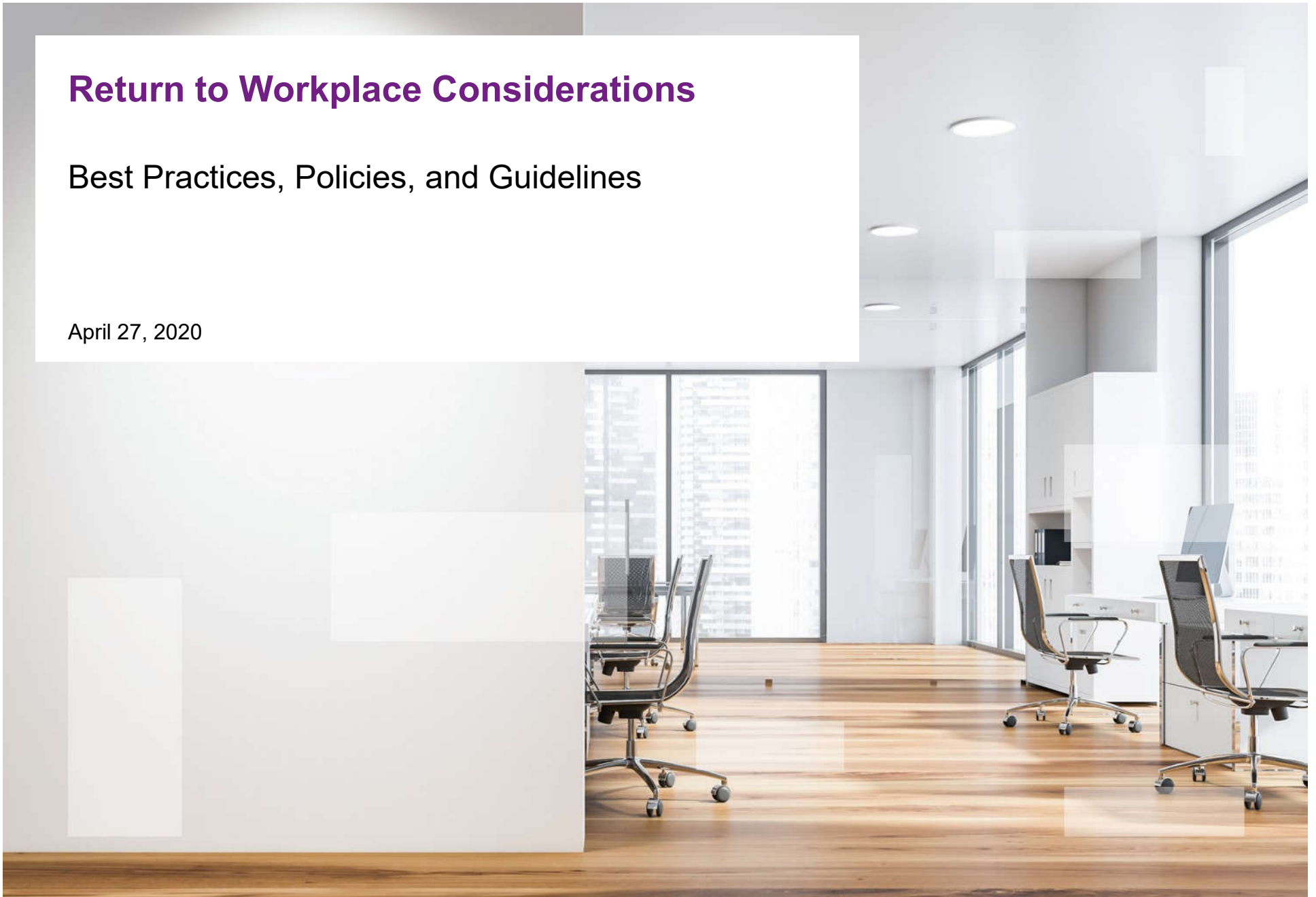


Return to Workplace Considerations

Best Practices, Policies, and Guidelines

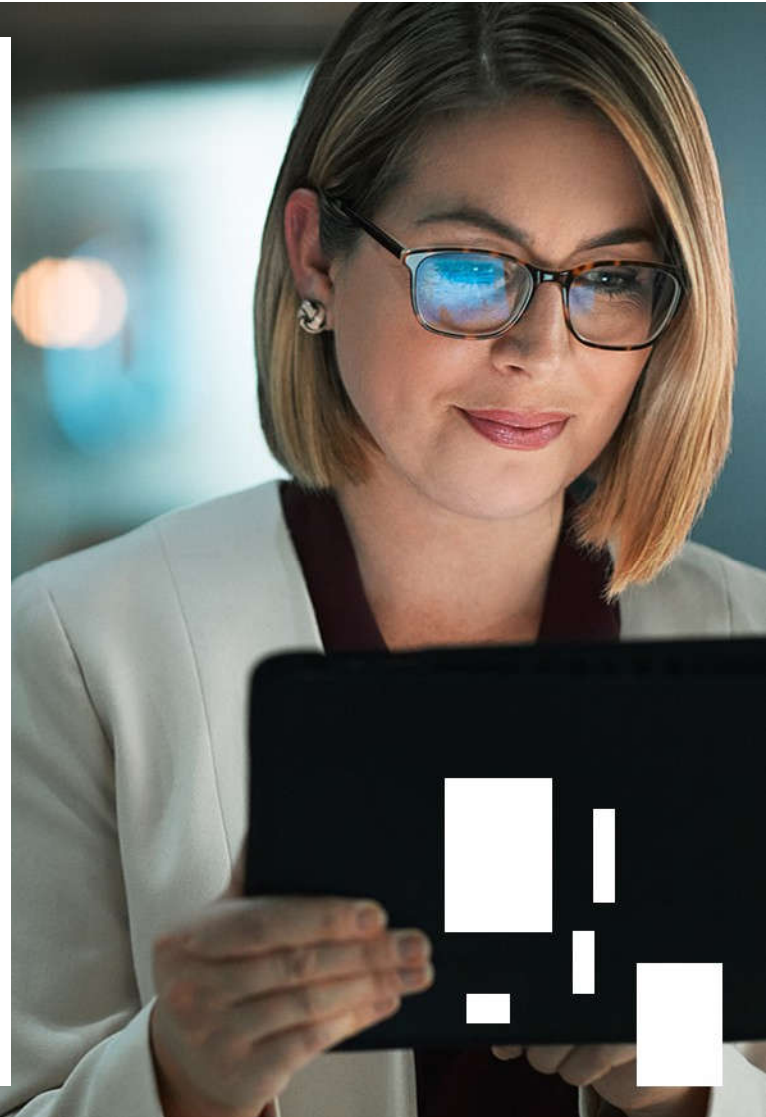
April 27, 2020



Disclaimer

Willis Towers Watson shares available medical and pharmacy research and the views of our consultants in our capacity as a benefits consultant. We do not practice medicine or provide medical, pharmacy, or legal advice and encourage our clients to consult with both their legal counsel and qualified health advisors as they consider implementing various health improvement and wellness initiatives.

When implementing health improvement and wellness initiatives, clients should consider the compliance implications and discuss with their legal counsel and the applicable vendor. If the vendor's services are offered through an existing medical plan, clients should ensure the terms of the program are properly disclosed to participants in plan materials. If a client offers a HSA-qualifying high deductible health plan, then HSA-eligibility issues should also be considered. If the vendor's services are offered outside of the existing medical plan(s), then the services being provided must be evaluated to determine whether the program would on its own be considered a group health plan and therefore be required independently to comply with various applicable laws (e.g., ERISA, HIPAA, COBRA, ACA).



Best practices

Return to workplace guidelines

We recommend seven critical steps as employers are preparing for employees to return to the workplace.

1. Follow **public health guidance** about when to return to workplace
2. Develop **policies and COVID-19 procedures** to lower risk of workplace infection
3. **Prepare the workplace** and manage **workflow** to limit risk
4. Provide **screening for entry** to the workplace
5. Develop an evidence-based, practical approach to **testing**
6. Provide COVID-19 **specific manager training**
7. **Communicate effectively** with the workforce



