

WEBINAR COVID-19

End of COVID-19 crisis in sight: how to successfully organize the return to work?

Questions & Answers session

1. Why is temperature measurement a good measure? It only gives a minor indication at a point of the day. 3
2. What about building group immunity? 3
3. Would you recommend wearing disposable gloves by all employees in the office space? 3
4. Once it will be allowed to travel again between countries, would you still recommend to avoid travelling for business and replace them as much as possible by video conference? 4
5. Would you consider wearing gloves to be a useful measure? 4
6. How to assess fitness to work remotely? What threshold (only sick leave when unable to function, if can pick up phone, can work?) and how to appreciate? 4
7. Can you explain why in the countries where they implemented the mask in early days of the pandemic, there are still new cases developing? 4
8. Many companies are reluctant to remote working although they have the technology which allows it: how can we force these companies (and leaders) to push remote working as much as possible? 5
9. How to practically adapt the workstation when returning to work? 5
10. Which obligation of information by employee of his employer on his immunological state? 5
11. For companies whose activity allows it, do you recommend the continuation of telework beyond the official dates fixed by the governments? 5
12. Which recommendations for countries non-culturally at ease with social distancing? 6
13. Should we generalize the temperature measurement of employees at the entrance of the company? 6
14. Should employees be gradually asked to come back to the company by sub-categories, based on their relative capacity to telework? 6
15. What should the company do if it has proof that its employees are affected? If asked to go back home, who should tell it to him? A company doctor? 6

16.	Will it make sense if our employees and their family members go for preventive testing?	7
17.	Can you give more information about false negative test?	7
18.	We currently have a client who has been tested 3 times and is negative while he has the same COVID-19 symptoms even with the lung scan. Could it be a false negative?	7
19.	When getting back to work, is it important to reinstate temperature checks twice a day?	7
20.	How long are we to reliable tests and understanding possibility to have it a second time?	8
21.	Can companies impose such rules like temperature measurement? Medical confidentiality is waived we hope?	8
22.	How can we deal with those rules in crowded cities like Mumbai or Lagos?	8
23.	What are minimum prerequisites to ensure additional spread of disease does not occur?	8
24.	Is it safe to return back to working in offices?	8
25.	What about air conditioning and its ability to transport the virus?	8
26.	Has the employer an obligation to provide the masks?	9
27.	Dr. Juan encourages the use of masks: if they are already in shortage, aren't we depriving medical professionals and those most at risk? What effectiveness can improvised / home-made masks have?	9
28.	In the case of this pandemic, is the CEO liability for safety at work goes to the criminal court of law "responsabilité pénale des dirigeants"?	9
29.	How do you plan social distancing in the office space?	9
30.	Some death cases were found with wellbeing respiratory but their hearts or kidney attacked and stopped working which caused death? I agree with mask is not protective so what do you think the issue? How the virus found its way to these organs?	9
31.	What do you think of BCG Tuberculosis (TB) vaccine in other countries? Do you think it immunizes the body from the virus? Can a diabetic patient vaccinated against tuberculosis be strongly infected with COVID-19?	10
32.	Is warm weather a factor to eliminate the virus from spreading? Or true it can interact with heat?	10
33.	If infected, do you need to have all the symptoms mentioned or few or only one? This hasn't been clarified enough I think, and that caused confusion and slow reactions from infected people to reach the doctor?	11
34.	What is your advice for HR professionals to help staff return to work? What should be the risks to keep in mind?	11

1. Why is temperature measurement a good measure? It only gives a minor indication at a point of the day.

Temperature is an interesting measure, not so much when it's negative but more so when it's positive.

If a person doesn't have temperature (fever), we don't know if he/she has COVID-19 or not but with all the other preventive measures in place, it can be assumed that the likelihood of being infected is less.

If a person has a temperature (fever), we still don't know if he/she has COVID-19 but it is then more likely as compared to if there was no fever. So the temperature simply provides **more information** that will make it easier for an employer to recommend a **course of action** such as advise to stay at home and/or do testing and/or enter self-quarantine.

2. What about building group immunity?

Group immunity occurs when at least 60% / 70% of population is immune (naturally or via immunization). Unfortunately, due to virulence of this virus, aiming for group immunity at this point in time (prior to a vaccine being available) implies a very significant number of people will be hospitalized and/or die in this process. As long of an effective vaccine remains out of reach, group immunity cannot be reached without unacceptably high harms to society (and some employees).

