Return-to-work services and COVID-19
**Spot the symptoms**

Caused by droplets from infected person’s cough, sneeze or breath that has touched another’s eyes, nose or mouth. [1]

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Headache</td>
</tr>
<tr>
<td>A cough</td>
<td>Sore throat</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Congestion or runny nose</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Loss of taste or smell</td>
</tr>
<tr>
<td>Chills, sometimes shaking</td>
<td>Nausea or vomiting</td>
</tr>
<tr>
<td>Body aches</td>
<td>Diarrhea</td>
</tr>
</tbody>
</table>
Symptoms (continued)

- Pinkeye
- Rashes
- Liver problems or damage
- Heart problems
- Kidney damage
- Dangerous blood clots in legs, lungs and arteries which may cause stroke

Researchers are looking into reports of mouth sores and skin rashes, including reddish-purple spots on fingers or toes
Symptoms (continued) [2]

Lung damage

Neurological changes, including brain injury

Hypoxia of the brain due to lack of oxygen

Possible psychological effects, including post-traumatic stress disorder (PTSD), depression and anxiety

Chronic fatigue and muscle weakness [3]
Recovering from COVID-19 or ending home isolation [3]

Employee’s emotional reactions may include:

• mixed emotions, including relief;

• fear and worry about their health and the health of loved ones;

• stress from having COVID-19, self-monitoring or being monitored by others;

• sadness, anger or frustration because friends or loved ones have fears of getting the disease from them, even though they are cleared to be around others;

• guilt about not being able to perform normal work or parenting duties;

• worry about getting sick again; and

• other emotional or mental health changes.
COVID-19 illnesses are compensable under workers’ compensation law: Minnesota Statutes § 176.011, subdivisions 15 and 16

For an injury to be compensable, it is sufficient that:

• employment is a substantial contributing factor to the condition or to an aggravation or acceleration of a pre-existing condition; and

• it is not necessary the employment be the only cause of the condition.

An employee has “contracted” COVID-19 under the new law by:

• having either a positive laboratory test; or

• if a test was not available for the employee, a diagnosis based on symptoms by a licensed physician, licensed PA or licensed APN.
COVID-19 Denial of Liability

Must state in detail the facts for the denial and specific reasons explaining why the claimed injury or occupational disease was not within the course or scope of employment; and include the name and phone number of the person making the determination (see www.revisor.mn.gov/statutes/cite/176.221#stat.176.221.1).

Examples of nonspecific denials or having a factual or legal basis:

• no medical information that relates the injury to the job;

• the employee was not tested for COVID-19;

• the employee was not exposed to someone with COVID-19 at work; and

• the employee has been terminated or laid off by the employer.
Waiver of workers’ compensation rights prohibited

• **Employee signing a waiver** agreeing the employer is not liable if the employee contracts COVID-19 on work premises

• **Employee’s who refuse to sign** waiver will be fired or unable to return to work

• **Employee agreeing that by returning to work** they have assumed the risk of contracting COVID-19; or waiver requires the employee to agree to mandatory arbitration

Such waivers or agreements **are not** enforceable under Minnesota law. Employees cannot sign away their right to file a workers’ compensation claim and an employer may not discriminate against a worker for reporting an injury.

Employers cannot advise employees to **not** report an injury, agree to hold an employer harmless for an injury or relinquish the rights an employee may have to workers’ compensation benefits.
Employees reported feeling safer

If at brick and mortar jobs:[7]

• 53% – social distancing measures, such as signage, a plan for communal areas and a reduced number of staff members in the workplace at a time;

• 46% – detailed cleaning protocols;

• 44% – COVID-19 testing offered to employees;

• 44% – personal protective equipment required, such as masks; and

• 43% – temperature and symptom screening.
General satisfaction with employer return to work plans:[8]