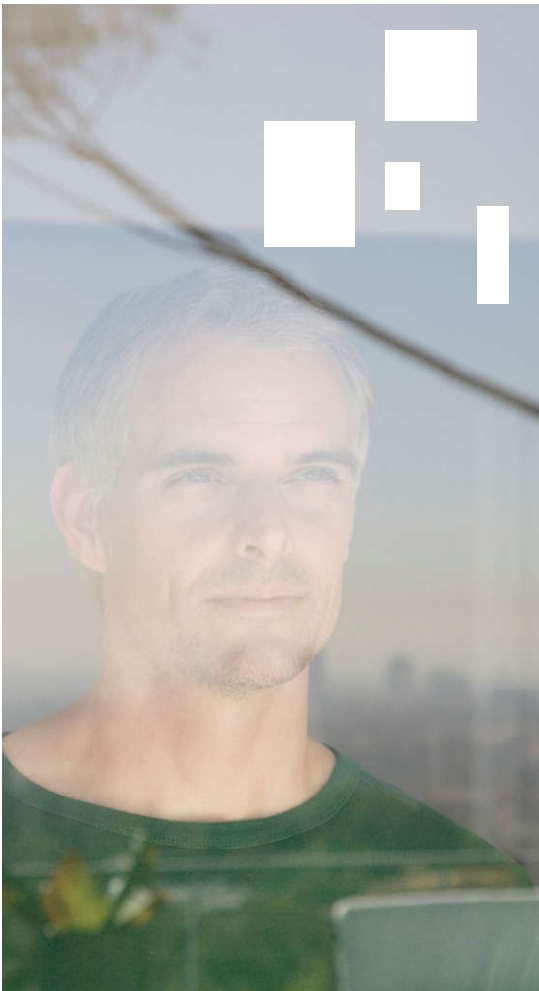
1. Follow public health guidance to determine when to return to the workplace

- Recommendations will differ from geography to geography
- Companies should generally have employees return to the workplace when there is sustained decrease in local transmission, adequate testing available, contact tracing in place, and adequate hospital capacity for additional cases
- Most companies should have workers return gradually as they develop new workflows, and to facilitate physical distancing
 - Higher risk workers can continue to work remotely
- The CDC also recommends:
 - Don't share headsets or other objects that are near the mouth or nose and continue to practice physical (social) distancing
 - Stagger breaks
 - Establish a fixed work space for each employee
 - Increase cleaning of commonly touched services
 - Increase air ventilation
 - Implement screening (thermal scan and check for symptoms)

All employers should follow recommendations, guidelines and regulations of local and state public health officials. Local conditions will influence the decisions that public health officials make regarding community-level strategies.

Note: Employers are not allowed to discriminate based on age, but should make special efforts to support remote work for those employees at highest risk for COVID-19 complications

2. Develop COVID-19 HR policies procedures to keep the workplace safe

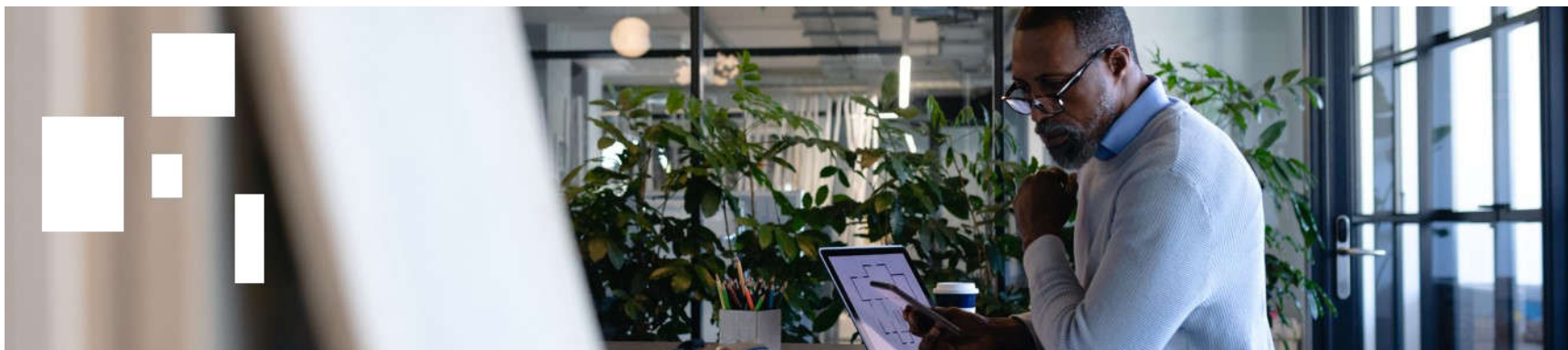


- Implement or update a business continuity plan addressing pandemic situations
- Establish an emergency response team
- Develop and communicate strict and clear policies to address potential workplace exposures
- If the workplace is opened, and someone at the workplace is diagnosed or has presumptive COVID:
 - They should leave the premises immediately. See [CDC guidance](#)
 - Those with exposure (over 15 minutes; less than six feet away) should leave the workplace and self-quarantine for 14 days from the last date of exposure
 - Notify those exposed without identifying the index patient
 - Employees with symptoms (cough, fever, body aches) should assume they have COVID-19 and self-quarantine and not come to work

Employers should be prepared for restrictions to be reinstated in some geographies if there is new evidence of community transmission.

