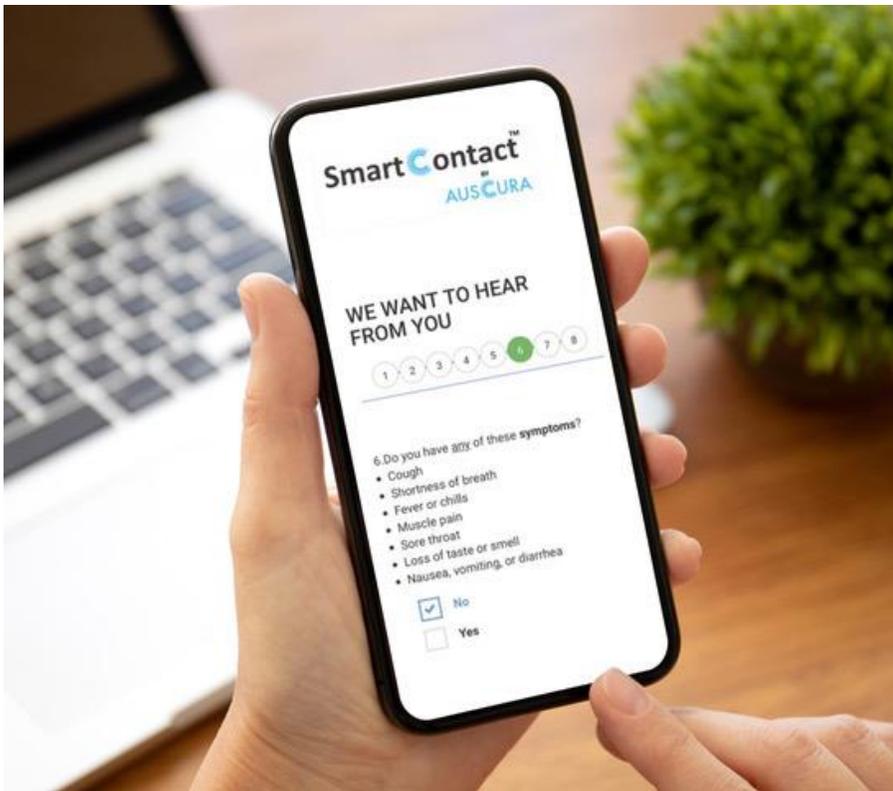


Returning to the Workplace: A Guide for HR Leaders



ABSTRACT

Screening for COVID-19 requires checking for the presence of fever, other symptoms, or recent exposure and is necessary for companies to bring their employees back to the workplace.

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Overview

This document intends to help Human Resources (HR) managers and directors better understand the COVID-19 disease and necessary strategies to develop an effective return to work plan for their employees.

As workplaces begin to reopen, a screening program for symptoms and exposure is essential and equates to proactive disease surveillance as many infected employees will show no signs of infection while they are contagious. A well-conceived program will comply with CDC guidelines and mitigate corporate risks.

COVID-19 has changed workforce management. Human resources and employee/occupation health specialists have become responsible for understanding what it takes to keep the workplace safe. There is a great deal of ongoing change and this can be appreciated by visiting the US Department of Labor [website](#).

About COVID-19

COrona**VI**rus **D**isease-2019 (**COVID-19**) is a highly contagious, viral illness with a high rate of life-threatening complications. The first case occurred in November 2019 in Wuhan, China. It rapidly spread across the world, resulting in the first pandemic in a century.

Most cases have mild symptoms but 1% progress to life-threatening acute respiratory distress syndrome and multiple-organ failure due to an inflammatory cascade (sometimes called the cytokine storm). After exposure that results in the transmission of the virus, the symptoms usually manifest in one week and life-threatening complications may occur the following week.

The virus usually enters the respiratory tract after close contact with an infected person. This occurs when small droplets are “aerosolized” by coughing, sneezing, and even talking. Also, droplets may fall onto surfaces and so, less commonly, people become infected by touching a

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contaminated surface and then touching their face. The spread of COVID-19 can occur before symptoms appear and from those who never show symptoms.

Nasal swab testing reveals the presence of viral particles, about a week after the infection has been transmitted. Blood testing for antibodies shows proof of recovery from the infection and reveals recent infection.

