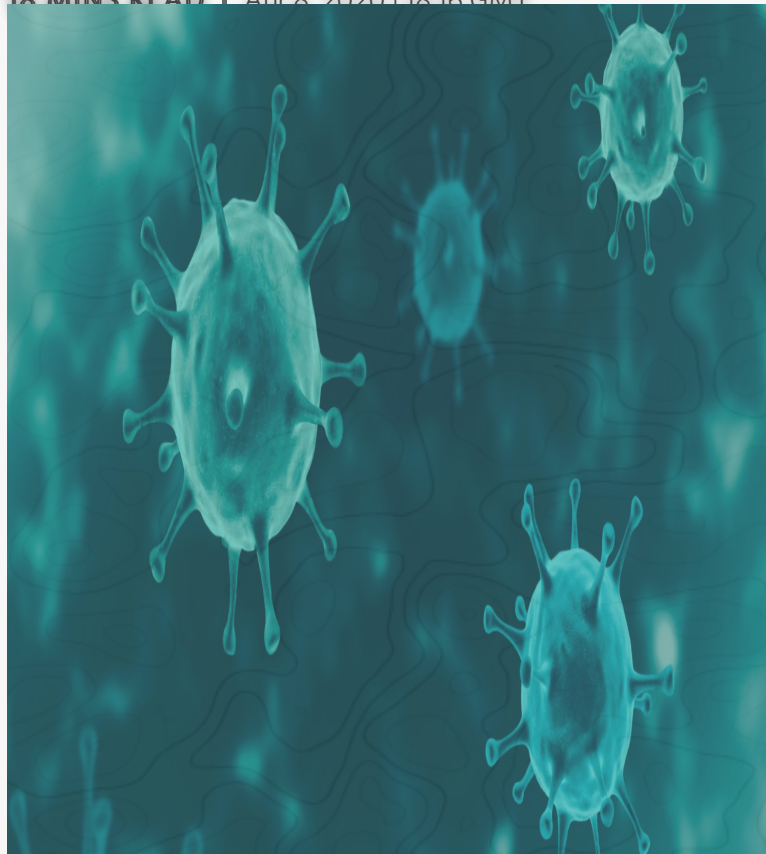


ASSESSMENTS

COVID-19: Frequently Asked Questions About Getting Back to Work

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A 3D rendering of the novel coronavirus floating in a cellular environment.

(Shutterstock/Nehmz)

Editor's Note: *To help clients sift through the growing sea of COVID-19 information, RANE pulsed its network of experts to level set what should be top of mind for businesses and individuals as the pandemic unfolds. Stratfor's geopolitical content and analysis will soon be available through RANE's platform, where members receive exclusive access to a global marketplace of credentialed risk experts and service providers, proprietary community-driven risk intelligence, and a range of support services and risk management programs. For more information about RANE and Stratfor, visit <https://go.ranenetwork.com/stratfor/rane>.*

As of April 8, there were 1,450,343 confirmed COVID-19 cases globally, with the United States, Italy and Spain now having the worst outbreaks. Italy, Spain, and the United States all have more confirmed fatalities than China. RANE experts warn that credible, valid information on the virus is being obscured by an abundance of misinformation, and some governments – from China to Iran to the United States – are reticent to share comprehensive data openly. Businesses and individuals have thus been forced to navigate through incomplete information and intentionally disseminated misinformation, complicating already difficult decisions for many companies.

Reliable information on the virus, its spread, and government responses and preparedness can be found at [The New York Times](#), [The Wall Street Journal](#), the Centers for Disease Control and Prevention [website](#) and the

Global Health Security Index [website](#). But RANE experts also note that all of the models that track the outbreak and those that attempt to predict where it is headed are based on substantially flawed data and analytic assumptions, even where the methodology is sophisticated and solid. Globally and nationally, local jurisdictions are employing very different practices around testing for COVID-19 in terms of who gets tested, when, and how those results are (or are not) reported. Without consistent data, even the most sophisticated models can only give broad outlines that may not prove to be accurate.

What do we now know about this illness, and who gets it?

RANE experts believe that, even with all of the current preventative measures in place to ensure social distancing and good hygiene, we will see a surge of cases in the next 6-8 weeks and that the outbreak is likely to get worse before it gets better. Our experts believe we will be in various stages of a shutdown at least through June. The outbreaks will not occur symmetrically, however, and various regions or localities can be expected to be in various levels of restriction in a rolling manner in the next several months, with many beginning to emerge from the tightest restrictions in the next 4-6 weeks.

