MARSH & McLENNAN AGENCY

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# MMA Key Information to Answer Client Questions

## COVID-19

04/17/2020

***Information current as of 04/18/2020 at 6:00am EST***

WORLD CLASS. LOCAL TOUCH.

# Symptoms of 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.**

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

https://www.osha.gov/Publications/OSHA3990.pdf

# Guidance from MMA Compliance COE

| Temperature Checks | COVID-19 Tests |
| --- | --- |
| On March 18, 2020, the Equal Employment Opportunity Commission (EEOC) granted limited testing relief under the Americans with Disabilities Act **permitting employers to measure the temperatures of their employees.**<br><br>The EEOC cautioned employers that **an employee may still have COVID-19 even if the employee's temperature is in the normal range**.<br><br>This limited relief **applies solely to temperature readings** and does not apply to other forms of testing.<br><br>**Employees who display symptoms (such as a high temperature) or who refuse to have their temperature taken can be sent home.** | Many employers probably **cannot require all of their employees to submit to COVID-19 testing** because one or more employees likely fall into some sort of "protected class" and requiring testing will violate one or more of their legal rights.<br><br>An employer could give an employee the **option of testing or being sent home for a minimum quarantine period**, which shifts the conversation to whether the employee can work remotely from home or should be put on paid/unpaid leave.<br><br>**ERISA**: It's highly unlikely that the DOL will get up in arms over it. While it's technically a plan, if operated for a short period of time during the COVID crisis, I don't think the DOL (or IRS) will take action for failing to offer COBRA or not having an SPD.<br><br>**HIPAA and ACA**: An onsite clinic gets a pass under HIPAA and the ACA. BUT, the hang-up will be making the testing **mandatory**. |

Access the most recent Compliance Guidance here: https://mma.marshmma.com/coronavirus-outbreak-resource-page

# Blood Testing for COVID19

CDC is evaluating commercially manufactured serologic tests in collaboration with the Biomedical Research and Development Authority, the Food and Drug Administration, the National Institutes of Health, the Department of Defense, and the White House Office of Science and Technology Policy. This evaluation is expected to be completed in late April.

- Commercially manufactured serologic tests that check for SARS-CoV-2 antibodies in individuals may become available for use through healthcare providers.
- Serologic test results have limitations that make them less than ideal tools for diagnosing people who are sick.
- It typically takes one to two weeks after someone becomes sick with COVID-19 for their body to make antibodies; some people may take longer to develop antibodies.
- Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with a current COVID-19 infection.

https://www.cdc.gov/coronavirus/2019-ncov/lab/serology-testing.html

# Know the Different Blood Tests

**PCR (polymerase chain reaction)-**

This kind of testing really got its lift from the HIV/AIDS epidemic of the late 80's and early 90's. Basically it looks at genetic information on the virus. It is an antigen test. Antigens tell us who is acutely (currently) infected with COVID-19. This is the test that almost all of the 3.2 million tests performed are based on. The nasal swab tests being performed at Quest, Lab Corp, CDC, public health departments, parking lots, etc., are all PCR swab tests to determine who, based on symptoms, is actively infected.

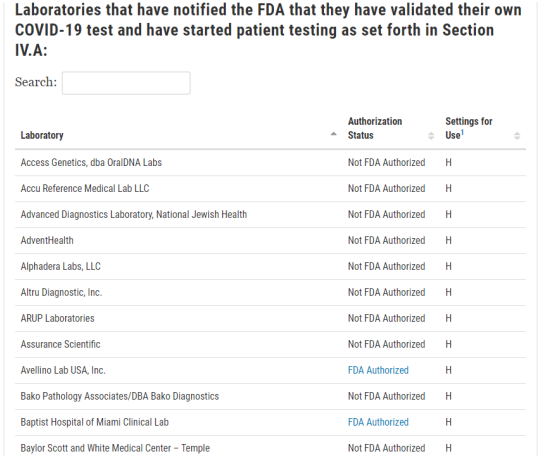
**Antibody Test-**

These are not swabs, but actual blood tests. The FDA has just recently approved a few antibody tests for COVID-19, so they will become more commonplace in the weeks ahead. Antibodies tell us who HAS been infected as opposed to who currently is infected. The importance of the antibody test is that it will eventually indicate who is immune and can return to work (so will likely first be deployed for health care workers, may even be mandatory at some point), and then eventually tell providers which of their patients would need a vaccine based on their immune status.

