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Our Panelists



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OUR MODERATOR

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Clinical Review of COVID-19

Respiratory illness that can
spread from person to
person

First case diagnosed in the
US on January 21, 2020



Sarah Michaels, RN



USA
1,171,510
TOTAL CASES
68,279
TOTAL DEATHS

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How Does it Spread?

Respiratory droplets produced from coughing or sneezing

Close contact with one another (less than 6 ft apart)

Touching surface or objects, then touching your own mouth, nose or even eyes



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Signs and Symptoms

Fever

Dry cough

Shortness of breath

Severe: pneumonia

Severe: persistent pain or pressure in chest

Severe: Bluish lips or face

Critical: Respiratory or multi-organ failure

Critical: Severe confusion

Critical: Inability to arouse



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Who is at Risk?


- Older adults and people of any age who have serious underlying medical conditions
- People 65 years or older
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised, including those diagnosed with cancer
- People with severe obesity
- People with diabetes
- People with chronic kidney disease
- People with liver disease

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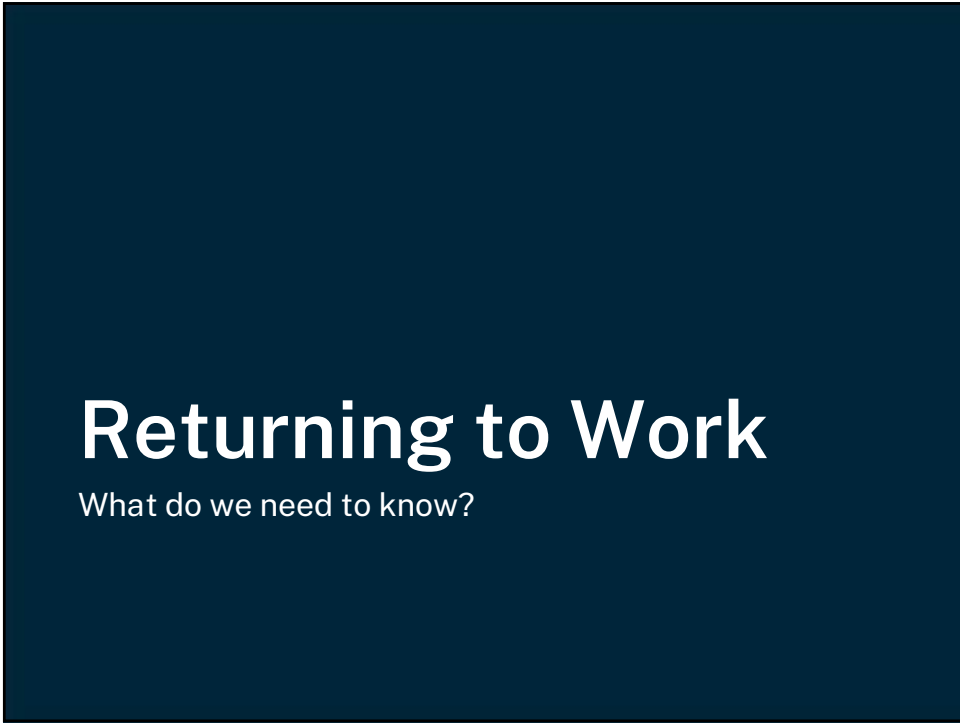
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How to Protect Ourselves

- Stay home if possible
- Wash hands frequently with soap and water (hand sanitizer only if no access to water)
- Avoid touching your face
- Practice physical distancing
- Clean and disinfect frequently touched areas
- No vaccine/no treatment currently



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Workplace Safety

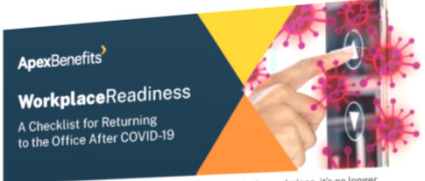
Whenever possible, stay home or switch to virtual work

Phased approach when possible (accommodate changes to shifts- 2 instead of 3)

Stagger start/end times along with breaks

Create physical distancing and mark out 6 ft apart

Rearrange furniture and workstations



As businesses prepare to return to daily operations in the workplace, it's no longer business as usual. The following is a checklist of activities to consider when creating your safety plan for returning to the workplace post COVID-19. Consider these suggestions to ensure a safe and productive environment for all your employees.

