What is it?
Coronaviruses are important human and animal pathogens. At the end of 2019, a novel coronavirus was identified as the cause of a cluster of pneumonia cases in Wuhan, a city in the Hubei province of China. It rapidly spread, resulting in an epidemic throughout China, with sporadic cases reported globally. In February 2020, the World Health Organization (WHO) designated the disease COVID-19, which stands for coronavirus disease 2019. Understanding of this novel coronavirus is evolving. Interim guidance has been issued by the WHO and by the U.S. Centers for Disease Control and Prevention. See, Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) Infection, Updated February 12, 2020. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

What are the current statistics?
As of March 12, 2020, the WHO published statistics confirming that there were:
Globally: 124,518 confirmed cases: 4,607 deaths
Countries, areas or territories confirmed with cases: 118

How is it transmitted?
Understanding of the transmission risk is incomplete. Person-to-person spread is thought to occur mainly via respiratory droplets, resembling the spread of influenza. As the outbreak progressed, cases were identified among health care workers and others in contact with patients with COVID-19. Human-to-human transmission has been confirmed in China and has also been identified in other countries, including the United States. The question of whether asymptomatic individuals with COVID-19 or individuals in the incubation period can transmit the virus to others remains controversial. COVID-19 virus RNA has been detected in blood and stool specimens; however, it is not known whether these specimens contain infectious virus. See, Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) Infection, Updated February 12, 2020. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

What is the incubation period?
The incubation period for COVID-19 is thought to be within 14 days following exposure, with most cases occurring approximately five days after exposure. See, Li, Qun, et al. “Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia.” New England Journal of Medicine, 2020, doi:10.1056/nejmoa2001316.

What is the R0 number and what does it mean?
When a new disease emerges, health organizations turn to a seemingly simple number to gauge whether the outbreak will spread. It’s called the basic reproduction number—R0, pronounced R-nought—referring to the average number of people
who will catch the disease from a single infected person in a population that’s never been exposed to the disease before. If R0 is 3, then on average every case will create three new cases. On January 23, 2020, the WHO estimated the R0 of COVID-19 to be between 1.4 and 2.5. [https://www.who.int/news-room/detail/23-01-2020-statement-on-the-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)]

Los Angeles Department of Public Health


COVID-19 Concerns in the Workplace:

**OSHA Guidelines:** OSHA has published guidelines relating to COVID-19 for various industries that include steps to prevent worker exposure. [https://www.osha.gov/SLTC/covid-19/]

- The General Duty Clause requires employers to provide a place of employment that is free from recognized hazards that are causing or are likely to cause death or serious physical harm.
- Personal Protective Equipment (PPE) standards require that protective equipment, clothing or barriers be provided as necessary to prevent employees from being exposed to environmental hazards. If respirators are necessary, employers must implement a comprehensive respiratory protection program. [https://www.osha.gov/SLTC/covid-19/standards.html]

**Best Practices:**

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<tr>
<th>Maintain a Healthy Workplace</th>
<th>Plan for Continuity of Operations</th>
<th>Legal Implications</th>
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<tr>
<td>Educate employees on COVID-19 (e.g., symptoms, transmission).</td>
<td>Open communication is key.</td>
<td>Tread carefully before implementing health screenings.</td>
</tr>
<tr>
<td>Address cough and sneeze etiquette and hand hygiene.</td>
<td>Limit travel to affected areas.</td>
<td>Safeguard employee privacy.</td>
</tr>
<tr>
<td>Actively encourage sick employees to stay home.</td>
<td>Ask employees to disclose any travel to an affected area and impose a quarantine period.</td>
<td>Avoid discriminatory practices.</td>
</tr>
<tr>
<td>Remind employees of sick leave benefits/right to care for family members.</td>
<td>Be flexible if employees are able to work remotely.</td>
<td>Determine whether FMLA leave or other leaves apply.</td>
</tr>
<tr>
<td>Encourage staffing companies to develop non-punitive leave policies.</td>
<td>Enact guidelines for what employees should do if they have been exposed.</td>
<td>Document the uniqueness of this situation to avert claims of disparate treatment when dealing with other leave requests.</td>
</tr>
<tr>
<td>Utilize available Employee Assistance Programs.</td>
<td>Identify local medical facilities best able to evaluate/treat employees who may have COVID-19.</td>
<td>Employees who are vulnerable due to other health issues may be entitled to accommodations.</td>
</tr>
</tbody>
</table>

**EEOC Guidelines:** The EEOC published guidelines for cases of pandemics, “Pandemic Preparedness in the Workplace and the Americans with Disabilities Act.” [https://www.eeoc.gov/facts/pandemic_flu.html]

- The guidelines provide practical information and a list of FAQs that address various topics including (1) how much information an employer may request to protect the workforce, (2) when the employer may take the body temperature of employees during a pandemic, (3) whether employers can require employees to stay home if they have symptoms, and (4) whether employers can request a doctor’s note certifying fitness for duty.

**California’s DFEP (Preventing Discrimination Claims):** The Department of Fair Employment and Housing has not issued guidance regarding COVID-19. However, COVID-19’s origination in China may create a vulnerability to race, national origin, or disability discrimination claims under the Fair Employment and Housing Act. Do not make determinations of risk based on race or country of origin. Likewise, continue to enforce your anti-discrimination policies and do not tolerate employees engaging in any potentially discriminatory or harassing conduct (such as bullying, derogatory comments/jokes or ostracizing/isolating employees of a certain race or ethnic origin). Also make sure that supervisors are aware of laws that restrict inquiries into the health status of employees and that HR is prepared to lawfully deal with leave requests.

**National Labor Relations Act:** Employees have the right under the NLRA, which applies to both unionized and non-unionized workplaces, to engage in group activity regarding the terms and conditions of employment. If a group of employees voice concerns or refuse to work due to COVID-19, their conduct may be protected.

**“Wash Em” Jefferson Health YouTube video:** [https://www.youtube.com/watch?v=tmMGwO4N0Vc]

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