

# COVID-19: THE DISEASE, EXPOSURE, DIAGNOSIS, CONCERN AND RETURN TO WORK - A QUALITATIVE CASE STUDY

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**Abstract:** This study was conducted to establish awareness of the science of SARS-CoV-2 (COVID-19). For the purpose of this study the researcher used a Qualitative Case Study approach to discuss its origins/background, clinical signs and symptoms, testing, canvassing of individuals exposed, diagnosed, and those non-affected by the virus, mental health concerns, and a collective overview of the participants recommendations for those returning to the workforce. Because of the prevalence of this pandemic; the researcher's intent is to solely provide a basic overview and promote further interest and understanding on the topic of COVID-19 disease, and to better assist individuals in their support of preventing the pandemic.

**Keywords:** SARS-CoV-2; COVID-19; Pandemic; Health; Privacy; Employment.

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## DEDICATION

I dedicate this case study to all the women, men, and children that have been and may be directly and indirectly affected by COVID-19 disease. Those that have passed due to the virus, may you rest in eternal peace. To the first responders, scientists, educators, medical suppliers, care-givers, medical facilities, employer supervisors, staff support, food and beverage companies, restaurants, and all others that have continued to work throughout the pandemic. You are greatly appreciated!

## 1. INTRODUCTION

According to the Center for Disease Control and Prevention (CDC)(2020), COVID-19 disease is caused by a new coronavirus. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats (CDC, 2020). Subsequently, it is rare that animal coronaviruses can infect people and then spread between people such as with Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and now with this new virus, named SARS-CoV-2 (COVID-19)(CDC, 2020).

One must understand that all three of these viruses noted above have their origins from bats. Additionally, the COVID-19 disease/virus is a betacoronavirus, like MERS-CoV and SARS-CoV.

The epicenter of the COVID-19 disease outbreak took place in Wuhan, Hubei Province, China and is linked to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets (CDC, 2020), indicating person-to-person spread. Additionally, according to the World Health Organization (WHO)(2020), person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States.

## 2. PURPOSE STATEMENT

Education affords individuals with synergy. Through these insights the researcher hopes to reach out to all individuals affected by COVID-19 disease. This study is geared to afford a positive result status within a delicate and very serious

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situation, through a personal and unique perspective. Through this case study the researchers' intention was to get involved and make a difference, not only in her life, but in the lives of others. By getting involved, one can do something that makes a tremendous difference in regards to public good: providing hope, assistance, and support in these challenging and uncertain times (Castillo, 2020).

### 3. METHODOLOGICAL APPROACH AND RESEARCH DESIGN

This study was conducted by utilizing a case study approach. Although the induction of case studies is not clearly stated in research, the approach has existed for quite some time. Case studies are used in various disciplines; for example, psychology, education, social sciences, and medical science to name a few. Case studies are also known as a source of recollection of data; record and observation analysis (Cooper & Schindler, 2011). This case study uses a collective approach.

Furthermore, case studies are often used to understand events and their effects and processes by emphasizing on contextual analysis of the event(s) or condition(s), and their interrelations when there is a need to obtain a comprehensive appreciation of a concern of interest in its natural every day setting (Crowe, Cresswell, Robertson, Huby, Avery, and Sheikh, 2011). Since the approach used in case studies is to examine situations as they occur; case studies are typically socially constructed and structured between the researcher, and the respondent (participant) to provide a deep understanding of a complex situation.

### 4. DEFINITION OF TERMS

According to Johns Hopkins University (2020), the following defined terms are prevalent in this research.

***Antibody Test:*** After a person is infected, he or she typically develops antibodies. Antibodies help the body fight infection and, in many cases, develop immunity. Antibodies are found in the bloodstream and in body secretions, such as saliva. The antibodies that are most important in SARS-CoV-2 are called IgG antibodies. IgG develops 10–14 days after a person is infected. Antibody tests of the blood (and in some cases, saliva) can detect whether the antibody is present or not. A positive antibody test is evidence that the person had SARS-CoV-2 infection. At the current time, we don't know whether this means whether the person is immune. In other words, we don't know whether the person is protected from reinfection.

***Asymptomatic:*** A person who does not show any signs or symptoms of a disease. People with asymptomatic infection feel well. Because they feel well, they don't know they're infected, and they often continue their regular activities, which can easily transmit the virus to others.

***Confidentiality:*** The obligation not to disclose information; the right of a person to withhold information from others. Information in medical records is generally confidential.

***Coronaviruses (CoVs):*** A large group of viruses.

***COVID-19:*** Short for coronavirus disease 2019.

***High-risk Subpopulation:*** A segment of the population that has characteristics that increase the risk of infection or severe disease.

