



## COVID-19

### RETURN TO WORK UNDERSTANDING

Compiled with sources from U.S. Centers for Disease Control (CDC) & OSHA

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COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults** and **people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI]  $\geq 40$ )
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

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

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

- Nausea or vomiting
- Diarrhea

COVID-19 Infection with SARS-CoV-2, the virus that causes COVID-19, can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

How COVID-19 Spreads Although the first human cases of COVID-19 likely resulted from exposure to infected animals, infected people can spread SARS-CoV-2 to other people. The virus is thought to spread mainly from person to-person, including:

- 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. It may be possible that a person can get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads. People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads. Although the United States has implemented public health measures to limit the spread of the virus, it is likely that some person-to-person transmission will continue to occur.

#### **ACCORDING TO THE CDC**

- Spread from person-to-person most likely occurs during close (within 6 feet) contact with an infected person.
- Person-to-person spread is thought to occur mainly via droplets of respiratory secretions produced when an infected person coughs or sneezes, similar to how influenza and other respiratory diseases spread. These droplets are believed to enter the mouths and noses of people nearby, and can be inhaled into the nose and lungs.
- There is also growing evidence of transmission risk from infected persons without symptoms or before the onset of recognized symptoms.
- COVID-19 can also be transmitted by touching surfaces or objects contaminated with SARS-CoV-2 (the virus that causes the disease), then touching their mouth, nose, or possibly their eyes.

#### **RISK FACTORS FOR WORKER EXPOSURE TO SARS-COV-2 INCLUDE**

- Job duties involving close (within 6 feet) contact with infected people or other sources of the virus. This includes close contact with patients in healthcare and coworkers, customers, and/or members of the general public in almost all sectors.
- Social conditions, such as ongoing transmission in areas of high population density and frequent person-to-person contact, either in the community or in the workplace.
- Travel to areas highly affected by COVID-19 and gathering in large groups.

Many workers, even those who do not encounter infectious people in the course of their job duties, can have similar exposure risks as the general American public in a pandemic. Exposure risks can increase for

workers interacting with individuals with higher risks of contracting COVID-19 and for workers who have exposure to other sources of the virus in the course of their job duties. OSHA has developed guidance for [classifying worker exposure risks](#) into lower (caution), medium, high, and very high risk categories and provides guidance and resources for protecting workers who perform job tasks in each risk level; see the [Control and Prevention](#) page of this Safety and Health Topics page.

What is the risk to workers in the United States?

The risks from SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19), for workers depends on how extensively the virus spreads between people; the severity of resulting illness; pre-existing medical conditions workers may have; and the medical or other measures available to control the impact of the virus and the relative success of these measures. The U.S. Centers for Disease Control and Prevention (CDC) provides detailed information about this topic.

According to the CDC, certain people, including older adults and those with underlying conditions such as heart or lung disease or diabetes, are at higher risk for developing more serious complications from COVID-19.

### **CLASSIFYING RISK OF WORKER EXPOSURE TO SARS-COV-2**

Worker risk of occupational exposure to SARS-CoV-2 during a pandemic may depend in part on the industry type and the need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2. Other factors, such as conditions in communities where employees live and work, their activities outside of work (including travel to COVID-19-affected areas), and individual health conditions, may also affect workers' risk of getting COVID-19 and/or developing complications from the illness.

OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk, as shown in the occupational risk pyramid, below. The four exposure risk levels represent the probable distribution of risk. Most American workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels



#### ***Lower Exposure Risk (Caution)***

Jobs that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2. Workers in this category have minimal occupational contact with the public and other coworkers. Examples include:

- Remote workers (i.e., those working from home during the pandemic).
- Office workers who do not have frequent close contact with coworkers, customers, or the public.

- Manufacturing and industrial facility workers who do not have frequent close contact with coworkers, customers, or the public.
- Healthcare workers providing only telemedicine services.
- Long-distance truck drivers.

### ***Medium Exposure Risk***

Jobs that require frequent/close contact with people who may be infected, but who are not known to have or suspected of having COVID-19. Workers in this category include:

- Those who may have frequent contact with travelers who return from international locations with widespread COVID-19 transmission.
- Those who may have contact with the general public (e.g., in schools, high population density work environments, and some high-volume retail settings).

### ***High Exposure Risk***

Jobs with a high potential for exposure to known or suspected sources of SARS-CoV-2. Workers in this category include:

- Healthcare delivery and support staff (hospital staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients.
- Medical transport workers (ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.
- Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.

### ***Very High Exposure Risk***

Jobs with a very high potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or are suspected of having, COVID-19 at the time of their death.

## **HOW DOES COVID-19 SPREAD?**

Although the pandemic possibly originated from humans exposed to infected animals, SARS-CoV-2—like other coronaviruses—spreads between people and cause COVID-19. The CDC acknowledges that at this time, there is no evidence that companion animals, including pets, can spread COVID-19 to people or that they might be a source of infection in the United States.

According to the CDC, person-to-person transmission occurs during close (within 6 feet) contact with a person with COVID-19, primarily from respiratory droplets produced when an infected person coughs or

sneezes. These droplets, particularly when aerosolized, can be deposited in the mouth, nose, or eyes of nearby people or be inhaled into the lungs. Airborne transmission from person-to-person over long distances (including as a result of evaporating droplets that leave behind infectious particles known as droplet nuclei) is believed to be unlikely.

People can also become infected with SARS-CoV-2 by touching surfaces or objects contaminated with the virus, and then touching their mouths, noses, or eyes. Current evidence suggests that novel coronavirus may remain viable for hours to days on a variety of surfaces. Frequent cleaning of visibly dirty and high-touch surfaces, followed by disinfection, can help prevent SARS-CoV-2 and other respiratory pathogens (germs) from spreading in workplaces.

Person-to-person spread is likely to continue to occur under current pandemic conditions.

There is still more to learn about the transmissibility, severity, and other features associated with SARS-CoV-2.

I have read and understand the **Return to Work Understanding**.

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Signature

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Printed Name

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Date