



Dear Providers,

As you are likely already aware, Governor DeSantis issued [Executive Order 20-51 \[lnks.gd\]](#), directing the Department of Health to declare a Public Health Emergency and establish Florida's Response Protocol for Coronavirus Disease (COVID-19) on March 1, 2020. Subsequently, Surgeon General Rivkees declared a Public Health Emergency – the full declaration may be accessed at <http://www.floridahealth.gov/diseases-and-conditions/COVID-19/documents/declaration-of-public-health-emergency-covid-19-3.1.20.pdf> [floridahealth.gov].

The Florida Department of Health (DOH) has provided specific guidance for health care providers which can be accessed at <http://www.floridahealth.gov/diseases-and-conditions/COVID-19/providers/> [floridahealth.gov].

All health care providers are asked to report to their county health department (<http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/chd-epi-contacts/> [floridahealth.gov]) any patient who meets the criteria outlined on the DOH webpage. They are the point of contact for further action.

We ask that you review the Department of Health webpage carefully and follow their guidance and recommendations. Additionally, we ask that you educate your patients on how to prevent infection – the attached Fact Sheet may be used for that purpose.

If you or those you serve have any other questions pertaining to COVID-19 in Florida, please contact DOH's COVID-19 Call Center by calling **1-866-779-6121** or emailing COVID-19@flhealth.gov.

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PANDEMIC PREPAREDNESS IN THE WORKPLACE AND THE AMERICANS WITH DISABILITIES ACT

I. INTRODUCTORY INFORMATION

A. PURPOSE

This technical assistance document provides information about Titles I and V of the [Americans with Disabilities Act](#) (ADA) and pandemic planning in the workplace.⁽¹⁾ It identifies established ADA principles that are relevant to questions frequently asked about workplace pandemic planning such as:

- How much information may an employer request from an employee who calls in sick, in order to protect the rest of its workforce when an influenza pandemic appears imminent?
- When may an ADA-covered employer take the body temperature of employees during a pandemic?
- Does the ADA allow employers to require employees to stay home if they have symptoms of the pandemic influenza virus?
- When employees return to work, does the ADA allow employers to require doctors' notes certifying their fitness for duty?

In one instance, to provide a complete answer, this document provides information about religious accommodation and Title VII of the Civil Rights Act of 1964.

B. BACKGROUND INFORMATION ABOUT PANDEMIC INFLUENZA

A "pandemic" is a global "epidemic."⁽²⁾ The world has seen four influenza pandemics in the last century. The deadly "Spanish Flu" of 1918 was followed by the milder "Asian" and "Hong Kong" flus of the 1950s and 1960s. While the SARS outbreak in 2003 was considered a pandemic "scare,"⁽³⁾ the H1N1 outbreak in 2009 rose to the level of a pandemic.⁽⁴⁾

This guidance document was issued upon

approval of the Chair of the U.S. Equal Employment Opportunity Commission.

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Statutes/Authorities Involved	ADA, Rehabilitation Act, 29 CFR Part 1630
Audience	Health Care Providers, Employees, Employers, Applicants, HR Practitioners
Revision	No

The contents of this document do not have the force and effect of law and are not meant to

The U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO) are the definitive sources of information about influenza pandemics. The WHO classifies pandemic

bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

influenza into six phases⁽⁵⁾ which describe how widely influenza is spreading around the world, but not the severity of the influenza symptoms. A WHO announcement that the world is in Pandemic Phase 6 (the highest phase) would indicate that there is sustained human-to-human transmission worldwide, and that the virus is no longer contained in a few geographic areas. It would not, however, automatically mean that the influenza symptoms are severe.

Pandemic planning and pandemic preparedness include everything from global and national public health strategies to an individual employer's plan about how to continue operations. Comprehensive federal government guidance advises employers about best practices for pandemic preparation and response with respect to influenza, specifically the 2009 H1N1 virus.⁽⁶⁾ This EEOC technical assistance document focuses on implementing these strategies in a manner that is consistent with the ADA.

II. RELEVANT ADA REQUIREMENTS AND STANDARDS

The ADA, which protects applicants and employees from disability discrimination, is relevant to pandemic preparation in at least three major ways. First, the ADA regulates employers' disability-related inquiries and medical examinations for all applicants and employees, including those who do not have ADA disabilities.⁽⁷⁾ Second, the ADA prohibits covered employers from excluding individuals with disabilities from the workplace for health or safety reasons unless they pose a "direct threat" (i.e. a significant risk of substantial harm even with reasonable accommodation).⁽⁸⁾ Third, the ADA requires reasonable accommodations for individuals with disabilities (absent undue hardship) during a pandemic.⁽⁹⁾

This section summarizes these ADA provisions. The subsequent sections answer frequently asked questions about how they apply during an influenza pandemic. The answers are based on existing EEOC guidance regarding disability-related inquiries and medical examinations, direct threat, and reasonable accommodation.⁽¹⁰⁾

A. DISABILITY-RELATED INQUIRIES AND MEDICAL EXAMINATIONS

The ADA prohibits an employer from making **disability-related inquiries** and requiring **medical examinations** of employees, except under limited circumstances, as set forth below.⁽¹¹⁾

1. Definitions: Disability-Related Inquiries and Medical Examinations

An inquiry is "**disability-related**" if it is likely to elicit information about a disability.⁽¹²⁾ For example, asking an individual if his immune system is compromised is a disability-related inquiry because a weak or compromised immune system can be closely associated with conditions such as cancer or HIV/AIDS.⁽¹³⁾ By contrast, an inquiry is not disability-related if it is not likely to elicit information about a disability. For example, asking an individual about symptoms of a cold or the seasonal flu is not likely to elicit information about a disability.

