

# COVID-19 Back to Work Considerations

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## **COVID-19 Back to Work Considerations**

The considerations for repatriation of your workforce to the office following COVID 19 has been on the minds of most business owners across Iowa, the United States and the world. In order to do so safely, we have to consider what changes must take place to protect the physical and mental wellbeing of our employees, contractors, vendors and visitors to each of our facilities.

We still face many challenges as we look forward to the next few weeks. Lack of Personal Protective Equipment (PPE) for employees, shortage of testing for individuals, conflicting information on how we handle employees that have tested positive or have been given the diagnosis of a presumptive positive are all things that add a complex dynamic to bringing our workforce back.

We have pulled together many different resources to provide a variety of businesses and organizations guidance as they address reopening.

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## **General Tips**

### **General Health Guidelines:**

- Encourage staff and employees to take their temperature twice a day. Set a baseline temperature that, if exceeded, will deny entry to your facility. Currently, the CDC has set the temperature of 100.4 as a guidepost for medical workers.
- Work with staff to encourage handwashing and using hand sanitizer every hour.
- Promote etiquette for coughing, sneezing and handwashing.
- Encourage staff to wear face masks for homemade cloth face mask to prevent the spread of COVID-19.

### **General Reopening Guidance:**

- Use CDC guidance related to cleaning and disinfection for community facilities, including frequent cleaning and disinfecting of all high touch surfaces.
- Encourage and provide supplies to allow for frequent hand washing and hand sanitizing for employees and the public.
- Provide reminders to employees and members of the public to stay at least 6 feet away from others when in the facility and mark six-foot intervals when possible.
- Post signage at the door indicating no one should enter the establishment if they currently have symptoms or have been around anyone with a confirmed COVID-19 diagnosis in the last 14 days.
- If an employee or a member of the public becomes ill while at the facility, ask them to share that information with management, leave the facility and then call their health care provider.
- Members of the public and employees should consider the use of cloth face coverings (when practical) if staying at least 6 feet away from others is not possible.
- Anyone who is high risk for more severe COVID-19 illness should continue to stay home.
- Businesses should continue to follow IDPH's business guidance related to preventing, detecting and reporting outbreaks.
- Businesses should use messaging to remind employees of steps they should be taking to protect their own health while at work.

## **General Guidance for All Employees**

- Employees should take and log temperature before shifts
  - Best practice: employers to take temperatures onsite with a no-touch thermometer each day upon arrival at work.
  - Minimum: temperatures can be taken before arriving. Normal temperature should not exceed 100.4 degrees Fahrenheit.
- Employees should also be screened for COVID-19 symptoms including: fever of 100°F or higher, cough, shortness of breath, runny or stuffy nose, sore throat, muscle aches, fatigue, diarrhea or vomiting. Immediately exclude anyone with symptoms from entering.
- Staff should wear face coverings (not N-95 or medical masks, which should be reserved for healthcare workers) and other personal protection items as recommended by the CDC.
- Provide training on personal protective equipment based on CDC guidelines.
- Staff will need to wash their hands or use hand sanitizer every hour.
- Practice recommended social distancing to the greatest extent possible—“Further is safer.”
- Stagger shifts, breaks and meals, in compliance with wage and hour laws and regulations, to maintain social distancing. Consider reduced staffing requirements where possible.
- Prohibit congregating in break rooms or common areas and limit capacity of such areas to allow for safe social distancing minimum of 6 feet whenever possible.
  - Employees should increase hygiene practices—wash hands more frequently, avoid touching face, practice good respiratory etiquette when coughing or sneezing.
- All employees should stay home if feeling ill, report any symptoms of illness to supervisor and require notification of COVID-19 positive case in employee’s household. Employees who are particularly vulnerable to COVID-19 according to the CDC (e.g., due to age or underlying conditions) are encouraged to stay home.
- Update the Employee Illness Policy to include the symptoms of “COVID-19” or create a COVID-19 specific policy. All staff should sign the policy, and the policy should be posted for confirmation.
- Post extensive signage on health policies, including the following documents, in the workplace to help educate building occupants on COVID-19 best practices.

## **Workplace Leave Policies**

- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Maintain flexible policies that permit employees to stay home to care for a sick family member or take care of children due to school and childcare closures. Additional flexibilities might include giving advances on future sick leave and allowing employees to donate sick leave to each other.
- Employers that do not currently offer sick leave to some or all of their employees may want to draft non-punitive “emergency sick leave” policies.
- Employers should not require a positive COVID-19 test result or a healthcare provider’s note for employees who are sick to validate their illness, qualify for sick leave, or to return to work. Healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely manner.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor and Equal Employment Opportunity Commission website).
- Connect employees to employee assistance program (EAP) resources (if available) and community resources as needed. Employees may need additional social, behavioral, and other services, for example, to cope with the death of a loved one.