[link to CDC guidelines on this](#)

2. Minimize potential for COVID-19 exposure in the workplace

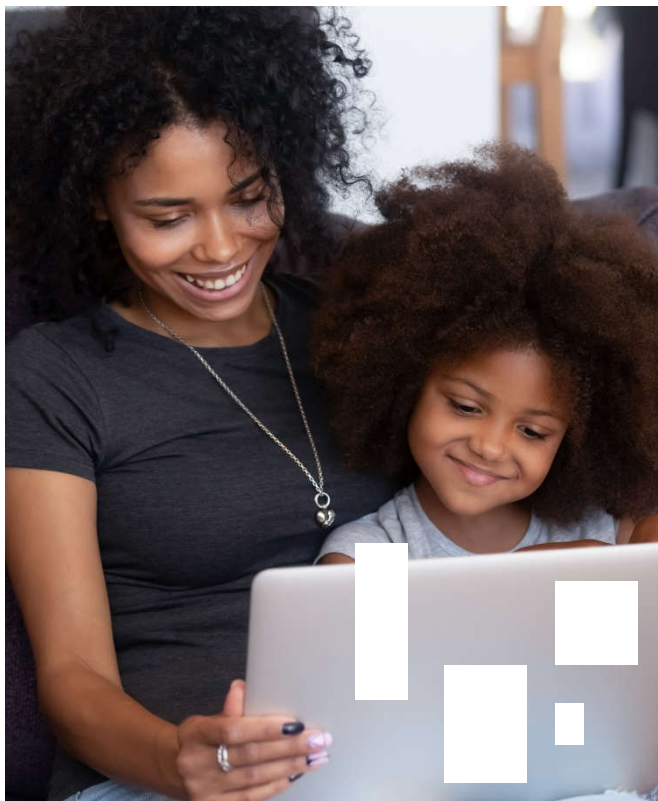


Steps to maintain physical (social) distancing efforts to minimize COVID-19 exposure until there is a vaccine:

- Have some employees remain remote to decrease density to allow all to maintain social distancing, and phase in return to the workplace
- Move large group meetings to a virtual setting, if possible
- Schedule small meetings in large rooms that allow physical (social) distancing
- Continue to leverage teleconferencing if social distancing is not possible in the office
- Consider allowing high-risk workers (older, immunocompromised, diabetes, lung disease) to continue working remotely
- Stagger breaks and minimize use of break rooms
- Recommend face coverings where physical (social) distancing is not possible
- If there is desire to provide food in meetings, pack it to go

Note: If employers are not allowed to discriminate based on age, but should make special efforts to support remote work for those employees at highest risk for COVID-19 complications

2. Implement COVID-19 policies fairly and consistently



Ensure policies are implemented in a consistent manner to avoid disparate impact. Policies to consider:

- Flexible, remote work, job sharing policies to ensure there is no disparate impact
 - Examine policies for leaves, telework, hours of operation at the worksite
 - Reference “self-quarantine” if symptoms appear in RTW policy
 - Remove “doctor notes” from current leave policies
- Travel policies
 - Limit even domestic travel, since those traveling could find themselves stranded if there is a local outbreak that leads to travel restrictions
- Interim visitor exclusion policy
 - Inspect or limit contingent workers such as contractors or vendors
- Anti-stigma and anti-discrimination workplace policy

Employers should have a plan in place to address employee concerns about not feeling comfortable returning to the workplace, and apply it consistently. Conduct routine briefings and COVID-19 messaging to all managers and employees.

3. Prepare the workplace to maximize employee safety

Employers should assess the physical worksite to ensure employees are safe as possible and confident to return. It is important to collaborate with facilities, occupational health, onsite services and safety resources on worksite redesign to better support physical (social) distancing.