# Vendor Outreach to MMA & Clients

Numerous vendors have flooded MMA and marketing their testing for COVID 19. Why?

On the basis of the February 4, 2020 HHS EUA determination, the Secretary of HHS then declared that circumstances **exist justifying the authorization of the emergency use of in vitro diagnostics for detection and/or diagnosis of the novel coronavirus .** Many commercial and healthcare system/academic **laboratories have notified the FDA that they have validated their own COVID-19 test and have started patient testing.** The laboratories listed below have agreed to be identified on the FDA's website.



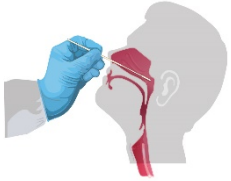
**Laboratories that have notified the FDA that they have validated their own COVID-19 test and have started patient testing as set forth in Section IV.A:**

Search:

| Laboratory | Authorization Status | Settings for Use[1] |
|---|---|---|
| Access Genetics, dba OralDNA Labs | Not FDA Authorized | H |
| Accu Reference Medical Lab LLC | Not FDA Authorized | H |
| Advanced Diagnostics Laboratory, National Jewish Health | Not FDA Authorized | H |
| AdventHealth | Not FDA Authorized | H |
| Alphadera Labs, LLC | Not FDA Authorized | H |
| Altru Diagnostic, Inc. | Not FDA Authorized | H |
| ARUP Laboratories | Not FDA Authorized | H |
| Assurance Scientific | Not FDA Authorized | H |
| Avellino Lab USA, Inc. | FDA Authorized | H |
| Bako Pathology Associates/DBA Bako Diagnostics | Not FDA Authorized | H |
| Baptist Hospital of Miami Clinical Lab | FDA Authorized | H |
| Baylor Scott and White Medical Center – Temple | Not FDA Authorized | H |

https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2#offeringtests

# Mass Testing Considerations for Employers



**COVID-19 Testing:** False negatives-the gold standard test (nasopharyngeal swab) is uncomfortable, and can be difficult to get a good sample, leading to high false negative rates, regardless of who takes the sample (RN, MD, etc). When do you do another swab on someone that has been testing negative. What do you do about those they live with?

*A new saliva based test has been released which will eliminate for the need for uncomfortable nasal swab.

**Temperature Checks**: Even if you test everyone, or do temp checks on everyone, what is the follow-up? If you take temps on everyone, you are still missing those that are infected, and contagious, but not yet symptomatic and afebrile.

**Antigen Tests**: The antigen test to confirm acute infection, if negative, when do you test again? Not clear that the answer has been defined, and so frequent re-testing can add costs, lead to uncertainty among the workforce, etc.

**Antibody Tests**: In the absence of a vaccine, the best test would be an antibody test (some were deployed this week in PA, should have more wide-spread availability soon). That would show who has been infected and recovered, probably has natural immunity, and should be ok to return to work.

**In the end, it is a business decision, and probably best guidance is to follow the lead of others in their industry and the guidelines from the CDC.**

# FDA EUA-Approved Saliva Test for COVID 19

The physician-ordered, provider-supervised and physician-reported saliva collection test for COVID-19, which has the same effectiveness as the swab test, is performed under the supervision of a Vault healthcare provider through a video telehealth visit eliminating the risk of person-to-person exposure to the virus

Vault Health is working with a world Rutgers Clinical Genomics Laboratory, and they developed the first-of-its-kind saliva-based test.

