

# Returning People to the Workplace Safely

A Practical Guide for Managing COVID-19



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## Introduction

**This Guide was created to identify issues relating to workplace safety and aspects of the eventual return to on-site work as the immediate shelter in place controls around COVID-19 are relaxed.**

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While this Guide may contain guidance and recommendations, all decisions in connection with the implementation of such guidance and recommendations ultimately must be made by your organization and accordingly shall be its sole responsibility.



The world’s knowledge regarding COVID-19 mitigation strategies continues to evolve and our guidance is based on the most recent thinking and practices as of May 12, 2020. However, as businesses look to transition from lockdown to return to work, we recognize that the period of transition may be extended and may include starts and stops to address virus flare-ups and hot spots, so flexibility and thoughtful planning will be essential.

Marsh has focused the Guide on identifying immediate actions for clients to consider as they prepare, implement, and manage a return to on-site work. We have drawn upon our knowledge in safety

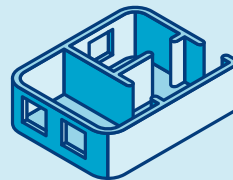
management systems, industrial hygiene, ergonomics, and workplace productivity to create a comprehensive approach. While our guidance is extensive, it is not exhaustive. Each client must assess factors and considerations, many of which are constantly changing, that are specific to its business, including directives and guidance from federal, state, and local units of government. Further, we recognize that some individuals may have personal situations that prevent them from returning to the office under any circumstances until there is a vaccine for COVID-19.

**To use this Guide effectively, Marsh recommends that organizations:**



## IDENTIFY

their readiness for return to work.



## DEVELOP

a plan using this guide.



## IMPLEMENT

and continuously update the plan based on experience and changing conditions, including governmental directives and guidance.

**In doing so, Marsh advises that the following considerations apply to each section and should guide your decision-making:**

1. Colleague health and safety is paramount.
2. Organizations must respect their employees’ privacy as it relates to protected health information and must implement any changes to employment practices only in accordance with applicable law.
3. For many organizations, much work can be performed productively and effectively through virtual work arrangements.

4. Organizations must comply with applicable directives and guidance that may be issued by all units of federal, state, and government.

5. Local conditions, including employee sentiment, market needs, regulatory requirements, and cultural practices in a geography, are constantly evolving. Flexibility is key to balancing your employees’ and business needs.

*Note that each section can be read individually and out of order based on your needs identified in the assessment below.*



# How Ready Is Your Organization?

The below assessment provides a list of considerations to help you evaluate your organization's readiness for bringing people back to work.

Note that this is a broad and not necessarily exhaustive list of considerations, which are subject to change depending on evolving conditions.

## Here's How to Use the Assessment

1. Review each item and answer it as **Yes** or **No**.
2. After answering each question, list out all items that were scored as **No**.
3. Review each of these listed items and label them into high, medium, or low priority.
4. Read the corresponding section in this Guide to help you identify and consider the highest priorities.
5. Develop and implement a plan to address the priorities that your organization identified as the most critical.
6. As deliverables are being achieved, review the priority list and select subsequent items to work on.
7. As gaps continue to be closed or conditions evolve, consider the other items for completeness. In addition, you should consider other risks specific to your organization that are not included within the assessment below.
8. As necessary, add additional activities to enhance and improve the COVID-19 response.

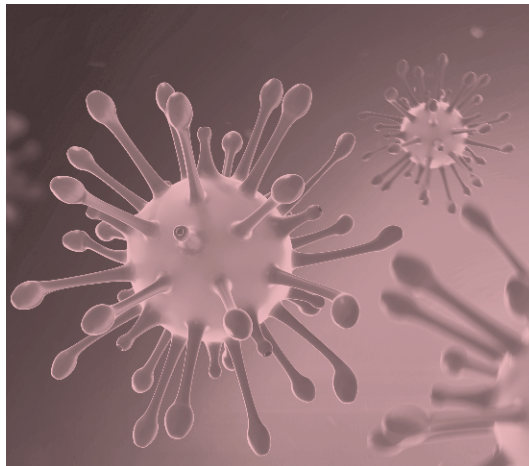
ITEM	YES/NO	SECTION
Do you have a coordinating body to manage your response to COVID-19?		1
Do you have a COVID -19 screening procedure in place?		2
Do you conduct pre-work temperature checks?		2
When an employee reports feeling unwell, is there a dedicated location to isolate the employee?		3
Do you have a referral and transportation plan for employees presenting with COVID-19-type symptoms?		3
Do you have a plan to minimize contact between workers?		4
Do you have a general sanitization plan?		5
Do you have a sanitization plan for location/s for where an infected/suspected employee was working?		5
Do you have a plan to return an employee to work after a COVID-19 illness?		6
Where you made physical changes to the work environment to respond to COVID-19, have you conducted a hazard review?		7
In response to COVID-19, are there new chemicals on site or are there larger volumes of previously stored chemicals?		8
Is there new equipment being deployed in response to COVID-19?		9
Have you introduced ergonomics hazards through the implementation of new equipment and/or procedures?		10
Do employees understand how to safely implement working from home?		10
Are crisis management/emergency procedures in place?		11
Have you updated the emergency communication plan?		11
Are employees familiar with the organization's COVID-19 response activities?		12
Do you have an updated training program that makes employees aware of changes to operational requirements due to COVID-19?		13
Is there a continual improvement process in place to leverage findings from incident reviews?		14
Have you audited the effectiveness of new controls put in place to address COVID-19 issues?		15
Are employees making safety mistakes with the additional workload?		16
Has the organization developed support services and programs for employees affected by the pandemic, including financial, emotional, and physical support?		16
Have you integrated the COVID-19 response activities within your safety management system?		17

# 01

## Pandemic Support Team

Organizations should establish a COVID-19 Pandemic Support Team comprised of representatives of various functions tasked with the implementation, maintenance, and improvement of the COVID-19 response.

The primary goal for the team will be the achievement of the organization's performance goals with no person-to-person COVID-19 transmission in the workplace attributed to a breakdown in the organization's response and business recovery activities.



***The Pandemic Support Team must consistently monitor local quarantine/shutdown orders and guidelines on social distancing.***

### Your Action Plan

The Pandemic Support Team structure is loosely modeled after the **Incident Command System (ICS)** and brings together key decision makers with the authority to commit the organization to a specific course of action while also being able to acquire needed resources such as Personal Protective Equipment (PPE). In addition, the team members should have knowledge of and be responsible for the implementation of the organization's return to work program and related activities. Where multiple locations are involved, location leadership should confer and coordinate with the Pandemic Support Team at the corporate level.

**The key roles and responsibilities of the Pandemic Support Team include:**

#### **TEAM LEADER**

The Team Leader should be the executive/manager accountable for the organization/site/location.

#### **OPERATIONS LEAD**

This role is responsible for implementing and mobilizing your organization's COVID-19 response and return to work. This role should be filled by an Operations or Production Leader.

#### **LOGISTICS LEAD**

This role is responsible for acquiring the specialized resources required to implement the return to work program. This role should be filled by a Procurement expert.

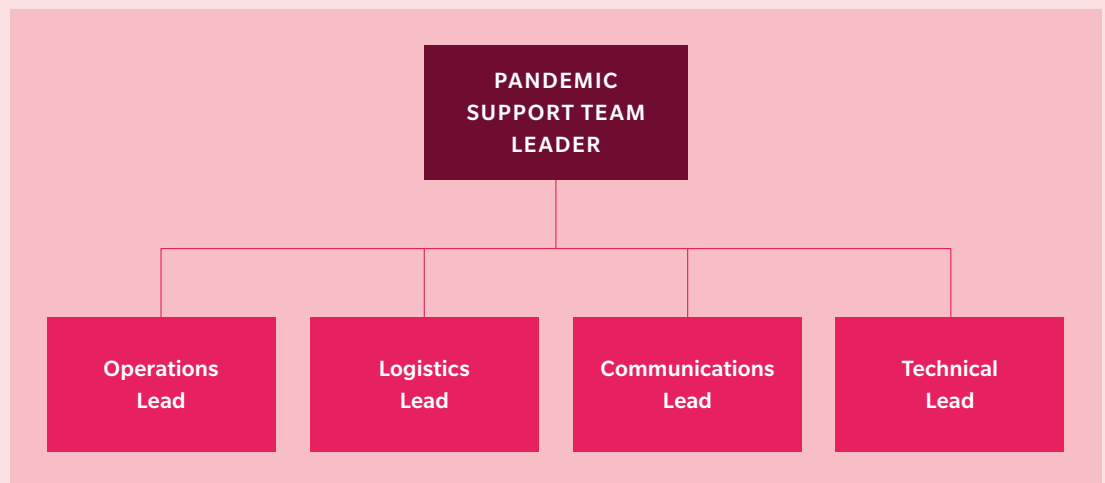
#### **COMMUNICATIONS LEAD**

This role is responsible for return to work program awareness, communications, and training. A human resources (HR) leader may be well placed to assume these responsibilities. Additional responsibilities may include the integration of wellness programs, worker resources, and other worker support activities.

#### **TECHNICAL LEAD**

This role provides expert guidance to the team and may be filled by a safety professional, health professional, or other staff member knowledgeable in emergency response.

In addition, the Technical Lead should conduct COVID-19 audits to confirm that the return to work program is implemented effectively and to identify any areas for improvement.



Based on your organization's available resources, these roles may be filled by internal stakeholders or trusted external stakeholders.