Worksite Safety Checklist Suggestions

- Identify a workplace coordinator by location who will be responsible for COVID-19 issues and their impact at the workplace
- Have ready access to handwashing facilities, hand sanitizer and bleach wipes
- Turn off "jet" hand dryers in bathrooms and provide an Increase supply of paper towels in handwashing facilities
- Review space and ability for employees to self-isolate as they need to throughout the day
- Frequently disinfect shared surfaces. [CDC guidelines](#)
- Update all meeting rooms with maximum attendees based on space to maintain physical (social) distancing
- Provide education such as fact sheets in an easy- to-understand format and in the appropriate language and literacy level for all employees
- Inspect HVAC systems and improve air ventilation

3. Manage workflow for returning to the workplace

- **Employees who have recovered from COVID-19 can return to the workplace**
 - If they have been out of work for at least seven days and have no fever or symptoms for 72 hours (without drugs like acetaminophen or ibuprofen that suppress fevers)
 - If they have two negative tests 24 hours apart, but tests are currently in short supply
- **Critical infrastructure workers can return to work if they have no symptoms**
 - Health care workers, first responders, transportation and utility workers
 - Encourage the use of non clinical masks, frequent handwashing and practice physical (social) distancing
- **Employees with a significant* exposure to COVID-19 should not return to work for 14 days from the last exposure**
 - Actively monitor symptoms for 14 days

Employers should not require a positive COVID-19 test result or a health care provider's note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Health care provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner¹

*Significant exposure is >15 minutes < 6 feet apart or direct exposure to respiratory particles

¹—CDC Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19). [CDC Link](#)

3. Critical infrastructure workers with COVID-19 exposure can return to work more quickly but must use masks and physical distancing.

- The Centers for Disease Control and Prevention (CDC) released [new guidelines for critical infrastructure workers who have been exposed to COVID-19](#) which allow them to return to work after COVID-19 exposure as long as they have no symptoms.
- The CDC is recommending that the "lookback" period would be two days from when symptoms of the index case began, as opposed to 14 days for other workers.



[Source](#)

4. Screening for entry to the workplace



Consider thermal scanning and brief questionnaires for those entering the workplace. Exclude those who have exposure, symptoms, or $T \geq 100.4$

- Many early cases of COVID-19 do not have a fever, so thermal scanning alone is insufficient
- Have a clear policy to track contacts of any employees restricted from the workplace

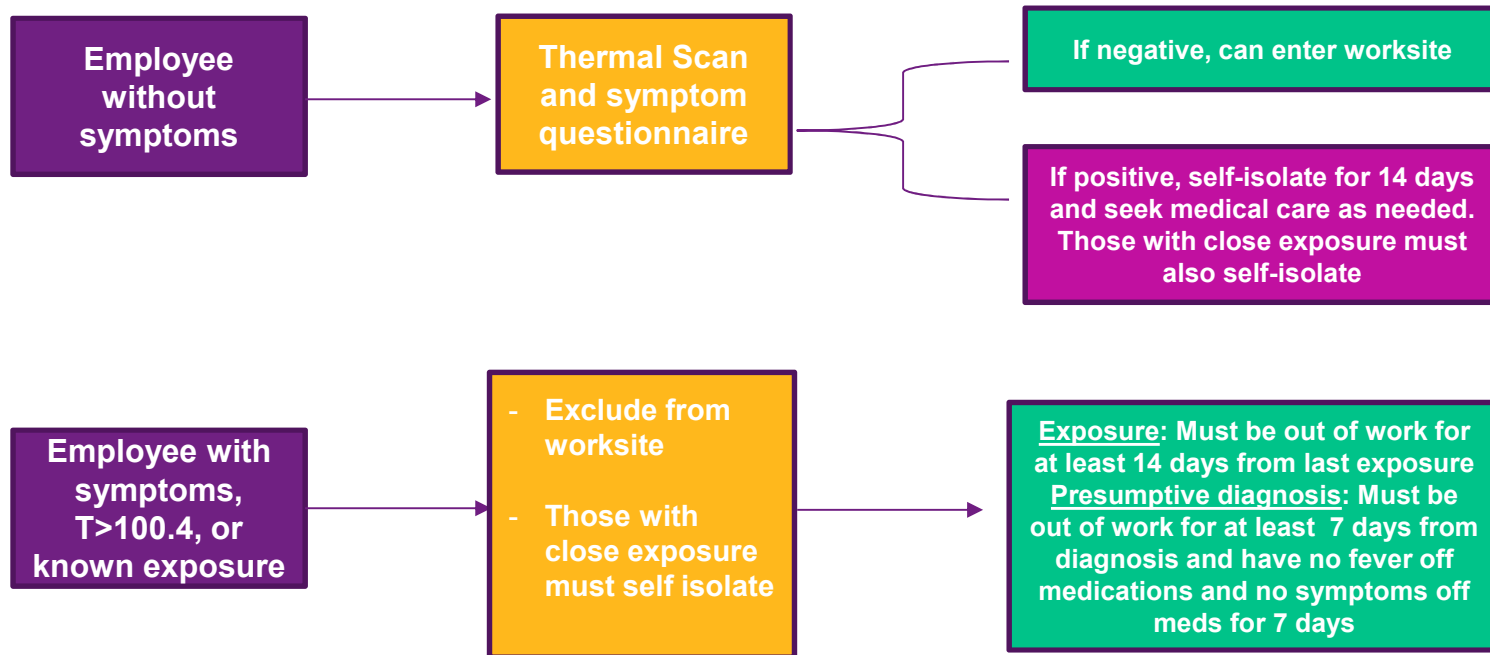
If someone at the workplace is diagnosed or has presumptive COVID-19

