

COVID-19 Policy Updates and Implications for the Workplace

August 24, 2022

On August 11, the U.S. Centers for Disease Control and Prevention (CDC) issued [updated COVID-19 guidance](#) “to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus.” The changes to existing policies reflect CDC’s recognition of the significant protection against severe illness and death from the combination of vaccinations, therapeutics and prior infections across the country. Nevertheless, the updated guidance has important safety implications for employers and workers. This policy alert summarizes these important revisions while also providing an update to our prior alert, [“Life After Omicron: Critical COVID-19 Policy Areas to Watch in the Weeks Ahead.”](#)

Summary of CDC Updates

The updated CDC guidelines, found [here](#) in their entirety, reflect changes across three areas. In particular, they:

Vaccines and Therapeutics

- Continue to recommend vaccination with up-to-date boosters for all persons.
- Recommend pre-exposure prophylaxis with Evusheld antibody product for moderately or severely immunocompromised individuals who may not mount an immune response or for persons who cannot receive the vaccine.
- Recommend antiviral medications and/or monoclonal antibodies for persons at increased risk for severe illness to include older adults, unvaccinated persons and those with certain medical conditions.
- Recommend that persons at risk make a pre-emptive plan to access testing and treatment should they get infected.

Prevention Strategies

- Recommend continuous monitoring of COVID-19 Community Levels (low, medium and high) to guide prevention efforts using a risk-based framework. This includes the continuing use of masks by all persons, regardless of vaccination status, in indoor areas.

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- No longer differentiate between prevention strategies based on vaccination status as **estimates** indicate that 90-95 percent of the U.S. population now has some level of measurable antibodies against the SARS-CoV-2 virus.
- Do not recommend routine screening of populations, including employee groups, with the exception of high risk congregate settings such as nursing homes, homeless shelters or prisons.

Isolation and Exposure Management

- Recommend that symptomatic or infected persons isolate immediately, remain in isolation for at least five days and wear a well-fitting mask or respirator when around others.
- Note that infected persons can end isolation after five days only if they have been fever free for at least 24 hours (without the use of medication) and other symptoms have improved. However, such individuals should continue to wear a mask at all times through day 10 unless using rapid antigen testing to clear isolation early.
 - If individuals want to discontinue isolation before day 10, they should take a rapid antigen test on day 6 or later and should be without any fever for least 24 hours; they should also take at least two tests 48 hours apart. To stop masking, the results of both tests should be negative.
- Recommend cessation of contact tracing in employer settings with the exception of health care settings and high risk congregate settings. In all other circumstances, the CDC advises that public health efforts focus on notifying individuals potentially exposed to COVID-19 and providing them with accurate information and testing resources.
- Recommend that persons who have had recent confirmed or suspected exposure to an infected person should wear a mask for 10 days around others when indoors in public and should receive testing five days after exposure (or sooner if they are symptomatic), regardless of vaccination status.
- Quarantining of exposed persons, regardless of vaccination status, is no longer recommended.

Implications for the Workplace

This area requires close attention for employers and workplace supervisors concerned about liability and personal injury. Although the CDC guidelines are recommendations and not mandatory legal requirements, the U.S. Occupational Health and Safety Administration (OSHA) has typically looked to CDC guidance in establishing workplace expectations on employers. For example, in its current guidance document, **“Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace,”** OSHA states that the CDC guidance is “intended to help employers and workers who are located in areas of substantial or high community transmission.” OSHA has also noted that it will look to the CDC’s COVID-19 guidance around the use of masks and other protective measures, for example, to evaluate whether an employer is providing work and a workplace “free from recognized hazards that are causing or are likely to cause death or serious physical harm,” within the meaning of OSHA’s **General Duty Clause**. So while the updated CDC guidance does not have the force of law, employers should expect that OSHA will continue to use it to evaluate employer safety and health compliance efforts related to COVID-19.

Conclusion

In our [prior policy alert](#), we advised recipients to continue monitoring hospitalizations and health system utilization, two of the metrics that drive CDC Community Levels. At this time, those metrics appear to be improving, as has access to vaccinations and therapeutics. It remains an open question, however, which direction the pandemic will trend as we head into the fall and winter.

With vaccine manufacturers preparing to deliver updated booster shots in the next few weeks, news of an upcoming summit at the Department of Health and Human Services (HHS) on August 30 to discuss shifting of the federal response to the private market, and Dr. Fauci preparing to step down as the Director of the National Institute of Allergy and Infectious Diseases (NIAID) this December, it is clear that the U.S. is headed into a new phase of the public health emergency. While the updated CDC guidelines are a promising sign that we are approaching the end of the pandemic phase of COVID-19, there continue to remain critical policy guidelines that can affect stakeholder interests in the months ahead.

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