The Pandemic Support Team initially should consider meeting daily. As the response and return to work is established, the team may then choose to taper meeting frequency and meet as needed. The Pandemic Support Team should regularly confer with legal counsel (and consider including a member of the organization's Legal or Compliance group as a member of the Pandemic Support Team) and medical

professionals to routinely monitor evolving directives and guidance from units of government and health authorities such as the Centers for Disease Control and Prevention (CDC). Among other things, the Pandemic Support Team must consistently monitor local quarantine/shutdown orders and guidelines on social distancing, and be prepared to revise its organization's own procedures accordingly.



# 02

## Pre-Workplace Entry Screening

In the absence of a COVID-19 vaccination or reliable and widespread antibody testing, organizations may consider whether pre-workplace entry screening should be a component of maintaining a safe environment for employees, contractors, and visitors.

The objective of such screening would be to detect and prevent any person with COVID-19 symptoms from entering the workplace to reduce the spread of the disease. Screening may help ease employee, contractor, or visitor anxiety about returning to work.

### Your Action Plan

Your action plan must comply with any requirements from federal, state, and local authorities regarding temperature checks and testing. Currently, widespread testing for COVID-19 (diagnostic and antibody) is not available. We recommend that you regularly revisit this issue as new technologies and medical advice becomes available.



Many organizations have never conducted pre-entry screenings and may not have the in-house capabilities to do so. Such screenings may raise privacy concerns relating to protected health information, and may create potential liabilities for the organization. For that reason, organizations should confer and carefully assess with legal counsel and medical professionals before instituting pre-entry screenings.

If your organization chooses to implement pre-entry screening, the process below potentially can apply to all employees, contractors, and visitors immediately prior to entering any building or starting their work. Here are four things to do should you choose to implement on-site screening at your organization.

### Screening Site Preparation

- Identify and designate a screening area conducive to maintenance of physical distancing that is accessible without going through a populated work area (e.g., locker room or cafeteria).
- Set up the screening area: table, log sheets, pens, chairs, PPE, wristbands (if used), and sanitizing equipment.
- Provide screener PPE, including: disposable gloves; disposable or washable smock or coat; masks such as N95 surgical respirator, standard N95 respirator, or disposable surgical mask; and a transparent face shield.
- Check that the screener has properly donned PPE, understands the frequency that it is supposed to be changed, and knows how it is to be appropriately disposed of.
- Calibrate the thermometer if required by the manufacturer.
- Instruct employees, contractors, and visitors to maintain at least six feet of separation while waiting for screening. (**Note:** Where practical, mark the flooring to indicate six-foot separations.)

### Screening Questions

**A.** Ask the person if he/she has experienced any of the COVID-19 symptoms: cough, shortness of breath, difficulty breathing, fever (temperature at or above

100.4 °F), chills, repeated shaking with chills, muscle pain, headache, sore throat, or the new loss of taste or smell. Please reference the **CDC's guidelines** for the latest list of symptoms and other best practices.

- If No, move to Step B.
- If Yes, and the symptoms are due to a known cause other than COVID-19 as advised by a health care professional, move to Step B.
- Otherwise, explain that they cannot enter the premises today and should return home and seek medical advice. Mark the log sheet with Fail. **Note:** See appendix for a Sample Log Sheet.

**B.** Ask the person if within the last 14 days he/she has been in close contact with anyone who has been diagnosed with or who has symptoms that suggest they might have COVID-19.

- If No, move to Step C.
- If Yes:
  - Ask if he/she is deemed a critical infrastructure worker (DHS guidance). If Yes, ask he/she to wear a facemask (and remind he/she to follow the **CDC guidance** for critical infrastructure workers who have been in close contact) and then move to Step C.
  - If he/she is not a critical worker, explain that he/she cannot enter the premises today and should return home. Mark the log sheet with Fail.

**C.** Ask the person if he/she has been diagnosed with COVID-19 by either a positive test or a health care professional.

- If No, move to temperature testing.
- If Yes, ask if he/she has recovered from COVID-19 per the guidance found in Section 6.
  - If Yes, move to the temperature check testing.
  - If No, explain that he/she cannot enter the premises today and should return home. Mark the log sheet with Fail.



## Temperature Check

- A.** Confirm with the person that he/she is authorizing you to take his/her temperature (verbal consent). If you receive consent, go to the next step. If the person refuses, then send him/her home and mark Consent Not Granted in the log.
- B.** Instruct the person to remain still during the process for accuracy.
- C.** Obtain temperature using the thermometer as per the manufacturer's instructions.
  - If the temperature is below 100.4 F (38 C), write Pass on the log sheet and release the employee, contractor, or visitor to enter the workplace. Some organizations may ask each person to wear a colored wristband after successfully completing the screening. If part of your procedures, affix the appropriate wristband before allowing the individual to enter the workplace. This visual control indicates that the person has completed the screening and is able to enter the premises that day. A differently colored wristband should be issued each day.
- D.** If the temperature is at or above 100.4 F (38 C), inform the employee, contractor, or visitor that he/she has failed the temperature testing and that an additional test will be performed in five minutes. If the additional test indicates a temperature at or above 100.4 F, write Fail on the log sheet and explain that he/she cannot be released to work and suggest that the person seek medical advice.

## Screening Site Sanitation

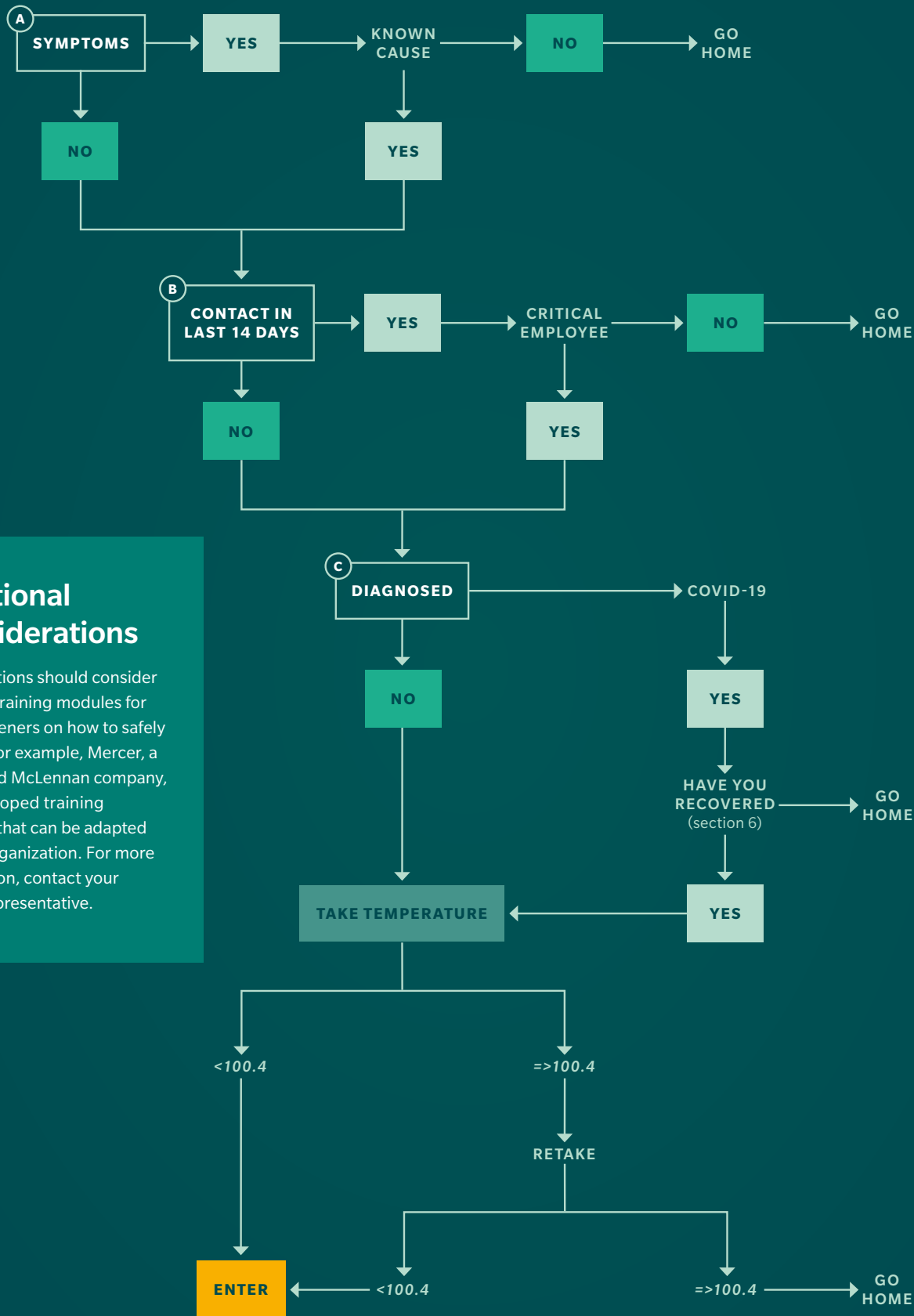
- A.** Develop protocols to clean and sanitize all surfaces as appropriate, particularly those touched by a person who failed the screening.
- B.** Sanitize the thermometer after each use with a sanitizing wipe.
- C.** Clean and sanitize all equipment when screening is complete.
- D.** Place the log sheet in a clear plastic covering prior to bringing it inside the location to avoid sharing a potentially contaminated item.
- E.** Properly remove PPE, discard disposable PPE, and wash hands.

**Note:** Follow federal, state, and local government requirements regarding the use of facemasks or PPE in the workplace. When implementing your organization's policies, consider whether facemasks and/or other PPE are readily available. Some organizations, for instance, might opt not to procure N95 masks for employees, and might instead purchase a different kind of face covering, if a shortage of N95 masks would deprive health care workers of access to that form of PPE.