3. Would you recommend wearing disposable gloves by all employees in the office space?

Gloves can sometimes make sense if people are manipulating many "external" objects from outside the company (e.g. logistic platform or opening mail, etc.). For those working in administrative sector, regularly washing hands (e.g. hourly) and using one's own keyboard, etc., (and not touching the face) should suffice. Furthermore, use of gloves doesn't protect the person from touching his / her face and being contaminated.

4. Once it will be allowed to travel again between countries, would you still recommend to avoid travelling for business and replace them as much as possible by video conference?

Yes. The distribution of disease is different between countries, so a travel to a country where the dissemination of the virus is higher will generate a risk for the person to either be sick in a foreign country or not being able to return to his / her home country without requiring self-quarantine to prevent transmission. Similar discussions may be considered concerning travel between cities or regions within a given country.

5. Would you consider wearing gloves to be a useful measure?

See [question 3](#).

6. How to assess fitness to work remotely? What threshold (only sick leave when unable to function, if can pick up phone, can work?) and how to appreciate?

It is impossible to assess fitness remotely. If people have sick leave, then legally they cannot work. It is not specific to COVID but valid for any disease.

For the companies that have not implemented remote work policies, this paradigm shift will require much learning and culture change. Some successful companies (especially startups) have created a remote-only workforce. Some examples include:

- Zapier's (50 M\$ Annual recurring revenue - profitable) guide to working remotely : [Link](#)
- GitLab's (> 100 M\$ Annual recurring revenue - profitable) guide to All-remote : [Link](#)
- 40 lessons from 4 years of Remote Work by Buffer (20 M\$ Annual recurring revenue - profitable) : [Link](#)

7. Can you explain why in the countries where they implemented the mask in early days of the pandemic, there are still new cases developing?

Masks are only one of several possible prevention measures and should not be the only measure. Masks must be worn very properly, covering nose and mouth and going under the chin. Once removed, it should usually be changed.

8. Many companies are reluctant to remote working although they have the technology which allows it: how can we force these companies (and leaders) to push remote working as much as possible?

See [question 6](#)

9. How to practically adapt the workstation when returning to work?

Work stations should allow for a distance of at least 1 meter between workers, preferably more. This differs for people working in a manufactory or in administrative departments. Each person should have individual equipment (keyboard, mouse, etc.). Desks should be cleaned regularly and only be used by one person.

10. Which obligation of information by employee of his employer on his immunological state?

Health information is personal data. Treatment of personal data depends on national laws. There is not a single answer for all countries.

11. For companies whose activity allows it, do you recommend the continuation of telework beyond the official dates fixed by the governments?

Yes. In order to minimize the number of people potentially exposed to the virus through use of public transportation, it is advised that telework should be extended beyond such official dates. It remains important to be sensitive to various personalities and capacity to adapt to such measures. An individual risk-benefit assessment (depression, demotivation vs. productivity, decreased risk of exposure to virus) balance should be sought in order to define groups of people that will be prioritized to go back to the physical office.

12. Which recommendations for countries non-culturally at ease with social distancing?

Such distancing is a major component of recommendations that help decrease transmission of this virus. It is indeed a major cultural shift that will affect many countries around the world. Perhaps a better way to express this, though, is a social shift, not a cultural shift. By this we mean that social norms within a given culture change over time. We should remember, for example, that European and American norms during the “Spanish flu” of 1918 were to wear masks; thus social norms within a culture changes over time. An important distinction should be made between “physical distancing” (which is needed) and “social distancing” or “social isolation” (which we want to avoid).

13. Should we generalize the temperature measurement of employees at the entrance of the company?

See [question 1](#).

Local regulations will address this in some instances. If local regulations do not demand this, then company decisions need to be made in the context of local regulations surrounding individual privacy. In some instances, public health benefits (and declarations of a “state of emergency”) will outweigh or change the balance of public interest vs. personal privacy.

14. Should employees be gradually asked to come back to the company by sub-categories, based on their relative capacity to telework?