## **Cleaning and Disinfecting Your Facility**

### **Always wear gloves when cleaning and disinfecting**

#### **Clean**

- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.
- Practice routine cleaning and disinfection of frequently touched surfaces.
  - More frequent cleaning and disinfection may be required based on level of use.
  - Surfaces and objects in public places, such as shopping carts and point of sale keypads should be cleaned and disinfected before each use.

#### **Disinfect**

- Recommend use of EPA-registered household cleaners.  
Follow the instructions on the label to ensure safe and effective use of the product.  
Many products recommend:
  - Keeping surface wet for a period of time (see product label)
  - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Diluted household bleach solutions may also be used if appropriate for the surface.
  - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
  - Unexpired household bleach will be effective against coronaviruses when properly diluted.  
Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.  
Leave solution on the surface for at least 1 minute.  
  
To make a bleach solution, mix:
    - 5 tablespoons (1/3rd cup) bleach per gallon of water  
OR
    - 4 teaspoons bleach per quart of water
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

## **Soft surfaces**

For soft surfaces such as carpeted floor, rugs, and drapes

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- Disinfect with an EPA-registered household disinfectant. These disinfectants meet EPA's criteria for use against COVID-19.

## **Electronics**

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a wipeable cover on electronics.
- Follow manufacturer's instruction for cleaning and disinfecting.
  - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.

## **Laundry**

For clothing, towels, linens and other items:

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

## **Cleaning and disinfecting your building or facility if someone is sick**

- Close off areas used by the person who is sick.
  - Companies do not necessarily need to close operations, if they can close off affected areas.
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Once area has been appropriately disinfected, it can be opened for use.
  - Workers without close contact with the person who is sick can return to work immediately after disinfection.
- If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
  - Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

## **Cleaning and disinfecting outdoor areas**

- Outdoor areas, like playgrounds in schools and parks generally require normal routine cleaning, but do not require disinfection.
  - Do not spray disinfectant on outdoor playgrounds- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
  - High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
  - Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
- Sidewalks and roads should not be disinfected.
  - Spread of COVID-19 from these surfaces is very low and disinfection is not effective.



## **When cleaning**

- Regular cleaning staff can clean and disinfect community spaces.
  - Ensure they are trained on appropriate use of cleaning and disinfection chemicals.
- Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Wash your hands often with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
  - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Additional key times to wash hands include:
  - After blowing one's nose, coughing, or sneezing.
  - After using the restroom.
  - Before eating or preparing food.
  - After contact with animals or pets.
  - Before and after providing routine care for another person who needs assistance (e.g., a child).

## **Additional Considerations for Employers**

- Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard.
- Comply with OSHA's standards on Bloodborne Pathogens), including proper disposal of regulated waste, and PPE.

## **Alternative Disinfection Methods**

- The efficacy of alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against COVID-19 virus is not known.

- EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.
- CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.
- CDC only recommends use of the EPA approved cleaners against the virus that causes COVID-19.

## **Industry Specific Reopening Guidelines**

### **Dining and Bars**

It is critical that restaurant personnel review, and restaurants *must* ensure the following *mandatory requirements* included in the governor's proclamation are in place and enforced:

- Limit indoor and outdoor seating capacity to 50 percent of normal operating capacity.
- Limit group size to no more than six people.
- Arrange seating to provide a minimum of six feet between tables.
- Disallow customer self-service of food or beverages, including buffets and salad bars.
- Implement reasonable measures to ensure social distancing of employees and customers, increased hygiene practices, and other public health measures to reduce the risk of transmission of COVID-19.

Additionally, the Iowa Department of Inspections and Appeals and the Iowa Department of Public Health *strongly recommend that all restaurants adhere to the following guidance*:

- To the extent possible, eliminate seating at bars within restaurants.
- Eliminate entertainment operations or activities.
- Serve alcohol to a guest only if the guest is also ordering and consuming food items.
- Disinfect tables and chairs after each customer use.
- Clean and sanitize table condiments, reusable menus, digital ordering devices, check presenters, pens, napkin dispensers, salt and pepper shakers, and other commonly-touched items between each customer use.
- Use prewrapped silverware and eliminate table presets including table tents, menus, salt and pepper shakers, napkin dispensers, and condiments.
- Eliminate refilling customer beverages from common containers (i.e., pitchers).
- Discard single-use or paper articles, such as paper menus, after each use.
- Create and implement an enhanced cleaning/sanitizing schedule for all food contact surfaces, and cleaning/disinfecting of non-food contact surfaces.
- Disinfect commonly-touched surfaces throughout entire facility (both front and back-of-house) such as door handles, credit card machines, bathrooms, etc., at least once every hour.