***Incubation Period:*** The interval between the time of invasion by an infectious agent and appearance of the first sign or symptom of the disease in question. For SARS-CoV-2, the incubation period is on average 4–5 days but may be as long as 14 days.

***Infectious Period:*** Period of time during which a case is able to transmit a disease to others. The infectious period starts 2 days before someone develops symptoms.

***Isolation:*** Condition in which a case is separated from others. Isolation occurs under conditions (for example, having a private bedroom and bathroom) that will prevent or limit the transmission of an infectious agent to those who are susceptible. Cases should be isolated for the entirety of their infectious period.

***MERS:*** Short for Middle Eastern respiratory syndrome. This coronavirus emerged in the Middle East in 2012.

**PCR Test:** Short for polymerase chain reaction. A PCR test is a diagnostic test that identifies virus in the body. SARS-CoV-2 has DNA and RNA sequences that are unique and specific to the virus—that is, no other virus or organism has these sequences. The SARS-CoV-2 PCR test assesses for these sequences. If they are present, the test is positive. It is important to recognize that this is not a culture; these tests just assess for the nucleic acid sequences. PCR tests for SARS-CoV-2 are usually done from swabs taken from the back of the throat or nose.

**Privacy:** The state of being undisturbed or free from public attention.

**Public Good:** A public good is something that benefits the whole of society.

**Quarantine:** Condition in which a contact's activities are restricted. The contact is separated from others to prevent onward disease transmission to those who are susceptible. Contacts should be quarantined for the duration of their incubation period.

**Reproductive Number:** The number of people one infectious person will infect if everyone that person has contact with is susceptible.

**Respiratory Droplets:** These are particles of respiratory secretions that are exhaled and typically consist of water-like fluid. If someone is infected with SARS-CoV-2, their respiratory droplets will contain SARS-CoV-2 virus, and these are infectious. Respiratory droplet particles cannot float in the air; they will drop to the ground by gravity. Therefore, after a person exhales them, they fall within 3–4 feet. From a technical standpoint, these particles are defined as >5 microns in diameter.

**Saturation:** Saturation refers to the quality and quantity of information in a qualitative research study. Researchers usually define data saturation as the point when “no new information or themes are observed in the data” (George & Bennett, 2005).

**SARS:** Short for severe acute respiratory syndrome. This coronavirus emerged in Guangdong, China, in 2002.

**SARS-CoV-2:** The virus that causes the illness we call COVID-19 disease.

**Signs of Illness:** A health effect that can be observed externally, such as temperature, sweating, oxygen saturation, or heart rate. Signs are also abnormal findings on a physical examination that are observed or measured by a clinician (a physician or nurse). Some signs mean that the disease is becoming more severe or progressing.

**Symptoms of Illness:** A health effect that is experienced or felt by the person and is not easily observable by others, such as fatigue or muscle aches. Some symptoms mean that the disease is becoming more severe or progressing.

## 5. SOURCES OF INFORMATION AND LITERATURE REVIEW

The literature review consisted of present medical research and findings. All of which is focused on COVID-19 disease. The works reviewed for the purpose of this study encompass the core foundations and theories relevant to COVID-19 disease. These methodological approaches have greatly influenced research and theory in the field of Infectious Disease Epidemiology which is a branch of medicine that deals with the prevention, diagnosis, and treatment of infections and viruses. Subsequently, when understanding the phenomena in COVID-19 disease, research as it unravels, the researcher identifies the "essence" of her participants experiences.

### DATA COLLECTION PLAN

In case study research, the ability to collect data from individuals is set forth to provide a detailed analysis of a person, especially as a model of medical, psychiatric, psychological, or social phenomena. Additionally, as the purpose of the study was to gain a better understanding of the lived experiences, a concrete description was the most appropriate for descriptive purposes (Seamon, 2000).

### SIGNIFICANCE AND POTENTIAL CONTRIBUTIONS

Research regarding COVID-19 disease has a significant impact on health, emotional wellness, fear, and morale. Understanding the significance of this medical condition was imperative for building a well-developed understanding of the virus. However, most studies are statistical in nature and do not examine a participants' perception and experience.

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Hence, the significance of such case study is crucial, as it will provide a direct look at the virus and its effects. The potential contributions are knowledge, awareness, and life preservation (University of Pennsylvania, 2020).

### ***ETHICAL CONSIDERATIONS***

According to Castillo (2020), it was crucial for the researcher to anticipate any ethical issues that may arise during the course of the study. This research focused on the sensitive issue related to COVID-19 disease. In this study, the researcher was aware of the possibility of demonstrating an uncomfortable and personal experience.

