



As coronavirus disease 2019 spreads in the U.S., hospitals must be prepared to address employee concerns and staffing issues throughout the duration of the epidemic. In any disease outbreak, staff will have concerns about their own well-being and that of their families, while their presence at work is critical to ensuring patient care needs are met.



DISEASE PREVENTION

The first step is to prevent the spread of the outbreak among staff, especially patient care staff who may be exposed to the virus while interacting with patients. Public health officials have uniformly advised measures commonly used to prevent contracting the cold or flu.

- Frequently wash hands, especially before eating, and after using the restroom, coughing, sneezing or blowing one's nose. Hands should be washed with soap and hot water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Cover coughs and sneezes, preferably with a tissue, which should be disposed of immediately. We do not know how long the virus can survive on surfaces outside the body; therefore, tissues are preferable to coughing or sneezing into an elbow or sleeve.

- Avoid touching your face, especially your eyes, nose and mouth.
- Clean and disinfect workspace surfaces – especially phones, keyboards and other frequently touched objects, such as your smartphone and keyboards – with a regular household disinfectant or wipe.
- Avoid close contact with individuals who are ill and/or showing symptoms of the virus.

The Centers for Disease Control and Prevention does not recommend using a face mask to prevent against COVID-19, with the exception of health care workers or those caring for an infected individual at home. Primarily, masks should be used by symptomatic individuals to help prevent further spread of the disease.



EMPLOYEE ILLNESS AND ABSENCES

Health care personnel are on the front line of any disease outbreak. The CDC recently issued [guidance](#) relating to the management of health care personnel who may be exposed to COVID-19, and the Centers for Medicare & Medicaid Services [published](#) a number of advisories for health care facilities and staff. In general, the CDC advises those that feel ill to stay home, which can have a significant impact on hospital staffing. To maximize prevention, health care staff in contact with patients who have symptoms of communicable disease must have adequate and appropriate personal protective equipment. Hospitals also should plan to maintain sufficient stock of alcohol-based sanitizers and disinfectants, which may be in short supply. Employees in contact with patients should be routinely monitored for symptoms of COVID-19 to guard against exposure to patients and other staff.

Employees with flu-like symptoms or fever should be encouraged to go or remain at home and to consult their physician. Any employee subjected to self-quarantine or who tests positive for COVID-19 should notify human resources immediately. All employees should be reminded of existing policies on paid time off or sick leave, including the process for ensuring that absences are excused. Hospitals should remind employees that during staffing shortages, personnel may need to cancel planned PTO, work on a nonscheduled day, or work in a different role or department.

Individuals who test positive for the virus should be required to remain home for at least 14 days and not allowed to return to work until they are asymptomatic. Other employees who work closely with the infected individual should be closely monitored at the very least, if not sent home for self-quarantine. Individuals who are well enough to work remotely may be allowed to do so, if within the hospital's leave and telecommuting policies. If the facility does not have a telecommuting policy, now is the time to evaluate mechanisms to allow employees to access their computer and voicemail remotely and implement procedures to allow employees to work from home.

Human resources should track staff absences due to COVID-19, including the need to care for immediate family members affected by the disease to ensure that Family Medical Leave Act requirements are met. Additionally, staff with compromised immune systems may be entitled to reasonable accommodations necessary to avoid contact with infected patients or visitors.

Some employees may express reluctance to come to work for fear of contracting the illness. The Occupational Safety and Health Act allows an employee to refuse to work if he or she believes the workplace presents an "imminent danger" such that death or serious physical harm is likely to result. Avoiding health hazards by ensuring an adequate supply of cleaning supplies, including soap and sanitizers, along with PPE, will help to negate claims of unsafe conditions in the workplace.



REGULATORY ENFORCEMENT

The Medicare Conditions of Participation require hospitals to plan and prepare for infectious disease outbreaks, and CMS has made [clear](#) that facilities will be expected to adhere to existing standards for infection prevention and control in responding to COVID-19. Planning for personnel and equipment shortages are a necessary component of preparedness activities. Therefore, hospitals should ensure adequate supply change arrangements are in place to obtain necessary equipment to ensure workplace safety.



WORKFORCE POLICIES

MHA is developing a policy repository for sample policies related to addressing employee exposure to or contraction of COVID-19, quarantine of health care workers, and other workforce-related issues. You may access the policies, as well as additional COVID-19 materials, on MHA's [website](#).