- To the extent possible, on-premises dining should be by reservation only and customers should be screened upon reservation and arrival as to whether anyone in the party is positive, has any symptoms, is under quarantine, or has been exposed to COVID-19.
- Post signage on entrance door that no one with a fever or symptoms of COVID-19 will be permitted in the restaurant.
- Screen all employees each shift before entering the facility for symptoms (i.e., fever of 100°F or higher, cough, shortness of breath, runny or stuffy nose, sore throat, muscle aches, fatigue, diarrhea, or vomiting). Immediately exclude anyone with symptoms from entering.
- Where possible, workstations should be staggered to avoid employees standing directly opposite one another or next to each other, and maintain six feet of social distance.
- Require employees with direct customer contact to wear cloth or other mask that is laundered or replaced daily.
- Frequently monitor employee handwashing and ensure no bare hand contact with ready-to-eat foods.
- Notify customers by signage to report concerns of social distancing infractions to the restaurant manager.
- Use technological solutions where possible to reduce person-to-person interaction (e.g. mobile ordering, mobile access to menus to plan in advance, text on arrival for seating, contactless payment options).
- Enhance employee safety training, emphasizing employee health, handwashing, and personal hygiene practices.
- Have hand sanitizer and sanitizing products readily available for employees and customers.
- Designate with signage, tape, or by other means appropriate social distancing spacing for employees and customers. Facilitate and designate social distancing for those waiting to enter your establishment.
- If possible, provide distinct walking lanes to minimize close contact as customers are being seated to conform to social distancing practices. For example, in a table/booth layout, central tables can be removed, and markings can be installed designating the path for seating.
- Assign an employee each shift to monitor social distancing, sanitation, and hygiene protocols.

## **Manufacturing, Distribution and Construction Reopening**

### **Shift Pattern**

- Daily disinfection of desks and workstations
- Change shift patterns (e.g. fewer shifts)
- Stagger lunch and break times

#### *Recommended best practices*

- Split into sub-teams, limit contact across sub-teams
- Reduce pace to allow less FTEs per line

### **Physical Spaces /Workstations**

- Ensure minimum 6 feet between people, if not possible, install barriers
- Daily deep disinfection of high-contact surfaces
- Space factory floor to allow for distancing
- Regulate max number of people in cafeterias/common spaces
- Establish maximum capacity

#### *Recommended best practices*

- Close cafeteria and gathering spaces if possible, or conduct regular cleanings
- Daily deep disinfection of entire facility

### **Confirmed Cases**

- Immediately isolate and seek medical care for any individual who develops symptoms while at work
- Contact the local health district about suspected cases or exposures
- Shutdown shop/floor for deep sanitation if possible

#### *Recommended best practices*

- Work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications
- Once testing is readily available, test all suspected infections or exposures
- Following testing, contact local health department to initiate appropriate care and tracing

## **Consumer, Retail and Services**

### **Customers and Guests**

- Ensure minimum 6 feet between customers
- Specify hours for at-risk populations (e.g. elderly)
- Place hand sanitizers in high-contact locations
- Ask customers and guests not to enter if symptomatic
- Stagger entry of customers and guests

#### *Recommended best practices*

- Consider having customers wear face coverings at all times.
- Health questionnaire for symptoms at entry point
- Provide face coverings upon entry
- Where possible, accept customers by appointment only
- Increase availability for curbside pickup
- Consider suspending return policies

### **Physical Space**

- Ensure minimum of 6 feet between people, if not possible, install barriers
- Post social distancing signage and disinfect high-contact surfaces hourly
- Clean merchandise before stocking if possible
- Establish maximum capacity
- Discontinue self-service food stations, product samples
- Food courts remain closed

#### *Recommended best practices*

- Close once a week for deep cleaning
- Maximize available checkout space to promote social distancing (e.g., space customer lines with floor markers, use alternate registers)
- Use contact-less payments where possible
- Increase capacity for delivery and curbside pickup

### **Confirmed Cases**

- Immediately isolate and seek medical care for any individual who develops symptoms while at work
- Contact the local health district about suspected cases or exposures
- Shutdown shop/floor for deep sanitation if possible

*Recommended best practices*

- Work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/ notifications
- Once testing is readily available, test all suspected infections or exposures
- Following testing, contact local health department to initiate appropriate care and tracing

## **Office Environments**

### **Physical Spaces /Workstations**

- Frequent disinfection of desks, workstations, and high-contact surfaces
- Daily disinfection of common areas
- Cancel/postpone in person events when social distancing guidelines cannot be met
- No buffet in cafeteria
- Utilize disposable tableware and other materials
- Establish maximum capacity
- Reduce sharing of work materials
- Post signage on health safety guidelines in common areas

#### *Recommended best practices*

- Redesign/space workstations for 6 feet or more of distance
- Close cafeteria and gathering spaces if possible, or conduct regular cleanings
- Limit congregation in office spaces
- Divide essential staff into groups and establishing rotating shift
- Availability of at least 3 weeks of cleaning supplies

### **Confirmed Cases**

- Immediately isolate and seek medical care for any individual who develops symptoms while at work
- Contact the local health district about suspected cases or exposures
- Shutdown shop/floor for deep sanitation if possible.