See [question 11](#). A gradual return to work is advisable. Not all employees should return at once. Even as the percentage of employees who have returned to the office increase, recall that this is not “one direction” meaning that, depending on what is happening in the broader environment, there may be need for employees to “return to home” for telework. This may be very dynamic. Thus a prioritization is needed for different subgroups, and decisions need to be flexible over time.

15. What should the company do if it has proof that its employees are affected? If asked to go back home, who should tell it to him? A company doctor?

If an employee is known to be infected, he should not go to office or company premises. The occupational medicine department will usually be in charge of follow-up for such patients.

16. Will it make sense if our employees and their family members go for preventive testing?

No. The tests nowadays are not very helpful for this situation. Testing at one point in time will not change what preventive measures should be taken as infection can just as easily occur after testing. For people showing antibodies (from newer “serology testing”), it is still unknown how many antibodies are needed to be protective, nor how long such protection will last.

17. Can you give more information about false negative test?

Some tests are not conclusive even for persons with symptoms. Tests can lack sensitivity and be present false negative results for different reasons:

- The type of test used for diagnosis i.e. virological (RT-PCR, PCR only)
- The timing of when the test was performed
- The technique of the testing. The RT-PCR requires certain skills and it's painful for the patient

Given the widespread presence of (and associated chance of being exposed to) this virus, any person with relevant symptoms should be considered as sick regardless of the result of testing – and should isolate at home or some other place, where others will not likely be secondarily infected as well.

18. We currently have a client who has been tested 3 times and is negative while he has the same COVID-19 symptoms even with the lung scan. Could it be a false negative?

There is much yet to be learned about SARS-CoV-2, the virus that causes COVID-19. A negative test when relevant symptoms are supported by a positive lung CT-scan could very well be a “false negative” given the current epidemiologic context (the virus being so prevalent). Where such a test to be negative three times in the context of the virus being rare, it would of course be more believable. Testing methodologies are still being developed.

19. When getting back to work, is it important to reinstate temperature checks twice a day?

See [question 1](#)

20. How long are we to reliable tests and understanding possibility to have it a second time?

The tests currently are **not perfect**. Repeating tests without clinical symptoms does not help. There are reports of people being infected a second time, but it is not clear if an infection re-occurred or some intermediate “negative test” was due to an original infection having been cured or a test lacking sensitivity.

21. Can companies impose such rules like temperature measurement? Medical confidentiality is waived we hope?

See [question 13](#)

22. How can we deal with those rules in crowded cities like Mumbai or Lagos?

There is not a general rule for those situations. Decisions will depend on local legislations. Use preventive measures that are possible. This is the only recommendation we can provide at this point in time.

23. What are minimum prerequisites to ensure additional spread of disease does not occur?

In the presentation the Slide 22 has all the measures that modify the R_0 , which is the indicator of the spread of the disease.

24. Is it safe to return back to working in offices?

See [question 11](#)

25. What about air conditioning and its ability to transport the virus?

The CDC (Centers for Disease Control and Prevention) in United States have published [a study](#) done in China describing an outbreak seemingly associated with air flow and air conditioning. At the moment, we don't have enough information to say if this is a situation that occurred due to some very specific reasons or if a more generalizable risk may be present.

26. Has the employer an obligation to provide the masks?

The term **obligation** relates to a specific legislation on a matter. An employer is obliged to take measures necessary in order to protect the employees yet if, for example, there is a national shortage of masks then the employer cannot be responsible for that lack of masks. Hence, due to such variability in the capacity for an employer to implement the measure, it's unlikely that there will truly be such an obligation imposed.

27. Dr. Juan encourages the use of masks: if they are already in shortage, aren't we depriving medical professionals and those most at risk? What effectiveness can improvised / home-made masks have?

The CDC (Centers for Disease Control and Prevention) have published a [specific article](#) on the subject. It is of course possible that improvised masks are less effective than commercial surgical masks, yet these do appear likely to decreased exposure to wearers.

28. In the case of this pandemic, is the CEO liability for safety at work goes to the criminal court of law “responsabilité pénale des dirigeants”?

This is very specific to each country, hence it is not possible to provide a general answer at this point.

29. How do you plan social distancing in the office space?

Usually in open space, between 2 employees there must be a distance of at least 1 meter but the more the distance the better.

30. Some death cases were found with wellbeing respiratory but their hearts or kidney attacked and stopped working which caused death? I agree with mask is not protective so what do you think the issue? How the virus found its way to these organs?