***Develop protocols to clean and sanitize all surfaces as appropriate, particularly those touched by a person who failed the screening.***





### Additional Considerations

Organizations should consider creating training modules for their screeners on how to safely screen. For example, Mercer, a Marsh and McLennan company, has developed training modules that can be adapted for any organization. For more information, contact your Marsh representative.

# 03

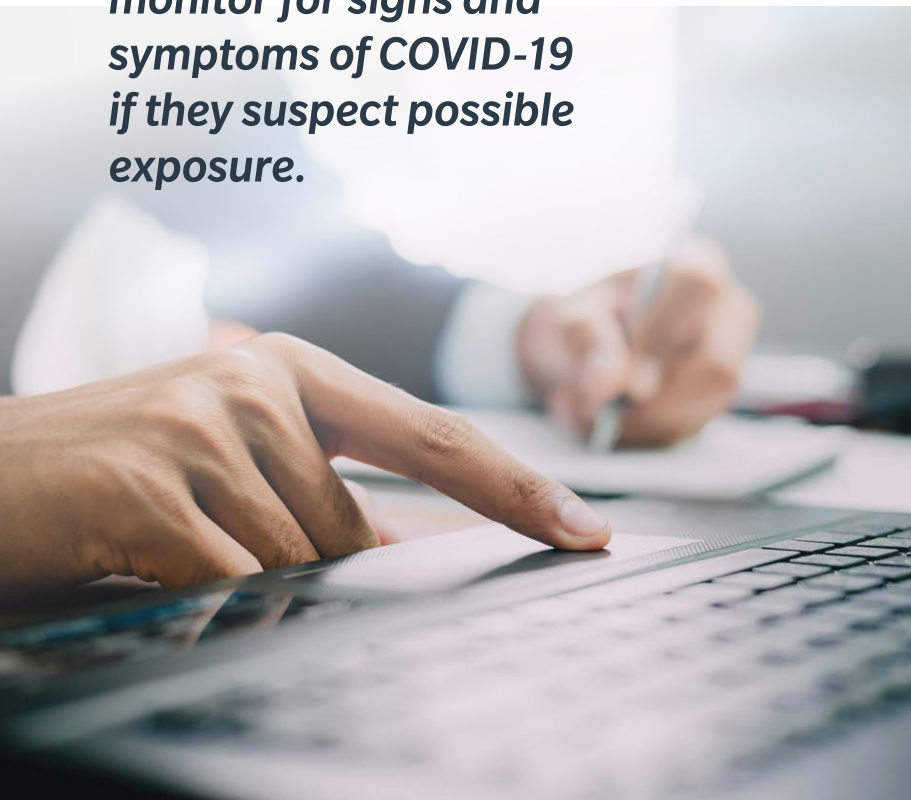
## Protocols for Employees Sick at Work

Employees may develop symptoms of COVID-19 while at work. Organizations should consider developing sick at work policies and procedures to handle these situations properly.

If an employee complains of signs and/or symptoms of COVID-19, we recommend erring on the side of caution. The organization should treat the employee, who may be ill, in a humane and caring manner, while also safeguarding the health and wellbeing of other employees.



***Organizations should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.***



### Your Action Plan

Organizations should consider developing policies and procedures for the prompt identification and isolation of an employee who reports feeling ill in the workplace with symptoms of COVID-19 while being considerate of the employee's privacy rights. As stated above, the prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite.

To that end, organizations should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. In addition, organizations should consider policies and procedures for employees to report when they are sick or experiencing symptoms of COVID-19 (or witness a colleague exhibiting symptoms of COVID-19), as the following on the next page:

- 1** All employees should be instructed to immediately report any symptoms of COVID-19 experienced (or if they experience a colleague exhibiting such symptoms) during the work shift to their supervisors or managers. Supervisors and managers should be trained on how to handle symptomatic employees.
- 2** Any team member exhibiting such symptoms during the work shift can be asked to wear a mask (if not already wearing one) and be sent to a dedicated holding area (not the infirmary/first aid room) with separate access to the outside of the building/work area. The employee should be asked to avoid touching common work surfaces.
- 3** The employee should be sent home. **Note:** The organization should consider developing a plan for transportation from the facility, especially if the employee did not arrive by personal vehicle. The plan should also specify how the employee may seek medical support.
- 4** Advise the employee of the availability of wellness and/or Employee Assistance Plan services (as appropriate).
- 5** The work area, tools, and equipment handled by the symptomatic employee and any common areas (such as restrooms or cafeterias) accessed by the symptomatic employee should be immediately cleaned, sanitized, and disinfected in a manner consistent with CDC guidelines. These activities should be documented and included in a visual control (See Section 17: Effective Safety Culture: Additional Considerations).
- 6** Employees who have come into close contact (within six feet) with the symptomatic employee should be advised to take precautions such as wearing a mask (if not already wearing one), self-monitoring for symptoms of COVID-19, practicing physical distancing, and avoiding sharing tools or equipment for 14 days. Additionally, common touchpoints and surfaces contacted by possibly symptomatic employees should receive an increased frequency of cleaning and sanitizing.
- 7** The employee's supervisor/manager should advise Human Resources that the employee reported feeling unwell and left the workplace.

# 04

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## **Physical Distancing and Contact Reduction Measures**

In the absence of a vaccine, physical distancing is widely viewed as the most effective control to reduce the spread of COVID-19.

Organizations should weigh how to balance the implementation of physical distancing of at least six feet between workers with the maintenance of day-to-day operations. To meet this goal, the following guidelines provide practical tips to consider when implementing and maintaining physical distancing.

## Your Action Plan

The following recommendations are potential solutions to discourage/avoid contact between employees and increase personal space to at least six feet, where reasonable. Each action plan should be tailored to your organization's work environment. For example, an action plan for an office building in an urban location may vary significantly from a factory in a rural community.



### WORKSTATION REDESIGN

Consider redesigning workstations to reduce/avoid employee contact. In a production environment, consider relocating equipment and installing clear barriers (i.e., plexiglass) between workers if they cannot be located six feet apart. If this is not practical, consider providing additional PPE such as N95 respirators or surgical masks and gloves, including the associated training in the safe use of the PPE. Additional deep cleaning may also be required. **Note:** See Section 5 for additional detail on sanitation and deep cleaning.



### STAGGERED SHIFTS

Where employees need to work at a company site such as a factory/production facility or office, consider altering the work schedule to minimize the number of employees entering and working in a shared space at any given time. This may require the implementation of multiple shifts.



### WAIT LINE PREVENTION

Where employees stand in lines (i.e., at time clocks), seek alternatives that do not warrant employees to congregate. For example, for the foreseeable future, consider asking supervisors to record the presence of employees rather than using time clocks. If it is not possible to redesign the process, consider putting markers on the floor or wall to designate minimum physical separation distances.



### BREAKS

Where practical, suggest that employees bring their lunch or implement Grab & Go cafeteria services. Request that employees eat at their workstations or physically separated from others. Limit access to common areas where food is available and consider placing sanitizing wipes near any vending machines. Consider staggering breaks, and enhance plans to sanitize common break areas between sittings. Establish guidelines when visiting neighboring businesses (e.g., restaurants).



### NON-EMPLOYEES

Establish visitor and contractor policies and communicate your requirements to visitors or contractors in advance of their arrival. Limit visits to essential services only. Where contractors or other visitors have to be admitted to a shared workspace, consider screening them prior to admittance.



### HANDS-FREE

If possible, introduce automation/voice recognition to avoid the need to touch light switches or similar. Where automation is not practical, use disposable gloves or only elbows to touch light switches or elevator buttons. Consider placing hand sanitizer dispensers in the vicinity, and encourage staff to use sanitizer or wash hands after contact with the switch/button. Regularly sanitize these surfaces.



### TRANSPORTATION

Remind colleagues to be careful and vigilant while using mass transit. Consider implementing commuting guidelines specific to a location.



### DROP OFF/PICK UPS

When items or materials must be collected in person, prepare in advance of the collection so that they may be placed in a location where physical distancing will not break down when collected.



### REMOTE WORK

Working remotely is the most effective way to maintain physical distancing. Consider extending work from home/telecommuting wherever possible, and advise employees who are not comfortable returning to the office that they may continue to work remotely. **Note:** If extending work from home, see Section 10 for ergonomic recommendations.



### MEETINGS

Use video conferencing as the preferred method of meeting. Unless an exception is granted by management to do so, meetings can be limited to a defined number of employees. At all times, use best efforts to practice physical distancing. E.g. hold team huddles or meetings outdoors or in open spaces where people can sit one person per table and/or spread out. Also, consider removing chairs to reduce the potential for a breakdown in physical distancing.



### SPLIT TEAMS

If reasonable, an organization can limit the initial return to the office only to those employees who are essential, or to a limited and specified percentage of the total workplace.



### DELIVERIES

Establish a shipping/receiving drop point, to which access is restricted.



### NON-VERBAL COMMUNICATION

Consider developing and explaining a system of hand gestures to convey information. For example, thumbs up for a good job or a wave instead of a handshake.



### SIGNAGE

Develop and place signage in shared workspaces reminding employees of physical distancing and handwashing expectations, i.e., soap and warm water for at least 20-seconds or the use of hand sanitizer when handwashing is not possible.



### DIGITAL COMMUNICATION

Rather than speaking face-to-face, employees should be encouraged where practicable to use unshared work or personal telephones, online conferencing tools, e-mail, or instant messaging to communicate.



### PUBLIC SURFACES

When opening doors or touching other public surfaces, instruct employees to use an elbow, a paper towel, tissue, or disposable glove. Avoid touching shared equipment (such as printers, elevator buttons, or restroom doors). Hands should be sanitized after disposing of a paper towel or tissue, and public surfaces should be sanitized regularly.



