



RISK MANAGEMENT

HEALTHCARE ADVISORY

FOR ALLIED WORLD
POLICYHOLDERS

May 2020

Guidance on Returning to Work during COVID-19 Recovery

As we look toward life after COVID-19, business recovery becomes an important next step. As healthcare providers, we will need to assess our operations and service lines in order to bring employees back to work in a safe environment. For some of you, it may feel like it will take years to get back to “normal” again, but it is time to begin thinking about these issues in order to best prepare for the next steps and challenges we are about to face.

The federal “Opening Up America Again” plan offers guidance to state governors and local officials to make individual determinations about relaxing return-to-work and non-essential business closure orders depending on several critical factors. In this plan, “gating criteria” has been established to assist businesses with determining whether it is safe to re-enter the workforce. Before opening businesses, the following criteria should be verified: (a) virus-like symptoms moving in a downward trajectory from the previous 14 days, (b) active COVID-19 cases going in a downward trajectory over the previous 14 days, and (c) local hospital resources able to treat all patients without crisis care. Testing should also be in place for at-risk healthcare workers, including antibody testing, if possible, before re-opening. Although the federal government issued the criteria, much of the responsibility for managing the re-entry falls to the state and local leadership. We recommend you look to them for direction as well.

As we attempt to move ahead, returning to work in phases is recommended. Since we know that strict social distancing measures have made a great impact on reducing the transmission of COVID-19, it will be important to continue to use these measures to “slow the spread” while, at the same time, ease back into providing services being to the community. The government has created recovery phases for guidance.

Phase I

- Continue to encourage remote work and telework.
- Close common areas where personnel are likely to congregate and interact - maintain social distancing protocols for any staff coming into work.
- Minimize non-essential business travel and adhere to the Center for Disease Control (CDC) guidelines regarding isolation following travel (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).
- Hospitals and senior living facilities should continue to restrict visitors and maintain strict protocols regarding infection prevention.

- Elective surgeries may resume, as clinically appropriate, on an outpatient basis at facilities that adhere to Centers for Medicare & Medicaid Services (CMS) guidelines (<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>).
- Increase access to diagnostic testing.

Phase II

- Adhere to all of Phase I guidance except for business travel.
- Consider resuming non-essential business travel when there is no evidence of a rebound in COVID-19 cases.

Phase III

- Resume unrestricted staffing of worksites.
- Ideally vaccination should exist at this time.
- Hospitals and senior living facilities could allow visitors following standard infection prevention protocols.

Phase IV

- Review and redefine policies in preparation for the next public health crisis.
- Inventory and stock appropriate supplies including personal protective equipment, medical supplies and medical equipment in anticipation of a future public health crisis or rebound effect of COVID-19.
- Prepare staffing contingencies as a result of staffing shortages if a rebound of the virus occurs.
- Assist and support your employees with the physical and emotional stress they experience when treating patients during a public health crisis and the concern for their personal safety and the safety of their families.

Safety Actions to Consider When Reopening

Along with the recovery phasing guidance from the federal government, we should continue looking to the CDC for guidance. The recent Interim Guidance for Businesses and Employers to Plan and Respond to COVID-19 to help prevent and slow the spread in the workplace has been provided and should be considered (<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>). The CDC has simplified their rationale for reopening if the following three questions are answered 'yes.'

- Are you in a community no longer requiring significant mitigation?
- Will you be able to limit non-essential employees to those from the local geographic area?
- Do you have protective measures for employees at higher risk (e.g., teleworking, tasks that minimize person-to-person contact)?

Once there is a level of comfort with satisfying the questions above, the CDC recommends the following safety actions:

- Provide soap and water and alcohol-based hand solution in multiple locations within the workplace.
- Promote healthy hygiene practices (utilize disposable gloves where appropriate and instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol or with soap and water for at least 20 seconds).
- Intensify cleaning and disinfection (increase the frequency of cleaning commonly touched surfaces and highly utilized areas, such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, elevator buttons, etc.).
- Limit groups to small numbers (10 or less) and avoid large gatherings.
- Cancel or minimize non-essential travel and encourage alternative commuting and telework.
- Practice social distancing in the workplace as work duties permit.