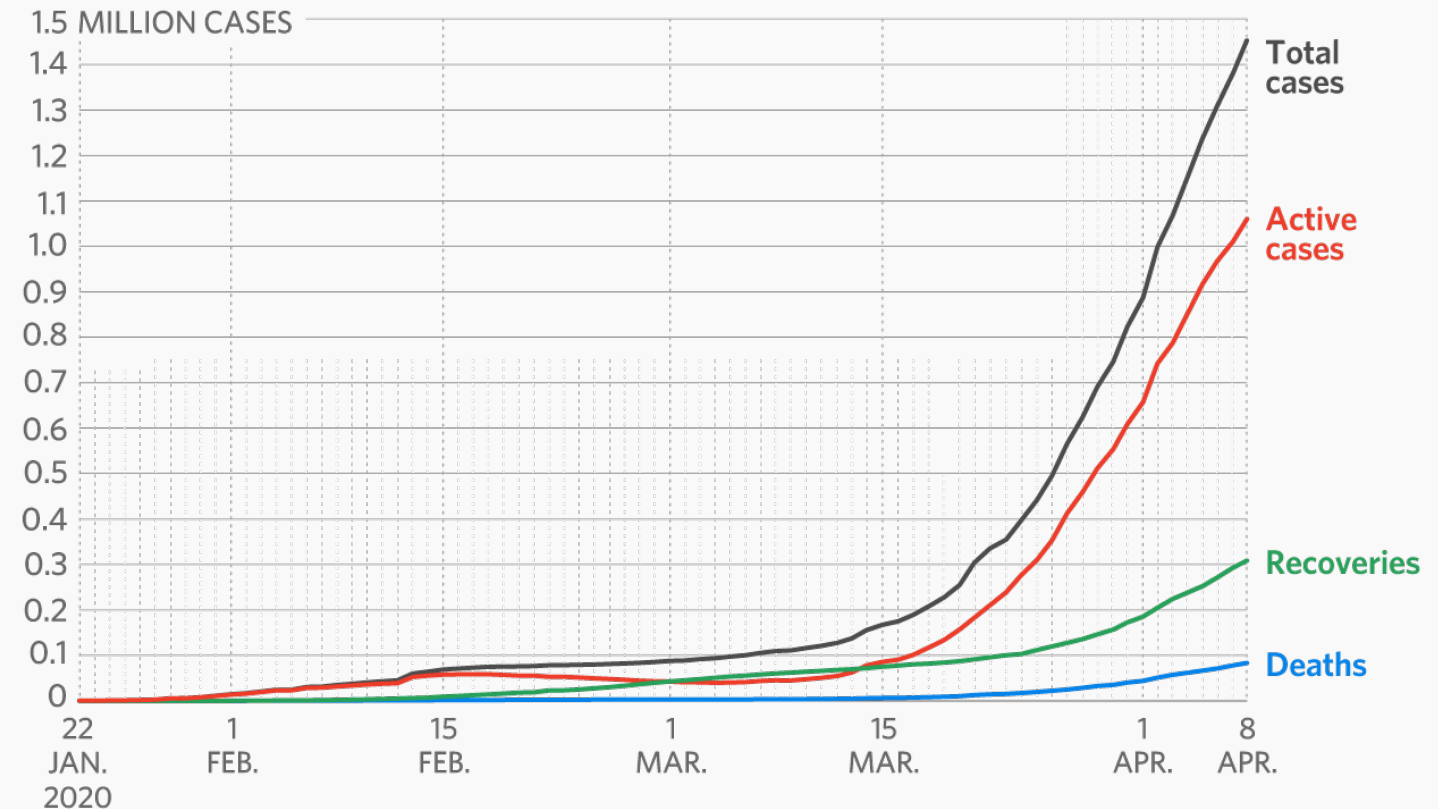
- Though recent reporting suggests that younger people are more susceptible to suffering from the virus than earlier believed, the most serious cases of the illness occur in those who are older than 70, and the virus appears to strike men harder than women, as 60 percent of the fatalities are male.
- Seasonal flu kills about 0.1 percent of those infected. The reported death rate for COVID-19

is currently estimated to be about two to three percent globally. The actual death rate for COVID-19 will be substantially lower, however, given the limited testing available in a number of major jurisdictions globally. The death rate (or "case fatality rate") is highly dependent on the number of infections and, at present, we do not know the extent of those actually infected in any jurisdiction around the world.