### DOORS AND ELEVATORS

Where doors can be kept open without compromising security or privacy, continue this practice to limit employees from touching handles. Establish elevator capacity guidelines, e.g., no more than 4 per elevator (depending on size/layout of elevators).





*Soap and water is an excellent disinfectant and more readily available than most other disinfecting solutions.*

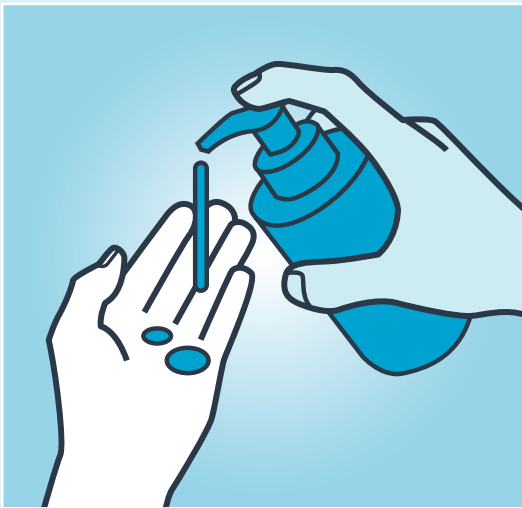


# 05

## Workplace Sanitization Plan

Given the multiple cleaning requirements necessary to reduce the risk of person-to-person transmission, a Sanitization Plan that describes housekeeping practices used by both the cleaning staff and employees should be considered.

This plan should include processes for cleaning, disinfecting, and sanitizing frequently used tools and equipment as well as deep cleaning where the likelihood of the COVID-19 virus is suspected.



### Your Action Plan

While every work situation is different, the following list provides guidance that organizations may customize to meet their specific requirements. Soap and water is an excellent disinfectant and more readily available than most other disinfecting solutions.

## When to Clean and Disinfect

- **Perform routine environmental cleaning and disinfection:**
  - Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, handrails, doorknobs, tables, light switches, countertops, handles, phones, keyboards, toilets, faucets, sinks, and similar.
  - Clean and disinfect surfaces as soon as possible in areas where a person with respiratory symptoms (e.g., coughing, sneezing) was present.
  - Provide anti-viral wipe stations near common work areas and encourage staff to clean their workstation and equipment.
- Perform deep-cleaning when any person is identified as being COVID-19 positive by testing or where this is suspected.
- Close off areas used by confirmed or suspected COVID-19 positive persons.
  - After the appropriate amount of time, deep clean the space.

## How to Clean and Disinfect

- Ventilate areas before you clean and leave windows and doors open during cleaning.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective. A list of these products is available here: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., regarding concentration, application method, and contact time).

- **Disinfecting may be performed with any of the following:**
  - A product that meets Environmental Protection Agency's (EPA) criteria for use against SARS-CoV-2, the virus that causes COVID-19 (see the **EPA List N**).
  - Unexpired bleach, labeled for disinfection, as per label instructions.
  - Alcohol solutions with at least 60% alcohol.
- Disinfection techniques may include surface cleaning, spraying, fogging, and laundering.
- Deep cleaning may be performed by a specifically trained internal response team or by contract personnel. If so:
  - EPA registered products should be used per label requirements.
  - Specialized equipment should be considered, such as foggers and electrostatic spraying devices.

## Infection Prevention

- Provide ample stations offering anti-viral hand lotions and disinfectant wipes near common work areas.
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect such items and areas before and after use.
- Consider making available disposable wipes to employees so that commonly used surfaces (doorknobs, keyboards, remote controls, desks, and other work tools and equipment) may be wiped down by employees before each use.
- Encourage frequent and thorough hand washing.
- Encourage employees to maintain safe distances at all times.

## Safety Guidelines for Cleaning Personnel During Cleaning and Disinfection

- Wear disposable gloves (see Safety Data Sheet) when cleaning and disinfecting. Gloves should be discarded after each use. Wash hands immediately after gloves are removed.
- Wear eye protection when there is a potential for splash or splatter to the face.
- Wear work attire and footwear that is easy to clean.
- Gowns or aprons are recommended to protect personal clothing.
- Store chemicals in labeled, closed containers. Keep them in a secure area and in a manner that prevents tipping or spilling.
- Place all waste generated during cleaning into a separate waste bag and collect the waste frequently.

## Communication and Training

- Educate employees to recognize the signs and symptoms of COVID-19 and to report immediately.
- Inform employees of cleaning protocols and responses.
- Notify employees upon the discovery of possible exposure and the organization's response.

## Additional Resources

- EPA List N link: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.



# 06

## Employee Post-Infection Return to Work Policies

In order to reduce the potential for exposure to COVID-19 in the workplace, organizations should develop a process for employees returning to the workplace after recovering from COVID-19 infection.

### Your Action Plan

Organizations must regularly monitor the advice of the CDC and other health authorities in determining whether a colleague who experienced a COVID-19 infection may return to work. In addition, organizations must be aware of privacy laws where protected employee medical information is concerned, and must adhere to federal, state, and local directives and guidance regarding return to work. Further, organizations should consider consulting with medical professionals before implementing a post-infection return to work policy. Some employers may choose to adopt the CDC advice as policy, or else treat the **CDC advice** as a minimum standard when determining when to invite an employee back to work. The following is an example of the latter approach.



The employee experienced COVID-19 symptoms and was either presumed to have COVID-19 or was diagnosed by testing.

### Symptom-based Strategy

- According to the CDC, isolation may end when at least three days (72 hours) have passed since recovery. This means that the employee has:
  - No fever without the use of fever-controlling medications, and
  - Improvement in respiratory symptoms (e.g., cough or shortness of breath), and
  - At least ten days have passed since the first appearance of symptoms.

### Test-based Strategy

- According to the CDC, isolation may end when:
  - No fever for at least 72 hours without the use of fever-controlling medications and
  - Improvement in respiratory symptoms (e.g., cough or shortness of breath) and
  - Negative results from two consecutive FDA-approved tests administered more than 24 hours apart from each other.

The employee was not experiencing COVID-19 symptoms and was diagnosed with a test.

- Isolation can end when:
  - At least ten days have passed since the date of the positive COVID-19 test, and
  - The employee has experienced no COVID-19 symptoms at that time, and
  - The employee is currently asymptomatic.

**Note:** For three full days after ending isolation, the person should maintain physical distancing (six feet) from others and limit dispersal of respiratory secretions when others are present. In community settings, the wearing of a barrier mask, such as a bandana, scarf, or cloth mask, may reduce dispersal.

# 07

## Hazards and Updated Controls

In response to COVID-19, most organizations have instituted new ways of working out of necessity. As a result, these newly created work practices may have created unintended risks that organizations now need to address.

It is important for organizations to re-assess hazards in their new working environments and update their controls accordingly to manage them effectively.

### Your Action Plan

Organizations should be confident that their hazard control framework is effective. To address this challenge, the following actions on the next page should be considered.



### 1. Review operations and identify changes to existing activities and/or new activities to address the spread of and possible exposure to COVID-19

Examples may include: wearing of additional PPE such as an N95 respirator, use of a powered air-purifying respirator (PAPR), introduction of new sanitizing equipment and chemicals, or an increase in on-site chemical storage and volume.

### 2. Specify hazards introduced through these changes

Examples may include chemical poisoning and fire potential.

### 3. Use a risk matrix

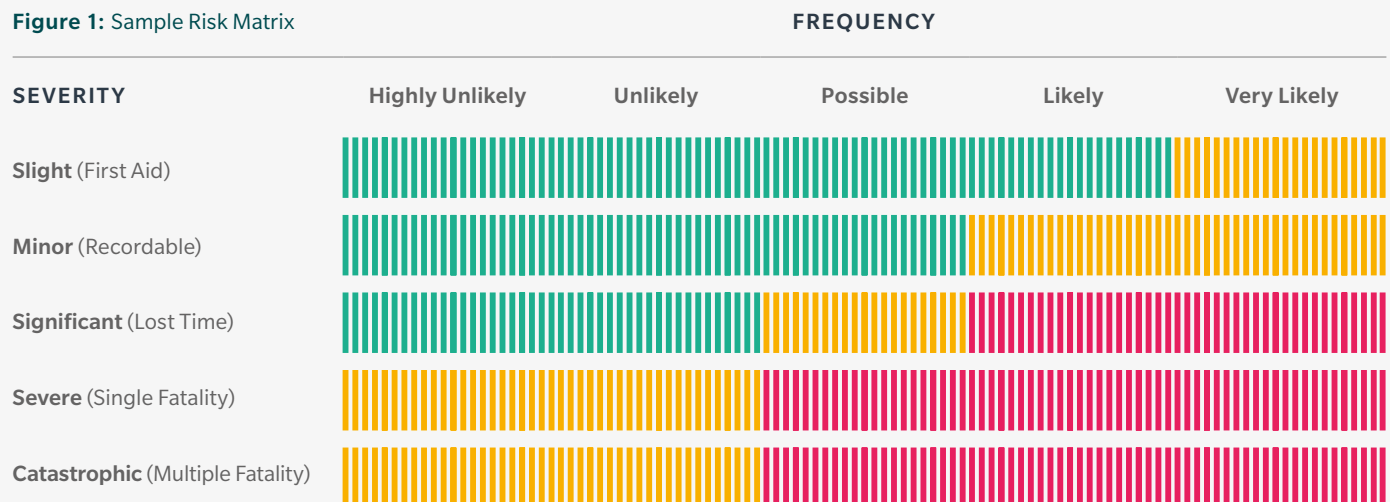
Determine the significance of the specified hazard based on the probability of it occurring and the severity of its impact (see Figure 1 below).