#### *Recommended best practices*

- Work with local health department to identify potentially infected or exposed individuals to help facilitate effective contact tracing/notifications
- Once testing is readily available, test all suspected infections or exposures
- Following testing, contact local health department to initiate appropriate care and tracing



## **Gym and Workout Facilities**

### **Customer Protection**

- Screen customers for illness upon entry to the gym and ask question customers regarding COVID-19 symptoms
  - Have you been in close contact with a confirmed case of COVID-19?
  - Are you experiencing a cough, shortness of breath, or sore throat?
  - Have you had a fever in the last 48 hours?
- Keep doors and windows open where possible to improve ventilation
- Post signs encouraging social distancing (visible to customers)
- Require that customers wash or sanitize their hands upon entering and leaving the facility
- Require customers to clean equipment they come in contact with using disinfecting wipes before and after each use
- Encourage customers to use only one piece of equipment at a time (i.e., no circuits or “super setting”) so that machines are cleaned after use
- Consider limiting workout length to avoid unnecessary exposure, decrease congestion, and allow for additional sanitization
- Recommend that persons more vulnerable or at-risk for COVID-19 as identified by the CDC—including those who are over the age of 65 or those who have chronic medical conditions—take extra precaution or refrain from use of the facility.

### **Business Process Adaptations**

- Restrict facility access to staffed hours only (i.e., any unmanned facilities must be manned) and limit facility occupancy to 50 percent of capacity as dictated by fire code (as such capacity is adjusted in consideration of closed areas of the facility pursuant to these guidelines).
- Mitigate exposure in the workplace by implementing social distancing guidelines and modify scheduling.
- Staff to conduct regular (i.e., every 2 hours) disinfecting of high-touch surfaces, equipment and common areas of the facility using disinfectant cleaning supplies according to CDC guidelines.
- Close showers, locker rooms, and lockers until further notice. Ask customers to instead use small gym bags to store personal belongings; remind customers to appropriately monitor or secure such personal belongs or provide a secure area monitored by staff.
- Close all swimming pools, hot tubs, saunas and other recreational water or spa facilities.
- Close all basketball courts, racquetball courts, and other places where formal and informal group or team sports may occur.
- Any youth or adult team leagues or sports should remain closed.

- Only allow group fitness classes if classes can be completed in accordance with social distancing recommendations (including but not limited to: less than 50% capacity and with more than 6 feet of distance maintained between participants at all times; no shared equipment during the class; sufficiently adjusted class schedules to allow for deep cleaning between classes; martial arts and other contact activities should be completed without any person-to-person contact).
- Encourage all employees and customers to wear PPE where applicable, and recommend that customers wear a face covering (not N-95 or medical masks, which should be reserved for healthcare workers).
- Adjust equipment layout and close or restrict access to equipment to maintain at least six feet of distance between equipment.
- Temporarily close water fountains, common areas, break rooms, check-in counters, where customers or employees may congregate. Encourage users to provide their own water.
- No self-service options (coffee bars, smoothie stations and other forms of communal food in facilities). Food retail should follow restaurant guidelines.
- Ensure that staffing of facilities is sufficient to enable enhanced sanitization and cleaning measures.

## **Legal Considerations of “Back to Work”**

### **Generally Speaking:**

Employers may face liability under Occupational Safety and Health Administration (OSHA) regulations for actions taken before, during and after the COVID-19 crisis. Although there is no “COVID-19” standard, several OSHA standards could be applied to preventing the spread of the disease. This includes, but is not limited to, the “General Duty Clause” which requires employers to provide their workers “employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm.” 29 USC 654(a)(1)

Though it would be difficult for an employee to clearly demonstrate that they contracted the illness while at their place of employment, contact tracing could lay a clear path back to the workplace.

As we begin to repatriate our offices and bring the workforce back, there are many additional considerations that may impact decisions. There is always a chance that employers may face claims of discrimination while making difficult choices in how they phase in the returning work force. It is imperative that such decisions are made for reasons not based on a protected class as defined by discrimination laws. Specifically, employers need to carefully document their selection process and avoid making any decisions based on age or disabilities that might be perceived to make an employee or applicant more vulnerable to the virus.

For businesses that are forced to make a reduction in work force, these same types of considerations should be applied. Employees that used sick leave to care for family members or because of concerns about their own well-being that are later part of a force reduction may consider this a retaliation or retribution by the employer.

### **Personal Protective Equipment:**

Many employers are considering placement of policies or protocols that include the wearing of facemasks, gloves or other protective equipment to help stop the spread of any illness in their workplace. While the intent is well placed, certain considerations should be made:

- Have you accounted for those with access and functional needs? This may include things like protective wear for those who use wheelchairs, options for those with allergies to latex, etc.
- Have you provided proper training for use of the protective wear? Improper donning and doffing of protective equipment is often the cause of infection among medical professionals.
- Can you provide fit testing for masks?

Legally, if the employer can accommodate these types of exceptions or alternatives without causing undue hardship to the business, they are required to do so.

