



American Professional Agency



RISK MANAGEMENT



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## CONSIDER THIS ...

# Returning to Work During COVID-19 Recovery

As we look toward life after the COVID-19 pandemic, business recovery becomes an important next step. As a psychologist, there is a need to assess your business operations 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 re-opening your practice, 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, depending on the size of the practice. 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 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 the office.
- 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>).

## 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.

## 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, as appropriate, 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 clients 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 office.
- 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, door handles, light switches, countertops, 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 office 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 clients).
- 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 clients.
- Create and test emergency communication channels for employees.
- Establish and maintain communication with state and local health authorities.

### **Additional Considerations for Psychology Practices**

- Consider having clients call in from the parking lot to "check-in" and be instructed when to come into the office/facility.
- Consider screening questions for clients when scheduling in-person sessions, such as symptoms of COVID19, especially fever, cough, respiratory issues.

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

### 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 strictest 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 clients or apply for licensing in the states where your clients are located. Resources to assist with state licensing requirements include:
  - [www.psyfact.org](http://www.psyfact.org) (PSYFACT)
  - [www.cchpca.org](http://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.
- 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 providers. It is important to consider all these measures in order to properly protect your employees, your office, the public and yourself as healthcare returns to the "new normal."

**Additional Resources**

[https://www.centerforhealthsecurity.org/our-work/pubs\\_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf](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>



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