ERM Roundtable

COVID-19 INSIGHTS SUMMARY

This publication is a compilation of the ERM COVID-19 Roundtable Insights and Benchmarking documents for Environmental, Health, and Safety professionals in their continued management of COVID-19.



The business of sustainability

Foreword ERM COVID-19 Roundtables

"[COVID-19]—and other infectious diseases represent a perpetual challenge for which we have to be perpetually prepared."

Anthony S. Fauci, M.D. NIAID Director

https://ascopost.com/issues/august-10-2020/anthonyfauci-explores-what-we-know-about-covid-19-and-whats-being-done-to-combat-it/



Jason Goetz Partner, ERM

As Environmental, Health, and Safety (EHS) professionals, we strive to make our people and assets as safe as possible. This time last year, we didn't realize the impacts of the COVID-19 pandemic and how our businesses and lives would change. Whether we are dealing with tracking case rates, cases in the work environment, physical distancing, face coverings, working from home, testing, restrictions, or temperature checks, this has been a year of perpetual change.

Our profession has never been as challenged with the increasing demands of COVID-19 and the implications of the pandemic. As EHS professionals, we have pivoted to keep essential portions of our business running at optimal safe levels and our non-essential business operating as smoothly as possible while working from home.

ERM hosted a series of COVID-19 virtual roundtables

with the scope and discussion customized to the pandemic's current phase and the future needs/decision points facing the workforce. The participants included EHS leaders from various organizations and sectors and gathered real-time feedback on how their peers responded to the crisis. They've gained insights and knowledge to help their teams be prepared to work through the current challenges and be positioned safely and confidently for the rebound. After each roundtable, we shared an Insights document from the session and this COVID-19 Insights compilation summarizes the previous roundtable recaps. The data referenced throughout was collected from pre-event surveys and live question and answers from the roundtable, which is separated into key sections based on their business impact/influence.

With vaccinations being administered and with cases continuing to be prevalent, this Insights document can help provide benchmarking for future business continuity and pandemic planning. We want to thank our global respondents and speakers who have been instrumental in sharing knowledge and resources while we've battled COVID-19 in our workplaces worldwide. We encourage our EHS professionals to move beyond traditional compliance programs with COVID-19 so they can maximize the return on their investments in safety.

Our mission for these roundtables is to work together to keep our most valuable asset, **OUR PEOPLE**, safe and healthy during the COVID-19 pandemic and enable our businesses to operate.

The "H" and "S" of EHS has never been as important as it was this year, and we appreciate what all our colleagues are doing for their companies around the world.

Jason Goetz



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Executive Summary

A foundation for Environmental, Health, and Safety professionals is to keep our most valuable asset, **OUR people**, safe and healthy. ERM used this foundation for the series of nine COVID-19 Roundtables that over **250** EHS professionals worldwide participated in such sectors as technology, chemical, pharmaceuticals, and healthcare. The participants shared their insights with colleagues as they kept businesses operating and provided valuable benchmarking data for current and future business continuity and pandemic planning.

This COVID-19 Insights compilation summarizes the roundtable recaps, separated based on their business impact/influence, such as building controls, building readiness, business continuity, health screenings and testing, mental health, return to work, and risk assessments. Included are links shared by participants containing information on building resources and pandemic curve forecasting for return-to-work business planning and preparedness. The goal of publishing this compilation is to share information for broader use and help the readers benchmark their programs with the insights provided over the last 12 months.

Businesses needed to implement their **business continuity** plans while adapting to the new challenges COVID-19 presented while being proactive in their decisionmaking to preserve business continuity and build enterprise resilience. **86%** of the respondents said "Yes," they had a Business Continuity Plan in place when the outbreak started in December and **77%** said their COVID-19 team has begun to work on lessons learned and has upgraded the Business Continuity Plan. Following the Swiss Cheese Respiratory Virus Pandemic Defense, each intervention has imperfections; however, multiple layers improve success in preventing the spreading of COVID-19.