### 4. Determine control activities that reduce the risk to an acceptable level (the green and yellow segments of the example seen in Figure 1 below)

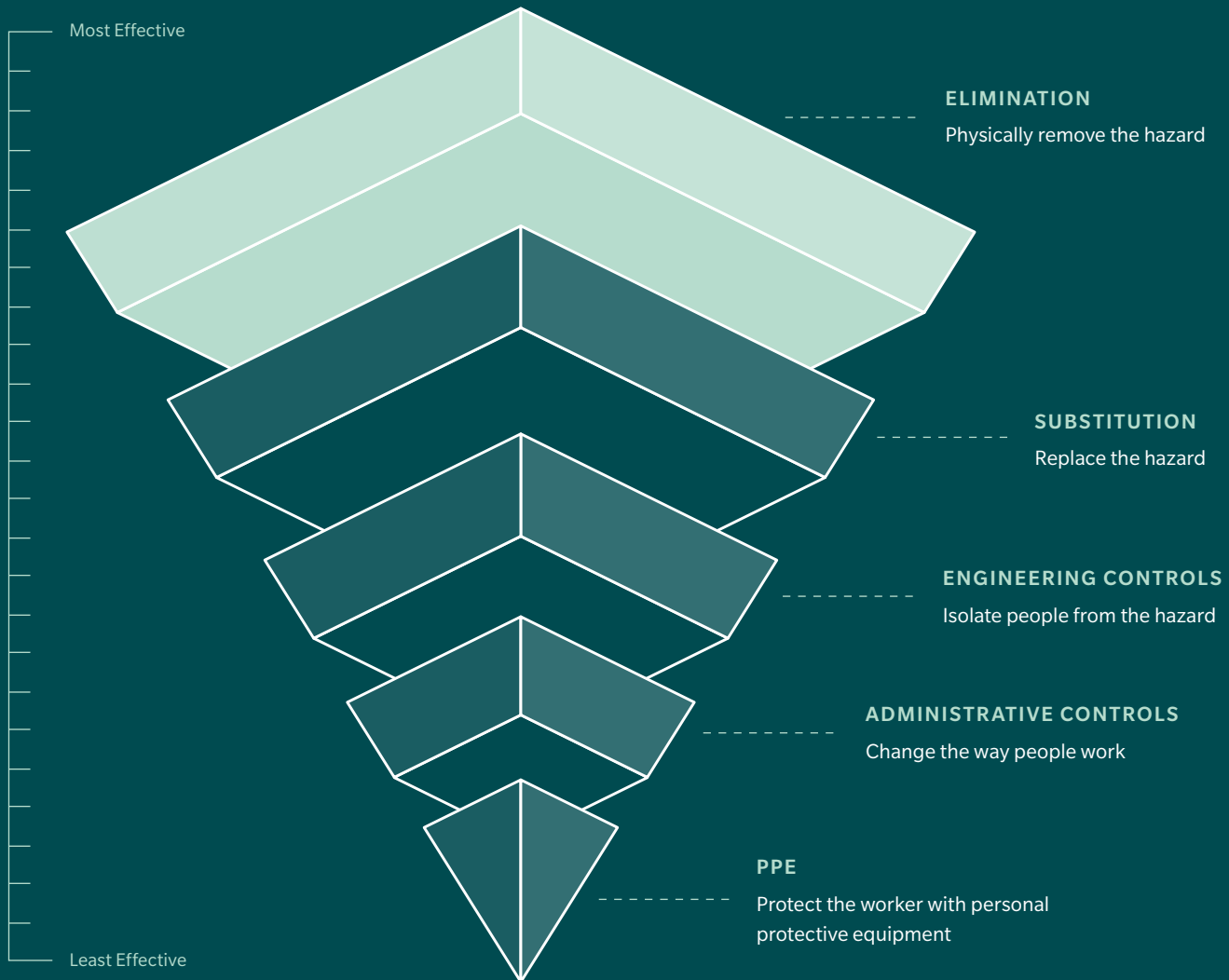
Should any hazard remain in the red-shaded section, due to the likelihood of a significant/severe outcome, organizations should consider stopping work until a more effective control can be instituted. **Note:** This hierarchy of controls is designed to eliminate the hazard. If that is not possible, the hierarchy should be used to reduce the severity of the consequence and/or reduce the probability/frequency of the occurrence. Examples of control activities include:

- A. The elimination of the hazard.
- B. The substitution of the hazard with an alternative (such as a cleaning agent with another less hazardous chemical).
- C. An engineering control such as an equipment guard or blinds/plastic shield installed in a supermarket cashier lane.
- D. An administrative control such as a policy, procedure, or work requirement that, when followed, reduces the chances of an incident occurring. A pre-work temperature screening instruction is an example of this type of control.
- E. Providing PPE. **Note:** PPE is regarded to be a lesser effective level of control.

Figure 1: Sample Risk Matrix



## Hierarchy of Controls



### 5. Implement the control/s and address any implementation shortcomings

It is important to review the effectiveness of the controls and make any additional changes to manage the hazard.

### Other Considerations

Please review subsequent sections for additional details related to hazardous chemicals, equipment, and ergonomic controls.





*It is important for organizations to re-assess hazards in their new working environments and update their controls accordingly to manage them effectively.*





# 08



***It is essential to assess whether cleaning chemicals pose hazards to employees who may be exposed to them.***

## Hazardous Chemical Protocols

For organizations that introduce new cleaning chemicals to the workplace to clean and disinfect work areas and prevent the spread of COVID-19, it is essential to assess whether these chemicals pose hazards to employees who may be exposed to them. In addition, protocols must be in place to meet regulatory requirements.

### Your Action Plan

Consider control activities to address chemical hazards such as, but not limited to, the following:

- Review of the Hazard Communication Plan content and verification that it is up to date and meets regulatory requirements. The plan must include information on hazard classification, labeling requirements, chemical inventory and Safety Data Sheets (SDS), and employee communication processes.
- Establishment of an inventory that lists all chemicals found on location.
- Collection and filing of SDS so that they are available for review.
- Identification of hazards for the chemicals and development of mitigation measures to prevent employee exposure and injury.
- Assessment of chemical storage containers and locations to confirm all containers are labeled with the correct information.
- Development of employee training to educate employees on the specific precaution measures taken when working with the new chemicals introduced to the location. The training can include hazards associated with the chemicals, navigating the SDS elements and warning pictograms, personal protective equipment required to prevent exposure, and first aid measures needed if exposed. See example on next page.
- Development of a PPE assessment for any new tasks requiring additional or new PPE or respiratory protection.

## Example of Pictograms

### OSHA Quickcard: HCS Pictograms and Hazards

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the chemical hazards to which they may be exposed. Each pictogram consists of a symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification.



#### HEALTH HAZARD

Carcinogen  
Mutagenicity  
Reproductive Toxicity  
Respiratory Sensitizer  
Target Organ Toxicity  
Aspiration Toxicity



#### FLAME

Flammables  
Pyrophorics  
Self-Heating  
Emits Flammable Gas  
Self-Reactives  
Organic Peroxides



#### EXCLAMATION MARK

Irritant (skin and eye)  
Skin Sensitizer  
Acute Toxicity (harmful)  
Narcotic Effects  
Respiratory Tract Irritant  
Hazardous to Ozone Layer (Non-Mandatory)



#### GAS CYLINDER

Gases Under Pressure



#### CORROSION

Skin Corrosion/Burns  
Eye Damage  
Corrosive to Metals



#### EXPLODING BOMB

Explosives  
Self-Reactives  
Organic Peroxides



#### FLAME OVER CIRCLE

Oxidizers



#### ENVIRONMENT (NON-MANDATORY)

Aquatic Toxicity



#### SKULL & CROSSBONES

Acute Toxicity  
(fatal or toxic)



# 09

## Equipment Safety Plans and Processes

Organizations implementing changes to equipment use/processes or introducing new equipment, as a part of their COVID-19 response, should review their existing protocols. Safety reviews can identify additional needs to protect workers, equipment, and integrity of products.



***The initial start-up of equipment that has sat idle can present inherent dangers if not shutdown/secured or re-started properly.***

### Your Action Plan

Depending on the type of business and equipment in use (this can range from use of a thermometer in an office setting to a multi-building manufacturing facility), organizations should consider the following actions on the next page.

### Ergonomic Assessment

Perform an ergonomic assessment of equipment currently installed or in use to identify opportunities for enhancements. For any upcoming procurement or intended changes to equipment currently in use, provide ergonomic recommendations. See also Section 10: Ergonomic Controls.

### Pre-start-up Safety Review

The initial start-up of equipment that has sat idle can present inherent dangers if not shutdown/secured or re-started properly. Review current processes and identify any recommended enhancements.

### Mechanical Integrity/ Maintenance Protocols

Review existing program and written procedures, including items such as inspections and tests, testing and inspection frequencies, and documentation of manufacturer recommendations. Assist in establishing policies or integration of elements into the existing process.

### Guarding

Review the status of equipment guarding, equipment enhancements, and corresponding company policies as applicable. Identify any physical deficiencies or opportunities for enhancements and create or incorporate enhancements to current company documents.

### Lockout/Tagout

Review plan to confirm that content is up to date and meets regulatory requirements. Assess implementation and use of plan, identify recommendations, and assist in incorporating and establishing changes.

### Noise

Perform a noise-sampling assessment of equipment as well as identify exposures to employees. Review or assist in the creation of a Hearing Conservation Program (HCP). If needed, provide recommendations to reduce noise levels below regulatory requirements.