### ***EXPECTED OUTCOME***

This study was intended to educate individuals, by affording them with a description of what COVID-19 disease is, its symptoms (if any), and support resources.

### ***SETTING, POPULATION, SAMPLE***

The theoretical and conceptual setting of the study illustrated the characteristics of COVID-19 disease. Accordingly, the sample size for this poll consisted of 4,234 participants nationwide. The intent of the study was to examine COVID-19 disease through the eyes of the participants who have either been exposed and or diagnosed with the virus or know someone who has been. Participant recruitment was conducted through the use of SurveyMonkey, and was monitored continuously for saturation purposes. Saturation was met at 3,613 responses.

### ***MATERIALS AND INSTRUMENTS***

The material and instruments used were SurveyMonkey and the NVivo 11 software. NVivo 11 is software that supports qualitative research by allowing the researcher to collect, organize, and analyze survey content. The following steps were taken to ensure proper handling of data and analysis.

1. First step consisted of labeling of each question as it was answered.
2. Second step involved reviewing the data.
3. Third step entailed that the data be reviewed a second time and compared with the survey output for accuracy.
4. Last, themes were created; these themes were analyzed and compared to find commonalities through the use of NVivo 11.

Consequently, these steps allowed the researcher to follow a strict method of data collection and data analysis, which was essential in obtaining thorough, reliable, and unbiased information from participants (Ehrich, 2005).

## **6. WHAT IS COVID-19 DISEASE**

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally (WHO, 2020).

### **SYMPTOMS**

The Mayo Clinic (2020) states that the COVID-19 disease signs and symptoms may appear two to 14 days after exposure. This time after exposure and before having symptoms is called the incubation period. Common signs and symptoms can include:

Minor	Severe
Fever	Shortness of breath or difficulty breathing
Cough	Chest pain
Tiredness	Loss of taste or smell
Sore throat	Chills
Headache	Muscle aches

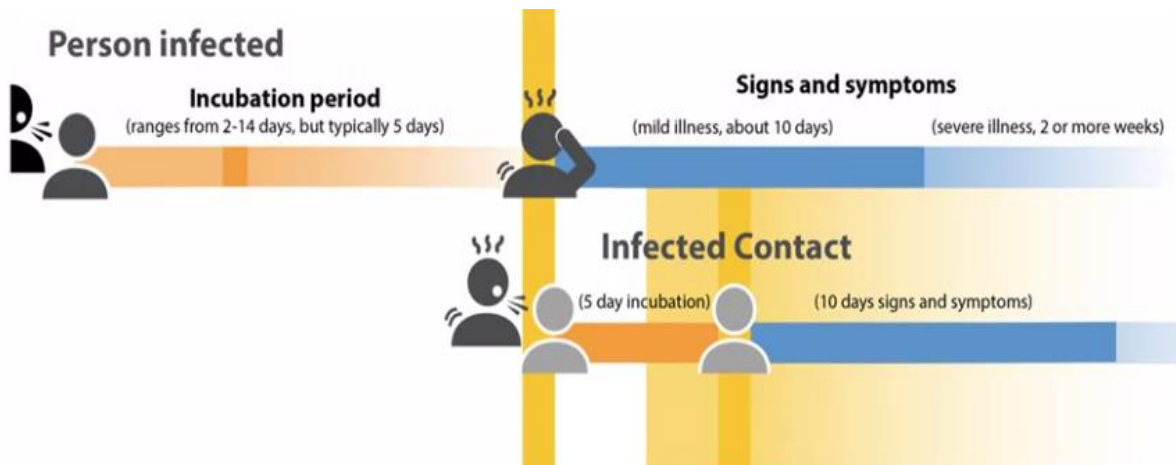


Image source: Center for Teaching and Learning, Johns Hopkins Bloomberg School of Public Health.

This list is not all inclusive. Other less common symptoms have been reported, such as nausea, vomiting and diarrhea. Children have similar symptoms to adults and generally have mild illness (Mayo Clinic, 2020).

The severity of COVID-19 disease symptoms can range from very mild to severe. Some people may have only a few symptoms, and some people may have no symptoms at all. The Mayo Clinic (2020) urges that people who are older or who have existing chronic medical conditions, such as heart disease, lung disease, diabetes, severe obesity, chronic kidney or liver disease, or who have compromised immune systems may be at higher risk of serious illness.

This is similar to what is seen with other respiratory illnesses, such as influenza. Some people may experience worsened symptoms, such as worsened shortness of breath and pneumonia, about a week after symptoms start.