Executive Summary

100% of respondents said "Yes," they have a process to monitor, vet, and escalate new cases in the work environment. Over **90%** of respondents base their quarantine process on Centers for Disease Control and Prevention (CDC) / World Health Organization (WHO) or state/local requirements.

Participants explored the various challenges and solutions for effectively managing controls for preparing **building readiness** where operations didn't stop and when planning return to normal workplace operations. Many companies are redesigning their office, manufacturing, lobby spaces for social distancing, including marking out elevator spaces into quadrants and limiting personnel where possible. Most respondents have issued a protocol on heating, ventilation, and air conditioning (HVAC), using the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) standard as a global standard for destination Air Change Rates for office environments, and many have increased daily air intakes.

One of the most discussed topics and significant challenges is **health screenings and testing** for a global workforce. Approaches to health screening include daily temperature measurements and online daily self-assessments with a temperature cutoff to require a self-quarantine range from 99.5 to 100.4 °F or 37.5 to 38 °C. Companies shared multiple testing approaches, many of which had limitations for widespread implementation.

Of critical importance to the response to COVID-19 is the human aspect, including employee **mental health** and well-being, and promoting a culture of support and resources. **76%** of respondents had seen an increase in mental health-related issues due to COVID-19 and its impacts.

Defining the timing and approach for **return to work** is a major challenge, as conditions vary widely between locations. The timing of return to work needs to follow government mandates as the first line of assessment. Respondents indicated that technology helps play a part in employee/workers returning to work, such as thermal scanners tied to badge access, contact tracing apps, and social distancing wearables.

Participants were asked about the **risk assessment** process with topics ranging from risk assessments and Management of Change (MOC) to risk mitigation. **74%** of respondents said "Yes," they were planning to perform a formal COVID-19 risk assessment or manage going back to work under a MOC process.

Detailed findings for each of the business impacts/influences were obtained from pre-event survey responses and live question and answers from the roundtables. We hope you find this Insights Summary beneficial to your business continuity and pandemic planning as we prepare for a brighter future.

Overview of **Survey Respondents**



Top 10 Participant Sectors

Technology	35%
Chemical	14%
Pharmaceuticals & Healthcare	14%
Power	7%
Manufacturing	7%

Automotive	4%
Oil & Gas	3%
Food, Beverage & Agri-business	3%
Textile & Apparel	3%
Mining	3%

Accommodations

During the pandemic, EHS professionals have seen an increase in work accommodations for both essential and non-essential workers.

Many respondents had varying criteria when implementing a return-to-work accommodation process, such as:

- Having a list of chronic conditions considered to put an employee at higher risk for COVID-19 complications, with a certificate from the family physician that the employee has a condition listed;
- Considering job type, essential services, flexibility options, and Human Resources policy;
- For health-related concerns, asking for confirmation from the medical provider—similar to a standard Americans with Disabilities Act (ADA) request; and
- For other concerns (reduced work capacity due to childcare needs, etc.), following an escalation process (the first step is working with one's manager, then escalating to engage Human Resources for consideration of potential solutions if there are further concerns).

Key Point

50% of respondents said "Yes," they were implementing a process for people requesting accommodations for return-to-work situations related to COVID-19.



Building Controls

While the ultimate goal is to prevent the virus from entering or spreading in the workplace, there is a critical need to take actions to mitigate the risk of transmission where that is not possible.

100% of respondents said "Yes," that as locations reopen with few or no government restrictions, their companies are going to maintain their own restrictions (face coverings, physical distancing, etc.). De-escalation will be based on community threat assessment. Respondents are implementing relevant face covering, distancing, socializing and non-touch actions, and temperature checks.

Respondents plan to remove COVID-19 controls:



Many firms are not allowing any business visitors; however, some employees can go to third-party sites if following physical distancing, mask-wearing, and any mandated quarantine requirements.