## **Screening and other access controls**

Even those things that are intended to protect the work force may cause legal issues if not completed correctly. Currently, under the medical emergency, leniencies have been provided to companies in the interest of protecting the general public from COVID-19.

As the disaster continues and a new normal emerges, there may be a review of these procedures which may cause problems if not implemented correctly.

Some basic steps may help to protect companies:

1. Decide who you will screen. While some companies are screening ALL employees, others are screening only those who have been in contact with someone who has been tested positive for COVID 19. Many companies are testing everyone who enters the facility while others do not have that option (retail stores and others with rotating customer base where it would be impractical). One of the most important considerations is consistency and assurance that the testing is completed on a nondiscriminatory basis.
2. Training for those who are doing the screening. Again, there are differences in how companies are doing the screening. Some companies are allowing employees to take their own temperature while others are providing a trained employee to take all temperatures. Still others are hiring third party contractors for this purpose. Whichever method you choose, maintain records to ensure discrimination has not taken place.
3. Safety Concerns and Requirements. Ensure that those taking temperatures are provided proper personal protective equipment.
4. Equipment. Consider what type of thermometers will be used and be consistent. Speed, accuracy and ease of use are main considerations for most of the businesses implementing checks.
5. Decide where checks will take place. The main consideration is privacy. The best location would allow some discretion for the person being screened. Ideally, there would be an alternate location that anyone failing the screening could be taken to walk them through the next steps.
6. Develop a screening process or policy and stick to it.
7. Develop a documentation process.
8. Communicate the processes to your employees prior to implementation.
9. Send employees home if they have a fever or if they refuse to be tested. Communicate this to employees prior to beginning the testing process. If an employee is sent home, provide them with instructions or expectations (call their primary care provider, get tested if possible, etc.). Follow up periodically with employees that are sent home.
10. Establish return to work procedure and communicate that with employees. Written policy should be sent with anyone that is sent home. Some considerations may include:
  - a. Cannot return to work unless at least 10 days has passed since onset of symptoms
  - b. Cannot return to work until at least 72 hours after employee has experienced no fever

- c. Has been completely symptom free for at least 72 hours.

Legal implications related to the return to the office are endless. The protection of employer and employee are mutually beneficial and both need to be considered for a successful restart of our companies and our economy. It's important to actively engage your legal department or other counsel early in your processes.

## **Return to Work: Mental Health Supports for Employees and Families**

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Your example and leadership are vital to your company’s recovery and Return-to-Work plan success.

Workplaces in crisis impacts team function and employee wellbeing. Including social and emotional health in business strategies positions companies to emerge stronger and more resilient, with staff who feel supported and more connected to their company and their colleagues.

The information below can serve as a guide in helping you address some of the keystones in supporting employee mental health and wellbeing in your Return-to-Work plan.

### **Resilience vs Burnout**

An important component of managing crisis is monitoring the stress of your employees. The World Health Organization defines burnout as a “syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” Employees suffering from burnout have higher rates of

- Alcohol or substance abuse
- Broken relationships
- Poor physical health
- Anxiety or Depression
- Suicidal ideation

Leaders can build supports for themselves and their employees to reduce the risk of burnout and the negative behaviors associated that impact work and family life.

- Improve social supports while maintaining physically distancing. Building and maintaining strong social connections in the workplace reduces risks associated with feelings of isolation, disconnection, or loneliness. **Ask managers to prioritize regular, less formal contact with staff in their Return-to-Work planning.**
- Resilience is the ability to cope despite difficult situations. Building resilience takes teamwork, courage, and patience. **In your Return-to-Work plan, encourage employees to ask for help when the need it; offer help to others; and find positive ways to decompress.** (see Appendix xxx Resilience Wheel)
- Set the example.
- **Monitor employee fatigue/burnout** during the Return-to- Work transition, especially those engaged in helping others. **Include respite in your Return-to-Work plan** to recharge staff and reduce the negative impact of chronic or toxic stress. (see Appendix xxx for the Professional Quality of Life Scale Assessment)

## Connect Staff to Mental Health Resources

Everyone needs help sometime. Directing staff to resources and prioritizing their mental and emotional wellbeing shows them you understand the toll of the many changes in workplace routines.

- Recognize the challenges of uncertain times in business and family life facing all of us. **Assure staff that while episodes of anxiety, fear, or depression may occur, company and/or community resources are available to support the individual and their family.**
  - Include emotional wellbeing as a priority in your company's COVID recovery planning
  - Identify key staff as a point of contact for more information on accessing mental health supports
  - Post mental health warm-line and crisis information (see Appendix xxx for a list of resources)
- Review employee health insurance plans; **ensure access to mental health supports is available under your employee benefit plan.**
- Tele-health services allow employees to access mental health providers without leaving their workplace or home. **Ask your insurer about telemedicine access and rate parity within your insurance plan.**

Examples of communication from leaders to staff conveying support can be found here: [www.ptsd.va.gov/covid/COVID\\_leaders\\_support\\_staff.asp](http://www.ptsd.va.gov/covid/COVID_leaders_support_staff.asp)

