

Blog Post

Managing the Healthcare Workplace During the COVID-19 Outbreak

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By [Martin R. Dix](#)

Healthcare providers have special concerns for their employees during the Coronavirus (COVID-19) global health pandemic.

Because COVID-19 spreads primarily as a result of close exposure to an infected person, healthcare employees are at higher risk of infection. While OSHA has a standard to protect employees from the spread of bloodborne pathogens, it currently has no standard for the spread of infectious diseases like COVID-19. Such a standard may be coming – a group of labor unions has filed a petition to require OSHA to adopt an emergency standard to protect those at risk.

In the meantime, U.S. healthcare workplaces should take some basic steps now:

- **Stay current:** Healthcare employers should closely monitor the [World Health Organization](#) and [U.S. Centers for Disease Control](#) websites, as well as updates from state and local health authorities. Make sure you follow public health emergency planning and response activities at the state and local level. As of March 10, 2020, twenty-two states had declared a “state of emergency,” a designation which gives expanded powers to state agencies to help combat the disease.

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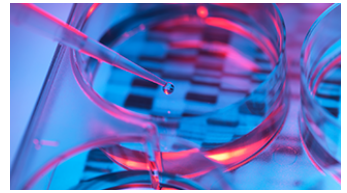
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- **Develop an emergency plan:** Have a staffing plan in place in case of a COVID-19 outbreak in your community. Make sure your emergency contact list is current and be sure to include information regarding your local and state health department emergency contacts. Residential treatment facilities in particular will need to assess their needs for this fast spreading disease. Consider contingencies for worst case scenarios such as if all staff become infected, all patients become infected, and if the facility has to close.
- **Utilize Government Emergency Exceptions:** Many states, such as Florida, are declaring public health emergencies allowing certain restrictions on healthcare providers to be waived. For example, pharmacies can dispense a 30-day emergency refill and insurers must waive time restrictions for prescription refills.
- **Communicate with staff and patients:** Keep your staff current on information about COVID-19 as it becomes known. Look for opportunities to use telemedicine or other means to allow those patients who can be cared for at home to avoid unnecessary visits to the facility. If patients must be seen in the facility, be sure to separate patients with respiratory symptoms in the waiting area from other patients. Provide training on the hygiene measures recommended by the CDC and make sure the hygiene is enforced.
- **Protect your workforce:** Encourage or require sick employees to stay home. Consider requiring that the patient provide a physician's note to allow their safe return to the workplace. Screen patients and visitors for symptoms of acute respiratory illness. Be sure patients with symptoms of COVID-19 are given a facemask and provide personal protection equipment to those personnel who will be in close contact with them. Special attention should be given to employees that are in any of the CDC identified risk groups (over 60, underlying conditions).

- **Encourage hand hygiene:** Encourage all employees – not just those employees interfacing with patients – to wash their hands often with soap and water and avoid touching their faces. Hands should be washed for at least 20 seconds and always after touching common surfaces (like doorknobs and keypads) and before eating.

Healthcare personnel caring for patients with confirmed or possible COVID-19 should follow the CDC's additional recommendations for infection prevention and control.

The recommendations include assessing and triaging patients with COVID-19 symptoms or risk factors, including placing a facemask on the patient and isolating them in an airborne infection isolation room, if available; using standard precautions and eye protection when caring for patients with confirmed or possible COVID-19; and practicing good hygiene before and after all contact with patients or potential infectious material and before and after donning personal protective equipment. If one of your employees has unprotected exposure to a patient with COVID-19, the employee should immediately contact his/her supervisor.

The CDC has issued detailed guidance for managing personnel with potential exposure to patients with COVID-19.

Recommendations are based on the risk to which the employee is or has been exposed. Employees who had prolonged close contact with infected patients who were not wearing a face mask are considered high risk, while those who had such contact with patients who were wearing a face mask are considered by CDC to be medium risk. Employees who had only brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask while the employee was also wearing a facemask are considered low risk. Employees wearing eye

protection in addition to a facemask are considered to have even lower risk of exposure.

The CDC recommends that employees at high or medium risk who are asymptomatic be excluded from work for 14 days after the last exposure. If they develop a fever in excess of 100 degrees Fahrenheit or respiratory symptoms consistent with COVID-19, they should immediately self-isolate and notify their local or state public health authority and healthcare facility to coordinate referral to a healthcare provider for further evaluation.

The CDC recommends that those in the low risk category perform self-monitoring with delegated supervision until 14 days after the last potential exposure. The CDC says asymptomatic employees in this category need not be restricted from work.

Employers should adhere to recommended infection control practices (including personal protective equipment) and perform self-monitoring with delegated supervision. The CDC says that this same guidance could also apply to healthcare employees who were exposed to patients awaiting COVID-19 testing or test results.

If healthcare employees have community- or travel-associated exposure they should inform their facility and undergo monitoring in accordance with the CDC's separate guidance for those kinds of exposures.

The CDC notes that all healthcare personnel are at risk for exposure to COVID-19, whether in the workplace or the community. Because of concerns over diversion of critical healthcare resources from infection prevention and control, the CDC encourages facilities to ask personnel to report recognized exposures, regularly monitor themselves for fever, and not report to work when ill. One simple method: have healthcare personnel report the absence of fever and symptoms prior to starting work each day.

If a healthcare employee develops even mild symptoms of COVID-19, they should cease patient care activities, wear a mask and notify their supervisor or occupational health services prior to leaving work.

Akerman will continue monitoring COVID-19 developments. Look for the Akerman Coronavirus Resource Center launching soon.

This information is intended to inform firm clients and friends about legal developments, including recent decisions of various courts and administrative bodies. Nothing in this Practice Update should be construed as legal advice or a legal opinion, and readers should not act upon the information contained in this Practice Update without seeking the advice of legal counsel. Prior results do not guarantee a similar outcome.