Building Controls

Many of the respondents are planning to monitor, supervise, and report on the ongoing performance of the controls in place with:

- Human Resources and Operations conducting reviews and communicating results to presidents/leaders of individual operating companies;
- Implementing COVID-19 monitors where required by regulation, and possibly at additional locations, with workers being empowered and encouraged to give feedback on workplace groups; and
- Using (1) a COVID-19 Case Dashboard and (2) a Geographic Information System (GIS) integrated smart app with COVID-19 behavior and condition triggers.

Many respondents are monitoring government restrictions along with implementation of safeguards and practices in the workplace, including suitable availability and inventorying of personal protective equipment (PPE) and supplies. Best practices include:

- Modification of the workplace to include social distancing engineering solutions, signage, and marking;
- Implementation of operating practices—temperature screening, hand sanitizing, and completion of employee training; and
- Tracking of the local spread, health data, hospital bed space, testing availability, and numbers of vulnerable people in the organization.

Respondents have implemented COVID-19 control measures and are verifying that they are being properly implemented and followed by employees by:

 Deputizing workers to report concerns anonymously and appointing physical distancing officers in the workforce.

- Monitoring employee health and safety onsite, and using a peer-pressure approach.
- Instigating a COVID-19 concern reporting structure (voluntary) and incident management process, along with establishing managerial responsibility and expectations for employees. Onsite security can report if they are seeing compliance issues (particularly related to social distancing and face covering use).
- Using Smartsheets and QR codes to capture behaviors and share information. Of note, by the end of the shift, persons become more relaxed and social distancing starts to lapse.
- Trusting staff to follow guidance and direct conversations with individuals.
- Implementing Behavior-Based Safety Observation Program and a COVID-19 app, plus leadership tours to engage/observe employees and address disaffection.

Respondents are planning to maintain focus on COVID-19 in the workplace post-reopening by:

•	Physical distancing visual reminders	89%
•	Periodic newsletters/communications	89%
•	Engineering controls	81%
•	Periodic videos	52%
•	COVID-19 committee	52%
•	COVID-19 officers/reps	33%
•	Champions	30%

Building Controls

In addition, businesses/functions will conduct self-audits and submit information to a corporate level group. Facilities staff will do outside spot audits and report up. Task forces have also been formed, including the full executive C-Suite and direct reports, Executive Steering Committee (three top executives), Incident Command Team, and several working groups. These will also be supported by Corporate Communications (which sends out at least weekly messages from the Senior HR VP, and weekly videos from the CEO).

Assuming adequate controls are in place (e.g., physical distancing, masks, and cleaning), respondents plan to respond to any new cases of COVID-19 at their site by:



*Business as usual means that the company is applying its Case Management practices adopted for the pandemic response.

In addition, respondents plan to follow full government measures, have all primary and secondary contact cases self-isolate, disinfect the office, and have all people who have returned to the office go home. They will also perform a risk assessment of any confirmed or suspected cases and conservatively assign many layers of protection and response.

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85%	of the responder from bringing per items home.

of the respondents said "No," they are not restricting persons from bringing personal items into the workplace or limiting taking items home.

43% of respondents are requiring precautions for end users opening received shipments that include wiping down any surfaces the package sat on while the packages are being opened.

Building Readiness

Participants explored the various challenges and solutions for effectively managing controls for building readiness as there is a return to normal workplace operations.

For those participants who had started return-to-office operations, **56%** have not had to scale back or delay due to unexpected operational issues, logistics, or resurgence. Many participants are using region/country-specific factors, taking into account COVID-19 clusters and second/third waves. Some are planning a four-phase return-to-work schedule (from essential to strictly optional). The only thing that has slowed one company's pace for return was that only **8%** of its workforce expressed a desire or strong desire to return to the workplace. Some participants are maintaining an estimated **95%** of company functions through a combination of essential manufacturing and remote working. Other respondents are monitoring the government reopening requirements and COVID-19 health data and have delayed opening or expanding their number of essential workers due to resurgences and second waves.