### 7. TIMELINE OF INFECTION

## Timeline of Infection: Window of Opportunity

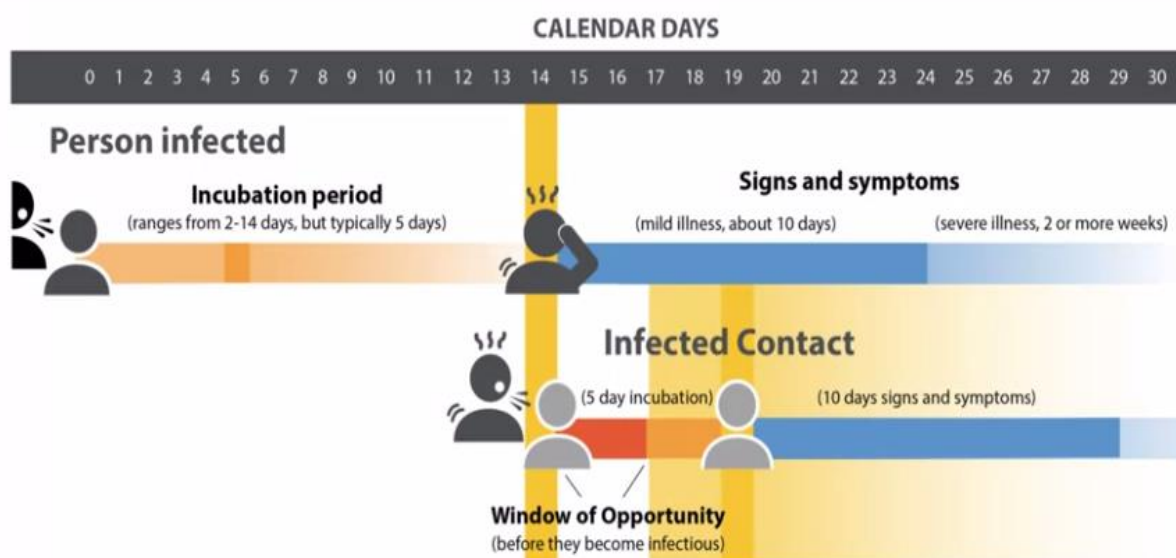


Image source: Center for Teaching and Learning, Johns Hopkins Bloomberg School of Public Health.

### 8. RISKS

- Several individuals are at much higher risk for having severe disease. In particular, older adults who are over the age of 65 are much more likely to have severe COVID-19 disease than others.
- People who are obese also have an increased risk of severe disease.
- Some people who are severely ill with COVID-19 disease are young and perfectly healthy. Sometimes young, perfectly healthy people can also become severely ill. That's rare. It's a small proportion of infections.
- Children are very unlikely to be severely ill. But it does happen sometimes.
- Other existing medical conditions that increase the risk of severe disease in COVID-19 disease include diabetes, hypertension, any kind of lung disease such as asthma or emphysema or Chronic Obstructive Pulmonary Disorder (COPD).
- People who have heart disease, liver disease, any kind of kidney disease are also at increased risk for severe COVID-19 disease.
- People who have weakened immune systems are also at increased risk. And some people have weakened immune systems because they're taking certain medications like steroids or others that affect their immune function.
- If someone has Human Immunodeficiency Virus (HIV) and they are on medication and their HIV infection is controlled, they are not at substantial increased risk for COVID-19 severe disease (Johns Hopkins University, 2020).

### 9. TRANSMISSION/SPREAD

There are two main ways that COVID-19 disease is transmitted between people. Infected people have the virus in their respiratory tract, in their mouths, noses, and throats; there are droplets that come out of our nose and mouth when we are talking, yelling, laughing, coughing, sneezing, and even singing. They are small and unnoticeable. If someone is infected with COVID-19 disease, then those droplets that come out can have the virus in them. Those droplets, if they land on someone else's face, in their mouth, nose, or eyes, can infect someone else (Johns Hopkins University, 2020).

The second way the virus is transmitted is through contact with surfaces that have viruses on them. So, if those droplets get on surfaces, or they are on the infected person's hands and that person touches a surface like a table or a doorknob, they can leave the virus on that surface. The virus can survive or stay on those surfaces, and it contaminates the hands of other people. Now if you touch a surface that has the virus on it, and then your hands touch your mouth, nose, or eyes, the virus can infect you that way (Johns Hopkins University, 2020).

This is way social distancing and hand washing and cleaning are so crucial for preventing transmission, because many people can get infected through their hands.

