What is this?
This guidance is a resource for UW–Madison human resources (HR) representatives to help address HR issues of and relating to Coronavirus Disease 2019 (COVID-19) that may come up in the workplace. The information contained in this guidance document is based on what is currently known as of the date listed in the footer of this document. This guidance will be updated as needed and as additional information becomes available.

Is more information available?
For the most up to date UW–Madison campus-wide COVID-19 information on health, travel, large gatherings and events, and more resources and information, you are encouraged to check the UW–Madison University Health Services website regularly. This website is updated as needed and as new information becomes available.

Additional up to date resources and information about COVID-19 can be found here:

- [Centers for Disease Control and Prevention](https://www.cdc.gov)
- [United States Department of Labor Occupational Safety and Health Administration](https://www.osha.gov)
- [Wisconsin Department of Health Services](http://www.dhs.wi.gov)
- [United States Department of State](https://travel.state.gov)
- [Public Health Madison Dane County](https://www.madison.gov)

At this time, most U.S. workers remain at low risk of exposure:
According to the [United States Department of Labor Occupational Safety and Health Administration](https://www.osha.gov), at this time, the U.S. Centers for Disease Control and Prevention (CDC) emphasizes that, while the novel coronavirus, COVID-19 poses a potentially serious public health threat, the risk to individuals is dependent on exposure. For most people in the United States, including most types of workers, the risk of infection with COVID-19 is currently low.

DO NOT DISCRIMINATE!
Remember: COVID-19 is not specific to an ethnicity or race—disease does not discriminate. Racist behaviors or stereotyping are not tolerated at UW–Madison. Students who experience harassment or discrimination are encouraged to file a [bias incident report](https://biasreporting.wisc.edu). Employees may [file a complaint with the Office of Compliance](https://hr.wisc.edu/compliance). To prevent stigma and discrimination in the workplace, do not make determinations of risk regarding COVID-19 based on race or country of origin, and be sure to maintain confidentiality of any people who are confirmed to have COVID-19.
How COVID-19 Spreads
The CDC provides the current understanding about how the virus that causes coronavirus disease 2019 (COVID-19) spreads. It is largely based on what is known about similar coronaviruses. COVID-19 is a new disease and there is more to learn about how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

Person-to-person spread: The virus is thought to spread mainly from person-to-person.
- 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.

Spread from contact with infected surfaces or objects: It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Preventative measures in the workplace.
The Centers for Disease Control and Prevention tells us the best way to prevent infection is to avoid being exposed to the virus that causes COVID-19. There are simple everyday actions everyone can take to help prevent the spread of respiratory viruses:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

**Should your unit have questions about employee gatherings, please refer to the guidance on the UHS website regarding student gatherings to help inform your decisions.

The CDC encourages the performance of routine environmental cleaning.

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended at this time.
Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

**Actively encourage sick employees to stay home.**

- According to the [CDC](https://www.cdc.gov), employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4°F [37.8°C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should follow their division’s sick leave notification procedures, including notifying their supervisor and stay home if they are sick.

**Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees per the CDC.**

- Display posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- Provide tissues and no-touch disposal receptacles for use by employees.
- Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60% alcohol, or wash their hands with soap and water for at least 20 seconds. Use of soap and water is preferred if hands are visibly dirty.
- Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations, including conference rooms, to encourage hand hygiene.
- Visit the coughing and sneezing etiquette and clean hands webpage for more information.

**Separate sick employees**

- The [CDC](https://www.cdc.gov) recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
Supervisors and/or HR representatives can send employees home who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) or otherwise appear very sick, and are unable to perform their duties.

Supervisors and/or HR representatives should never take an employee’s temperature or attempt to do any medical evaluation of an employee, even if the supervisor and/or HR representative is also a trained medical professional.

If you are not sure if you should send an employee home, consult with campus Workforce Relations.

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps identified by the CDC to help prevent the disease from spreading to people in your home and community.