- A study of 44,000 patients in China found that 80 percent of cases were mild, 15 percent were severe, and 5 percent were critical. This ratio has remained reasonably constant around the world.
- The medical community currently believes that each person with COVID-19 infects between two to four others, while each person with the flu infects 1.3 others during a typical flu season.
- RANE medical expert Dr. William Lang notes that while testing has shown detectable viral particles can remain in the air for up to three hours after a cough or sneeze, there is no evidence that these particles contribute to infections. The virus is not behaving as an airborne infection—it is transmitted via droplets from an infected individual with symptoms and must reach the lung lining of a non-infected person in order to take hold.
- While community transmission does occur (via surface touches, most likely), if an individual has had no close contact with an infected person, they are unlikely to contract the illness, according to Lang. Unfortunately, close contact is not always recognized, hence the importance of social distancing.
- Emory University, in conjunction with the Centers for Disease Control, has developed an online diagnostic tool that individuals can use to receive informed guidance about symptoms associated with COVID-19 and actions that can be taken without direct interface with the healthcare system that will avoid both exposure and overloading the healthcare system. Lang notes that, while many of the symptoms included in the tool may be consistent with COVID-19, many are also associated with other issues, such as seasonal allergies or simple colds. The tool can be found [here](#).

Worldwide Cases of COVID-19

As of April 8, 2020



Note: Active cases are the total number of reported cases minus the reported number of deaths and recoveries.

Source: Johns Hopkins University Center for Systems Science and Engineering

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How can individuals best protect themselves?

RANE public health experts recommend enhanced basic hygiene as the best method to stay healthy amid the outbreak.

- Hand washing is essential. The CDC advises: "wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60 percent alcohol." Lang notes that there are other

hand sanitizers which may be as or more effective, but they have not received CDC approval as they have not been tested directly against this particular virus.

- While alcohol is a useful sanitizer, Lang warns that, due to its quick evaporation time, more alcohol-based sanitizer will need to be used than normal to ensure the surface is cleaned over a 30-second period.
- The CDC recently updated guidance to note that all individuals, healthy or sick, should wear non-medical (e.g., washable cloth masks) in public. The CDC and RANE medical experts note that masks will not keep a healthy person from contracting the virus; the guidance is designed to decrease transmission from people who may not realize they are infectious. Routine public use of medical-grade facemasks (e.g. surgical, N95 or KN95 masks) is heavily discouraged as this uses up resources urgently needed inpatient care settings.
- Social distancing is effective. Maintain six feet of space between people and avoid crowds when possible. Avoid physical contact, including shaking hands, even in the workplace.
- Lang notes that there is no specific guidance on the use of gloves to protect against COVID-19, but gloves are generally used to protect the wearer from disease that can enter from cuts or from blood-borne pathogens. There is no evidence that this virus can attack somebody this way. The use of gloves also tends to decrease hand washing because wearers do not think their hands are dirty. In some instances, such as food service, gloves may be standard of practice anyway, and may be useful with regard to customer perceptions of sanitization, so long as workers understand their limitations.

Do I need to worry about people getting infected by the virus living on things they touch?

According to a meta-analysis of 22 studies on coronaviruses published by the [Journal of Hospital Infection](#), human coronaviruses such as SARS and MERS, in the same family as SARS-Cov-2, the virus that causes COVID-19, can persist on inanimate surfaces such as metal, glass, or plastic for up

to nine days. Most common viruses survive 24 hours or less.

- Our experts note that nonporous metal and plastic surfaces could become contaminated with SARS-Cov-2 for a multiple-day period, but not porous paper or cardboard packing materials. The virus is expected to survive 24 hours or less on such relatively transient surfaces.
- Heat and exposure to sunlight or UV light are likely to limit the virus's durability.
- Lang offers that moderately-enhanced routine cleaning should be sufficient to kill the virus from surfaces in most workplaces. The CDC notes that there is no need to use specialized chemicals, as regular cleaning procedures and supplies will work fine.

What do we do if someone shows symptoms while in the workplace?

Lang emphasizes that all organizations should very clearly tell staff that if they have cold/flu symptoms, or any symptoms listed in the [tracker here](#), they should not come to work. Organizations can use the tracker to help guide their workforce, having employees use it daily before coming to work and instructing them that anyone whose symptoms drive a red background notice from the tracker to stay home for at least 14 days. Lang notes, however, that the tracker is designed for basic individual advice, not as a substitute for testing. In the absence of testing, according to Lang, it is the best available tool.

If an employee develops symptoms while at work, they should immediately go home – ideally wearing a mask if passing through public areas. RANE expert and workplace psychologist Christine Allen offers that developing a corporate culture that ensures employees are not penalized

for taking sick leave and that clearly supports employees who are concerned about their own health or that of their family will be best positioned to protect their workforce.