Stopping one transmission chain can prevent many future cases

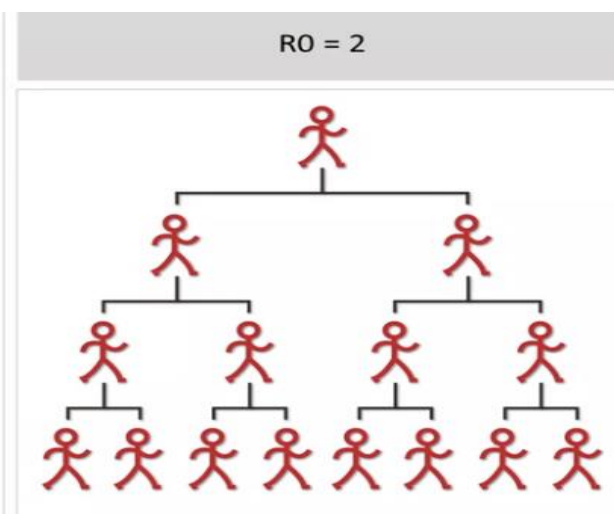


Image source: Center for Teaching and Learning, Johns Hopkins Bloomberg School of Public Health

## 10. RESEARCH QUESTIONS AND FINDINGS

There were 4,234 participants in the study. Note: Saturation was met at 3,613 responses.

The following are the Research Questions and their findings:

1. Were you or someone you know exposed or diagnosed with COVID19 disease.

This question was fundamental, the overall consensus was that:

37% were exposed to the virus (not tested).

42% received positive results

21% received negative results

2. What type of signs and or symptoms were experienced.

This question focused on establishing the participants' signs and or symptoms; the following is the breakdown of signs and or symptoms:

47% Mild

31% Severe

22% None

3. Duration of time ill.

12% 2-5 days

41% 6-14 days

9% 14 or more

38% None

4. What emotional and or psychological issues were experienced.

29% Anxiety (i.e., Generalized Anxiety, Social Anxiety, etc.).

31% Depression (i.e., Major, Persistent, Situational Depression, etc.).

15% Obsessive Compulsive Disorder (i.e., Compulsive hand washing, Fear of Contamination, etc.).

20% Other (i.e., Agoraphobia, Germaphobia, Thanatophobia, etc.).

5% None

5. Are you (or affected person) presently employed; specifically, are you or he/she reporting to work.

64% Yes

36% No

6. If participant "will be" reporting to work; what concerns regarding COVID-19 disease do you, he/she have.

48% Exposure (i.e., contracting the virus, etc.).

36% Safety (i.e., not having proper Personal Protective Equipment (PPE), etc).

16% Other (i.e., child care, elder care, etc.).

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7. Despite the Health Insurance Portability and Accountability Act (HIPAA) of 1996 which protects the confidentiality, integrity, and availability of protected health information (PHI).

Does the subject believe screening/testing for COVID-19 disease should be required by employers upon return to work.

72% Yes

28% No

8. What measures should employers take upon reopening.

64% Stated, it is too soon to return

24% Mandatory PPE (i.e., 6 ft Social Distancing, masks, face/eye protection, etc.).

10% Altered workspace (i.e., No person-to-person contact, etc.).

2% None

### 11. TESTING

According to Johns Hopkins University (2020), the Polymerase Chain Reaction (PCR), is the diagnostic test that identifies the COVID-19 virus in the body. SARS-CoV-2 has DNA and RNA sequences that are unique and specific to the virus - that is, no other virus or organism has these sequences. The SARS-CoV-2 PCR test assesses for these sequences. If they are present, the test is positive. It is important to recognize that this is not a culture; these tests just assess for the nucleic acid sequences. PCR tests for SARS-CoV-2 are usually done from swabs taken from the back of the throat or nose (Johns Hopkins University, 2020).

Numerous States and their Counties have supported testing to all individuals with symptoms of COVID-19 disease and individuals in institutional congregate living settings (i.e., skilled nursing or long-term care facilities, homeless shelters, correctional institutions, etc.) (City of Los Angeles Emergency Management Department, 2020). Pursuant to the expanded criteria published by the CDC, many of the States/County-operated testing sites are also now available to all essential workers.

While a vast majority of the States and their Counties are not at present expanding testing to all asymptomatic individuals, they are reconnoitering the increase of access to individuals who are at high-risk of adverse outcomes, including those who are over the age 65 and those with underlying health conditions. Various States will continue to prioritize access for individuals in these categories, and make excess capacity available to asymptomatic individuals, depending on the availability of resources (WHO, 2020).