A "**medical examination**" is a procedure or test that seeks information about an individual's physical or mental impairments or health.⁽¹⁴⁾ Whether a procedure is a medical examination under the ADA is determined by considering factors such as whether the test involves the use of medical equipment; whether it is invasive; whether it is designed to reveal the existence of a physical or mental impairment; and whether it is given or interpreted by a medical professional.

2. ADA Standards for Disability-Related Inquiries and Medical Examinations

The ADA regulates disability-related inquiries and medical examinations in the following ways:

- **Before a conditional offer of employment:** The ADA prohibits employers from making disability-related inquiries and conducting medical examinations of applicants before a conditional offer of employment is made. [\(15\)](#)
- **After a conditional offer of employment, but before an individual begins working:** The ADA permits employers to make disability-related inquiries and conduct medical examinations if all entering employees in the same job category are subject to the same inquiries and examinations. [\(16\)](#)
- **During employment:** The ADA prohibits employee disability-related inquiries or medical examinations unless they are job-related and consistent with business necessity. Generally, a disability-related inquiry or medical examination of an employee is job-related and consistent with business necessity when an employer has a reasonable belief, based on objective evidence, that :
 - An employee's ability to perform essential job functions will be impaired by a medical condition; or
 - An employee will pose a direct threat due to a medical condition. [\(17\)](#)

This reasonable belief “must be based on objective evidence obtained, or reasonably available to the employer, prior to making a disability-related inquiry or requiring a medical examination.” [\(18\)](#)

All information about applicants or employees obtained through disability-related inquiries or medical examinations must be kept **confidential**. [\(19\)](#) Information regarding the medical condition or history of an employee must be collected and maintained on separate forms and in separate medical files and be treated as a confidential medical record.

B. 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 accommodation.” [\(20\)](#) If an individual with a disability poses a direct threat despite reasonable accommodation, he or she is not protected by the nondiscrimination provisions of the ADA.

Assessments of whether an employee poses a direct threat in the workplace must be based on objective, factual information, “not on subjective perceptions . . . [or] irrational fears” about a specific disability or disabilities. [\(21\)](#) The EEOC’s regulations identify four factors to consider when determining whether an employee poses a direct threat: (1) the duration of the risk; (2) the nature and severity of the potential harm; (3) the likelihood that potential harm will occur; and (4) the imminence of the potential harm. [\(22\)](#)

DIRECT THREAT AND PANDEMIC INFLUENZA

Direct threat is an important ADA concept during an influenza pandemic.

Whether pandemic influenza rises to the level of a direct threat depends on the severity of the illness. If the CDC or state or local public health authorities determine that the illness is like seasonal influenza or the 2009 spring/summer H1N1 influenza, it would not pose a direct threat or justify disability-related inquiries and medical examinations. By contrast, if the CDC or state or local health authorities determine that pandemic influenza is significantly more severe, it could pose a direct threat. The assessment by the

CDC or public health authorities would provide the objective evidence needed for a disability-related inquiry or medical examination.

During a pandemic, employers should rely on the latest CDC and state or local public health assessments. While the EEOC recognizes that public health recommendations may change during a crisis and differ between states, employers are expected to make their best efforts to obtain public health advice that is contemporaneous and appropriate for their location, and to make reasonable assessments of conditions in their workplace based on this information.

C. REASONABLE ACCOMMODATION

A **“reasonable accommodation”** is a change in the work environment that allows an individual with a disability to have an equal opportunity to apply for a job, perform a job’s essential functions, or enjoy equal benefits and privileges of employment.⁽²³⁾

An accommodation poses an **“undue hardship”** if it results in significant difficulty or expense for the employer, taking into account the nature and cost of the accommodation, the resources available to the employer, and the operation of the employer’s business.⁽²⁴⁾ If a particular accommodation would result in an undue hardship, an employer is not required to provide it but still must consider other accommodations that do not pose an undue hardship.⁽²⁵⁾

Generally, the ADA requires employers to provide reasonable accommodations for known limitations of applicants and employees with disabilities.⁽²⁶⁾

III. ADA-COMPLIANT EMPLOYER PRACTICES FOR PANDEMIC PREPAREDNESS

The following Questions and Answers are designed to help employers plan how to manage their workforce in an ADA-compliant manner before and during a pandemic.

A. BEFORE A PANDEMIC

HHS advises employers to begin their pandemic planning by identifying a “pandemic coordinator and/or team with defined roles and responsibilities for preparedness and response planning.”⁽²⁷⁾ This team should include staff with expertise in all equal employment opportunity laws.⁽²⁸⁾ Employees with disabilities should be included in planning discussions, and employer communications concerning pandemic preparedness should be accessible to employees with disabilities.

When employers begin their pandemic planning, a common ADA-related question is whether they may survey the workforce to identify employees who may be more susceptible to complications from pandemic influenza than most people.

- 1. Before an influenza pandemic occurs, may an ADA-covered employer ask an employee to disclose if he or she has a compromised immune system or chronic health condition that the CDC says could make him or her more susceptible to complications of influenza?**

No. An inquiry asking an employee to disclose a compromised immune system or a chronic health condition is disability-related because the response is likely to disclose the existence of a disability.⁽²⁹⁾ The ADA does not permit such an inquiry in the absence of objective evidence that

pandemic symptoms will cause a direct threat. Such evidence is completely absent before a pandemic occurs.

2. Are there ADA-compliant ways for employers to identify which employees are more likely to be unavailable for work in the event of a pandemic?

Yes. Employers may make inquiries that are not disability-related. An inquiry is not disability-related if it is designed to identify potential non-medical reasons for absence during a pandemic (e.g., curtailed public transportation) on an equal footing with medical reasons (e.g., chronic illnesses that increase the risk of complications). The inquiry should be structured so that the employee gives one answer of “yes” or “no” to the whole question without specifying the factor(s) that apply to him. The answer need not be given anonymously.