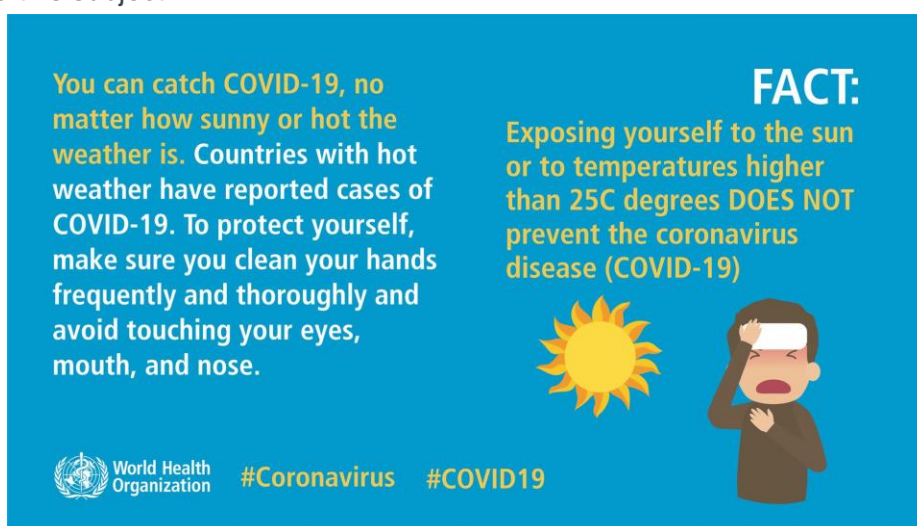
The upper respiratory system is the initial gateway for the virus. However, once inside the body, it can use many other cells to replicate. Furthermore, in the case of COVID-19, it's not only the virus that destroys the cells but also the response of the body to the viral infection that causes a lot of damage. For further information, there's a very good [video](#) (by Kurzgesagt - In a Nutshell) on this subject.

31. What do you think of BCG Tuberculosis (TB) vaccine in other countries? Do you think it immunizes the body from the virus? Can a diabetic patient vaccinated against tuberculosis be strongly infected with COVID-19?

Interestingly, epidemiological studies have shown a correlation between rates of BCG vaccination and rates of COVID-19 morbidity and mortality. While most of these studies point in the same direction, a causal relationship cannot be concluded because major biases remain, particularly in terms of differences in living standards and healthcare policies between countries with high and low vaccination rates. **The researchers remain cautious: while BCG represents a very interesting prospect, it still needs to be explored within the framework of rigorous clinical trials. At present, there are no data recommending this vaccine as a means of protection against COVID-19.**



32. Is warm weather a factor to eliminate the virus from spreading? Or true it can interact with heat?


Although it has been seen that southern countries have less cases in general, it's very hard to determine if the weather is the main factor that explains this. In those countries the policies for confinement and testing are very different and hence, it's hard to know in which extent the weather is the only explanation of the difference of the disease incidence. Furthermore, the World Health Organization [has published](#) a warning around this subject.



You can catch COVID-19, no matter how sunny or hot the weather is. Countries with hot weather have reported cases of COVID-19. To protect yourself, make sure you clean your hands frequently and thoroughly and avoid touching your eyes, mouth, and nose.

FACT:
Exposing yourself to the sun or to temperatures higher than 25C degrees DOES NOT prevent the coronavirus disease (COVID-19)

 World Health Organization #Coronavirus #COVID19

33. If infected, do you need to have all the symptoms mentioned or few or only one? This hasn't been clarified enough I think, and that caused confusion and slow reactions from infected people to reach the doctor?

Problems for healthcare professionals that COVID-19 brings:

- Not all patients have symptoms. Some persons are positive for COVID-19 and don't have symptoms at all
- The symptoms described are not all present in the same person
- They are not present at the same time. For example, someone can cough for a few days and have fever only afterwards, when no more cough persists.

The symptoms can only be seen as clues that are suggestive of a diagnosis to healthcare professionals in order to determine the **likelihood** of having been infected by the COVID-19. The more symptoms or risk factors (e.g. exposure to a patient or to a crowded environment) the more likely the diagnosis becomes.

34. What is your advice for HR professionals to help staff return to work? What should be the risks to keep in mind?

See [question 11](#)