## **References**

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General health guideline provided by <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Promote etiquette for coughing, sneezing and handwashing provided by [https://www.cdc.gov/healthywater/hygiene/etiquette/coughing\\_sneezing.html](https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html) and <https://www.cdc.gov/handwashing/index.html>

Face cloth guidance provided by <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

General reopening guidance provided by [https://idph.iowa.gov/Portals/1/userfiles/61/covid19/IDPH%20Reopening%20Guidance%204\\_7\\_20.pdf](https://idph.iowa.gov/Portals/1/userfiles/61/covid19/IDPH%20Reopening%20Guidance%204_7_20.pdf)

Cleaning and disinfection for community facilities provided by <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Symptoms of COVID-19 information provided by <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Iowa Department of Public Health face cloth guidance provided by [https://idph.iowa.gov/Portals/1/userfiles/7/COVID-19%20Guidance%20for%20Cloth%20Face%20Coverings4\\_6\\_20.pdf](https://idph.iowa.gov/Portals/1/userfiles/7/COVID-19%20Guidance%20for%20Cloth%20Face%20Coverings4_6_20.pdf)

Groups at higher risk for severe illness guidance provided by <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

Guidance for Iowa businesses experiencing COVID-19 outbreaks among employees provided by [https://idph.iowa.gov/Portals/1/userfiles/61/covid19/Guidance%20for%20businesses%20COVID%20Outbreak%204\\_24\\_20%28AC%29.pdf](https://idph.iowa.gov/Portals/1/userfiles/61/covid19/Guidance%20for%20businesses%20COVID%20Outbreak%204_24_20%28AC%29.pdf)

Iowa Department of Public Health employee messaging provided by <https://idph.iowa.gov/Portals/1/userfiles/7/In%20the%20Workplace%2011x17%2004162020.pdf>

Workplace leave policies provided by <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Department of Labor guidance provided by <https://www.dol.gov/coronavirus>

Equal Employment Opportunity Commission guidance provided by <https://www.eeoc.gov/coronavirus>

Cleaning and disinfecting your facility guidance provided by <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>



EPA-registered household cleaners guidance provided by <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Opening restaurants/bars in Iowa information provided by <https://dia.iowa.gov/document/iowa-restaurant-reopening-criteriaoperation-restrictions-during-covid-19>

Manufacturing, distribution and construction reopening information provided by <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/responsible-restart-ohio/sector-specific-operating-requirements/sector-specific-operating-requirements>

Consumer, retail and services information provided by <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/responsible-restart-ohio/sector-specific-operating-requirements/sector-specific-operating-requirements>

General office environments information provided by <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/responsible-restart-ohio/sector-specific-operating-requirements/sector-specific-operating-requirements>

Guidance for gyms and workout facilities provided by <https://www.tn.gov/governor/covid-19/economic-recovery/exercise-facilities-guidelines.html>

## PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

### COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

**1=Never**

**2=Rarely**

**3=Sometimes**

**4=Often**

**5=Very Often**

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I [help].
- \_\_\_\_\_ 3. I get satisfaction from being able to [help] people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I [help].
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a [helper].
- \_\_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- \_\_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I [help].
- \_\_\_\_\_ 10. I feel trapped by my job as a [helper].
- \_\_\_\_\_ 11. Because of my [helping], I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a [helper].
- \_\_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I [help].
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. I feel worn out because of my work as a [helper].
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very caring person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.

## YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

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### Compassion Satisfaction \_\_\_\_\_

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

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### Burnout \_\_\_\_\_

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

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### Secondary Traumatic Stress \_\_\_\_\_

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

## WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. \_\_\_\_\_  
 6. \_\_\_\_\_  
 12. \_\_\_\_\_  
 16. \_\_\_\_\_  
 18. \_\_\_\_\_  
 20. \_\_\_\_\_  
 22. \_\_\_\_\_  
 24. \_\_\_\_\_  
 27. \_\_\_\_\_  
 30. \_\_\_\_\_

**Total:** \_\_\_\_\_

| The sum of my Compassion Satisfaction questions is | So My Score Equals | And my Compassion Satisfaction level is |
|--|--------------------|---|
| 22 or less   | 43 or less         | Low                                     |
| Between 23 and 41                                  | Around 50          | Average                                 |
| 42 or more   | 57 or more         | High                                    |

### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- \*1. \_\_\_\_\_ = \_\_\_\_\_  
 \*4. \_\_\_\_\_ = \_\_\_\_\_  
 8. \_\_\_\_\_  
 10. \_\_\_\_\_  
 \*15. \_\_\_\_\_ = \_\_\_\_\_  
 \*17. \_\_\_\_\_ = \_\_\_\_\_  
 19. \_\_\_\_\_  
 21. \_\_\_\_\_  
 26. \_\_\_\_\_  
 \*29. \_\_\_\_\_ = \_\_\_\_\_