Below is a sample ADA-compliant survey that can be given to employees to anticipate absenteeism.

ADA-COMPLIANT PRE-PANDEMIC EMPLOYEE SURVEY

Directions: Answer “yes” to the whole question *without specifying the factor that applies to you*. Simply check “yes” or “no” at the **bottom of the page**.

In the event of a pandemic, would you be unable to come to work because of any one of the following reasons:

- If schools or day-care centers were closed, you would need to care for a child;
- If other services were unavailable, you would need to care for other dependents;
- If public transport were sporadic or unavailable, you would be unable to travel to work; and/or;
- If you or a member of your household fall into one of the categories identified by the CDC as being at high risk for serious complications from the pandemic influenza virus, you would be advised by public health authorities not to come to work (e.g., pregnant women; persons with compromised immune systems due to cancer, HIV, history of organ transplant or other medical conditions; persons less than 65 years of age with underlying chronic conditions; or persons over 65).

Answer: YES_____ , NO_____

3. May an employer require *new entering employees* to have a post-offer medical examination to determine their general health status?

Yes, if all entering employees in the same job category are required to undergo the medical examination⁽³⁰⁾ and if the information obtained regarding the medical condition or history of the applicant is collected and maintained on separate forms and in separate medical files and is treated as a confidential medical record.

Example A: An employer in the international shipping industry implements its pandemic plan when the WHO and the CDC confirm that a pandemic may be imminent because a new influenza virus is infecting people in multiple regions, but not yet in North America. Much of the employer’s international business is in the affected regions. The employer announces that, effective immediately, its post-offer medical examinations for all entering international pilots and flight crew will include procedures to identify medical conditions that the CDC associates with an increased risk of complications from influenza. Because the employer gives these medical examinations post-offer to

all entering employees in the same job categories, the examinations are ADA-compliant.

4. May an employer rescind a job offer made to an applicant based on the results of a post-offer medical examination if it reveals that the applicant has a medical condition that puts her at increased risk of complications from influenza?

No, unless the applicant would pose a direct threat within the meaning of the ADA. A finding of “direct threat” must be based on reasonable medical judgment that relies on the most current medical knowledge and/or the best available evidence such as objective information from the CDC or state or local health authorities. The finding must be based on an individualized assessment of the individual’s present ability to safely perform the essential functions of the job, after considering, among other things, the imminence of the risk; the severity of the harm; and the availability of reasonable accommodations to reduce the risk. Before concluding that an individual poses a direct threat, the employer must determine whether a reasonable accommodation could reduce the risk below the direct threat level.

Example B: The same international shipping employer offers a financial position at its U.S. headquarters to Steve. This position does not involve regular contact with flight crew or travel to the affected WHO region. Steve’s post-offer medical examination (which is the same examination given to all U.S. headquarters employees) reveals that Steve has a compromised immune system due to recent cancer treatments. Given the fact that the position does not involve regular contact with flight crew or travel, and that the influenza virus has not spread to North America, Steve would not face a significant risk of contracting the virus at work and does not pose a “direct threat” to himself or others in this position. Under the ADA, it would be discriminatory to rescind Steve’s job offer based on the possibility of an influenza pandemic.

B. DURING AN INFLUENZA PANDEMIC

The following questions and answers discuss employer actions when the WHO and the CDC report an influenza pandemic.

5. May an ADA-covered employer send employees home if they display influenza-like symptoms during a pandemic?

Yes. The CDC states that employees who become ill with symptoms of influenza-like illness at work during a pandemic should leave the workplace. Advising such workers to go home is not a disability-related action if the illness is akin to seasonal influenza or the 2009 spring/summer H1N1 virus. Additionally, the action would be permitted under the ADA if the illness were serious enough to pose a direct threat.

6. During a pandemic, how much information may an ADA-covered employer request from employees who report feeling ill at work or who call in sick?

ADA-covered employers may ask such employees if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA.

If pandemic influenza is like seasonal influenza or spring/summer 2009 H1N1, these inquiries are not disability-related. If pandemic influenza becomes 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.

7. During a pandemic, may an ADA-covered employer take its employees' temperatures to determine whether they have a fever?

Generally, measuring an employee's body temperature is a medical examination. If pandemic influenza symptoms become more severe than the seasonal flu or the H1N1 virus in the spring/summer of 2009, or if pandemic influenza becomes widespread in the community as assessed by state or local health authorities or the CDC, then employers may measure employees' body temperature. However, employers should be aware that some people with influenza, including the 2009 H1N1 virus, do not have a fever.

8. When an employee returns from travel during a pandemic, must an employer wait until the employee develops influenza symptoms to ask questions about exposure to pandemic influenza during the trip?

No. These would not be disability-related inquiries. If the CDC or state or local public health officials recommend that people who visit specified locations remain at home for several days until it is clear they do not have pandemic influenza symptoms, an employer may ask whether employees are returning from these locations, even if the travel was personal.⁽³¹⁾

9. During a pandemic, may an ADA-covered employer ask employees *who do not have influenza symptoms* to disclose whether they have a medical condition that the CDC says could make them especially vulnerable to influenza complications?