This test is the first to use a saliva sample, which has a higher sensitivity for viral RNA than tests that use swabs. The approved collection device allows a Vault medical practitioner to supervise the saliva sample collection over a video call. The test is processed by an accredited laboratory, and the results are as accurate as any of the best tests available. The telehealth-supervised process helps limit person-to-person exposure and spread of the virus, and reduces the need for personal protective equipment (PPE). UPS and Stripe deliver these tests to overnight. **Cost of test $150**

https://www.vaulthealth.com/covid

VAULT

ORDER A TEST


- ✓ **Physician-ordered test kit shipped to you**
- ✓ **Uses a saliva sample**
- ✓ **Practitioner-supervised sample collection (over ZOOM video call)**
- ✓ **Included overnight shipping to lab for analysis**
- ✓ **Results 48-72 hours after arrival at lab**

## WHAT THE RESULTS MEAN

| | **Positive** Test Result | **Negative** Test Result | **Inconclusive*** Test Result |
|---|---|---|---|
| **Am I infected?** | YES | NO | POSSIBLY |
| **Can I infect others?** | YES | NO | POSSIBLY |
| **Should I consider getting another test if I DON'T have symptoms?** | NO | NO | YES |
| **Should I consider getting another test if I DO have symptoms?** | NO | YES | YES |

# Thermometer Availability

- Thermometer shortages are delaying worksite temperature checks when the vendor is requiring the client to provide.
- Consider how thermometers will be sourced and understand that shipping delays may occur.
- List of devices/thermometer vendors currently located in the **PATH 2.0 Folder → PATH Clinical Resources → COVID-19 → Temperature Screening Devices**

# Example Temperature Check Process

**Employee Arrival:**

Space employees apart by 6 feet distance while they wait

Employee will sign in and provide signature for consent (each day). Screener will have multiple pens available and will disinfect between each participant.

**Temperature Check Guidelines:**

Screener will take employees temperature via infrared thermometer

All employees will be asked the following questions:

- Do you have any of the following symptoms? ▪ Fever/Feverish ▪ Chills ▪ Dry cough ▪ difficulty breathing ▪ Digestive symptoms ▪ Vomiting ▪ Abdominal pain
- Have you traveled within the last 14 days?
- Have you had close contact with a confirmed/probable COVID-19 case?

# Example Temperature Check Process (con't.)

**If employee answers YES to any of the questions**:

- Screener will send the employee to the dedicated Onsite Employer Representative
- The employee will be asked to return home out of an abundance of caution

**If the employee's temperature reads over 100.4 F**, the employee will be asked to return home out of an abundance of caution.

**If they have a fever, flu-like symptoms, shortness of breath, etc.**, the employee will be asked to seek medical attention – telehealth is the first option for immediate care.

**Employee will be instructed to stay home** until they are free of a fever for at least 72 hours without the use of fever-reducing or other medicine and/or any respiratory symptoms (cough and shortness of breath) have improved for at least 72 hours. Contact employer prior to return to work.

**If an employee is diagnosed with COVID-19,** employee needs to contact their manager or human resources immediately.

All participants will be provided a **flyer about COVID-19** and asked to connect with their employer/HR representative with additional questions as needed.

Screening vendor to provide **report to employer**.

# Questions to Ask Employer

- Total number of employees by worksite?
- Shift times per day?
- Number of employees entering per shift?
- Number of points of entry (or if employees can be filtered into one point of entry per shift)?
- Company policy/protocol developed for employees that present with fever including point of contact to receive notification of employee with fever?
- Do they have PPE and infrared thermometers or does the vendor need to supply?
- How long are they requesting screening?

# Returning to Work

https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

**People with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:

•**If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:

- You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
  AND
- other symptoms have improved (for example, when your cough or shortness of breath have improved)
  AND
- at least 7 days have passed since your symptoms first appeared

•**If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:

- You no longer have a fever (without the use medicine that reduces fevers)
  AND
- other symptoms have improved (for example, when your cough or shortness of breath have improved)
  AND
- you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

Source; https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html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