85% – baby boomers
82% – millennials
77% – Generation X
62% – Generation Z
N/A – Generation Alpha
<table>
<thead>
<tr>
<th>Industry sectors*</th>
<th>Number of claims</th>
<th>Industry sectors*</th>
<th>Number of claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td>60</td>
<td>Residential mental health and substance abuse facilities</td>
<td>32</td>
</tr>
<tr>
<td>Animal (except poultry) slaughtering</td>
<td>42</td>
<td>Continuing care retirement communities</td>
<td>161</td>
</tr>
<tr>
<td>Retail trade</td>
<td>12</td>
<td>Assisted living facilities for the elderly</td>
<td>74</td>
</tr>
<tr>
<td>Transportation and warehousing</td>
<td>18</td>
<td>Other residential care facilities</td>
<td>23</td>
</tr>
<tr>
<td>Real estate and rental and leasing</td>
<td>14</td>
<td>Services for the elderly and persons with disabilities</td>
<td>58</td>
</tr>
<tr>
<td>Residential property managers</td>
<td>14</td>
<td>Other individual and family services</td>
<td>29</td>
</tr>
<tr>
<td>Administrative and support and waste management and remediation services</td>
<td>102</td>
<td>Accommodation and food services</td>
<td>23</td>
</tr>
<tr>
<td>Janitorial services</td>
<td>101</td>
<td>Limited service restaurants</td>
<td>14</td>
</tr>
<tr>
<td>Educational services</td>
<td>15</td>
<td>Public administration</td>
<td>183</td>
</tr>
<tr>
<td>Health care and social assistance</td>
<td>1,810</td>
<td>Other general government support</td>
<td>14</td>
</tr>
<tr>
<td>Offices of physicians</td>
<td>31</td>
<td>Police protection</td>
<td>50</td>
</tr>
<tr>
<td>Home health care services</td>
<td>68</td>
<td>Correctional institutions</td>
<td>75</td>
</tr>
<tr>
<td>General medical and surgical hospitals</td>
<td>532</td>
<td>Fire protection</td>
<td>20</td>
</tr>
<tr>
<td>Nursing care facilities</td>
<td>638</td>
<td>Administration of housing programs</td>
<td>13</td>
</tr>
<tr>
<td>Residential intellectual and developmental disability facilities</td>
<td>124</td>
<td>All other industries</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,257</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Detailed industries with 10 or more claims are indented.
### Minnesota COVID-19 claims by occupation – July 10

<table>
<thead>
<tr>
<th>Occupation groups*</th>
<th>Number of claims</th>
<th>Occupation groups*</th>
<th>Number of claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management, business and financial occupations</td>
<td>98</td>
<td>Building and grounds cleaning and maintenance occupations</td>
<td>169</td>
</tr>
<tr>
<td>Management occupations</td>
<td>87</td>
<td>Personal care and service occupations</td>
<td>123</td>
</tr>
<tr>
<td>Business and financial occupations</td>
<td>11</td>
<td>Office and administrative support occupations</td>
<td>26</td>
</tr>
<tr>
<td>Professional occupations</td>
<td>687</td>
<td>Installation, maintenance and repair occupations</td>
<td>18</td>
</tr>
<tr>
<td>Community and social services occupations</td>
<td>83</td>
<td>Production occupations</td>
<td>34</td>
</tr>
<tr>
<td>Education, training and library occupations</td>
<td>12</td>
<td>Transportation and material moving occupations</td>
<td>16</td>
</tr>
<tr>
<td>Health care practitioners and technical occupations</td>
<td>583</td>
<td>Accommodation and food services</td>
<td>23</td>
</tr>
<tr>
<td>Service occupations</td>
<td>1,237</td>
<td>All other occupations</td>
<td>6</td>
</tr>
<tr>
<td>Health care support occupations</td>
<td>750</td>
<td>Occupation not reported</td>
<td>135</td>
</tr>
<tr>
<td>Protective support occupations</td>
<td>157</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total = 2,257**

*Subgroups with 10 or more claims are indented.*
Proactive employee communications

Minimize isolation through communication:

• Zoom, Facetime, texting, phone and email are useful tools;

• identify points to be reviewed with employee prior to conversation;

• allow employee to vent, but set boundaries; and

• have honest conversations about risks, benefits, fears and goals.

Face to face meetings, with protocols identified:

• social distancing;

• handshake or other; and

• face mask;

• outdoor versus indoor location.
OSHA guidance on returning to work [12]
Hazard assessment

**Job tasks assessed** to determine which job tasks or job categories involve occupational exposure

**Exposure from members of the public** (such as customers or visitors) with whom workers interact and coworkers in the workplace considered

**Current outbreak conditions** in the community reviewed
Hygiene

Employer provides soap, water and paper towels for workers, customers and visitors to wash their hands, and encourages frequent and proper (for at least 20 seconds) handwashing.

Hand sanitizer with at least 60% alcohol and employees are encouraged to use it frequently when they cannot readily wash their hands.

High-traffic areas identified, as well as surfaces or items that are shared or frequently touched, that could become contaminated.