Many companies are redesigning their office, manufacturing, lobby spaces for social distancing, including marking out elevator spaces into quadrants and limiting personnel where possible. Most respondents have issued a protocol on HVAC using the ASHRAE standard as a global standard for destination Air Change Rates for office environments, and many have increased daily air intakes. www.erm.com



Building Readiness

Respondents have developed a building checklist that includes Legionnaires' disease testing so a building can be cleared by EHS and facilities personnel. Some companies are testing emerging technologies such as real-time temperature monitoring, contact tracing devices, and cell phone apps.

Many respondents were making changes to the workplace environment to account for aerosol transmission in addition to droplet transmission routes (6 feet [2 meters] distancing) by aligning with ASHRAE requirements for ventilation rates and using MERV 13/14/15 filters and portable HEPA filters in key areas. Some firms are considering Plasma Air Ionization, focusing on fresh air wherever possible, and limiting the use of HVAC. Many firms require masks throughout all buildings, with limits on the numbers in a room (e.g., only two people in a conference room, no matter the size). One firm increased its air change rates on shuttle buses from six times to 24 times per hour.

100% of the respondents said "Yes," they are implementing restrictions on the number of personnel in an elevator/lift. Some of the specific resources being used for implementing risk controls for elevators/lifts include:

- Two people maximum and encouraging the stairs;
- Self-governing single-use with disinfectant supplies;
- Social distancing floor markings in lift and in lobby;
- Social distancing and masks;
- Single-use and disinfectant supplies in elevator; and
- Reprogramming elevator cars to go to odd/even floors.

Key Points

The respondents are creating or using checklists to plan for the reopening of facilities as follows...

Have developed a checklist.	40%
Are in the process of developing a checklist.	20%
Have continued to operate their facilities under existing protocols.	20%
Have none.	20%

Companies needed to implement their Business Continuity Plans while adapting to the new challenges COVID-19 presented, while also being proactive in their decision-making to preserve business continuity and build enterprise resilience.

A. Business Continuity Plans

Regarding Business Continuity Plans, **86%** of the respondents said "Yes," they had a Business Continuity Plan in place when the outbreak started in December; **32%** had a partial Business Continuity Plan; **27%** had a standalone plan; and **77%** said their COVID-19 team has started to work on lessons learned and has upgraded the Business Continuity Plan. Many respondents are preparing for a global debrief survey of their crisis management teams, with updated plans and business continuity teams actively involved.

Respondents created shift scheduling schemes that included:

- Return to work in phases of 25%, 50%, 75%, and recovery;
- Staggered breaks/lunches and start/end times to promote social distancing and temperature screening;
- 7-on 7-off schedule to reduce turnover in control rooms;
- Implementation of A/B teams with different start and end times;
- Essential and leadership first, then very slow static build;
- Essential versus ability to work from home;
- Essential manufacturing employees and essential support functions;

Business Continuity

- Split shift: two teams on different days with critical staff and no vulnerable employees, and personal decisions based on comfort; and
- Phase 1, which includes priority staff; Phase 2, which includes those who are less effective because of limitations at home; and Phase 3, which occurs when local restrictions have been significantly relaxed and includes essential employees, (employees who can't work from home indefinitely, such as Research and Development), and those who can work from home indefinitely.

Respondents were evaluating the recovery rate and mortality rate for return-to-work stages by:

- Monitoring 14-day trends in new cases per day, along with the 7-day moving average from the most local reliable source;
- Following local public health agencies in localities of operations;
- Monitoring improving trends in the recovery rate and mortality rate (ideally <5%); and
- Modeling data using regional and local case data.