- Space out seating (more than six feet) and stagger gathering times (stagger breaks and lunches to avoid congregating in lunchrooms).
- Wear face masks at all times or until any potential symptoms resolve, or for 14 days after the onset of illness (N95 facemask should be used when caring for COVID-19 patients).
- Restrict use of shared items and spaces (do not share headsets or other objects that are in close contact with the face and do not share PPE).
- Ensure used PPE is disposed properly.
- Train all staff in the above safety actions.

The ongoing monitoring of employees and following safeguards are also recommended until resolution of the risk of contagion from COVID-19 is determined. These include:

- Encourage employees who are sick to stay home.
- Establish routine, daily employee health checks (measuring each employee's temperature and assessing for symptoms prior to starting work).
- Monitor and maintain absenteeism and flexible time off policies.
- Have an action plan for staff members who test positive or have signs and symptoms of COVID-19 (persons who had contact with the ill employee during the time the employee had symptoms and two days prior to symptoms should be identified for quarantine).
- Establish return to work criteria for healthcare personnel (HCP) who previously were diagnosed as COVID-19 positive using a test-based strategy (no fever without the use of fever-reducing medication, improvement in respiratory symptoms and two consecutive negative FDA approved COVID-19 tests, each at least 24 hours apart).
- Establish criteria for situations when a test-based strategy cannot be used for HCP who are COVID-19 positive to return to work (exclude from work at least 3 days – 72 hours – after recovery-resolution of fever without the use of fever-reducing medications, improvement in respiratory symptoms and at least seven days since symptoms first appeared).
- Establish criteria for asymptomatic HCP with laboratory-confirmed COVID-19 (asymptomatic staff should be excluded from the workplace for 10 days following the date of their positive COVID-19 test, assuming there have been no new symptoms).
- Implement shortage criteria to allow HCP with suspected or confirmed COVID-19, who are well enough to work but have not met all the return-to-work criteria, to work, but restricted from contact with severely immunocompromised patients.
- Create and test emergency communication channels for employees.
- Establish and maintain communication with state and local health authorities.

Additional Considerations for Hospitals and Outpatient Facilities

- Consider establishing Non-COVID Care (NCC) zones that would screen all patients for symptoms of COVID-19, including temperature checks. These areas should be separate from other facilities or in areas of the building which allow for minimal crossover with COVID-19 areas when possible.
- Consider having patients call in from the parking lot to “check-in” and be instructed when to come into the office/facility.
- Establish administrative, facility and engineering controls to support social distancing specifically in waiting areas (spacing chairs at least 6 ft. apart and maintaining low patient volumes) to be compliant.
- Prohibit visitors. If visitation is necessary, such as with pediatric patients, adhere to a patient pre-screening process.

- Refer to CDC guidelines for the method and frequency of cleaning and disinfecting of facility spaces and equipment for decontamination
(<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>).

Considerations related to Information Technology

- Afford the opportunity for employees to sanitize their mobile devices.
- Review and update standard operating procedures related to remote work for sustainability and long-term use in order to continue to limit the number of on-site employees to maintain social distancing.
- Assess and evaluate solutions (artificial intelligence and automation) to transition complex business processes into the virtual space, as needed.

Considerations for Outpatient Procedure/Elective Surgery Sites

- Does the facility or partnering local hospital have an appropriate number of ICU and non-ICU beds, PPE, ventilators, medications, anesthetics and specified medical surgical supplies?
- Does the facility have available numbers of trained and educated staff appropriate to the planned surgical procedures, patient population and facility resources?
- Given the known risk with health care worker fatigue, can facilities perform planned procedures without compromising patient safety or staff safety?
- Does the facility have availability and accuracy regarding pre-procedural testing, inclusive of appropriate turnaround times?
- Is there a patient COVID-19 testing policy in use?
- Are there policies on PPE conservation?
- Is there an adequate supply of PPE for a potential second wave of COVID-19 cases?
- Is there a prioritization policy which accounts for the following: list of previously cancelled and postponed cases; objective priority scoring related to need for surgery; strategy for increasing OR/procedure time availability; plan for allotting surgical time and approach for phased opening in operating rooms?

