



RETURN TO WORK AND COVID-19

As the workplace begins to open members should consider a consistent process for bringing people back to work. The Coronavirus pandemic is still with us and may be for quite some time. Although progress has been made in containing the spread of the disease, we are now seeing it re-emerge. Employers and employees must remain vigilant in maintaining precautions that have been in place for several weeks. The Fund's members are considered essential services, as such they have maintained operations, though with limited staff in some cases.

As members consider resuming full operations, including returning staff to the office that have been working remotely, consider the following suggestions:

1. The status of the epidemic in your area of operation that may have hot spots where the disease is still spreading. If the virus is still spreading in your area delay resuming full operations. As you resume full scale operations consider the necessity of bringing everyone back to work at once. Consider allowing employees who have worked effectively from home to continue to do so. Other employees could be brought back in phases or as the need for in-person services increase.
2. Consult general counsel (or outside counsel) and your existing internal policies on employment related issues such as an alternative work schedule policy that needs to be considered or employment agreements. Consult your Human Resources professional for guidance on any potential Employment Liability issues that could arise because of perceived preferential treatment, allegations of discrimination, refusal to return to work due to fear of infection or other medical issues, ADA or FMLA issues. Consult with Pam Beach for her perspective on thorny employment issues.
3. Screen employees before they return to work. Test for the virus if possible or available in your area. An important caveat with testing is that some of the tests yield a high percentage of inaccurate results, both false positives and false negatives. Seek medical guidance when choosing a test.
4. Conduct a health screening questionnaire for recent illness or current symptoms. If someone has a fever or complains of symptoms, send them home. One Health Questionnaire provided by the Centers for Disease Control and Prevention (CDC) is four questions and takes just a few minutes. It is included as an appendix. Don't allow infected workers to return until they have been clear of disease for the medically determined amount of time. Consult a medical professional or the CDC for this period.
5. Check the temperature of every employee each day prior to starting work or going into the field. Take everyone's temperature every morning using an infra-red portable thermometer if available. If not, the work supervisor or designated individual managing the screening process can ask questions about the employee's health. If someone has a fever, exhibits symptoms, or complains of

- symptoms, send them home. Under standard prevention protocols, employees should be advised not to come to work if they are not feeling well or exhibiting any symptoms. Educate your employees about this requirement.
6. Continue use of personal protective equipment such as masks, face and eye protection, and gloves. Make sure every employee who may be exposed to the virus has the necessary personal protective equipment.
 7. Continue stringent disinfecting routines in group homes, day habilitations, workshops, offices, vehicles, and all working facilities. Supply disinfecting wipes in vehicles and wherever needed. Sanitize commonly used areas such as reception counters, pharmacy windows, elevators, break rooms, restrooms, and entrances. Any surface that many people touch should be disinfected frequently.
 8. Maintain social distancing, where possible, and use time separation to prevent heavy concentrations of clients or employees. Place lines or symbols on floors to designate proper social distances in areas where people gather.
 9. Restrict access to clinics, administrative offices, veterans and substance use sites, respite, and residential facilities if possible. Use telehealth capabilities or telephone when possible. If in-person visits or MCOT interventions are required, maintain personal protective gear while in contact.
 10. Continue separation at points where members of the public or staff congregate for conducting business. Also limit the number of employees who can congregate in break rooms and other high traffic areas. Install some form of separation panels where clients approach check-in counters. If possible, reduce density in office areas by reducing the number of cubicles.
 11. Continue work from home until the threat of disease is significantly reduced.
 12. Maintain frequent hand washing or use of hand sanitizer for all employees, including those in the field. Require visitors to maintain the same kind of personal protective equipment usage as your employees. Signage outside your facilities should state the requirements for both visitors and employees.
 13. Any employee claiming they contracted Coronavirus during the course and scope of their employment should be reported to the Fund immediately under the same process as any other alleged workers' compensation injury. Reporting forms and procedures are on the Fund's website at www.tcrmf.org. Illness contracted in the course and scope of employment may be covered by Workers' Compensation.
 14. Plan for an orderly reduction in operations if illnesses accelerate in your area. Monitor local health authorities, state and federal advisories.
 15. Document all maintenance, exposure incidents, and training programs related to the Coronavirus. Document procedures used to curtail and resume operations and lessons learned. You may need this hard-won knowledge in the future.

Appendix A – Medical Questionnaire

This is one basic questionnaire that can be used quickly and will determine if an employee or visitor can be allowed on site. Any “yes” answer should exclude the person from entering or interacting at your facilities.

Health Questionnaire

SITE LOCATION _____

REASON FOR VISIT/TYPE OF WORK BEING PERFORMED _____

Form Should Be Completed Prior to Allowing Site Access for the First Time, Effective for all Employees and Visitors as of _____
Date

PLEASE DECLARE “YES” OR “NO” (by marking in the appropriate box) TO THE FOLLOWING QUESTIONS:

1. Have you had a fever a new or worsening cough, and shortness of breath within the last 24 hours?
YES NO
2. Has a household member had a fever, a new or worsening cough, shortness of breath, or tested positive for COVID-19, within the last 2 weeks?
YES NO
3. Have you had close contact with an individual who had a fever, cough, and shortness of breath, or has tested positive for COVID-19 within the last 2 weeks? (Close contact is considered closer than 6 feet for a prolonged period and/or being coughed or sneezed on)
YES NO
4. Have you traveled anywhere outside of this area in the last 14 days?
YES NO

Signature: _____ Name: _____

Name of Employer or Purpose of Visit: _____

Date: _____

ACCESS GRANTED

ACCESS DENIED