- They should leave the premises immediately. See this [CDC guidance](#)
- Those with exposure (over 15 minutes less than six feet away) should leave the workplace and self-quarantine for 14 days from last exposure
- The local department of health may be able to provide resources, although in many instances they are currently overwhelmed
- The company is legally required to maintain the privacy of the infected employee and cannot disclose their name

4. Best practices: Illustrative Workflow for Entry to the Workplace

DISCLAIMER:

- This workflow is intended to depict an illustrative future state scenario to inform return to work place approaches
- Employers should follow all regulatory guidance and consult with internal counsel



CDC guidelines are [here](#). Guidelines for critical infrastructure workers differ, and are [here](#).

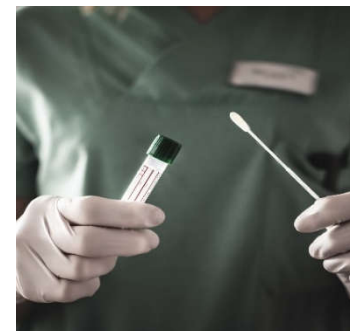
Definition of critical infrastructure is [here](#)

When tests are available, 2 negative tests 24 hours apart would allow those workers recovered from COVID-19 to return to workplace

5. Consider whether to implement testing when tests become available

COVID-19 tests of all types are currently in short supply

- The FDA has not approved any COVID-19 tests; it has provided an emergency use authorization (EUA) for tests from many labs
 - Some vendors inaccurately claim to have "FDA approval"
 - The exact sensitivity and specificity of these tests is unknown
- Testing will need to continue until a vaccine becomes available
- Actual availability of tests is mixed and production timelines are hard to predict
- Due to the high rate of false negatives, multiple tests will likely need to be administered to account for when an employee is exposed after return to the workplace



Tests for active COVID-19 infection have false negatives, and these might mean that a person at high risk for COVID-19 with a negative test could be contagious. Tests for COVID-19 antibodies have false positives, and should not be assumed to demonstrate immunity. Tests should be augmented with other information (symptoms and exposure) to provide maximum protection.

5. Types of available COVID-19 tests

Tests for Current Disease

PCR Test

- Testing Method: Nasal swab
- Point of care test: Results in 15 minutes, but cannot batch
- Laboratory test: Delayed results, specimens need careful handling
- Home test: FDA authorized first home test requiring mail-in to lab on 4/20, but is now available for health care workers only

IgM Antibody

- Testing Method: Blood test
- Turns + later than PCR tests
 - Patient positive results are delayed days/ weeks after infection
- PCR tests are recommended for more diagnosis of an active infection)