- Lang recommends that if an employee develops high-risk symptoms while in the workplace, the local management should shut down areas that the employee has used over the previous two days and thoroughly clean them. This approach, coupled with the intentional limiting of employee movement throughout a workplace, can greatly reduce the area that must be taken offline in the event of an on-site illness.
- People in contact with the sick person should be told to self-monitor for any symptoms. The current guideline suggests that, if someone spends more than ten minutes within six feet of a sick person, they have around a 10-12 percent risk of being infected.
- Lang notes that early spring is peak allergy season, and symptoms for COVID-19 and allergies can be very similar. Some individuals who tested positive for the virus suffered from mild respiratory symptoms for several days with no fever.
- To identify at-risk individuals with whom the sick person may have been in contact, organizations should look back two days prior to the onset of the person's symptoms. Lang notes that, while infected individuals can pass the virus before they show symptoms, the virus has to build up and is unlikely to be able to spread until shortly before the first, albeit minor, symptoms occur. This is why even mild symptoms must be taken seriously until they more clearly present themselves as being either high-risk for COVID-19 or more clearly related to typical seasonal illnesses.
- Lang advises that, while CDC guidelines are somewhat fluid on this, any employee that tests positive for COVID-19 or is assessed as high-risk based on exposure and/or symptoms should not be allowed back into the workplace for a minimum of seven days since the beginning of symptoms, including at least three days (72 hours) having passed since recovery, defined as resolution of fever without the use of medications and improvement in respiratory symptoms (e.g. cough or shortness of breath).

What can I do to mitigate the risk of being shut down by health

authorities?

RANE experts recommend that organizations work with local-level health department officials to develop a clear and rational plan based on the unique characteristics of their specific operations. Experience has demonstrated that businesses that have a clear plan with defined actions for prevention, identification, and management of suspected or proven cases have a much better chance of not facing mandatory closure or having their facility temporarily shut down by local officials to conduct mitigation measures.

- There is no "absolute number" of suspected or confirmed cases that will automatically dictate the need to shut an operation down. Health officials will focus on whether there is a sustained community transmission of the virus within your workforce when determining whether a facility must be shut down. If there is sustained community transmission of the virus in your locality, health officials may opt to require closure, even if your workforce is not demonstrating illness.
- Clearly and thoroughly educating your workforce on policies that instruct them to stay home if they have symptoms – or to immediately go home if they develop symptoms on the job – is the best insurance for both keeping your overall workforce healthy and ensuring that local health officials are comfortable with your plan.
- RANE experts recommend that facilities establish a relationship with a reliable local health care professional who can – in the absence of easily accessed testing – do a semi-standardized assessment of whether an individual displaying symptoms presents a high risk of having the virus or could potentially have exposed others to the virus.
- If a healthcare professional determines that an employee with symptoms is high risk of either already having the virus or having been directly exposed to someone with the virus and therefore a higher risk of being able to spread the virus, a further assessment would be done to assess with whom they have been in contact in the workforce, and to assess the

risk level for each of those individuals. Any individuals who are assessed as high-risk should be removed from the work environment for 3-5 days to see if symptoms present themselves and monitor any high-risk cases for the recommended 14 days.

How does this end? What does the "all clear" look like?

RANE expert Bill Coletti of communications firm Kith says that it is unlikely that some "global lifeguard" will whistle an all clear. Lang concurs, noting that the restart will be choppy and situational, where we see that, once infection rates start to drop, there will be some easing of quarantine restrictions in some areas, with authorities snapping restrictions back in place if infection rates start rising again.

- Lang calls out three major "gates" for an "all clear." The first is whether the outbreak slows in the hotter summer months. The second is how quickly the medicines and treatments currently being researched and tested become readily available. And the third is how quickly an effective vaccine comes online. Medical professionals do not expect a vaccine to be available until sometime next year.
- Lang warns that, if more testing becomes widely available, we are very likely to see a surge in the number of confirmed cases, and, along with those higher numbers, we will see an increasing level of hype and fear in the public domain. It may be more useful to focus on hospitalizations than case-counts, as somewhat objective criteria apply to hospitalizations in most cases.

Coletti notes that companies, schools, and families will need to make choices based on real financial, moral, and social pressure in both the short and long term. Until some semblance of an "all clear" occurs, companies that reopen will need to make decisions about health risks, have clear systems and protocols in place, and be ready to stomach public

criticism. While military planners are accustomed to making choices around "acceptable casualties," companies typically have not had to make judgments around the risk of employee infection against the need to get economically restarted.