A Checklist of Actions to Consider in Your Return to the Workplace Safety Plan

Prepare Your Employees

- Ensure alignment among leadership from the top of the organization for return-to-work goals and objectives
- Form a committee of staff across all levels of the organization and develop a detailed return to the workplace plan including what (and how and when) is to be communicated to customers through all three phases of return per local order
- Ease the anxiety of returning to the workplace through careful planning and thoughtful and regular communications

- Engage EAP or other health professionals, if necessary, and focus on mental health, emotional support and education from employees
- Clearly communicate HR policies regarding illness, FMLA, short-term disability, etc. and assure staff that there is no penalty for staying home if exhibiting symptoms
- Develop a testing protocol that works best for your company, such as temperature scanning or symptom monitoring

Prep Your Physical Space

- Ensure all necessary inspections, remediations (such as deep cleaning protocol), accommodations or repairs to the physical space are completed before reopening
- Reduce access to the physical space to employees and essential maintenance/repair vendors only
- Develop building disinfection and cleaning guidelines and practices and communicate these to your staff for their peace of mind
- Set up entry and exit protocols for employees including symptom self-checks and access to masks and gloves
- Set up physical barriers or protocols that provide safety for employees and good optics for those who may visit, especially if customer traffic is part of your daily operations
- Control the entry points for and consider contactless deliveries of mail, materials and packages
- Communicate expected traffic flow and staff engagement procedures through signage and temporary wall or floor markings

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Workplace Safety (cont'd)

Provide appropriate protective equipment (mask minimum and proper instructions)

Temperature checks/stay home if sick

Do not share equipment and supplies if possible (otherwise wipe down)

Communicate, communicate, communicate

Do what you say you're going to do (safety first and make sure they see it!)

Along with monitoring physical health, monitor mental well-being of your employees



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Do Screenings and Tests Actually Work?

Temperature checks – asymptomatic/meds

PCR tests – active virus

Antibody tests – immune system response post-infection

COVID-19 Antibody Testing

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Calling Employees Back to Work




Brooke Salazar, JD, PHR

Who do you call back?
Base first-to-return employees on objective, non-discriminatory basis



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Do's	Don'ts: Don't just call back those who are "low risk"
Review and comply with your Handbook and Policies	Not calling those who are pregnant
Conduct anonymous surveys asking employees how you are best able to support them	Not calling back older workers
Recall by seniority/tenure/objective measures of merit	Not calling back those that are perceived to be more vulnerable to COVID
If the employee has reservations about why s/he has reservations about returning to the workplace	Don't ask asymptomatic employees to disclose whether they have medical condition that could make them more vulnerable to COVID-19 complications



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The Employee You Call Back Says: “I don’t feel safe coming back to work”

“We are operating a safe workplace in accordance with state and local safety and health guidelines. Currently, there is no recognized health or safety hazard in our workplace”

If the employee refuses to return:

- They are not entitled to pay
- They are not entitled to PTO or vacation
- They may be eligible for state or local mandatory sick leave
- They should be disqualified from unemployment

A concerted refusal to return to work may be protected by Section 7 of the NLRA; check Collective Bargaining Agreement

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Break in Service Considerations

I-9 Compliance

If you rehire within three years from the date you completed their previous Form I-9, you may either use that form or complete a new one.

Benefit Enrollments – 401k

Waiting periods for benefits

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Temperature Checks

Trained personnel

Privacy: If possible, perform the test in private

Proper record keeping

Refusal to perform temperature check?

Potential for a retaliation claim or a “regarded as disabled” theory

Removal of employees from the workplace

ADA does not interfere in removing employees with symptoms of COVID-19

OSHA ramifications of leaving a COVID-symptomatic individual in the workplace



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Employees are Back

Now what?

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Now What?

Distracted Employees in Manufacturing are Dangerous Employees

- Communicate the steps you're taking to ensure a safe workplace
- Educate employees on relaxation exercises
- Increase frequency of breaks
- Re-educate on EAPs
- Allow for workplace flexibility regarding telehealth
- Sensory swag for use on breaks

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Alphabet Soup

Americans with Disabilities Act (ADA)

Scenario: *Machinist John would like to work from home because he is majorly depressed due to COVID. He'd like to adjust his medication. His doctor thinks it'd be best if he remained home during that time.*

- Engage in the interactive process
- Discuss reasonable accommodations
- Before the request is denied, perform an undue hardship analysis



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Alphabet Soup

Title VII

Scenario: *An Asian line worker comes to you to say that she is being harassed about being a carrier for COVID, due to her ethnicity/nationality.*

She just made a discrimination/harassment complaint

Investigate and address the situation immediately



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Alphabet Soup

OSHA's Recordkeeping Requirements

COVID-19 is a recordable illness and employers are responsible for recording cases of COVID-19 if the case:

1. is confirmed as a COVID-19 illness;
2. is work-related as defined by 29 CFR 1904.5 (your identity may have a waiver for 1904; please review with your safety professionals); and
3. involves one or more of the general recording criteria in 29 CFR 1904.7, such as medical treatment beyond first aid or days away from work.