**Total:** \_\_\_\_\_

| The sum of my Burnout Questions is | So my score equals | And my Burnout level is |
|------------------------------------|--------------------|-------------------------|
| 22 or less                         | 43 or less         | Low                     |
| Between 23 and 41                  | Around 50          | Average                 |
| 42 or more                         | 57 or more         | High                    |

| You Wrote | Change to |   |
|-----------|-----------|---|
|           | 5         | the effects of helping when you are <i>not</i> happy so you reverse the score |
| 2         | 4         |   |
| 3         | 3         |   |
| 4         | 2         |   |
| 5         | 1         |   |

### Secondary Traumatic Stress Scale

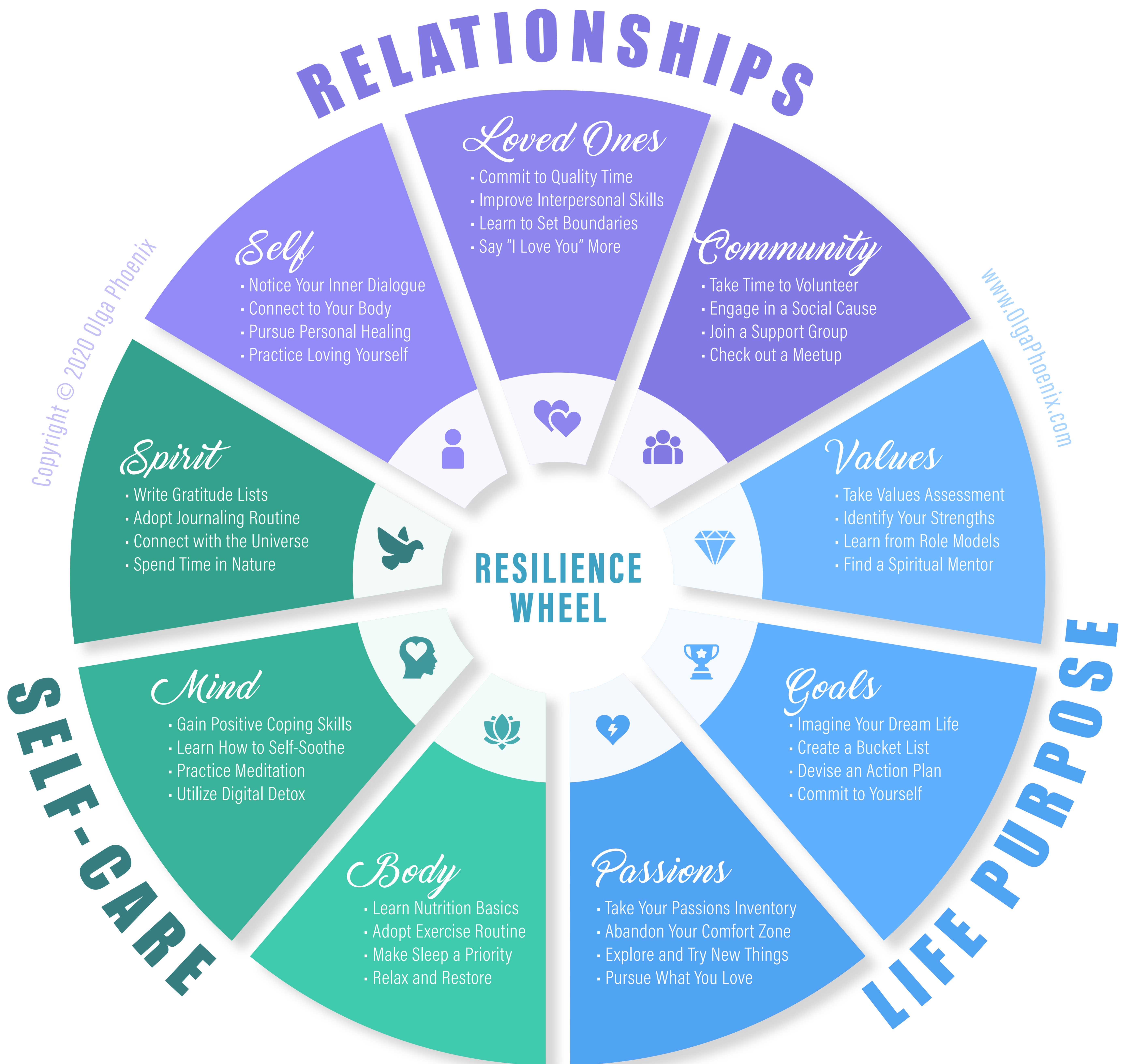
Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. \_\_\_\_\_  
 5. \_\_\_\_\_  
 7. \_\_\_\_\_  
 9. \_\_\_\_\_  
 11. \_\_\_\_\_  
 13. \_\_\_\_\_  
 14. \_\_\_\_\_  
 23. \_\_\_\_\_  
 25. \_\_\_\_\_  
 28. \_\_\_\_\_

