing a policy that grants permission to share limited information from close contacts with Public Health with an opt out policy, or consider obtaining individual consent from close contacts.

- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
    - o Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to KDHE guidance for how to conduct a risk assessment of their potential exposure.

Kansas
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