Telehealth Practices Post COVID-19

Many healthcare practices have moved to providing telehealth services during the COVID-19 pandemic. In response to the pandemic, the government lifted several of the HIPAA-related requirements so professionals could quickly move to a telehealth platform, such as using non-HIPAA compliant video chat platforms. As states begin to open businesses as the public health crisis decreases, pre-COVID-19 healthcare policies and regulations will be reinforced. Once this occurs, it will be important to:

- Follow all federal, state and local government regulations. Even if the federal government has not lifted the looser restrictions, state and local governments may return to pre-COVID-19 regulations. It is important to follow the most strict regulations in force where you practice.
- Convert to a HIPAA compliant video chat platform including obtaining a Business Associate Agreement from the platform provider.
- Obtain written consents for treatment if only verbal consent was received during the crisis.
- Follow all state licensing requirements. It is important that as states reopen for business and restrict out-of-state providers, to either transfer or terminate care with your out-of-state patients – or apply for licensing in the states where your patients are located. Resources to assist with state licensing requirements include:
 - www.fsmb.org (Federation of State Medical Boards for physicians)
 - www.psympact.org (PSYPACT for psychologists)
 - www.cchpca.org (Center for Connected Health Policy)

These websites provide up-to-date information for out-of-state licensing requirements both during and after the COVID-19 crisis.

- Consider cyber risks when providing telehealth (such as potential hacking), and consider the purchase of Cyber insurance.
- Use a secure encrypted network.
- Make sure to follow state and federal Drug Enforcement Agency (DEA) regulations regarding prescribing medications for telehealth patients, especially for out-of-state patients taking controlled substances.
- Consult the risk management department of your facility or liability insurance carrier for details on converting to a HIPAA-compliant telehealth practice after the COVID-19 crisis is declared over by the federal or state government.

The COVID-19 public health crisis has caused physical, emotional, psychological and financial stress on healthcare institutions and healthcare providers. It is important to consider all these measures in order to properly protect your employees, your facilities, the public and yourself as healthcare returns to the “new normal.”

Resources

- https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/fs-reopening-america-workers-at-risk.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- <https://www.whitehouse.gov/openingamerica/#criteria>
- <https://www.aha.org/system/files/media/file/2020/04/covid-19-acute-care-workforce-exposure-guide.pdf>

Authors

Tracey LeMay, BSN

Assistant Vice President, Risk Management Group
AWAC Services Company, a member company of Allied World

Allison Funicelli, MPA, CCLA, ARM, CPHRM, FASHRM

Senior Risk Management Consultant, Risk Management Group
AWAC Services Company, a member company of Allied World

This material is provided as a resource for informational purposes only. It is not intended as, nor does it constitute, legal, technical or other professional advice or recommendations. While reasonable attempts have been made to ensure that this information is accurate and current as of its publication date, we make no claims, guarantees, representations or warranties, either express or implied, as to the accuracy, completeness or adequacy of any information contained herein. Consult your professional advisors or legal counsel for guidance on issues specific to you. Additionally, this material does not address all potential risks and may contain time-sensitive information. No responsibility is assumed to update this material and there is no guarantee or representation that this information will fulfill your specific needs or obligations. This material may not be reproduced or distributed without the express, written permission of Allied World Assurance Company Holdings, Ltd, a Fairfax company (“Allied World”). Actual coverage may vary and is subject to policy language as issued. Risk management services are provided by or arranged through AWAC Services Company, a member company of Allied World. © 2020 Allied World Assurance Company Holdings, Ltd. All rights reserved.