What if an employee has a sick family member?

Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor or divisional HR representatives and refer to CDC guidance for how to conduct a risk assessment of their potential exposure. If supervisors or divisional HR representatives have concerns about what an employee is reporting to them, please reach out to campus Workforce Relations.

Are UW–Madison’s leave policies still in effect in the current context of COVID-19 issues and concerns?

Yes, at this time, all regular campus-wide leave policies currently remain in effect, including the campus Sick Leave and the Leave of Absence without Pay policies. If any changes are made to the requirement to follow campus policies, as provided above, information will be shared with campus about those types of changes and any new requirements regarding the same.

For divisions and/or work units that have division–specific attendance policies, including “3 in 90” attendance policies, divisions are encouraged to take into account employee health issues and concerns in the context of current matters connected to COVID-19. Some flexibility with “3 in 90” attendance policies may be needed and should be evaluated on a case-by-case basis. Schools, colleges, and divisions with “3 in 90” policies should institute a temporary carve-out to standard procedures and communicate that, if employees (or members of an employee’s household) are exhibiting symptoms associated with the coronavirus, their absence will not count toward the “3 in 90” limit.
Employees are able to use their accrued sick leave for absences from employment for personal illnesses, exposure to contagious disease, to care for an immediate family member, and for any absence covered by the Wisconsin Family and Medical Leave Act (WFMLA) or Federal Family and Medical Leave Act (FMLA).

When an employee is absent from work for a reason specified in the Sick Leave policy, the following leave types may be used instead of sick leave:

- Vacation and/or vacation carryover
- Personal holiday
- Floating legal holiday
- Hours in a paid leave bank (annual leave reserve account or sabbatical account)
- Leave without pay with approval of employer
- Compensatory time may be used to cover absences that are planned in advance and approved by the supervisor (e.g. doctor’s appointment). The use of compensatory time to cover these absences is at the employee’s discretion.

If no leave banks are available to an employee, units should be flexible in utilizing Leave without Pay for affected employees. If an employee has paid leave available, it must be exhausted prior to utilizing Leave without Pay unless it is designated FMLA/WFMLA.

When an employee’s leave of absence has been designated as WFMLA or FMLA, the employee may choose to use their accrued leave time up to their FTE or they may choose to take leave without pay.

Please remember, if employees are not working, they cannot be paid unless they are utilizing their paid leave banks. If they have no paid leave banks, they cannot be paid.

For leave or attendance policy questions, please consult with campus Workforce Relations.

If an employee becomes sick with COVID-19, will they be covered by the Family and Medical Leave Act (FMLA/WFMLA)?

- It may be appropriate to designate FMLA/WFMLA for an employee who becomes sick with COVID-19. While FMLA regulations state that “the flu” ordinarily does not meet FMLA’s definition of a “serious health condition,” the flu can still qualify as an FMLA serious health condition if it meets that definition, such as inpatient care or continuing treatment by a healthcare provider. In the same way, COVID-19 may qualify as a serious health condition under FMLA/WFMLA depending upon the specific situation. For
example, an eligible employee or their covered family member who contracts COVID-19 may qualify for FMLA/WFMLA leave.

- Units should continue to follow their regular practice of providing FMLA information to employees when they have been absent more than 5 working days or when the employee is requesting an FMLA leave. See more here: FMLA forms and information

- Units should continue to follow their regular practices for designating FMLA/WFMLA leave for eligible employees who are requesting leave for a covered reason. FMLA/WFMLA may be designated without the receipt of a medical certification when the unit has enough information to determine that the leave is FMLA-qualifying.

- If an employee doesn’t qualify for FMLA/WFMLA or their leave isn’t FMLA-qualifying, extended absences may be approved by unit management outside of formal FMLA/WFMLA designation in order to promote workplace and public health and safety.

- Consult with your Divisional Disability Representative (DDR) or campus Workforce Relations for more information.

