

**WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace**  
**Questions & Answers – Week 30**  
**October 7, 2020**

*The following questions were asked during WorkCare’s weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 30. This week we focused on interpreting current events. Anthony Harris, M.D., M.B.A., M.P.H., WorkCare’s Chief Innovation Officer and Associate Medical Director - Onsite Clinical Operations, presented the webinar and provided these answers. If your question is not answered here, it was answered in a previous Q&A.*

Here are links for your reference:

- [October 7 webinar recording](#)
- [September 30 webinar recording](#)
- [Questions & Answers from the September 30 webinar](#)

**AIRBORNE TRANSMISSION**

**Q:** What precautions do you recommend employers take in response to the latest update from the CDC on airborne transmission?

**A:** The precautions that are in place now, including wearing masks, are particularly important. CDC makes comments on the droplet size. We have been commenting on that for some time now – the 20 micron-size droplets versus the 5 micron-size droplets. The 5-micron droplets are more likely to be aerosolized and maintained in the air as a means of airborne transmission. Again, having in place the precaution of wearing masks is going to be important. In certain states, employers don’t have a policy of mask-wearing across the board. Particularly now that we are past the hot summer months, we want employers to seriously reconsider mandating mask use in the workplace, which will help decrease airborne transmission and the rate of production of 5-micron-size particles. If we talk about enclosed spaces, as we mentioned back in March and April, to decrease the transmission rate of an airborne illness you can look at your HVAC systems, including the use of HEPA filters, and turnover rate of the air – six times an hour as a standard, if at all possible. Those are all things that decrease risk for airborne disease transmission. The other factor is exposure duration. If you don’t have to spend as much time in an enclosed space with a group of individuals, that is a primary way to decrease exposure risk. These measures align with what the CDC has said, and we want to emphasize them as a way to keep your workforce safe.

(Refer to [Scientific Brief: SARS-CoV-2 and Potential Airborne Transmission](#) on the CDC’s website.)

**Q:** Regarding airborne transmission and wildfire smoke, our office has turned off the HVAC system for periods of the day to mitigate smoke smell in the building. Should workers in that building be sent home as a precautionary measure in these instances since good ventilation will not be possible to help mitigate COVID-19, or is the HVAC system being off inside a good thing? (We have a MERV-13 filter).

**A:** Good ventilation is key to decreasing particulates in the air, including possible COVID droplets. In hospital settings, isolation room standards have complete air exchange six times an hour in order to reduce particulates and the potential for contaminated droplets in the room.

**EXPOSURE RISK - MASKS**

**Q:** If two people are both wearing a mask and are within 6 feet of each other for 15 minutes or greater, is it considered an exposure if one of those people is determined to be a positive case for COVID-19? Does masking make any difference, or does the close contact prevail over masking?

- A:** My understanding is that the CDC doesn't specifically address that scenario. The over-abundance of caution is to say, if you've been in close contact, mask or no mask, for 15 minutes or greater with an individual who is positive for COVID, then the person who has been exposed should quarantine. That is still the prevailing wisdom in terms of how to consider someone in a risk-stratified process regarding whether they should be quarantined. There is no other cutoff beyond that in terms of, "Hey, I was around someone for 20 minutes with a mask on, I should be okay." No, you should still quarantine. Unfortunately, that is the result of not being able to verify the proper use of masks by individuals, and also the nature of these general recommendations for the non-essential workforce. Obviously, since this all began, health care workers have been in close contact with COVID-positive individuals for longer than 15 minutes and still maintain their presence in the workplace with appropriate PPE – N95s. If we are talking about a scenario in which your workforce is wearing a respirator like an N95, that is a different consideration. If they have been properly trained to don and doff the N95 and do so on a routine basis in the workplace, then we can consider those individuals to be non-exposed and allow them to continue to work. Obviously, if they become symptomatic, they must go home and self-isolate. But again, paper, cloth and surgical masks don't trump proximity and exposure level when considering exposure risk.
- Q:** Has there been any published data comparing cloth masks or cellulose masks versus a clear plastic face shield? Are there differences in the level of protection?
- A:** I have not seen any studies on cellulose-based masks versus face shields. Face shields do not supplant a face mask, nor do they protect against the generation of potentially airborne 5-micron droplets. The face shield is only designed to protect the mucosal membranes of the face – the eyes, the nostrils – from direct exposure to moisture from someone else's secretions. Other than that you should be wearing some other type of approved face covering, such as multi-layer cloth mask or surgical mask. To clarify, I am interpreting this question to be referring to cellulose masks that have been recently introduced, not all cellulose-containing masks.
- Q:** When you say wearing a mask is the best way to prevent spread even after the vaccine is available, what does that mean in terms of how long the mask policy will be in place?
- A:** Mask policy being in place is going to be well into 2021. It won't be until we have some type of herd immunity that we will see an easing of the mask-wearing policy, very likely, because the primary means of transmission is respiratory droplets. If we have a widely susceptible population, as we still will in 2021, then mask-wearing will be important to reduce occurrences.

#### **EXPOSURE RISK - SURFACES**

- Q:** Are you aware of any new research on how long the virus lives on various types of surfaces?
- A:** Tests have found traces of COVID-19 on surfaces, but no research has affirmatively established that the virus is viable in those places. In July, [The Lancet](#) reported that "clinically significant risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission by fomites (inanimate surfaces or objects) has been assumed on the basis of studies that have little resemblance to real-life scenarios." After conducting a literature review, the author (Dr. Emanuel Goldman, a professor of microbiology, biochemistry and molecular genetics at Rutgers University, concluded: "In my opinion, the chance of transmission through inanimate surfaces is very small, and only in instances where an infected person coughs or sneezes on the surface, and someone else touches that surface soon after the cough or sneeze (within 1-2 hours)...Although periodically disinfecting surfaces and use of gloves are reasonable precautions, especially in hospitals, I believe that fomites that have not been in contact with an infected carrier for many hours do not pose a measurable risk of transmission in non-hospital settings."

## **TREATMENT**

- Q:** In addition to the mix of medications administered to President Trump, why did he also receive a steroid?
- A:** Steroids are generally used to reduce respiratory anti-inflammatory activity. The steroid in this case would affect how his respiratory system is reacting to the infection. It is the host's immune response that causes untoward outcomes in terms of disabling the respiratory system from doing its job of allowing an individual to oxygenate blood. If you can decrease the inflammatory response, you can improve the function of the respiratory system. As you recall, the president had decreasing oxygen levels, and partly because of the immune response of the respiratory system, decreasing that response would improve his potential outcome, which it seems to have done in this case.