• Are they targeted for enhanced cleaning and disinfection using EPA-registered disinfectants?
Social distancing

KEEP YOUR SOCIAL DISTANCE

KEEP WILDLIFE WILD

WRONG  RIGHT

WRONG  RIGHT

WRONG  GOOD LUCK

 shouldn't have been waving...
Social distancing

**Business limits occupancy** to a number of workers and customers that can safely be accommodated to allow for social distancing

**Demarcate flooring in six-feet zones** in key areas where workers, customers or visitors would ordinarily congregate (such as in restrooms, breakrooms, checkout lines, areas with time clocks) to encourage people to keep appropriate social distance between themselves and others

**Signage posted** reminding workers, customers and visitors to maintain at least six feet between one another

**Directional signage posted** in hallways and corridors where the width restricts movement and limits social distancing
Identification and isolation of sick employees

Employees are asked to evaluate themselves for signs and symptoms of COVID-19 before coming to work and to stay home if they are not well.

Check for protocol for managing people who become ill in the workplace:

• details about how and where a sick person will be isolated (in the event they are unable to leave immediately);

• while awaiting transportation from the workplace to their home or to a health care facility; and

• whether there is cleaning and disinfecting of spaces the ill person has occupied to prevent exposure to other workers, customers or visitors.
Return to work after illness or exposure

**Test-based strategy** is no longer recommended to discontinue home isolation, except in certain circumstances.

**Symptom-based criteria were modified as follows:**

- changed from “at least 72 hours” to “at least 24 hours” since last fever without medications; and
- changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.

**Patients with severe illness:** Duration of isolation for up to 20 days after symptom onset may be warranted.

**For persons who never develop symptoms:** Isolation and other precautions can be discontinued 10 days after the date of their first positive test.
When I accidentally burn popcorn in the office breakroom microwave, my coworkers are like...
Controls

**Engineering controls** – physical barriers or shields to separate workers and enhanced ventilation

**Administrative controls** – staggering work shifts, limiting breakroom capacity, practicing social distancing, replacing in-person meetings with video-conference calls, ensuring workers wear appropriate face coverings, such as cloth face masks, to contain respiratory secretions

**Providing and use of appropriate personal protective equipment (PPE)** – identified through hazard assessments and in accordance with OSHA standards

- **Note:** Cloth face coverings are not PPE, because they protect other people from the wearer’s respiratory secretions, rather than protecting the wearer.
Employer training of employees

Appropriate language and literacy level about their risks of exposure to SARS-CoV-2, what the employer is doing to protect them – including site-specific measures – and how they can protect themselves

About wearing cloth face coverings in the workplace, including any employer policies related to their use and considerations for when cloth face coverings could cause or contribute to a workplace safety and health hazard

OSHA standards for PPE, including respiratory protection, include:

• train workers how to put on, use and take off PPE;
• train workers how to clean, maintain, store and dispose of PPE; and
• understand what the limitations of the PPE are.
Face mask mistakes
Anti-retaliation

Workers understand their right to a safe and healthful work environment, who to contact with questions or concerns about workplace safety and health, and prohibitions against retaliation for raising workplace safety and health concerns.

Raise concern: That workers understand their right to raise workplace safety and health concerns and seek an OSHA inspection.

Understand: Workplace flexibilities and other human resources policies and procedures, as well as workers’ rights in general.
PLEASE STOP COMPLAINING ABOUT BEING HOME WITH YOURS KIDS

WHEN I’M JUST PRAYING I DON’T BRING THIS VIRUS HOME TO MINE.
As a professional

Remember everyone reacts differently to stressful situations:

• people who are at higher risk for illness;

• those caring for family members or loved ones;

• frontline workers, such as health care providers and first responders;

• essential workers in the food industry;

• those with existing mental health conditions;

• those using substances or having a substance use disorder;

• people who have lost their job, had their hours reduced or had major changes to their employment;
As a professional (continued)

• people with disabilities;

• those who are socially isolated from others, including people who live alone and people in rural areas;

• people in some racial and ethnic minority groups;

• those who do not have access to information in their primary language;

• people experiencing homelessness; and

• those living in congregate (group) settings.
Take care of yourself, COVID-19 or not

Take care of your body:

• take deep breaths, stretch or meditate;
• try to eat healthy, well-balanced meals;
• exercise regularly;
• get plenty of sleep; and
• avoid alcohol and drugs.

Make time to unwind and try to do some other activities you enjoy.

Take breaks from watching, reading or listening to news stories.

Connect with others in a safe way (maintaining social distancing) and talk with people you trust about your concerns and how you are feeling.
References


www.osha.gov/Publications/OSHA4045.pdf