### 12. TREATMENT

Johns Hopkins University (2020) advised that we do not have any specific treatment to cure COVID-19 DISEASE. Although scientists are working very, very hard and as quickly as possible to find treatments. The best treatment we have now is to support the body's functions until the body's immune system can fight off the infection. Many patients with lung disease and severe lung disease require mechanical ventilation. Currently, these are the best treatments we have for people who have severe COVID-19 disease (CDC, 2020).

### 13. MENTAL HEALTH

Harvard University (2020) suggests that Managing Stress, Anxiety, and Fear are detrimental for your mental health during the pandemic, it is just as important as your physical health. Many Universities and Healthcare entities advise that as the information about COVID-19 disease unfolds and response plans are implemented, there can be a wide range of thoughts, feelings and reactions. Some helpful information and resources are below:

#### ***Common Reactions***

Please recognize that there can be a wide range of reactions and that over the next few days or weeks you may experience periods of:



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- Anxiety, worry or panic
- Social withdrawal
- Difficulty concentrating or sleeping
- Overexposure to media
- Feeling helpless or confused
- Hyper-vigilance to your health
- Anger
- Feelings of loss or grief
- Skepticism or bravado
- Excitement, relief, curiosity

### *Managing and Coping*

Public health authorities, advise people to not let your worry about this virus control your life. There are many simple and effective ways to manage your fears and anxieties. Many of them are ingredients for a healthy mental and physical lifestyle (Harvard University, 2020):

- Get the facts.
- Stay informed with the latest health information
- Keep things in perspective
- Anxiety is an emotion that tends to seek out confirmation
- Practice mindfulness and acceptance
- Focus on rational rather than emotional responses and engage in active problem solving
- Find activities that give you a sense of mastery
- Rather than dwelling in thoughts and images of hopelessness, imagine yourself coping effectively
- Be aware of ruminating with catastrophic thoughts and language
- Be aware of how your body can reinforce anxiety
- Be mindful of your assumptions about others
- Keep connected

## 14. DEATH

COVID-19 disease causes death if the lungs are not able to recover-- if the virus damages the lungs too much and the patient is unable to breathe on their own, then that is one way that someone can die from COVID-19 disease. Another way is through lack of oxygen. Meaning, when the lungs are not functioning properly, then one cannot get enough oxygen in his/her body and that can damage many of his/her other organ systems.

Additionally, roughly risk of death is generally associated on your health before you get sick and also access to care. If someone gets sick with COVID-19 disease, but is unable to seek care early in the illness, then they are at higher risk for death. It is important for people who develop severe disease to be able to get the supportive care they need quickly. Death from COVID-19 disease is rare among young and healthy people, but it can happen. Death among older adults who have COVID-19 disease is much more common and it increases with age. 2% to 5% of people aged 65 to 75 years will likely die from COVID-19 disease in the United States (Johns Hopkins University, 2020).

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- Johns Hopkins University (2020) suggests that risk increases to 4 to 10% among those aged 75 to 85, and is over 10% in people aged more than 85 years old. This is why it is so important to help keep people in these higher age groups safe from infection. It is very important that we do everything we can to try to limit transmission to people who are in these high-risk age categories (Harvard University, 2020).

### 15. EMPLOYMENT

Concerns that people have regarding returning to work are valid. Ways that employers can extend a safe work environment to their employees is by actively listening to their employees needs, concerns and fears, thoughts, and suggestions for a smooth, safe, and secure work transition. The CDC (2020) suggests that employers implement the following:

- Conduct daily health checks
- Conduct a hazard assessment of the workplace
- Encourage employees to wear cloth face coverings in the workplace, if appropriate
- Implement policies and practices for social distancing in the workplace
- Improve the building ventilation system

A study, published in the Journal of Health Affairs, found that government-imposed social distancing cut the virus' daily growth rate by about 9% after two to three weeks. Without any social distancing measures at all, the number of COVID-19 cases in the United States could have been 35 times higher, the researchers estimated. Hence, continue to follow your Local, State, and Federal guidelines.

### 16. PRIVACY

Heater (2020), warns that the WHO, CDC and other organizations have made abundantly clear, it is entirely possible to carry the virus while remaining asymptomatic, a fact that has made COVID-19 disease all the scarier. Hence, once testing becomes more readily available, it will be imperative to determine whether employers can, in fact, mandate testing, regardless of whether employees display symptoms. There are important matters of both public safety and personal dominion to take into account (Heater, 2020).

The U.S. Equal Employment Opportunity Commission (EEOC) has been actively updating guidance for employers under the Americans with Disabilities Act (ADA):

”The EEO laws, including the ADA and Rehabilitation Act, continue to apply during the time of the COVID-19 pandemic, but they do not interfere with or prevent employers from following the guidelines and suggestions made by the CDC or state/local public health authorities about steps employers should take regarding COVID-19. Employers should remember that guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. Therefore, employers should continue to follow the most current information on maintaining workplace safety” (EEOC, 2020).