How does the Americans with Disabilities Act (ADA) apply to issues connected to COVID-19 and what do I need to know?

The Americans with Disabilities Act protects job applicants and employees from disability discrimination in the workplace.

The ADA is related to pandemic planning and preparation in three ways:

1. The ADA regulates employers’ disability-related inquiries and medical examinations;
   - Making a disability-related inquiry or requiring medical examinations of employees to determine if they have COVID-19 is generally not allowed;
   - Asking an individual about symptoms of a cold or the seasonal flu is not likely to elicit information about a disability, so is permitted;
   - Employers may ask employees who report feeling ill at work if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. This is not considered a disability-related inquiry if the influenza is not classified by the CDC or local health officials as severe.
     - If pandemic influenza is classified as severe, the inquiries, even if disability-related, are justified by a reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat.
   - Inquiries to determine if an individual would be in a high-risk group for pandemic influenza due to a chronic health condition like asthma are not permitted prior to a pandemic being declared and if the pandemic that is declared is not classified as
severe. However, such inquiries may be made if public health officials find that the illness caused by the pandemic is generally severe;

- Any medical information obtained or disclosed, including the identity of an employee with a communicable disease such as COVID-19, should be kept confidential to the extent required by law. Certain sharing about this information is allowed under the law:
  - Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
  - First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations.
  - Government officials investigating compliance with the ADA and other Federal and state laws prohibiting discrimination on the basis of disability or handicap should be provided relevant information on request. (Other Federal laws and regulations also may require disclosure of relevant medical information.)
  - Relevant information may be provided to state workers' compensation offices or "second injury" funds, in accordance with state workers' compensation laws.
  - Relevant information may be provided to insurance companies where the company requires a medical examination to provide health or life insurance for employees.

- If you have questions, please consult with the Employee Disability Resources (EDR) Office.

2. The ADA prohibits covered employers from excluding individuals with disabilities from the workplace for health or safety reasons unless they pose a “direct threat”:

- A direct threat is a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodations.
- Assessment of whether an employee poses a direct threat must be based on objective, factual information, “not on subjective perceptions.”
- Whether pandemic influenza rises to the level of a direct threat depends on the severity of the illness.
- If the CDC or state and local health authorities determine the pandemic influenza is significantly more severe an employee who has COVID-19 may be considered to be a
direct threat in some situations. Before doing anything consult with the Employee Disability Resources (EDR) Office.

3. The ADA requires reasonable accommodations for individuals with disabilities during a pandemic.

- During a pandemic, reasonable accommodations must continue to be provided unless these constitute an undue hardship.
- Working remotely could be considered as an accommodation during a pandemic. The Divisional Disability Representative (DDR) would make an individualized assessment to determine if it is a reasonable accommodation.

It is important to note that the ADA also applies to those who are “regarded as” having a disability. Regarding someone as having a disability means the individual is subjected to an action prohibited under this act because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity. Employers should not assume that all disabilities increase the risk of influenza complications. Many disabilities do not increase this risk (e.g. vision or mobility disabilities). If you have questions, please consult with the Employee Disability Resources (EDR) Office.

Additional ADA questions and answers:

- During a pandemic, can employers send employees home if they display influenza-like symptoms? Yes
- During a pandemic, can employees be encouraged to telework? Yes.
- During a pandemic, can employers ask employees to adopt infection-control practices such as regular hand washing? Yes

The Equal Employment Opportunity Commission (EEOC) issued the following guidance to distribute to the workforce in the event of global health emergency.

Pandemic Preparedness in the Workplace and the Americans with Disabilities Act: https://www.eeoc.gov/facts/pandemic_flu.html

For ADA questions in the context of COVID-19, discuss with your Divisional Disability Representative (DDR) or the campus Employee Disability Resources (EDR) Office.
Should all employees be working remotely or telecommuting?