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Alphabet Soup

OSHA Whistleblower Retaliation Claims

Employees should never be disciplined or terminated because they raised or escalated complaints about a potential violation of health and safety laws or procedures, including concerns regarding the employer's response to COVID-19.

1. The specifics of health and safety complaints should be appropriately documented
2. Confirm and update the company's procedures for referring or escalating health and safety complaints
3. Remind managers to objectively listen and appropriately escalate concerns



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What is the Risk of Contracting Covid-19?



Roger Greenawalt

Relatively small.

NYC current infection rate of 2.3%

Elsewhere the risk is varies from lower to much lower

Marion County 0.6%

While the risk is low, if it involves a hospitalization, the cost can be significant.

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Risk + Manufacturing

The type of industry, and office/plant layout can impact the underlying risk to the employer.

Careful plans are required or else an employer can inadvertently create a “hot spot” within their company.

Cass County: over 3.7% (NYC 2.3%)

Tyson Plant: over 40%
(huge health and financial ramifications)



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Cash Flow Impact

FULLY INSURED

The simpler situation. You simply continue to pay your premium.

If employees get tested, there will be NO cost to either the employee or the employer.

RENEWAL

How will COVID impact your fully insured renewal?

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Cash Flow: Self-Funded Employers



The short-term impact on medical claims cash flow:

1. Hospitals and other providers stopped performing all elective procedures.
2. Outpatient visits have dropped by 60%
3. Non-Emergency Admission have stopped.
4. Many ER visits have stopped
5. Most laboratory testing has stopped
6. Urgent Care & Physician visits have stopped or turned into tele-visits



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Long-Term Impact

The Shutdown was immediate, in contrast it will be a much more gradual ramp up to normal patterns.

Costs fall into 3 categories:

1. Eliminated costs (dollars saved forever)
2. Postponed costs
 1. Elective procedures rescheduled
 2. Older and “at risk” patients will choose further delay until they are comfortable with the risk



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Long-Term Impact

3. New Costs

- a. Higher mental health services cost due to COVID-19 related stress either related to health and/or finances.
- b. Some “at risk” individuals will not have had adequate care during the “shut down,” their health has deteriorated; they will incur higher costs in order to stabilize them.
- c. COVID-19 Costs
 - Testing: “Free”
 - Physician Visit: \$100-\$150
 - ER Visit: \$800-\$2,000
 - Hospital admission: \$30,000
 - ICU with ventilator: \$130,000



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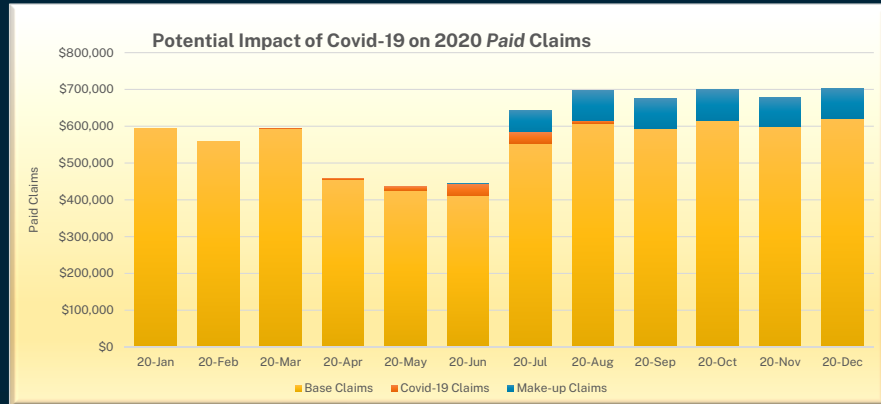
What does all this mean to an employer's budget?

The answer is, “It's complicated.”

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COVID-19 Impact

These changes will impact BOTH an employer's cash flow and their renewal (whether fully insured or self-funded).



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Cost Concerns & Return to the Workplace Challenges

Questions?

Thank you for attending.

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