Furthermore, the EEOC (2020) states that among the updated issues to deal with the pandemic is screening, which includes a temperature check. “During a pandemic, ADA-covered employers may ask such employees if they are experiencing symptoms of the pandemic virus,” the EEOC (2020) continues “For COVID-19, these include symptoms such as fever, chills, cough, shortness of breath, or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA.”

Subsequently, Attorney Ryan T. Siehr of von Brieson & Rooper (2020), whom advises hospitals, multi-institutional health care systems, physician groups and specialty providers regarding a variety of transactional health care related matters states that as the COVID-19 pandemic continues to affect everyday business operations across the country, employers are confronting a variety of issues on how to handle these disruptions. The intent of this Legal Update is to educate employers about under what circumstances they are permitted to disclose information related to an employee's or patient's positive test for COVID-19 disease under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Americans with Disabilities Act (ADA).

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Siehr (2020) adds that It may be difficult in some circumstances to discern whether health information was received by an employer through its ordinary status as an employer or through its status as a self-insured health plan. Employers should take care in making this determination based on the facts and circumstances of each situation and seek legal counsel as needed (Siehr, 2020).

***Covered Entities under HIPAA***

The CDC; HIPAA of 1996 (2020) website lists the following “Covered Entities” to generally include health care providers, health plans, and health care clearinghouses.

- Covered Entities may not disclose protected health information (“PHI”) unless permitted by HIPAA. An individual’s health status related to testing positive for COVID-19 is considered PHI.
- One permitted disclosure under HIPAA is that Covered Entities may disclose PHI to public health authorities to the extent relevant to the authority and purview of public health authorities. This includes disclosing positive test results for COVID-19 to state and local health departments, HHS, or the CDC as appropriate.
- Covered Entities may not disclose PHI to the media.

Unless an employer is otherwise a Covered Entity as described above, it is not subject to HIPAA’s restrictions on disclosures of PHI.

***Confidentiality under the ADA***

The ADA requires employers that obtain medical information through inquiry or examination to maintain it in a confidential medical file and keep it separate from the employee’s personnel file.

Employers have been encouraged by the CDC and EEOC to question their employees regarding travel, exposure, or symptoms related to COVID-19. Any medical information disclosed as part of this dialogue should be treated as confidential.

If a positive case is identified in the workplace, the employer is encouraged to investigate the exposure of others in the workplace without disclosing the name of the individual or any personally identifiable information about the person.

Last, the confidentiality requirements under the ADA does not prohibit disclosure to state, local, or federal health departments.

***Employers with a Self-Insured Health Plan***

Siehr (2020) advises that notwithstanding the discussion above regarding employers, a self-insured employee health plan maintained by an employer is a Covered Entity under HIPAA (i.e., the plan itself, not the employer, although we acknowledge this distinction is difficult to make for most employers). As a result:

- If the employer obtained the information through its status as a plan (i.e., as the payer for the employee’s health care services), then such information is PHI and subject to HIPAA (see first bullet above for Covered Entities).
- If the employer receives the information in the ordinary course (e.g. voluntary disclosure by the affected employee), then the second bullet above regarding employer permitted disclosures is applicable.

**17. RETURN TO WORK CONSIDERATIONS FOR U.S. EMPLOYERS**

The Law Firm of Debevoise & Plimpton (2020) have created an essential checklist for return to work considerations. They suggest that as employers of all sizes and industries continue to face unprecedented human resources challenges in the midst of the COVID-19 pandemic; many employers are beginning to consider return-to-work plans, particularly now that the White House announced Guidelines for Opening Up America Again (Debevoise & Plimpton, 2020).

Although the details are evolving, it seems very likely that, at least temporarily, the costs of compliance with employment laws and health and safety guidance will increase for all employers (Debevoise & Plimpton, 2020). Hence, Debevoise &

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Plimpton (2020) have prepared a list of 10 employment law considerations to keep in mind when planning for an eventual return to more normal operations:

1. Regularly Monitor Government Guidance for Employers.
2. Prioritize Health and Safety.
3. Be Mindful of Discrimination Risks.
4. Be Prepared to Grant Reasonable Accommodations.
5. Make ADA-Compliant Medical Inquiries.
6. Protect Employee Privacy.
7. Comply with Federal and State Leave Laws.
8. Protect COVID-19 Positive Employees from Retaliation.
9. Be Prepared to Discipline Employees Who Refuse to Follow the Rules.
10. Communication is Key.

