

When can we safely get back to work and school, and what would that look like?

April 24 2020, by Dr. Eduardo Sanchez



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With millions of people missing paychecks, braving danger for essential work and getting really tired of being cooped up, we're all wondering the same thing: When can we go back?



The simple answer is: As soon as it's safe. The more complicated question is, how we will get back to work and school?

To safely restart the economy and get back to our normal lives, we have to protect people from COVID-19 as we return. That's where things get complicated, because we don't yet have the resources to do that.

It all starts with widespread <u>testing capacity</u> to identify and test possible new cases quickly and to isolate (and monitor) individuals who test positive for COVID-19. In addition, it's essential to interview the individuals who test positive to determine who they've contacted in the past few days, to find and possibly test those contacts.

This "disease detective" work helps determine the spread and population impact of COVID-19. It's a proven approach used for tracking and containing sexually transmitted diseases, tuberculosis and outbreaks of vaccine-preventable diseases such as measles.

But at this stage of SARS-CoV-2—the scientific name of the 2019 novel <u>coronavirus</u>—we will need more people to be disease detectives. We'll also need innovative techniques to track the spread by reaching individuals in person, by phone or online.

We must build the testing capacity to identify people who have had COVID-19, have developed antibodies and are presumably protected from reinfection (at least for some time) and from infecting others. This requires adequate supplies (swabs and test tubes) to <u>test</u> for cases and for antibodies.

Beyond testing capacity, we must assure <u>hospital staff</u> and first responders that they have enough personal protection equipment, or PPE, to care for people with new cases of COVID-19 requiring hospitalization. We also must assure the supply of appropriate PPE for



other clinical staff in doctors' offices, dentists' offices, optometrists' offices and for essential workers in supermarkets and other settings.

Further, the <u>general population</u> will need enough of the right PPE—<u>face</u> <u>masks</u>, soap and water, and hand sanitizer—to get back to work and school and to get back to being consumers.

When workplace and schools reopen, personal protection must be made easy. Bathrooms must always be stocked with soap and towels, hand sanitizer must be widely available and masks easy to get.

Serious disinfecting will have to become a major part of everyday life. Surfaces will need to be cleaned on aggressive, perhaps even posted, schedules. Employees and students will need disinfectant cleaners available to regularly wipe down surfaces throughout the day. Employers must assure that spacing for physical distancing is engineered before people return to work.

Employees need sick pay policies allowing them to stay home if they are symptomatic, particularly with coughing, fever, body aches and fatigue. There should be no questions asked when someone needs to remain in isolation or quarantine. (Isolation is when someone who is infected is separated from others, while quarantined people are staying separate to be safe.)

We also must continue policies and procedures for virtual work and learning. Lastly, we must develop daily COVID-19 screening policies and procedures for employees, such as temperature readings and/or symptom checklists.

In other words, we are not very close to being ready to go back.

In summary, we'll all need to stay patient—and continue to be



disciplined with social distancing—if we want to reopen safely. We just need some creativity and planning. And we need to accept some hard truths: All of this will cost money, and we won't be returning to a "pre-COVID-19 normal."

But we can get back to our lives if we put safety first.

Provided by American Heart Association

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