No. If pandemic influenza is like seasonal influenza or the H1N1 virus in the spring/summer of 2009, making disability-related inquiries or requiring medical examinations of employees *without* symptoms is prohibited by the ADA.⁽³²⁾ However, under these conditions, employers should allow employees who experience flu-like symptoms to stay at home, which will benefit all employees including those who may be at increased risk of developing complications.⁽³³⁾

If an employee voluntarily discloses (without a disability-related inquiry) that he has a specific medical condition or disability that puts him or her at increased risk of influenza complications, the employer must keep this information confidential. The employer may ask him to describe the type of assistance he thinks will be needed (e.g. telework or leave for a medical appointment). 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 an influenza pandemic becomes more severe or serious according to the assessment of local, state or federal public health officials, ADA-covered employers may have sufficient objective information from public health advisories to reasonably conclude that employees will face a direct threat if they contract pandemic influenza.⁽³⁴⁾ Only in this circumstance may ADA-covered employers make disability-related inquiries or require medical examinations of asymptomatic employees to identify those at higher risk of influenza complications.

10. May an employer encourage employees to telework (i.e., work from an alternative location such as home) as an infection-control strategy during a pandemic?

Yes. Telework is an effective infection-control strategy that is also familiar to ADA-covered employers as a reasonable accommodation.⁽³⁵⁾

In addition, employees with disabilities that put them at high risk for complications of pandemic influenza may request telework as a reasonable accommodation to reduce their chances of infection during a pandemic.

11. During a pandemic, may an employer require its employees to adopt infection-control practices, such as regular hand washing, at the workplace?

Yes. Requiring infection control practices, such as regular hand washing, coughing and sneezing etiquette, and proper tissue usage and disposal, does not implicate the ADA.

12. During a pandemic, may an employer require its employees to wear personal protective equipment (e.g., face masks, gloves, or gowns) designed to reduce the transmission of pandemic infection?

Yes. An employer may require employees to wear personal protective equipment during a pandemic. However, where an employee with a disability needs a related reasonable accommodation under the ADA (e.g., non-latex gloves, or gowns designed for individuals who use wheelchairs), the employer should provide these, absent undue hardship.

13. May an employer covered by the ADA and Title VII of the Civil Rights Act of 1964 compel all of its employees to take the influenza vaccine regardless of their medical conditions or their religious beliefs during a pandemic?

No. An employee may be entitled to an exemption from a mandatory vaccination requirement based on an ADA disability that prevents him from taking the influenza vaccine. This would be a reasonable accommodation barring undue hardship (significant difficulty or expense). Similarly, under Title VII of the Civil Rights Act of 1964, once an employer receives notice that an employee's sincerely held religious belief, practice, or observance prevents him from taking the influenza vaccine, the employer must provide a reasonable accommodation unless it would pose an undue hardship as defined by Title VII ("more than de minimis cost" to the operation of the employer's business, which is a lower standard than under the ADA).[\(36\)](#)

Generally, ADA-covered employers should consider simply encouraging employees to get the influenza vaccine rather than requiring them to take it.

14. During a pandemic, must an employer continue to provide reasonable accommodations for employees with known disabilities that are unrelated to the pandemic, barring undue hardship?

Yes. An employer's ADA responsibilities to individuals with disabilities continue during an influenza pandemic. Only when an employer can demonstrate that a person with a disability poses a direct threat, even after reasonable accommodation, can it lawfully exclude him from employment or employment-related activities.

If an employee with a disability needs the same reasonable accommodation at a telework site that he had at the workplace, the employer should provide that accommodation, absent undue hardship. In the event of undue hardship, the employer and employee should cooperate to identify an alternative reasonable accommodation.

Example C: An accountant with low vision has a screen-reader on her office computer as a reasonable accommodation. In preparation for telework during a pandemic or other emergency event, the employer issues notebook computers to all accountants. In accordance with the ADA, the employer provides the accountant with a notebook computer that has a screen-reader installed.

All employees with disabilities whose responsibilities include management during a pandemic must receive reasonable accommodations necessitated by pandemic conditions, unless undue hardship is established.

Example D: A manager in a marketing firm has a hearing disability. A sign language interpreter facilitates her communication with other employees at the office during meetings and trainings. Before the pandemic, the employer decided to provide video phone equipment and video relay software for her at home to use for emergency business consultations. (Video relay services allow deaf and hearing impaired individuals to communicate by telephone through a sign language interpreter by placing a video relay call.⁽³⁷⁾) During an influenza pandemic, this manager also is part of the employer's emergency response team. When she works from home during the pandemic, she uses the video relay services to participate in daily management and staff conference calls necessary to keep the firm operational.

15. During a pandemic, may an employer ask an employee why he or she has been absent from work if the employer suspects it is for a medical reason?

Yes. Asking why an individual did not report to work is not a disability-related inquiry. An employer is always entitled to know why an employee has not reported for work.

Example E: During an influenza pandemic, an employer directs a supervisor to contact an employee who has not reported to work for five business days without explanation. The supervisor asks this employee why he is absent and when he will return to work. The supervisor's inquiry is not a disability-related inquiry under the ADA.

C. AFTER A PANDEMIC

16. May an ADA-covered employer require employees who have been away from the workplace during a pandemic to provide a doctor's note certifying fitness to return to work?

Yes. Such inquiries are permitted under the ADA either because they would not be disability-related or, if the pandemic influenza were truly severe, they would be justified under the ADA standards for disability-related inquiries of employees.

As a practical matter, however, doctors and other health care professionals may be too busy during and immediately after a pandemic outbreak to provide fitness-for-duty documentation. Therefore, new approaches may be necessary, such as reliance on local clinics to provide a form, a stamp, or an e-mail to certify that an individual does not have the pandemic virus.

IV. EEOC AND RELATED RESOURCES

Employers are encouraged to consult the following EEOC publications for further information about the [Americans with Disabilities Act](#).