Many respondents were monitoring federal, state, county, and city Executive Orders or Occupational Safety and Health Administration (OSHA) requirements and then performing risk assessments to meet European Union (E.U.) Duty of Care and U.S. General Duty requirements.

For new cases in the work environment, respondents have identified escalation levels/criteria to determine response actions that include:

• Contact tracing, quarantine, deep cleaning, and communications;

- An online reporting system managed by EHS professionals, with case managers available 24/7 and site protocols in place with Security and Human Resources support; and
- Guidance and process provided in a corporate playbook and company intranet for COVID-19 activities and crisis guidance.

Respondents had separate phases/stages for return to work, including:



As companies have been responding to COVID-19 and adjusting their EHS practices since March 2020, many have:

- Incorporated COVID-19 into standard business procedures and how they manage EHS;
- Increased their auditing requirements, safety key performance indicators (KPIs), and risk management;

- Increased their focus on the "S" in Environmental, Social, and Governance (ESG) and human capital;
- Seen an increased demand for better at-home office setup provided by the employer;
- Required contractors to have a COVID-19 plan;
- Tracked development of state-level COVID-19 standards, such as those being created in Oregon; and
- Incorporated clear messaging to employees and managed their expectations of work environments.

Respondents are supporting employees with the highest risk profiles by:

- Asking employees to keep simple log books of close contacts;
- Reskilling employees that are high-risk profiles into other business areas; and
- Working with Human Resources and requiring medical documentation to make accommodations (for those deemed high risk through the CDC website.)

Over **50%** of respondents have conducted or are planning on conducting employee tracing by:

- Handling through a portal or app, with onsite medical centers reaching out to employees directly via phone or e-mail;
- Interviewing the person using screening information (e.g., dates, times, work space, travel routes, contact personnel, travel, and health), performing onsite badge tracking, and conducting an exposure risk assessment; and
- Following the "ring of exposure" concept and asking those who had direct exposure to isolate themselves for 14 days.

Respondents are keeping employees informed of the latest internal guidance/policy for COVID-19 with:

- An intranet site with global and regional information;
- E-mails on different topics including links to the COVID-19 intranet site;
- Weekly CEO video recordings;
- Business unit all-hands meetings with participation from EHS/ Human Resources in some locations where staff aren't able to check e-mails (employees are open to ask questions); and
- A global training program rolled out in multiple languages around the theme of health and safety.

Some of the biggest challenges respondents are discussing include:

- Addressing employee well-being, as the majority of workers are remote (e.g., COVID-19 fatigue and anxiety), by continuing to address anxiety and concerns of employees, especially where clusters have been identified, and planning an employee global well-being day, as a supplement to Employee Assistance Programs;
- Tracking and complying with mandates/requirements defined by states and reporting requirements;
- Addressing challenges when customers are not willing to comply with the company requirements that are more conservative than local requirements;
- Seeing the increasing number of cases in the workforce at a time of increased expectations for production within operations; and

 Addressing the need for refreshed training to remind employees about social distancing, masks, and health and safety.

Respondents are preparing to handle another wave of cases to minimize impacts to their business by:

- Categorizing employees based on frequency of needing to come onsite;
- Shifting production layouts and patterns of employees as well as limiting staff on certain shifts;
- Focusing on engineering studies for building ventilation, using MERV 13 or higher filters, and increased airflows, with some locations using needlepoint ionization systems;
- Retraining employees for other roles and redeploying to areas needing support; and
- Increasing employee understanding of the impact of activities during personal time on business operations.

Employers play a key role in providing guidance to employees and emphasizing masks and testing—both in the workplace and personally. It is extremely important to get messages out to employees early to positively influence holiday planning, help mitigate the risks, and help address misinformation.

As companies plan for business continuity in 2021, vaccine, testing, and COVID-19 protocols will change over time, and there will be a need to evaluate metrics that determine whether infections are under control before companies make significant changes to preventive measures.