### Powered Industrial Trucks

Review the current program and equipment type/use, perform observations, and make recommendations for enhancements. Assist in incorporating and establishing any recommended changes.

### HVAC/Indoor Air Quality (IAQ)

Coordinate review of existing settings and maintenance of equipment and identify post-COVID-19 recommended changes and additional enhancements to equipment. Perform IAQ assessment and any potential sampling following employee complaints or to identify baseline levels at a given time/setting.

### Training

Assess current training processes and documents. Review from initial onboarding to recurrence, perceived effectiveness, and related documentation. Provide recommendations from a regulatory compliance to best practice standpoint. Assist in incorporating recommendations in a sustainable manner.

### Regulations/Standards

Identify additional known or potential regulatory issues concerning safety aspects of equipment in use or proposed to be used at the facility. Additionally, identify and provide recommendations based on best practice standards as available, including for example: ASTM (American Standard Test Method), ANSI (American National Standard Institute), ISO (International Organization for Standardization), ASME (American Society of Mechanical Engineers), NFPA (National Fire Protection Association), and ASHRAE (American Society of Heating, Refrigerating, and Air-conditioning Engineers).

# 10

## Update Ergonomic Controls

Your organization's COVID-19 response may require substantial changes to work practices due to physical distancing, staggered shifts, new equipment, a higher proportion of employees working remotely, and other impacts to the workforce/workplace.

Where work practices are altered, consider whether an ergonomic assessment should be conducted to identify any workplace injury risks. Based on the findings, it may be reasonable to put controls in place to address these risks.

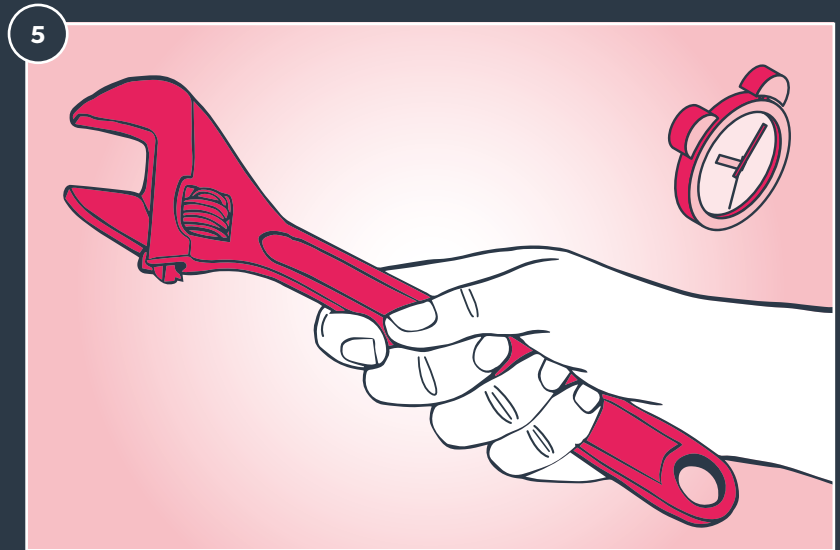
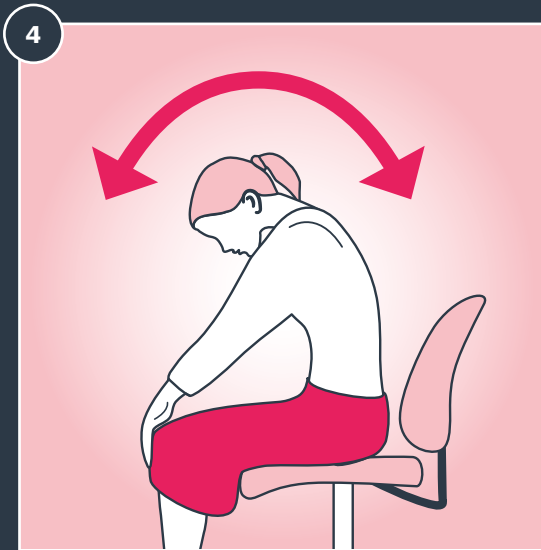
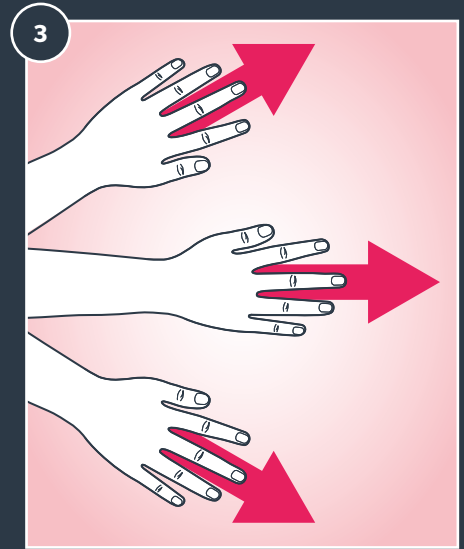
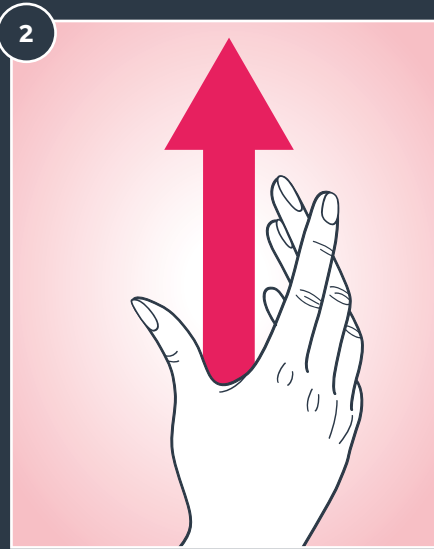
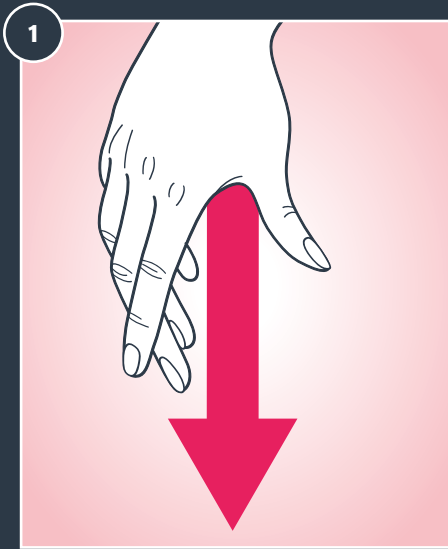
### Your Action Plan

An initial review can be undertaken to identify potential hazards. To do this, the Pandemic Support Team – especially the Technical Lead or a delegate – can review the changes to work practices to determine whether the changed work practice potentially places demands on employees that exceed their physical capability. **Some of these demands are illustrated overleaf.**

Should the answer to any of the above be yes, there is the potential for a musculoskeletal injury. Organizations can proactively address any workplace injury risks. This applies to whether the activity is occurring in an office, a production facility, or when working from home. To this end, organizations may consider a more rigorous assessment by an ergonomics professional and the implementation of effective ergonomics controls.

### Work from Home Considerations

Due to the COVID-19 pandemic, numerous organizations have mandated that their employees work from home for an extended period of time. Many of these employees, however, have never worked from home – and even if they have, they haven't done so for extended periods of time. Organizations may consider creating safe work from home best practices and providing access to helplines to assist with home work environment setup and to professionally address any physical discomfort issues. Organizations can work with solution providers like Marsh to help develop these materials and provide these services.



1. Reaching down below knee level.
2. Reaching up above shoulder level.
3. Reaching out beyond arm's reach.
4. Excessive bending and twisting.
5. Grip forces in excess of 15 pounds and repetitive work activities.
6. Material handling (lift, lower, push, pull, carry in excess of 25 pounds).



# 11

## Emergency Action Plan Procedures

The COVID-19 response is driving changes to the way we work and how facilities are used and accessed. It is essential that any procedural and physical changes are compliant, tested, and sustainable.

### Your Action Plan

Consider updating your emergency procedures. That may involve the following on the next page.



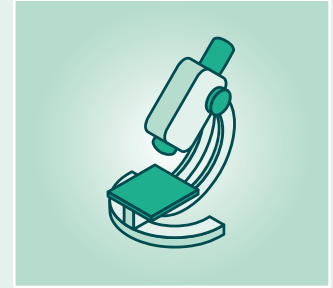
### REVIEW

This is the initial step. Examine the existing Emergency Action Plan (EAP) and note any currently implemented or planned changes required as a component of the COVID-19 response.



### TEST

Consider performing a tabletop review of the EAP inclusive of the COVID-19 updates. Identify gaps and opportunities for improvement concerning potential emergencies, notification, evacuation procedures, drills, employee responsibilities, checklists, training, documentation, and other EAP aspects.



### ASSESS

If practical, conduct a physical assessment of the facility. In light of the review and test activities, identify any areas of non-compliance or where enhancements are needed, such as ingress/egress load, signage, emergency equipment, and employee engagement.



### IMPROVE

Consider making changes to the EAP based on the findings of the prior three steps, specifically resolving any potential areas of contradiction or that are unclear/subject to misinterpretation.



### ENHANCE

Consider scheduling additional tabletop exercises to test readiness of plans and correct any deficiencies.



### “HOT WASH”

After every use of the EAP, conduct an After Action Review (or “Hot Wash”) with the EAP team to further develop strengths and weaknesses.

## Other Considerations

If your organization does not have an EAP, we recommend that you develop and implement one. While organizations may have an existing EAP, not all employees may be familiar with it. EAP awareness may be included as part of COVID-19 training. **Note:** See Section 13: COVID-19 Communications and Engagement Plan for more details.