- **Disability-Related Inquiries and Medical Examinations:**
 - *Disability-Related Inquiries & Medical Examinations of Employees Under the ADA* (2000) at <http://www.eeoc.gov/policy/docs/guidance-inquiries.html>;
 - *Obtaining and Using Employee Medical Information as Part of Emergency Evacuation Procedures* (2001) at <http://www.eeoc.gov/facts/evacuation.html>;
 - *Enforcement Guidance: Preemployment Disability-Related Questions & Medical Examinations* (1995) at <http://www.eeoc.gov/policy/docs/preemp.html>.
- **Reasonable Accommodation and Undue Hardship:** *Enforcement Guidance: Reasonable Accommodation and Undue Hardship under the ADA* (as revised 2002) at <http://www.eeoc.gov/policy/docs/accommodation.html>.
- **Telework as a Reasonable Accommodation:** *Work at Home/Telework as a Reasonable Accommodation*

(2003) at <http://www.eeoc.gov/facts/telework.html>.

Endnotes

1. 42 U.S.C. §§ 12111–12117, 12201–12213. EEOC is revising its ADA regulations to comply with the ADA Amendments Act of 2008, Pub. L. No. 110-325, 122 Stat. 3553, which was effective on January 1, 2009. 74 Fed.Reg. 48,431 (Sept. 23, 2009). While the Amendments expand ADA coverage, they do not change the ADA requirements concerning disability-related inquiries and medical examinations; the requirement of reasonable accommodation barring undue hardship; or the analysis of direct threat.
2. An "epidemic" is an outbreak of disease that occurs suddenly in numbers significantly greater than normal, but which spreads only within communities, states, or a limited number of countries. <http://www.flu.gov/glossary/#E>. Such an outbreak usually occurs when a pathogen mutates, allowing it to evade the human immune system. <http://www.flu.gov/individualfamily/about/index.html>.
3. U.S. Dep't of Health & Human Servs., Pandemics and Pandemic Scars of the 20th Century, <http://www.hhs.gov/nvpo/pandemics/flu3.htm> (last visited Sept. 22, 2009). The most severe influenza pandemic in the last century was the Spanish Flu Pandemic of 1918-1919, which killed 675,000 people in the United States and 50 million people worldwide at the end of World War I. The Spanish Flu targeted young, healthy adults and was often fatal within a few days. This virus caused the immune system to attack the respiratory system, which explains why young adults with vigorous immune systems were especially vulnerable. David M. Morens & Jeffery K. Taubenberger, *1918 Influenza: The Mother of all Pandemics*, 12 Emerging Infections Diseases 15 (2006), <http://www.cdc.gov/ncidod/EID/vol12no01/05-0979.htm>.
4. *World facing global A(H1N1) flu pandemic, announces UN health agency*, UN News Service, June 11, 2009, <http://www.un.org/apps/news/story.asp?NewsID=31106&Cr=h1n1&Cr1> (also noting that H1N1 tends to infect people under 25 years old, with approximately two percent of cases resulting in severe or life-threatening symptoms).
5. The WHO defines the following specific pandemic phases worldwide:
 - **Phase 1:** No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.
 - **Phase 2:** No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
 - **Phase 3:** Human infection with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
 - **Phase 4:** Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
 - **Phase 5:** Larger cluster(s) but human-to-human spread of the virus still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
 - **Phase 6:** Pandemic phase: increased and sustained transmission in general population.
6. See Ctrs. for Disease Control & Prevention, Guidance for Businesses and Employers to Plan and Respond to the 2009-2010 Influenza Season (2009), <http://www.pandemicflu.gov/professional/business/guidance.pdf>.
7. 42 U.S.C. § 12112(d)(4)(A); *Conroy v. New York State Dep't of Corr. Servs.*, 333 F.3d 88, 94-95 (2d Cir. 2003); *Fredenburg v. Contra Costa County Dep't of Health Servs.*, 172 F. 3d 1176, 1182 (9th Cir. 1999); *Roe v. Cheyenne Mountain Conference Resort, Inc.*, 124 F.3d 1221, 1229 (10th Cir. 1997); see also Equal Employment Opportunity Comm'n, Enforcement Guidance: Preemployment Disability-Related Questions and Medical Examinations § B.1 (1995), <http://www.eeoc.gov/policy/docs/preemp.html>.
8. 42 U.S.C. §§ 12111(3), (8); 29 C.F.R. §§ 1630.2(r), 1630.15(b)(2).
9. 42 U.S.C. § 12112(b)(5); see also § 12111(3); 29 C.F.R. § 1630.2(r).
10. These ADA standards apply to federal sector complaints of non-affirmative action employment discrimination arising under section 501 of the Rehabilitation Act of 1973. 29 U.S.C. § 791(g) (1994). It also applies to complaints of non-affirmative action employment discrimination arising under section 503 and employment discrimination under section 504 of the Rehabilitation Act. 29 U.S.C. §§ 793(d), 794(d) (1994).
11. 42 U.S.C. § 12112(d). Equal Employment Opportunity Comm'n, [Enforcement Guidance: Disability-Related](#)