The metrics to follow include the case rate per 100,000 people, the level of test positivity to less restrictive tiers, and vaccination rates over **60%**. Mask usage, other control measures such as distancing, and the need for testing will continue well into 2021.

Solutions to the various challenges identified above included implementing tools and practices to decrease risk, increased testing, and caring for employees. Participants discussed using outdoor spaces where available and preparing alternatives as the weather changes. Companies are working to maintain employee engagement to mitigate long-term mental health impacts with Human Resources or third-party vendors. Companies are also scaling up the supply chain, including access to rapid saliva testing and coordinating flu shots both onsite and offsite.

Some of the biggest challenges participants identified as facing over the next 3 to 6 months included understanding fact versus fiction and identifying misinformation circulating from a wide range of sources about the virus, mutations, etc. Companies also find themselves dealing with the need to monitor ongoing global regulatory changes and constant fluctuations in risk level. There were concerns with preparing for the second wave and hopes that learnings from the first wave would be ingrained, with local entities having the maturity to respond to future waves. Contact tracing efficiencies were another challenge identified, specifically for general contractors, vendors, and third parties. Participants were concerned with winter weather resulting in less outdoor space for social distancing; the increased risk tolerance from COVID-19 fatigue based on the desire to engage with others; and the effects on increased, ongoing mental health issues.

As cases continue to rise across the globe, participants noted the importance of communicating with employees and emphasizing that they use the necessary preventive behaviors and are mindful of the travel risks during the holidays. Risk reduction represents a mix of personal and shared responsibilities with no single aspect working in isolation (masks, social distancing, hand-washing, ventilation, etc.). Family members and pods should not be assumed to be safe. Following the Swiss Cheese Respiratory Virus Pandemic Defense (see below), each intervention has imperfections; however, multiple layers improve success.

The discussion around global management of COVID-19 focused on creating standards and addressing differences in risk and sensitivities around the world. Companies are creating corporate playbooks with

baseline standards that are extended to each facility/office, including capping office capacity at **50%** until a vaccine is delivered. In some cases, the defined standards and processes are stricter than many government requirements, which involves maintaining global guidance that sets the minimum expectations. Participants noted a heightened awareness and understanding of cultural differences/sensitivities across the globe, and have used a risk calculator method to assess risk locally. They discussed setting up special protocols for some locations to help with employee resources for doctors, mental health providers, etc.; and implementing better management of pre-existing conditions and increased follow-up on employees who are at higher risk or have tested positive for COVID-19.



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Participants described the experiences they've had with contact tracing and workplace incident investigation, along with what they've learned and the adjustments made. It was noted that these issues are proving to be among the most challenging to deal with, while widespread asymptomatic testing may significantly increase the demand on contact tracing. Some companies have hired a dedicated team of contact tracers through Human Resources business partners, and built an internal tool connected to building security and Human Resources. This tool has functionality for reporting new COVID-19 cases and alerting contacts of the case, although incorporating contractors, visitors, etc., is a challenge. They've also partnered with local public health authorities for both tracing coordination and to facilitate access to eventual vaccines. In addition, international essential workers have established company processes, but are required to guarantine where mandated.

Participants have piloted wearable devices to help with contact tracing, but find they have not proved viable due to privacy concerns and limited effectiveness. Other tools participants considered include a SharePoint site for reporting, badge access data, camera footage, building access records, room usage, and incident reporting systems.

Key Points

43% of respondents are using technology to help with contact tracing.

21% are still evaluating their options.

B. Construction

Some companies have restarted construction projects, and respondents are taking measures to assure contractors are

complying with established COVID-19 controls by:

- Increasing auditing, additional training, and higher accountability on contract and payment;
- Implementing construction audits and social distancing champions; and
- Formal communication of expectations, behavior-based observations, and case reporting.