- Telecommuting is *not* available for all employees.
- The campus Telecommuting Policy is available online.
- Telecommuting is generally a cooperative arrangement based on the needs of the job, the department or unit, and the university.
- Individual employee requests for remote work or telecommuting opportunities may first be discussed by an employee with their supervisor and then the employee’s local or divisional HR. Individual requests should be reviewed and considered on a case-by-case basis and take into account the needs of the job and the department or unit.
- If remote work or telecommuting is approved, be sure to have a telecommuting agreement on file for the employee. A sample telecommuting agreement can be found in the campus Telecommuting Policy.
- Please note that the points outlined here reiterate the current telecommuting policy. That is, there has been no change to the policy or UW–Madison practice at this time. If any changes take place to telecommuting options and/or remote work options as a result of COVID-19 matters, you will be updated.

What if I have employees that have to travel?

Consult the UHS website for travel updates and information. Additionally, the CDC advises that you take certain steps before traveling:

- Check the CDC’s Traveler’s Health Notices for the latest guidance and recommendations for each country to which you will travel. More travel information can be found on the CDC website.
- If employees have upcoming international travel plans for either Spring Break or other business-related reasons, it is advisable to reconsider them. There could be substantial travel delays and/or new restrictions, along with possible prolonged isolation when you return home, with significant impact on your personal and professional plans.
- Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
- Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
- If outside the United States, sick employees should follow their health plan’s policy for obtaining medical care or contact a healthcare provider or overseas medical assistance.
company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.

● Prior to traveling, assess eligibility and need for an international health insurance plan with Cultural Insurance Services International (CISI). CISI is mandatory for students and recommended for UW staff traveling internationally for UW-Madison related programming. UW-Madison’s CISI international health and medical insurance policy specifically excludes security evacuation due to the risk of pandemic/epidemic disease, although the medical evacuation benefit for a traveler who falls ill due to disease and requires further care remains intact under the policy. Further information regarding International Coverages can be found on the Division of Business Services webpage.

● At the time of this writing, the University has not yet suspended university-sponsored travel and activities for faculty and staff in Italy, South Korea, and mainland China, but this may change in the very near future. Please monitor the UHS Website for more information and updates about university-sponsored travel.

Self-quarantine information for employees

● If you have employees returning to the Madison area from a CDC Level 3 travel advisory area (South Korea, China, Italy, or Iran), employees should not return to the workplace for 14 days. To protect the community, employees are strongly encouraged to self-quarantine for 14 days and monitor for symptoms (fever, cough, shortness of breath) during this time.

● For those returning from any location under a Level 2 CDC Travel Health Notice, we advise that when you arrive home, you self-monitor for 14 days for symptoms (fever, cough, shortness of breath).

● If this happens, employees should notify their supervisor, local and/or divisional HR that they will not be into work.

● For more information, see the CDC’s guidance on prevention and treatment.

● If you become sick with COVID-19 following travel, in addition to the information provided by your healthcare provider, here are steps to take when you are sick.

● Review the UHS Website for more information, as well.
What else is UW–Madison doing to monitor these issues and concerns and keep HR representatives informed?

- UW–Madison is monitoring this situation and staying in touch with our local health departments on a daily basis.
- UW–Madison has a designated team of professionals and experts covering all types of issues, questions and concerns connected to COVID-19. This team meets regularly and can come together at short notice in cases of emergency or urgent needs.
- We are also reviewing plans in case of large-scale absenteeism of faculty and staff and how it could impact the semester.
- HR updates will continue to be provided via HR Reps meetings, HR Reps email announcements, Working at UW and/or Inside UW, and via communications like this one.

Please encourage your division to keep their Continuity of Operations Plan (COOP) plan updated and any essential employee lists/information updated, as well.

If you don’t see your HR issue or concern addressed about COVID-19 in the materials provided in this document, please feel free to reach out campus Workforce Relations for additional assistance and support.