- Inquiries and Medical Examinations of Employees under the Americans with Disabilities Act, § B of “General Principles” (2000), <http://www.eeoc.gov/policy/docs/guidance-inquiries.html#4> [hereinafter Inquiries and Exams].
12. Inquiries and Exams, *supra* note 11, at § B.1 of “General Principles.” *See also* *Conroy*, 333 F.3d at 95-96 (citing ADA and relevant EEOC guidance and holding that an employer’s request for a “general diagnosis” from employees returning from sick leave absence is a disability-related inquiry regulated by the ADA because it “tend[ed] to reveal a disability”).
13. *See* Am. Cancer Soc’y, Should Cancer Patients Get a Flu Shot? (Oct. 17, 2008), http://www.cancer.org/docroot/ETO/content/ETO_1_2x_Should_Cancer_Patients_Get_A_Flu_Shot.asp (noting that “[i]t is common for people during cancer treatment to have weakened immune systems”); *see also* Ctrs. for Disease Control & Prevention, Basic AIDS/HIV Information (Sept. 3, 2008), <http://www.cdc.gov/hiv/topics/basic/> (reporting that “HIV . . . attacks the immune system . . . [and] [h]aving AIDS means that the virus has weakened the immune system”).
14. Inquiries and Exams, *supra* note 11, at § B.2 of “General Principles.”
15. 42 U.S.C. § 12112(d)(2)(A).
16. 42 U.S.C. § 12112(d)(3)(A); *see also* 29 C.F.R. § 1630.14(b).
17. Inquiries and Exams, *supra* note 11, at § A.5 of “Job-Related and Consistent with Business Necessity,” *see also* *Conroy*, 333 F.3d at 97.
18. *See* Inquiries and Exams, *supra* note 11, at § A.5 of “Job-Related and Consistent with Business Necessity.”
19. Medical information on employees or applicants is confidential with the following exceptions: (1) supervisor[s] and managers may be told about necessary restrictions on work duties and about necessary accommodations; (2) first aid and safety personnel may be told if the disability might require emergency treatment; (3) government officials may access the information when investigating compliance with the ADA; (4) employers may give information to state workers’ compensation offices, state second injury funds, or workers’ compensation insurance carriers in accordance with state workers’ compensation laws; and (5) employers may use the information for insurance purposes. 29 C.F.R. §§ 1630.14(b)(1)(i)–(iii), (c)(1)(i)–(iii); 29 C.F.R. pt. 1630 app. § 1630.14(b).
20. 29 C.F.R. § 1630.2(r).
21. *Id.*; 29 C.F.R. pt. 1630 app. § 1630.2(r).
22. *Id.*
23. 29 C.F.R. pt. 1630 app. § 1630.2(o); *see also* *U.S. Airways, Inc. v. Barnett*, 535 U.S. 391, 416 (2002) (citing the Appendix).
24. 42 U.S.C. § 12111(10); *see also* 29 C.F.R. § 1630.2(p) (including factors to consider when determining undue hardship); 29 C.F.R. pt. 1630 app. § 1630.2(p) (providing a more detailed analysis and examples of where a requested reasonable accommodation would pose an undue hardship).
25. 42 U.S.C. § 12112(b)(5)(A); *see also* Equal Employment Opportunity Comm’n, Revised Enforcement Guidance: Reasonable Accommodation and Undue Hardship Under the Americans With Disabilities Act (2002), <http://www.eeoc.gov/policy/docs/accommodation.html#undue> [hereinafter Reasonable Accommodation Guidance].
26. 42 U.S.C. § 12112(b)(5)(A).
27. *See* U.S. Dep’t of Health and Human Servs., Business Pandemic Influenza Planning Checklist: Item 1.1, <http://www.pandemicflu.gov/professional/business/businesschecklist.html> (last visited Sept. 22, 2009).
28. *See* Job Accommodation Network, Considering the Needs of Employees with Disabilities During a Pandemic Flu Outbreak (2009), <http://www.jan.wvu.edu/media/employmentpandemicflufact.doc> (the Job Accommodation Network is a service of the U.S. Department of Labor’s Office of Disability Employment Policy).
29. Inquiries and Exams, *supra* note 11, at § B.1, “General Principles.”
30. 42 U.S.C. § 12112(d)(3).
31. *See infra* Q & A 16 for a discussion of when an employer may require a medical release as a condition of returning to work.
32. Asking employees if they are immuno-compromised or have a chronic condition is a disability-related inquiry subject to the ADA’s restrictions. When pandemic influenza symptoms only resemble those of seasonal influenza, they do not provide an objective basis for a “reasonable belief” that employees will face a direct threat if they become ill. Therefore, they do not justify disability-related inquiries or medical examinations.
33. *See also* Ctrs. For Disease Control, *supra* note 5, at 7. ADA-covered employers may receive requests for

- reasonable accommodation from individuals with disabilities that place them at risk of influenza complications.
34. *Id.* at 10–11.
 35. Telework (i.e., working from an alternative location) is an example of “social distancing,” which public health authorities may require in the event of a pandemic. “Social distancing” reduces physical contact between people to minimize disease transmission by, for example, avoiding hand-shakes and keeping a distance from others in public places. Other social distancing practices that may be implemented during a pandemic include: “closing schools; canceling public gatherings; planning for liberal work leave policies; . . . voluntary isolation of [pandemic infection] cases; and voluntary quarantine of household contacts.” Ctrs. for Disease Control & Prevention, Pandemic Influenza Mitigation, <http://flu.gov/professional/community/mitigation.html> (last visited Sept. 22, 2009). Employees with disabilities may request telework as a reasonable accommodation, even if the employer does not have a policy allowing it. *See* Equal Employment Opportunity Comm’n, Work at Home/Telework as a Reasonable Accommodation (Oct 27, 2005), <http://www.eeoc.gov/facts/telework.html>.
 36. Equal Employment Opportunity Comm’n, EEOC Compliance Manual Section 12: Religious Discrimination 56–65 (2008), <http://www.eeoc.gov/policy/docs/religion.pdf>.
 37. For general information about video relay service, see Fed. Commc’ns Comm’n, Video Relay Services (Oct. 21, 2008), <http://www.fcc.gov/cgb/consumerfacts/videorelay.html>.
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This page was last modified on October 9, 2009.



[Return to Home Page](#)

ITEM 5**Solaris HealthCare Visitor/Employee/Contractor/Vendor Screen
COVID-19 Public Health Emergency**

Coronavirus Disease 2019 (COVID-19) is a severe acute respiratory illness affecting many countries (including the US). It is believed to occur through respiratory transmission and presents with symptoms similar to influenza. In light of recent developments regarding the spread of Coronavirus (COVID 19) in the United States, Solaris Healthcare would like to take this opportunity to inform you of the strategies we have implemented regarding our visitors, in cooperation with our local and state Departments of Health, to help protect our residents.