# 12

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## COVID-19 Communications and Engagement Plan

Engagement is key to effectively implementing and sustaining the COVID-19 response.

To that end, a comprehensive COVID-19 Communications and Engagement Plan is important in encouraging effective commitment from all impacted by the changes.

### Your Action Plan

At the heart of any Communications and Engagement Plan is an understanding of desired outcomes. Once these outcome goals are defined, the initial plan may be developed, implemented, and assessed.

**The following series of steps on the next page can help with the development and implementation of a Communications and Engagement Plan.**





### Set the Direction

The Pandemic Support Team should agree on the goals of the plan. These goals will likely include raising employee awareness of the organization's COVID-19 response, explaining requirements for employees and others (such as contractors and visitors), advising on training plans, as well as providing an avenue for employees to provide feedback and ask questions.

### Identify and Segment Stakeholders

The Pandemic Support Team (or its delegate/s) should consider segmenting the stakeholders into groups. Stakeholders can include anyone impacted by all or a part of your organization's COVID-19 response. For each group, their role in the context of the COVID-19 response should be defined, an expected outcome should be determined, and what information they require should be documented.

### Planning

The Pandemic Support Team (or its delegate/s) should then build a plan based on the goals identified during the previous activity. Communications may consist of signs, videos, text messages, emails, newsletters, toolbox talks, and/or other media. The team should also determine the frequency of communications.

### Implementation

The communications should be designed, tested, and then issued.

### Assessment

The Pandemic Support Team (or its delegate/s) should determine the effectiveness of the communications. Data points may be collected, for example, through observation, findings from COVID-19 Response Effectiveness Assessment (see Section 15), or the number of COVID-19 positive tests.

As this is a fast-moving event, the Pandemic Support Team (or its delegate/s) should meet regularly, be nimble, and be prepared to promptly make changes to the Communications and Engagement Plan reflecting guidance changes from regulators and other advisory agencies, as well as federal, state, and local units of government.



# 13

## Return to Work Training

The return to business will not be a normal resumption, so additional planning and training will likely be necessary.

The more that employees understand about COVID-19 and the precautions the organization is implementing to protect them, the greater chance for an expedient resumption of operations with minimal significant incidents.

### Your Action Plan

Specialized training may be necessary depending on an employee's role. This enhanced training would be in addition to a general introduction to COVID-19 and the organization's response.



## General Information

**Return to work training can address the following as applicable to your organization:**

- That employee safety is paramount.
- General information about the COVID-19 virus.
- Explanation on how COVID-19 spreads.
- Symptoms of COVID-19.
- What to do if you feel ill, whether at work or at home.
- General information on personal protective equipment (PPE).
- General information on reporting suspected or confirmed COVID-19 cases, and how that information will be handled by the organization, including the level of detail potentially disclosed to other workers.
- Importance of frequent and thorough hand washing.
- Reinforcement/encouragement to stay home if sick.
- Guidance on work-related travel and interactions with clients, customers, and vendors.
- Possible restrictions on workforce shifts due to curfew orders or other government regulations.
- Information on contact tracing, if any.
- Considerations around the transportation of employees to and from work.
- Any changes in the employee benefits package, such as an increase in the number of days for paid sick leave.
- Physical distancing and contact reduction “how to.”
- Respiratory etiquette, including covering coughs and sneezes.
- Discouragement of using other workers’ phones, desks, offices, or other work tools and equipment, when possible.

## Specific Information

- Organizations should work with their legal counsel and regulatory experts to assess which regulations apply to the business and determine whether specific information should be communicated to employees. For example, the transmission of an infectious agent such as COVID-19 virus in the workplace may fall within the scope of Occupational Safety and Health Administration (OSHA) standards and directives applicable to protecting workers. **These include:**
  - **Bloodborne pathogens standard (29 CFR 1910.1030)**, which provides protection of workers from exposures to blood and body fluids that may contain infectious agents.
  - **Personal protective equipment standard (29 CFR 1910.132)**, which requires employers to check that personal protective equipment be “provided, used, and maintained in a sanitary and reliable condition whenever it is necessary to prevent injury or illness.”
  - **Respiratory protection standard (29 CFR 1910.134)**, which provides protection for workers when exposed to contact, droplet, and airborne transmissible infectious agents. The respiratory protection standard applies to the use of standard and surgical N95, N98, N99, and N100 respirators, but not to ordinary dust or surgical masks.
- If the organization is issuing a facial mask other than a respirator to its staff, then it should also consider how to minimize the chance of contaminating the mask when placing it on, removing it, and storing it.
- If the organization has no option other than to reuse a respirator due to limited availability, instructions should include how to disinfect it and the potential for reduced effectiveness attributable to the extra wear and tear.
- Guidelines for sanitary services such as disinfecting touchpoints around the facility, including doorknobs and handles, cabinet handles, restroom fixtures, and elevator buttons.
- The organization may want to increase its housekeeping practices, including more frequent cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, employers should consult information on EPA registered disinfectant labels with claims against emerging viral pathogens (see Section 5 Workplace Sanitization).







**Organizations should consider additional OSHA training topics if certain COVID-19 custodial requirements were not part of previously assigned tasks.**

- Organizations should consider additional OSHA training topics if certain COVID-19 custodial requirements were not part of previously assigned tasks. **Potential additional training topics for custodial services include:**
  - **Hazard communication standard (29 CFR 1910.1200)**, which requires employee training about the hazards of cleaning materials such as disinfectants, how they can protect themselves, and where to find copies of applicable chemical Safety Data Sheets.
  - **Hand protection standard (29 CFR 1910.138)**, which requires protection of the hands when using cleaning materials and selection of the right composition gloves for the chemicals in the disinfectants.
  - **Eye and face protection standard (29 CFR 1910.133)**, which notes that splashes to the face and eyes may be possible during disinfection tasks.
- Organizations should consider addressing position safety and PPE assessments for any new tasks or work arrangements created by the potential for the presence of COVID-19 and how to minimize the risks associated with new hazards in the workplace.
- Post-COVID-19 orientation should reaffirm the organization's concern for employee safety and welfare and review any key safety hazards inherent in the operations as a means of re-establishing the organization's emphasis on occupational safety. Working with the added potential of virus risk in the workplace is going to be a distraction that can be mitigated through frequent communications and information. **Note:** See Section 12: Response Communications and Engagement.
- Organizations are advised to work with their legal counsel to monitor developments in OSHA and other regulations that may impact business operations in order to be positioned to adjust internal communications accordingly.

# 14

## Incident Reviews

Understanding why a safety incident occurred in order to avoid it happening again is critical to continuous improvement.

This section provides some simple tips to guide an incident review so that any breakdown or failure in the COVID-19 response or its outcomes can be understood and appropriate corrective action can be taken. In addition, insight from such reviews can be used as the basis of a Learning From Incident instruction that can be widely shared across the organization.

### Your Action Plan

After an unwanted outcome – such as when a perceived person-to-person transmission of COVID-19 occurs in a workplace or when a control may seem insufficient to prevent a hazard from occurring – an incident review should be conducted in consultation and coordination with your organization’s legal counsel.

**At its simplest, the review may include the following components on the next page.**







### RECORD THE INCIDENT

The purpose of this step is to capture the facts. This can be done by determining: where the incident occurred, when it occurred, who was present, what they were doing, and what was happening in the environment. This information can be captured by interviewing the parties concerned, reviewing images/video, or examining documentary records. The best practice is that this activity be documented. A simple form, or Word document, may suffice.



### DETERMINE A ROOT CAUSE OR CAUSES

While it is beyond the scope of the Guide to describe a sophisticated root cause analysis, the use of the 5 Whys should provide significant insight into the root cause of the incident and lead to the implementation of a new or improved control. To use the 5 Whys, ask why did the incident happen? Based on the response, again, ask why did the response happen? Proceed until you cannot move onto a subsequent response. Once you get to this stage, you are likely to have found the root cause.



### RESOLVE THE ROOT CAUSE

Based on your 5 Whys analysis, agree on an improvement plan to create or extend an existing control. This may take the form of new equipment, such as a more accurate thermometer, better training in the use of the equipment, or improved documentation. Perhaps it will be a combination of all three. In any case, once agreed, consider whether the organization needs to implement the change. The use of the Management of Change process from your safety management system is appropriate. This way you will be confident that the solution will be properly implemented with all interested parties aware, trained, and competent.



### SHARE THE LEARNING

After every incident review, you should consider sharing the key insights from the review (situation, cause, solution) with your colleagues. This is known as Learning From Incidents and is typically a core competency of a mature safety organization.



### ASSURE

The final step is to reinforce any change. Leaders at all levels should be confident of the controls. One way of remaining confident is to check the control through observation. Another option is to speak with the employees who work closely in the area where the control exists to check on their understanding of the control and to probe their level of confidence. Should something appear remiss, the leader should act promptly to prevent another incident from occurring.

**Note:** The intent of performing an incident review is not to allocate blame after an incident, but to see the incident as a learning opportunity for the organization as well as prevent the incident from happening again.

# 15

## COVID-19 Response Effectiveness Assessment

The impact of changes to operations must be assessed for effectiveness.

To this end, a review of COVID-19 interventions can identify gaps and improvement opportunities that may necessitate changes to the response.



***Implementing this guidance will encourage the adoption and maintenance of the desired behaviors.***

### Process and Deliverables

The COVID-19 Response Effectiveness Assessment comprises two supporting activities, a COVID-19 audit and a COVID-19 management review. The COVID-19 audit assesses whether response activities such as the pre-shift screening are being completed as defined. The COVID-19 management review builds on any audit findings to determine whether the COVID-19 activities need to be modified or updated.