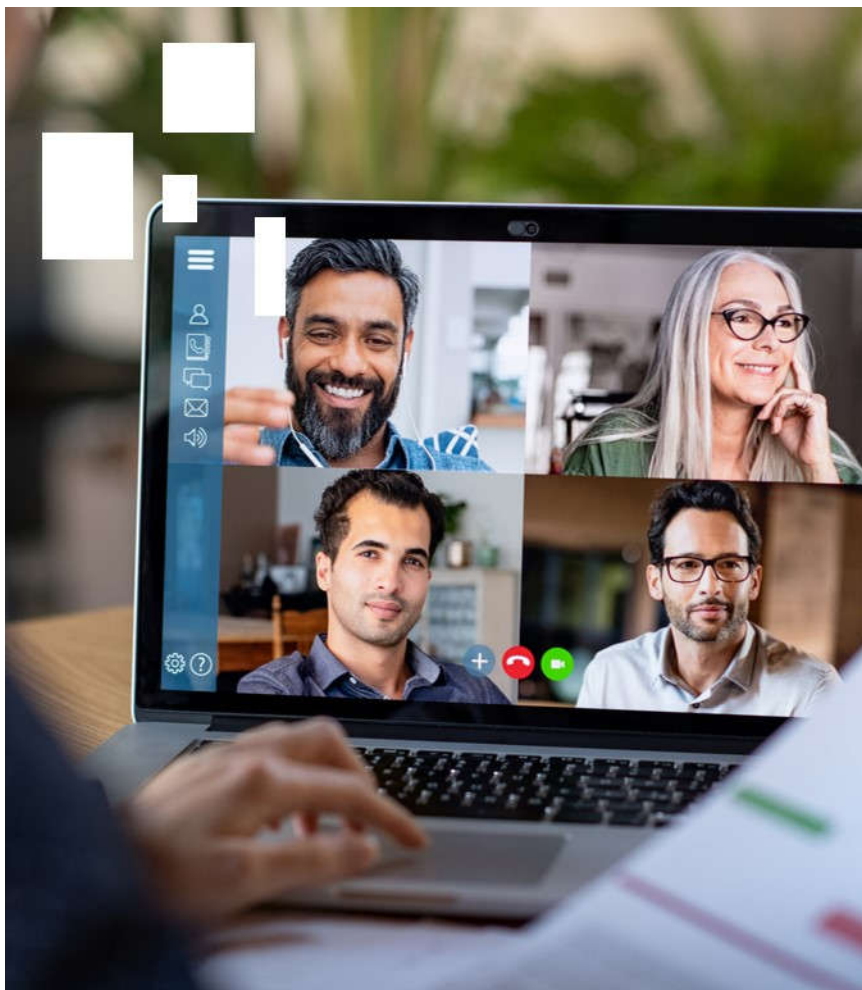
Tests for Recovery and Possible Immunity

IgG Antibody

- Testing Method: Blood test
- Sometimes done in combo with IgM (acute)
- Few tests have FDA emergency use authorization
- Many yield a high number of false positives
- Positive results does not guarantee immunity

*Testing landscape is rapidly evolving. Information is current as of April 23, 2020

6. Train managers to address new issues around infection, remote work, and bias



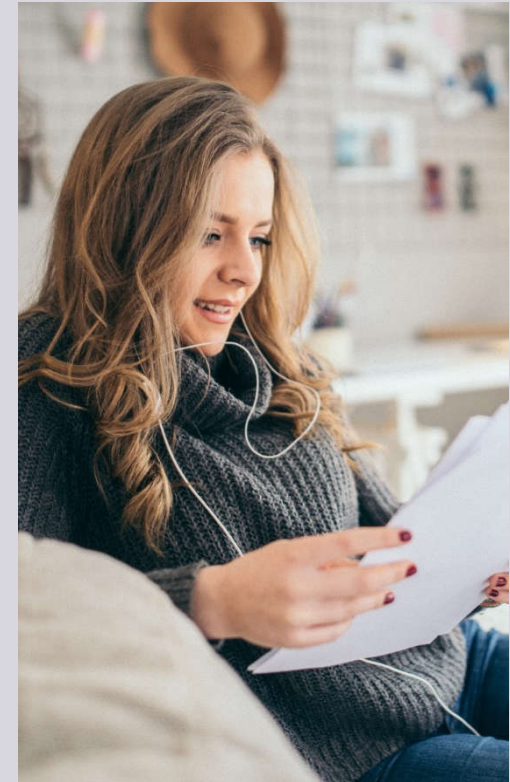
Manager training is recommended for those organizations that are returning to the workplace and have implemented or modified policies. Potential trainings to consider:

- COVID-19 Manager/Supervisor Training
 - Tips for managing remote workers
 - Tips for managing employees who require alternative work hours, etc.
 - Tips for promoting emotional wellbeing tools
- PTO/LOA Manager Training
- Worksite Guidelines Training (cleaning frequency, onsite policies and procedures)
- Inclusion and Diversity Refresher to highlight key themes of unconscious bias, non-discrimination and harassment policies

7. Clear, empathetic communication can help increase employee sense of security in coming back to work

Communication in the COVID-19 world should be:

- **Empathetic** – Understand employee’s unique challenges, and that returning to work may be difficult. A little extra kindness and flexibility can go a long way
- **Timely** – Send relevant communication accurately and often that adapts to employee needs to prove you’re there when it matters most
- **Clear** – Deliver succinct, targeted information about what employees should know, feel, and do as they begin returning to work
- **Focused on employee safety** – Listen to employee concerns, needs and challenges, and communicate what you’re doing to protect their well-being
- **Addressing issues of stigma and bias** – Consider employee perspectives and address their concerns. Speak out against negative behaviors, be thoughtful about images you share, and prevent the spread of misinformation



7. Communicate steps each of us must take to limit the spread of COVID-19

Everyone	If you must leave your home	If you have symptoms of or are diagnosed with COVID-19	If you have exposure to COVID-19
<ul style="list-style-type: none"> ▪ Wash your hands frequently using warm water and soap after you cough, sneeze or blow your nose, before eating or preparing food, or after contact with pets ▪ Avoid touching your face ▪ Don't invite anyone into your home unless they are part of your household. ▪ Wipe down frequently used surfaces (keyboard, phones, counters, etc.) with sanitizing wipes ▪ Disinfection can be with a bleach or alcohol-based solutions Source: CDC ▪ Don't smoke or vape ▪ Keep your blood pressure and diabetes under good control ▪ Take steps to maintain good diet, sleep and exercise routines 	<ul style="list-style-type: none"> ▪ Limit trips to those that are absolutely necessary ▪ Consider using delivery service or online shopping with drive-through pickup ▪ Leave at least six feet between you and other people ▪ Wear a facemask in situations where physical distancing is not possible ▪ If you are older (>60 years of age) consider taking advantage of senior hours at supermarkets ▪ Carry and use hand sanitizer with at least 60% alcohol ▪ Consider using disposable gloves, and take them off with care and wash your hands after removing them 	<ul style="list-style-type: none"> ▪ Stay at home, and seek medical care if you have shortness of breath or worsening symptoms ▪ Don't invite anyone into your home unless they are part of your household ▪ Use telemedicine to determine whether you should seek care ▪ Be aware that tests are currently in short supply, and you will likely not be tested unless you are very sick ▪ Contact your provider to alert them that you have respiratory symptoms so that you don't unnecessarily expose others ▪ Don't share towels or a bedroom with family members if possible ▪ Let someone else care for your pets 	<ul style="list-style-type: none"> ▪ Stay at home, avoiding contact with others for 14 days from your last exposure ▪ On average, symptoms develop in about five days ▪ Don't invite anyone into your home unless they are part of your household ▪ Don't share eating utensils, towels or a bedroom with family members if possible, particularly if you have higher-risk elder members with chronic conditions at home ▪ Use telemedicine if you develop COVID-19 symptoms, including fever, fatigue, cough and loss of appetite

For more information: Centers for Disease Control and Prevention
[How to Protect Yourself](#) [If You Think You Are Sick](#) [Cleaning and Disinfection](#)

How Willis Towers Watson can help

- Preparing and/or reviewing return to workplace guidelines
- Establishing clinical testing procedures and workflows
- Evaluating external testing and screening partners and connecting reputable vendors to employers
- Facilitating integration of COVID-19 action plan with existing time off and leave policies
- Understanding the evolved caregiving resources and benefit needs in light of COVID-19, including RFP/RFI and implementation support (as needed)
- Developing a comprehensive action plan for return to the workplace strategy

How Willis Towers Watson can help

Rapid Response Clinical Support

- The WTW Rapid Response Clinical Support Team offers clinical support to help managers and employees better understand the impact of COVID-19, to dispel myths surrounding the virus and to help the benefits team navigate this new environment.
- This new environment includes dealing with access to care, testing, safety, preventing transmission of the virus, working from home, childcare issues, caregiver support, respite care, financial insecurity, deferred care, anxiety, depression and loneliness.
- Our clinician team (MDs, RNs, Social Workers, Pharmacists and Behavioral Health Specialists) is positioned to assist your benefits team navigate, answer clinical questions, provide education and resources to support you and your workforce. There are varying levels of support that include four essential components:

Benefits Team
and Executive
Leadership Briefing

Inventory of
Current Clinical
Services and
Support Resources

Clinical Support
Forum – Employee
and Manager

On-call Clinical
Support (ongoing)