POLICY: Solaris HealthCare will implement measures to control the spread of COVID-19 in our skilled nursing facilities (SNF) in accordance with recommendations from the Center for Disease Control (CDC), the Florida Department of Health (DOH), and other applicable regulatory agencies.

PROCEDURE: Solaris HealthCare will:

1. Restrict visitors, employees, contractors, and vendors from entering the SNF/ALF that have:
 - A fever, cold, flu, shortness of breath, or other respiratory illness symptoms,
 - Returned from international travel or been on a cruise within the last 14 days; OR
 - Had physical contact with someone who has or is under investigation for COVID-19
2. Limit entrance to the SNF/ALF to a single point of entry
3. Post signs limiting access to the facility during the declared public health emergency
4. Maintain a sign-in sheet whereby visitors acknowledge compliance with item #1 and provide contact information in the event Solaris HealthCare needs to contact them
5. Provide visitors access to information on personal infection prevention strategies and on the COVID-19 virus
6. In the event of a community-wide outbreak of COVID-19, implement screening questions to minimize the transmission of COVID-19

Name		Signature	
Date	Time	Phone Number	
Do you currently have any of the following? Cough, fever, shortness of breath, difficulty breathing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you returned from international travel or been on a cruise within the last 14 days?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you had contact with someone who has or is under investigation for COVID-19?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Recorded Temperature at time of center visit:		Taken By:	

February 2020

Office for Civil Rights, U.S. Department of Health and Human Services

BULLETIN: HIPAA Privacy and Novel Coronavirus

In light of the Novel Coronavirus (2019-nCoV) outbreak, the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) is providing this bulletin to ensure that HIPAA covered entities and their business associates are aware of the ways that patient information may be shared under the HIPAA Privacy Rule in an outbreak of infectious disease or other emergency situation, and to serve as a reminder that the protections of the Privacy Rule are not set aside during an emergency.

The HIPAA Privacy Rule protects the privacy of patients' health information (protected health information) but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes.

The U.S. Centers for Disease Control and Prevention (CDC) has advised: if you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should get medical care. Call the office of your health care provider before you go and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others. More information from the CDC available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>.

Sharing Patient Information

Treatment Under the Privacy Rule, covered entities may disclose, without a patient's authorization, protected health information about the patient as necessary to treat the patient or to treat a different patient. Treatment includes the coordination or management of health care and related services by one or more health care providers and others, consultation between providers, and the referral of patients for treatment. See 45 CFR §§ 164.502(a)(1)(ii), 164.506(c), and the definition of "treatment" at 164.501.

Public Health Activities The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information that is necessary to carry out their public health mission. Therefore, the Privacy Rule permits covered entities to disclose needed protected health information without individual authorization:

- **To a public health authority**, such as the CDC or a state or local health department, that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability. This would include, for example, the reporting of disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR §§ 164.501 and 164.512(b)(1)(i). For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV).

- **At the direction of a public health authority, to a foreign government agency** that is acting in collaboration with the public health authority. See 45 CFR 164.512(b)(1)(i).
- **To persons at risk** of contracting or spreading a disease or condition if other law, such as state law, authorizes the covered entity to notify such persons as necessary to prevent or control the spread of the disease or otherwise to carry out public health interventions or investigations. See 45 CFR 164.512(b)(1)(iv).

Disclosures to Family, Friends, and Others Involved in an Individual's Care and for Notification A covered entity may share protected health information with a patient's family members, relatives, friends, or other persons identified by the patient as involved in the patient's care. A covered entity also may share information about a patient as necessary to identify, locate, and notify family members, guardians, or anyone else responsible for the patient's care, of the patient's location, general condition, or death. This may include, where necessary to notify family members and others, the police, the press, or the public at large. See 45 CFR 164.510(b).

- The covered entity should get verbal permission from individuals or otherwise be able to reasonably infer that the patient does not object, when possible; if the individual is incapacitated or not available, covered entities may share information for these purposes if, in their professional judgment, doing so is in the patient's best interest.
- For patients who are unconscious or incapacitated: A health care provider may share relevant information about the patient with family, friends, or others involved in the patient's care or payment for care, if the health care provider determines, based on professional judgment, that doing so is in the best interests of the patient. For example, a provider may determine that it is in the best interests of an elderly patient to share relevant information with the patient's adult child, but generally could not share unrelated information about the patient's medical history without permission.
- In addition, a covered entity may share protected health information with disaster relief organizations that, like the American Red Cross, are authorized by law or by their charters to assist in disaster relief efforts, for the purpose of coordinating the notification of family members or other persons involved in the patient's care, of the patient's location, general condition, or death. It is unnecessary to obtain a patient's permission to share the information in this situation if doing so would interfere with the organization's ability to respond to the emergency.

Disclosures to Prevent a Serious and Imminent Threat Health care providers may share patient information with anyone as necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public – consistent with applicable law (such as state statutes, regulations, or case law) and the provider's standards of ethical conduct. See 45 CFR 164.512(j). Thus, providers may disclose a patient's health information to anyone who is in a position to prevent or lessen the serious and imminent threat, including family, friends, caregivers, and law enforcement without a patient's permission. HIPAA expressly defers to the professional judgment of health professionals in making determinations about the nature and severity of the threat to health and safety. See 45 CFR 164.512(j).