**Steps to complete the COVID-19 Response Effectiveness Assessment include the following on the next page.**

- The Technical Lead should develop a COVID-19 audit checklist. This list can include all control activities divided by component activities. Where Job Safety Analyses (JSA) have been developed, the component activities may be obtained from these analyses and incorporated in the audit. Alternatively, the Technical Lead may review instructional documents to develop this checklist.
- Using the audit checklist, the Technical Lead (or as delegated) can observe the implementation of COVID-19 control activities such as the usage of PPE, physical distancing, and chemical storage and use and determine whether the tasks are being conducted as defined. We recommend that the auditor thank and compliment the staff for completing their COVID-19 control activities in compliance with the instructions, as positive reinforcement is a powerful motivator. Where non-compliance is observed, the auditor can use this as an opportunity to provide feedback and to make this a “what could be better” moment. Implementing this guidance will encourage the adoption and maintenance of the desired behaviors.
- After completing the audit, the auditor should review and summarize the results and identify opportunities for improvement.
- At the next meeting of the Pandemic Support Team, the Technical Lead can report the findings from the audit and discuss the opportunities for improvement. At this time, the Pandemic Support Team can determine the next steps. This may include a management review, the seeking of additional information, and/or a subsequent change to COVID-19 control activities.
- As a final assessment-related activity, the Technical Lead in association with the Pandemic Support Team can provide feedback to the staff on the findings of the assessment and identify next steps.

## Other Considerations

Given the rapidly developing nature of this community health emergency and corresponding changes to government guidance and directives regarding best practices, nimbleness will be required. Acknowledging changing circumstances, it is suggested that the Pandemic Support Team agree to conduct either a formal or informal audit as soon as appropriate to check implementation, correct problems, and continue to improve the response.

# 16

## An Effective Safety Culture

Given the widespread impact of COVID-19 on virtually all aspects of life, there is a significant likelihood that safety incidents in the workplace will increase in frequency and severity due to distraction.

Organizations should focus on developing and maintaining an effective safety culture.

### Your Action Plan

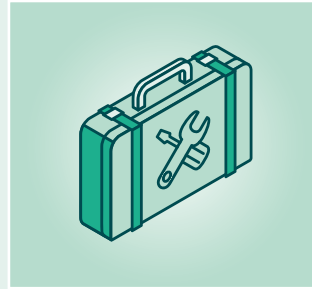
Developing an organizational culture in which safety permeates all activities is a multi-year undertaking. However, even in the current challenging COVID-19 environment, organizations can take active measures to enhance safety culture, while simultaneously building a supportive environment for colleagues. One key benefit of this approach may be the reduction of the potential for safety distractions.

**Activities organizations should consider include the following on the next page.**



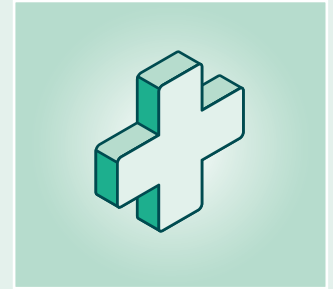
### LEVERAGING THIS GUIDE

Consider the suggestions contained in this Guide – particularly around communications and engagement, training and development, and learning from incidents – and decide whether your organization wishes to explore them further. This may present an opportunity to demonstrate to colleagues that the organization is proactively reducing the potential for COVID-19 transmission in the workplace.



### EMPHASIZING BEHAVIORAL SAFETY INITIATIVES

Encourage supervisors to increase the frequency of behavioral safety interventions such as Safety Walks and Safety Conversations and the sharing of Learning From Incidents and Toolbox Talks. In addition, supervisors should praise the desired safe behaviors four times more frequently than correcting errors. This does not devalue the important role of the supervisor in stopping unsafe work, which remains a key leadership responsibility. However, focusing on desired behaviors is more effective and builds trust. Other behavioral safety tools, such as the ABC approach (antecedent, behavior, consequence), can be leveraged by supervisors to encourage desired behaviors such as the correct wearing of PPE.



### IMPROVING ACCESS TO EMPLOYEE ASSISTANCE PROGRAMS

Organizations may consider enhancing their leave policies so that colleagues do not come to work while ill. Supervisors should check that colleagues do not feel pressured to attend work when unwell, as this is a potential cause of transmission. Changes to policy, if any, should be integrated with existing employee assistance and wellness programs so that colleagues have a wide range of support programs to draw on should COVID-19 related issues (either in work or outside of work) impact their ability to focus and attend to the work at hand. Whether in an office or on a construction site, inattention and distraction may lead to workplace safety incidents.

## Other Considerations

To assuage employee concern and anxiety about returning to and remaining at work, organizations can leverage visual controls to remind employees that a multitude of activities are in place to keep people safe. This may include “cleaning scoreboards” that are updated as soon as cleaning activities are completed and shared with employees or wearing a colored wristband after completing pre-work screening each day.



# 17

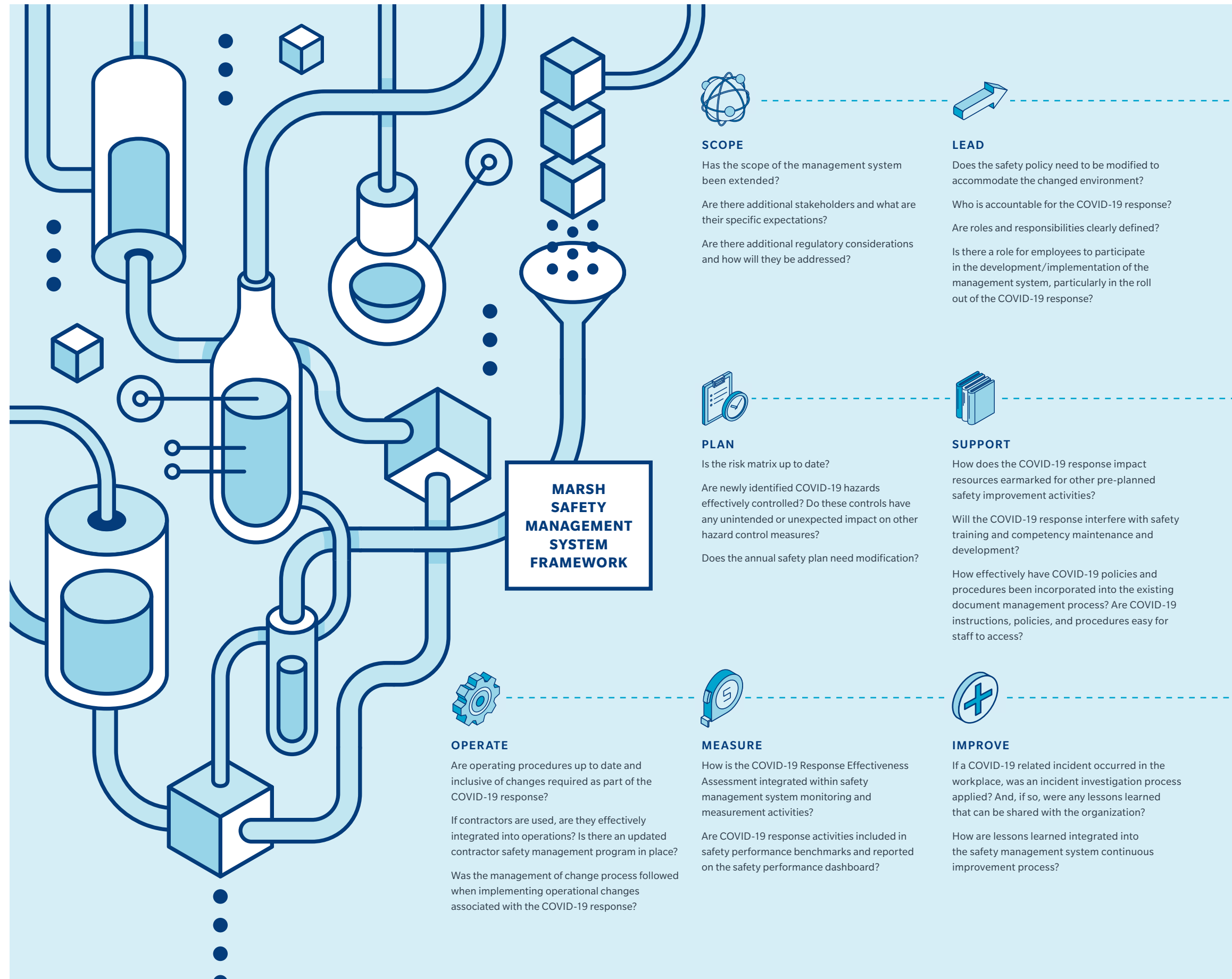
## The Safety Management System

Given the expected continuation of COVID-19 transmission and the need for response until the development of a vaccine and/or herd immunity, changes to operating practices may need to be included within the pre-existing safety management system.

This additional risk management step is intended to assess whether COVID-19 related controls impinge on existing control procedures and advertently or inadvertently introduce additional risk into an organization's operations.

### Your Action Plan

Led by the safety director (or other accountable executive), changes to operations required by the response to COVID-19 may be integrated into the current management system. To explain how to implement this recommendation, the ISO 45001-aligned Marsh Safety Management System (M-SMS) framework is used as an example of how to align the COVID-19 response with a safety management system.





## **Additional Information**

# **This Guide is just an overview of some considerations that organizations face when returning employees to the workplace.**

While we hope you find it helpful, for support in developing and implementing your return to work plan, please reach out to your Marsh client executive, currently assigned consultant, or one of the following Workforce Strategies professionals.

For more insights, please visit Marsh's COVID-19 resource hub: <https://coronavirus.marsh.com/us/en/united-states.html>.

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