- Coletti notes that a best practice is for the organization to make informed decisions and communicate them clearly and convincingly, avoiding "incrementalism" or walking back decisions that may not be initially well-received. Decision making and communication plans should incorporate the calculation of both employee and public reactions from the early stages, and organization leaders should be prepared to ride out the inevitable rough waters.
- Coletti and RANE strategic communications expert partner firm Finsbury emphasize that the organization's operational and communication teams must work extremely close together, as the most effective operational plan will fail if it is not communicated appropriately to all the necessary stakeholders, while a communication plan will fail if there is not an operational backbone to support it.

What factors should I consider when communicating with the workforce?

First and foremost, companies should encourage sick employees to stay home, and have a clear and flexible sick-leave policy in place and well communicated. Beyond that, organizations can actively and frequently share with all employees credible information from trusted sources about the coronavirus. Coletti notes that the growing volume of mis- and disinformation and the fear being generated on social media platforms adds enormous challenges, as employees may be more inclined to believe ill-informed friends and family over well-informed corporate executives

or medical experts.

- Our experts recommend that organizations share credible, well-sourced Information that is up to date and that incorporates local concerns. For example, if a workplace is in a community in which multi-generational families inhabit the same household, communications should address concerns about an employee bringing the virus home to an elderly family member.
- Finsbury notes that the current situation presents significant and far-reaching communications challenges for corporations, particularly because corporate leaders must serve a social purpose and put people before profits. If an organization fails to show compassion for its workers or fails to disclose details of a case at its facilities, it could suffer long-term consequences – damaging employee morale, customer loyalty and investor support.
- Communications should also lay out how both the overall organization as well as the local company leaders are responding to the situation in a clear way so employees can see that their concerns are being addressed and, ideally, that they are part of the solution for both their workplace and the overall organization. Finsbury notes that any communication should be designed to reduce concerns and reiterate the company's commitment to the well-being and safety of the employees above all else.

About the Experts

DR. WILLIAM LANG, MEDICAL DIRECTOR, WORLD CLINIC

Dr. William Lang is one of the world's foremost experts in medical contingency planning and public health response to biological incidents, including both pandemic and bioterrorism events, having served in critical medical positions at the highest level of the U.S. government. Lang currently serves as a medical director of World Clinic, a 20-year-old virtual health company serving companies and their leaders. During this pandemic event, he has been a consultant for multiple multi-national

organizations. Previously in government, Lang served as the deputy physician to the President of the United States for two presidents, chief operating officer of the White House Medical Unit and subsequently director of the Medical Unit. In these positions, Lang was responsible for worldwide operations including comprehensive health care and medical planning for the president, vice president and their families, as well as health services support for all personnel supporting them. Following the White House, he served as the Associate Chief Medical Officer at the U.S. Department of Homeland Security.

BILL COLETTI, CEO AT KITH

Bill is a reputation management, strategic communications and branding expert based in Austin, Texas. With over 25 years of global experience managing high stakes issues management, crisis, marketing and media relations challenges for Fortune 500 companies.

Prior to creating Kith Consulting, Bill co-led the Global Risk Management and Crisis Communications Practice for Hill and Knowlton Strategies. He brings broad experience in local, national and international communications, politics and has successfully managed reputational and public affairs issues on behalf of clients in the U.S. and globally. Bill was a senior strategist in the Public Strategies Austin, TX and Orlando, FL offices, where as a member of the senior management team was responsible for the firm's growth strategy. Additionally, providing senior counsel in crisis management, corporate communications and reputation defense to numerous clients such as Rutgers University, UCLA,

Vanderbilt, Target Corporation, AT&T, The Home Depot, Xerox, American Airlines and Cargill.

FINSBURY

Finsbury is a global leader in strategic communications and a trusted adviser to boards of directors, senior executives and legal counsel of corporations in the Fortune 500, FTSE 100 and Eurofirst 300, as well as other top public and private companies, academic institutions, associations, nonprofits and NGOs around the world. The firm has managed some of the most complex communications challenges of the last three decades, helping clients communicate with clarity and impact when it matters most: during times of opportunity, change and crisis.

CHRISTINE ALLEN, PRESIDENT OF INSIGHT BUSINESS WORKS

Dr. Christine Allen is the President of Insight Business Works, a coaching, training and consulting company that helps with the "people side" of business. As a workplace psychologist/executive coach, she has been providing executive coaching, leadership development, team building and team coaching, talent selection and assessment, and other training for organizations in healthcare, higher education, banking, engineering, manufacturing and non-profits since 2009. Prior work as a psychologist included supervision and program management at a director level in a private hospital system as well as teaching and private practice. Allen is an Adjunct Faculty member in the Psychology Department at Syracuse University and an Associate Clinical Faculty member in the Department of Psychiatry at SUNY Upstate Medical University.



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