Disclosures to the Media or Others Not Involved in the Care of the Patient/Notification In general, except in the limited circumstances described elsewhere in this Bulletin, affirmative reporting to the media or the public at large about an identifiable patient, or the disclosure to the public or media of specific information about treatment of an identifiable patient, such as specific tests, test results or details of a patient's illness, may not be done without the patient's written authorization (or the written authorization of a personal representative who is a person legally authorized to make health care

decisions for the patient). See 45 CFR 164.508 for the requirements for a HIPAA authorization. Where a patient has not objected to or restricted the release of protected health information, a covered hospital or other health care facility may, upon request, disclose information about a particular patient by name, may release limited facility directory information to acknowledge an individual is a patient at the facility, and may provide basic information about the patient's condition in general terms (*e.g.*, critical or stable, deceased, or treated and released). Covered entities may also disclose information if the patient is incapacitated, and if the disclosure is believed to be in the best interest of the patient and consistent with any prior expressed preferences of the patient. See 45 CFR 164.510(a).

Minimum Necessary For most disclosures, a covered entity must make reasonable efforts to limit the information disclosed to that which is the "minimum necessary" to accomplish the purpose. (Minimum necessary requirements do not apply to disclosures to health care providers for treatment purposes.) Covered entities may rely on representations from a public health authority or other public official that the requested information is the minimum necessary for the purpose, when that reliance is reasonable under the circumstances. For example, a covered entity may rely on representations from the CDC that the protected health information requested by the CDC about all patients exposed to or suspected or confirmed to have Novel Coronavirus (2019-nCoV) is the minimum necessary for the public health purpose. In addition, internally, covered entities should continue to apply their role-based access policies to limit access to protected health information to only those workforce members who need it to carry out their duties. See 45 CFR §§ 164.502(b), 164.514(d).

Safeguarding Patient Information

In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures. Further, covered entities (and their business associates) must apply the administrative, physical, and technical safeguards of the HIPAA Security Rule to electronic protected health information.

HIPAA Applies Only to Covered Entities and Business Associates

The HIPAA Privacy Rule applies to disclosures made by employees, volunteers, and other members of a covered entity's or business associate's workforce. Covered entities are health plans, health care clearinghouses, and those health care providers that conduct one or more covered health care transactions electronically, such as transmitting health care claims to a health plan. Business associates generally are persons or entities (other than members of the workforce of a covered entity) that perform functions or activities on behalf of, or provide certain services to, a covered entity that involve creating, receiving, maintaining, or transmitting protected health information. Business associates also include subcontractors that create, receive, maintain, or transmit protected health information on behalf of another business associate. The Privacy Rule does not apply to disclosures made by entities or other persons who are not covered entities or business associates (although such persons or entities are free to follow the standards on a voluntary basis if desired). There may be other state or federal rules that apply.

Business Associates A business associate of a covered entity (including a business associate that is a subcontractor) may make disclosures permitted by the Privacy Rule, such as to a public health authority, on behalf of a covered entity or another business associate to the extent authorized by its business associate agreement.

Other Resources

For more information on HIPAA and Public Health, please visit:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html>

For more information on HIPAA and Emergency Preparedness, Planning, and Response, please visit: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

General information on understanding the HIPAA Privacy Rule may be found at:

<https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>

For information regarding how Federal civil rights laws apply in an emergency, please visit:

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/emergency-preparedness/index.html>



www.FloridaHealth.gov

Coronavirus(COVID-19)

General Prevention

If you are concerned that you have been exposed to COVID-19, please call your healthcare provider and the Florida Department of Health in Broward County at 954-412-7300 before visiting any healthcare facility.

Protect yourself from all infectious diseases by using the precautions.



Stay home when you are sick



Avoid contact with people who are sick



Get adequate sleep and eat well-balanced meals



Wash hands often with soap and water – 20 seconds or longer



Dry hands with a clean towel or air dry your hands



Avoid touching your eyes, nose, or mouth with unwashed hands or after touching surfaces



Cover your mouth with a tissue or sleeve when coughing or sneezing



Clean and disinfect “high touch” surfaces often



Call before visiting your doctor

Clean all “high-touch” surfaces every day.

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tables, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



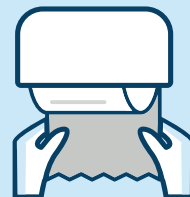
Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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¡Detenga los microbios! Lávese las manos

¿CUÁNDO?

- Después de ir al baño.
- Antes, durante y después de preparar alimentos.
- Antes de comer.
- Antes y después de cuidar a alguien que tenga vómitos o diarrea.
- Antes y después de tratar cortaduras o heridas.
- Después de cambiarle los pañales a un niño o limpiarlo después de que haya ido al baño.
- Después de sonarse la nariz, toser o estornudar.
- Después de tocar animales, sus alimentos o sus excrementos.
- Después de manipular alimentos o golosinas para mascotas.
- Después de tocar la basura.



¿CÓMO?



Mójese las manos con agua corriente limpia (tibia o fría), cierre el grifo y enjabónese las manos.



Frótese las manos con el jabón hasta que haga espuma. Asegúrese de frotarse la espuma por el dorso de las manos, entre los dedos y debajo de las uñas.



Restriéguese las manos durante al menos 20 segundos. ¿Necesita algo para medir el tiempo? Tararee dos veces la canción de “Feliz cumpleaños” de principio a fin.



Enjuáguese bien las manos con agua corriente limpia.



Séquese Séquese las manos con una toalla limpia o al aire.

Mantener las manos limpias es una de las cosas más importantes que podemos hacer para detener la propagación de microbios y mantenernos sanos.

LA VIDA ES MEJOR CON LAS

MANOS LIMPIAS



www.cdc.gov/lavadodemanos

Este material fue elaborado por los CDC. La campaña La Vida es Mejor con las Manos Limpias es posible gracias a una asociación entre la Fundación de los CDC, GOJO y Staples. El HHS y los CDC no respaldan productos, servicios ni empresas comerciales.



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