**Total:** \_\_\_\_\_

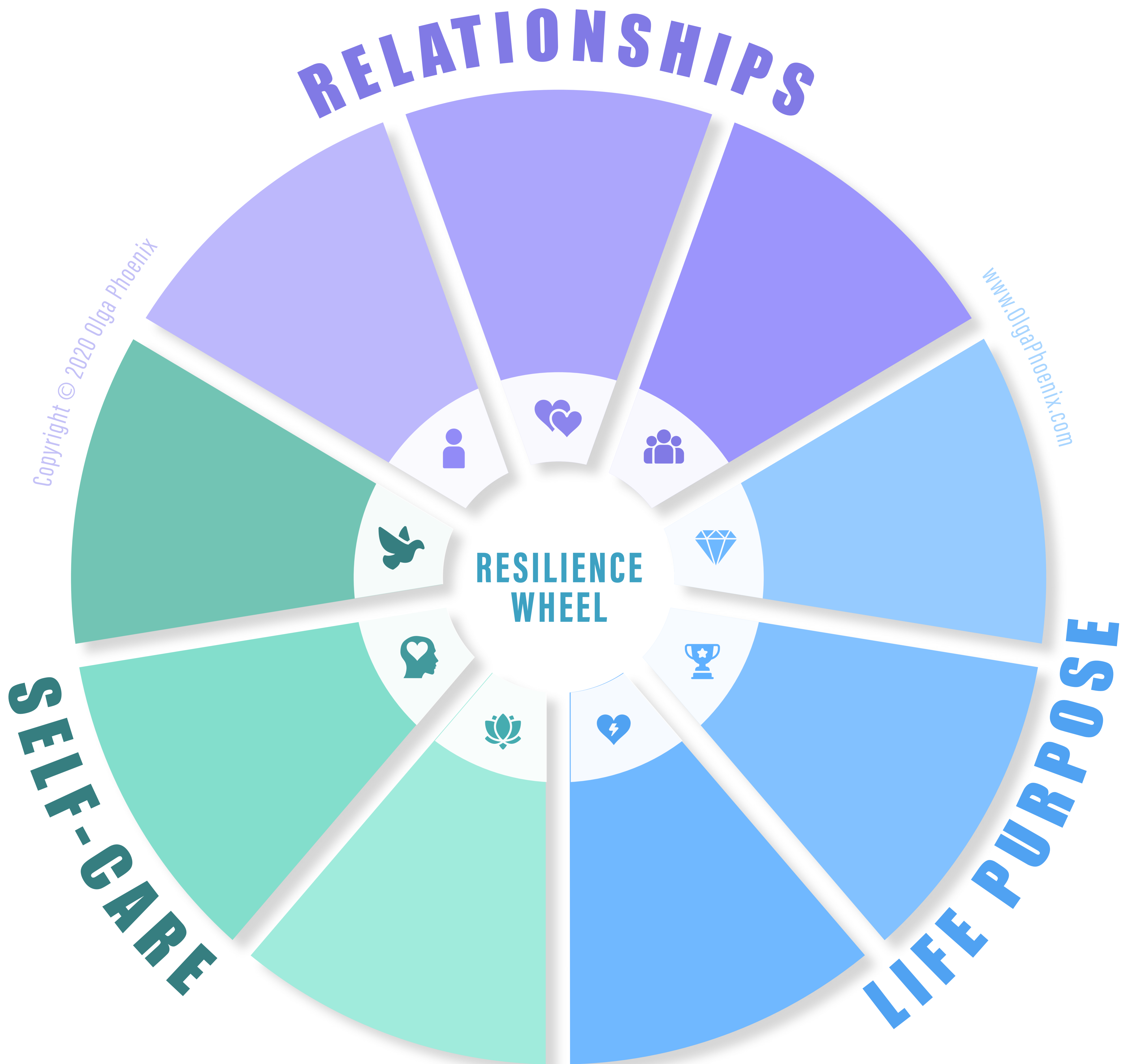
| The sum of my Secondary Trauma questions is | So My Score Equals | And my Secondary Traumatic Stress level is |
|---|--------------------|--|
| 22 or less                                  | 43 or less         | Low  |
| Between 23 and 41                           | Around 50          | Average                                    |
| 42 or more                                  | 57 or more         | High                                       |

# Resilience WHEEL



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# Mental Health is Health

Everyone needs help sometimes.  
Call, text or chat online to get reliable  
information, and find help nearby.

Call: 2-1-1 x 8

Text: (855) 895-8398

Chat online: <https://yourlifeiowa.org/mental-health>



## Mental Health Walk-In Clinics:

UnityPoint: 1250 E 9th Street, Des Moines (Open 10am – 8pm)

Broadlawns: 1801 Hickman Road, Des Moines (Open 9am – 7pm)

Broadlawns Medical Center Crisis Line: 515-282-5752

The National Domestic Violence Hotline: 1-800-799-7233

**If you feel as though you are going to harm yourself  
or others, call 9-1-1 immediately.**