Patients typically seek emergency department care when they become short of breath. At the point, the chest X-ray or CT scan will show pneumonia, usually in multiple lobes and with a “ground glass” appearance. Oxygen saturation is the ability of red blood cells to receive adequate amounts of oxygen in the lungs so that it can be delivered to the brain and other organs. When the lungs are injured, oxygen saturation drops.

Normal levels of oxygen saturation are 95-100%. When oxygen saturation drops below 90% in a person with COVID-19 pneumonia admission for supplemental oxygen and close observation is necessary.

The overall mortality rate of COVID-19 is 0.3% and is very dependent on age and pre-existing conditions. Roughly speaking the chance of dying is 1 in 1,000 for a 30-year-old, 1 in 100 for a 50-year-old, and 1 in 10 for a 70-year-old. Those with diabetes, immune suppression, heart disease, lung disease, and severe obesity (BMI > 40) are at much higher risk. For unknown reasons, men have a higher mortality rate than women.

Medical experts believe that most individuals (perhaps 90%) will acquire COVID-19 infection in the next year. Most people wish to delay becoming infected as long as possible so that they can take advantage of is better medical protocols. We are learning more each day as to what antiviral medications are effective and when convalescent plasma should be given. At some point, a vaccine will be available.

Company Preparedness and Response

[OSHA](#) determines the risk level of acquiring COVID-19 based on job types. Healthcare workers are at the greatest risk. Medium risk jobs include those requiring frequent, close contact with the general public such as schools, high density work environments, and high-volume retail settings. Even those with low risk jobs are susceptible to infection since compliance with physical distancing and face covering will vary from workplace to workplace, and employees incur casual risks (e.g., passing a carrier in the hallway, or entering/exiting a bathrooms, break room, etc.). Furthermore, using public transportation to get to work poses a possible health risk. OSHA recommends different types of barriers based on the job risk level. These can range from N95 masks or respirators for high risk employees to more straightforward means such as clear plastic sneeze guards in cafeterias.

All businesses should develop a preparedness and response plan for the workplace to minimize transmitting the virus. Basic solutions include not sharing desks or phones, making surface and

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hand disinfectants widely available, and spacing employees at least 6 feet apart at workstations or in meeting rooms. Working from home is an option and using Zoom or Skype for video conferences guarantees physical distancing.

Intense and ongoing housekeeping are critical tasks. Housekeepers ought to be recognized for the role they play in keeping the workplace safe. Hazard pay is a possible form of compensation since these people can be considered frontline workers.

The following are included on the OSHA website and adapted for non-healthcare businesses.

- Promptly identify potentially infectious individuals and require them to stay home at least two weeks
- Require confirmation from a healthcare provider as to when an employee may return
- Invest in a private, secure means of screening employees for symptoms of COVID-19
- Inform and encourage employees to self-monitor for signs and symptoms of COVID-19
- Provide a face covering, disinfectants, and home thermometers.
- Make sick leave policies flexible and consistent with federal rules and public health guidance
- Do not require a healthcare provider's note for employees who report COVID-19 symptoms
- Maintain flexible policies that permit employees to stay home to care for sick family members, elders, or children
- Provide training, education, and informational material about worker health and safety, such as the CDC guidelines
- Provide benefits information to employees that pertain to COVID-19 illness
- Should disease clusters be identified, an effort should be made to identify and eliminate the root cause
- Adhere to a regular schedule for intensive cleaning of surfaces

Employee Rules and Waivers

Employers should develop rules that lay out what is expected of employees in terms of compliance with all infection prevention measures. Obeying these rules mitigates risk and protects employees. Clear policies assist with accountability and set the stage for progressive discipline.

Below is a simple set of rules for employees to review and agree to:

I have read each of the following hyperlinked guidelines from the CDC. I understand them and will adhere to the recommendations.

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- [hygiene practices](#)
- [hand washing](#)
- [cloth face covering](#)
- [cleaning and disinfection](#)
- [social distancing](#)

I will take my temperature and complete the Return to Work survey on work days [before](#) I leave my home.

I will contact my primary care doctor should I have any symptoms that may indicate COVID-19 infection

I will contact HR if I have any questions about our Company Rules.

Some employers believe that their employees must accept a waiver of risk before returning to the workplace such as the following.