C. Fatalities

More than **70%** of respondents have not had any COVID-19related fatalities. Many indicated they would conduct internal reporting only in the event of any fatalities, including in Business Continuity Plan reporting. Companies in the United States notify OSHA. Other respondents reported that they would follow local government requirements. If work-related, fatalities are reported, otherwise, reporting is handled by the health care system.

In the United States, COVID-19 is the leading cause of mortality for the week ending 12/4/2020 and is trending to be the #2 leading cause of mortality for the year.

D. Planning

Respondents are keeping COVID-19 crisis management as an independent action or have already incorporated COVID-19 into business operations as the "new normal." Most firms are keeping COVID-19 in a crisis management mode and have not yet treated it as business as usual. Some respondents are discussing the lessons learned and incorporating them into business as usual. Some firms are considering task forces for next year and incorporating lessons learned into the new norm for operations.

100% of respondents said "Yes," they have a process to monitor, vet, and escalate new cases in the work environment. This includes temperature and symptom screening at entry, guidelines on dealing with an employee who becomes symptomatic in the workplace, and contact tracing of other employees who were within 6 feet of the symptomatic employee for more than 15 minutes without a mask. Additional guidelines are in place for screening of visitors, managing unwell employees in the workplace, and confirmed cases.

Respondents are managing the COVID-19 pandemic in different parts of the world and are changing going forward with:

- Core COVID-19 requirements remaining the same, with implementation adapted based on local conditions;
- Weekly reporting by country managers and pandemic country coordinators; and
- Tracking of company and country case counts, along with absentee rates for both onsite and work-from-home employees.

Respondents are handling ongoing challenges with staff who are primarily in the field by:

- Forced acceleration and implementation of new ways of working that were in the discussion stage, including more remote and virtual platforms;
- Addressing distractions from routine work risks due to the focus on COVID-19 mitigation; and
- Creating more tools and education for those workers.

E. Quarantine

73% of respondents have their own quarantine process and over **90%** of respondents base their quarantine process on CDC/ WHO or state/local requirements. Most respondents follow a blend of generally recommended practices and country/state-specific requirements.

Only **50%** of the respondents mandate vendor or visitor quarantine after travel and before coming to their facilities. Some of the respondents:

- Have a screening process prior to vendor visits, and require employees to follow government requirements for visiting sites;
- Use a phased reopening approach that limits vendors and visitors coming to facilities, with any exceptions being handled by top management;
- Allow visitors if legally required, but limit vendors and visitors to only business critical; and
- Follow local authorities' guidelines; e.g., requiring a quarantine for 2 weeks after arrival in the country.

77% of the respondents said "Yes," their company has policies related to quarantine following personal travel. Many of the respondents:

- Encourage employees to self-quarantine after personal travel;
- Have company-developed guidance on business travel, which reminds workers that, for personal travel, it is recommended they conduct travel pre-planning and are aware of local county or state requirements related to COVID-19; and

• Follow the local authorities' guidelines; e.g., requiring a quarantine for 2 weeks after arrival in the country.

The CDC has issued new guidance for quarantine after exposure. For returning to work, the optimal quarantine remains at 14 days; however, the new guidance allows for two options: to reduce the quarantine to 10 days without testing and to 7 days with testing. Reducing the quarantine period from 14 days should only be done as a last resort and when there is a strong business need to do so. A polymerase chain reaction (PCR) test is the preferred test if trying to reduce the quarantine period, with the understanding that availability is limited in some geographies.

F. Resurgences

Many companies are monitoring for a resurgence, whether it be a cluster spike or a community spike. They are setting up protocols and following the same metrics and procedures for shutting down sites and restarting them. Expectations in the fall were for a spike in cases, especially with the flu season, so proper planning, de-escalating, and roll-back are expected to occur with several companies. Approaches to screenings will vary based on outbreaks and conditions in the countries or states, and companies will continue to monitor and adjust their requirements. Effective step-by-step planning and communication strategies are being planned now for the future. Risk assessments at the facility level are also tracking local community spreads, hospital capacities, and PPE onsite. Risk assessments are scored using green/yellow/red to determine a facility's operational status.