### 18. CONCLUSION

In closing, the disease is causing a worldwide pandemic. Times are uncertain and unpredictable. Presently, it is urged that everyone follow Local, State, and Federal guidelines. Please adhere to these guidelines, maintain social distancing, wear face masks, self-monitor yourselves and those around you that may not be able to, like children and elderly family members. Keep yourself educated on the disease through reliable sources, attend to your mental health which is very much important, as well, and stay safe. Should every single person “globally” adhere to the medical and safety recommendations bestowed by the healthcare and safety experts, we can help beat the transmission and spread of this vicious disease. We can dramatically reduce the number of cases by taking control of COVID-19.

### REFERENCES

- [1] Bernard, H.R., & Ryan, G. W. (2010). *Analyzing qualitative data: Systematic approaches*. Thousand Oaks, CA: Sage Publications.
- [2] Centers for Disease Control and Prevention. (2020). *Interim Guidance for Businesses and Employers Responding to Coronavirus Disease*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- [3] Centers for Disease Control and Prevention. (2020). *Coronavirus (COVID-19)*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- [4] Centers for Disease Control and Prevention. (2020). *Health Insurance Portability and Accountability Act of 1996*. Retrieved from <https://www.cdc.gov/phlp/publications/topic/hipaa.html>
- [5] City of Los Angeles Emergency Management Department. (2020). *COVID-19: Keeping Los Angeles Safe*. Retrieved from <https://corona-virus.la/>
- [6] Cooper, C. R., & Schindler, P. S. (2011). *Business research methods* (11th ed.). Boston, MA: McGraw-Hill.
- [7] Crowe, S., Cresswell, K., Robertson, A., Huby, G., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, 11(1), 100–108.
- [8] Debevoise & Plimpton LLC . (2020). *Insights and Publications*. Retrieved from <https://www.debevoise.com/triciasherno?tab=insightsandpublications>
- [9] Debevoise & Plimpton LLP . (2020). *Debevoise Coronavirus Checklists: Top 10 Return to Work Considerations for U.S. Employers*. Retrieved from <https://www.debevoise.com/insights/publications/2020/04/debevoise-coronavirus-checklists-top-10>

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- [10] Ehrich, L. C. (2005). *Revisiting phenomenology: Its potential for management research*. British Academy of Management Conference Proceedings 2005: Challenges of Organizations in Global Markets, Said Business School, Oxford University, 1–13.
- [11] Equal Employment Opportunity Commission. (2020). Coronavirus and COVID-19. Retrieved from <https://www.eeoc.gov/coronavirus>
- [12] George, A.L., & Bennett, A. (2005). *Case studies and theory development in the social sciences*. Cambridge, MA: MIT Press.
- [13] Harvard University Health Services. (2020). COVID-19 Managing Fears. Retrieved from [https://www.harvard.edu/sites/default/files/content/coronavirus\\_HUHS\\_managing\\_fears\\_A2%5B5%5D.pdf](https://www.harvard.edu/sites/default/files/content/coronavirus_HUHS_managing_fears_A2%5B5%5D.pdf)
- [14] Heater, B. (2020, April). Can employers mandate COVID-19 testing?. *TechCrunch*. Retrieved from <https://techcrunch.com/2020/04/20/can-employers-mandate-covid-19-testing/>
- [15] Johns Hopkins University. (2020). Coronavirus (COVID-19) Information and Updates. Retrieved from <https://www.hopkinsmedicine.org/coronavirus/>
- [16] Mayo Clinic. (2020). COVID-19. Retrieved from <https://www.mayoclinic.org/coronavirus-covid-19>
- [17] Seamon, D. (2000). *A Way of Seeing People and Place: Phenomenology in Environment-Behavior Research*. In S.Wapner, J. Demick, and C.T. Yamamoto, H. Minami (Eds.). *Theoretical perspectives in environment-behavior research: underlying assumptions, research problems, and methodologies*. (p. 157-178). New York, NY: Plenum.
- [18] Siehr, R. T. (2020). What Employers Need to Know About HIPAA. Retrieved from <https://www.natlawreview.com/article/what-employers-need-to-know-about-hipaa>
- [19] Swanson, R. A., & Holton, E. F., III. (Eds.). (2005). *Research in organizations: Foundations and methods of inquiry*. San Francisco, CA: Berrett-Koehler.
- [20] University of Pennsylvania. (2020). Society Looks at a New Normal. Retrieved from <https://www.research.psu.edu/covid>
- [21] World Health Organization. (2020). Q&A on coronaviruses (COVID-19). Retrieved from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>