I acknowledge that COVID-19 is highly contagious. I voluntarily assume the risk that I may be exposed to or infected by COVID-19 by returning to the workplace and that such exposure or infection may result in personal injury and illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the workplace may result from the actions, omissions, or negligence of myself and others.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my coming into the workplace.

On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless my employer, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the company, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any company program.

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HIPAA and PHI

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to stipulate the management of Protected Health Information (PHI). Employee identifiers (e.g., name, employee ID, cell phone number) associated with the presence or absence of COVID-19 symptoms, should be treated as PHI.

HIPAA requires technical safeguards to be in place to control data access. When data is transmitted electronically over open networks, it must be protected from being intercepted by anyone other than the intended recipient. This is accomplished with intrusion prevention and advanced encryption. It must be ensured that data is not changed or erased in an unauthorized manner. Documented risk management programs are required. On March 15, 2020, there was a [loosening of the security rules](#) by the federal government because of the pandemic. However, this did not change the HIPAA technical safeguards.

Fever Screening

Fever is a hallmark symptom of COVID-19. It occurs when the body reacts to an infection. Normal oral, tympanic, or forehead (infrared) temperature is 98.6 degrees Fahrenheit (plus or minus 1 degree). Many physicians round up and define a fever as 100 degrees Fahrenheit (or 37.5 Centigrade) or higher. There is a misperception that thermal or infrared fever screening at points of entry to a building will prevent the virus from entering.

In pneumonia, a fever usually follows the specific pulmonary symptoms of cough, chest discomfort, and shortness of breath. When COVID-19 pneumonia patients present themselves to the emergency room and are sick enough to require admission, only one-third have a fever on arrival. Nearly, all of them have pulmonary symptoms. Relying on a fever to be present creates a false sense of security.

It is important to consider that forehead (infrared) and thermal fever checks are not as accurate as oral measurements. Yet, these are the devices used by most businesses that choose to screen upon entry. Thermal screening devices can cost \$50,000. There can be a loss of employee productivity if the screening devices fail.

Staffing companies charge up to \$100/hour for a nurse to perform screening at entrances. Articles in the [Washington Post](#) and [NY Times](#) have addressed some of these concerns. Arguably, an in-person screener creates an unnecessary frontline worker. It also results in crowding at the entrance, sometimes before masks are put on.

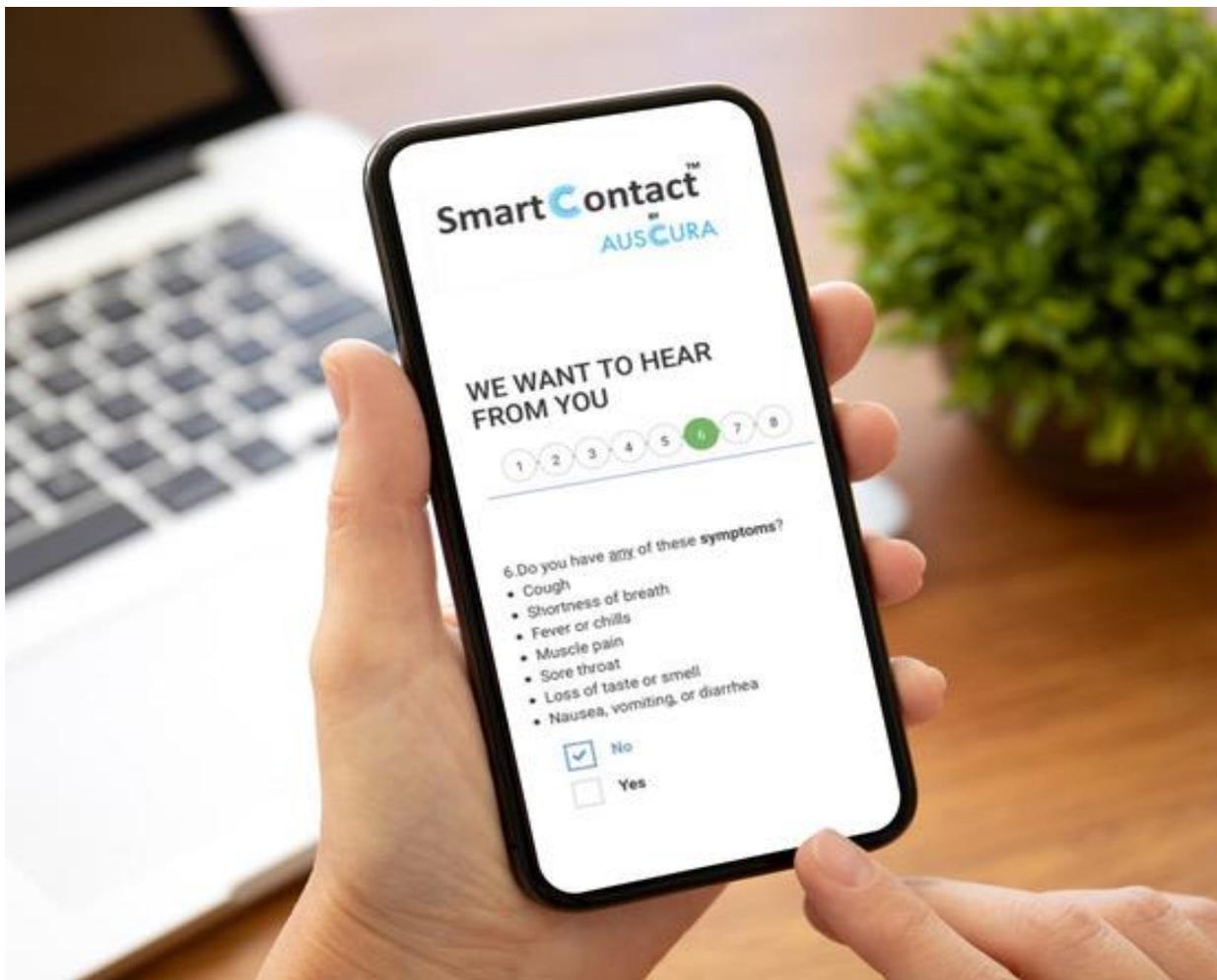
The alternative to onsite fever screening is a virtual approach with employees screening themselves for a fever before leaving home. We must trust our employees to tell us about

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symptoms and exposures. That trust can be extended to temperatures taken at home and each employee reporting any fever.

There is a moral and ethical obligation to prevent the spread at work and during the commute. We usually do not know what underlying medical conditions may put coworkers at a higher risk of mortality.

Medium- and large-size companies must pay employees with COVID-19 infection two weeks of sick leave, the amount of time that passes between the development of symptoms and safe return to work. That incentive may make underreporting of symptoms less likely.



Screening Software

COVID-19 is a serious illness that can be prevented by the strict infection control required to return employees to the workplace. It is critical to screen employees each day they work onsite,

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and this can be accomplished with screening management software. Since PHI is collected, solutions must meet HIPAA compliance standards for privacy and security.

Automation makes the system easy for employees to use and can be adapted to employers' business needs. The manager should be automatically notified if an employee fails the COVID-19 screening.

If many employees who work in the same location or perform the same job duties (e.g., drivers, janitors, customer service associates, etc.) become ill within a few days of each other, that pattern should be noted and the cause corrected to prevent a shutdown.

Complying with CDC and OSHA requirements and being proactive about improving safety and mitigating risk mitigation is essential. A software screening program can include a risk waiver, attestation to adhere to company policies, and even a competence assessment.

About Auscura

Auscura was founded in 2012 by an emergency physician board certified in clinical informatics. His vision was to apply technology for automation communication in a highly secure cloud environment to close clinical and service gaps in healthcare.

Auscura used its platform (called SmartContact) to design a virtual return to work e-survey that obviates the cost and difficulties with in-person entrance screening and that meets CDC and OSHA requirements.

Employees initiate the system with a one-time, one-minute registration. Alternatively, an employer can send an HRIS data file to an SFTP folder on Auscura's secure network.

Employees receive a link to a survey that takes seconds to complete. If there are no issues, a one-day admission pass is relayed.

Here are the reasons companies subscribe to Auscura's return to work screening solution.

- Improves workplace safety
- Cuts in-person screening expenses
- Smooth communication workflows
- Track infections by location and role
- Mitigates risk
 - Education
 - Risk waiver
 - Compliance attestation
- Assures HIPAA compliance

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- Delivers an entry pass