The respondents are managing return to work and the challenge between spreading the virus at work and in the community by:

- Maintaining no more than **50%** occupancy for each building;
- Providing workplace options so that corporate office locations allow people to return based on limitations at home with bandwidth, children, etc., while reviewing the process for teams that want to return together; and
- Keeping operations running, although respondents have noticed an increase in accidents in the workplace and the need to renew focus on safety since the pandemic started.

G. Support Teams

Respondents have indicated that Human Resources assists in the COVID-19 response in their organizations and is an integral part of the response, providing backup and additional information related to emergency leave, taxation, and vacation questions and policies. Additionally, employees have the opportunity to ask anonymous questions that Human Resources or the COVID-19 response team will answer. Respondents are having contact tracing for new cases in the work environment being performed by:



H. Triggers

The respondents are using triggers to make decisions for return to work. For CONFIRMED cases, a majority of respondents follow CDC guidance of returning to work 3 days after symptoms have ended and 7 days since the first symptoms appeared. Some companies are requiring clearance from a physician; discussions with a manager, Human Resources, or in-house medical; or, as with one company, use of a 5-day timeframe since symptoms ended. SUSPECTED cases require a 14-day quarantine (sometimes with the requirement for an exam).

Triggers that our respondents are using to determine if a site needs to be temporarily closed down during a second wave or spike in new cases include:

- Information from local COVID-19 websites for regional areas; these are taken as a conglomerate for global direction and are considered the most conservative approach for a region and adopted globally for the workplace;
- Rates over 5 per 100,000 people, at which point companies are ramping up controls;
- 3-day and 7-day rolling averages for new cases and healthcare data (positive testing and hospitalization rates);
- Multiple confirmed positive affected associates within the same area of a site;
- Employee cases, local new case counts, and hospitalizations in local areas;

- Government action/requirements; and
- Cases per million people.

In some cases, companies are tracking all local data where possible and making decisions on a site-by-site basis. Where manufacturing operations have been operating and are essential, no disruptions are expected.

The respondents are using the following triggers to reopen:



I. Transportation

Many respondents made changes to the operation of companyprovided transportation (e.g., buses, inter-campus shuttles/ vehicles, rideshare, and bicycles), with employees using privately owned vehicles for transportation, and limiting capacity on buses and in taxis for social distancing. Company rideshares/carpools and bikes were put on hold.

Cleaning

Cleaning has become an essential part of keeping our employees safe and is a key item that has been included in many return-to-work and Business Continuity Plans.

Respondents indicated they were following CDC protocols, including cleaning high-touch surfaces such as:

- Common areas such as conference rooms, restrooms, kitchens, break rooms, cafés, elevators, and stairwells.
- Door handles/knobs, control boards/panels, shared office equipment, light switches, screens, desks, tables, door-touch surfaces, elevator buttons, handrails, faucets, and surfaces on toilets (flushing mechanisms, etc.).

Key Points

97%	of respondents routinely clean/disinfect high-touch surfaces in
	the workplace multiple times a day in high population sites, and
	once per day for other locations.

- **95%** of respondents clean/disinfect the areas after a COVID-19 case and have left the area idle for a 24- to 48-hour time period and, in some cases, a 72-hour time period.
- **11%** of respondents said "Yes," they were having third parties test surfaces using swab-testing to verify cleanliness.

7% of respondents were implementing Ultraviolet Germicidal Irradiation (UVGI) technology for surface cleaning.



Compliance Training

Planning for COVID-19 involves addressing the specific risks in workplace settings and the guidance for employees to follow.

Many firms are developing or have developed training on COVID-19 that includes:

- Accounting for behavior shifts due to working from home/ remotely and tools available;
- Requiring protocols for each site or facility location to apply to reopen and deliver training to obtain approval to reopen;
- How-to training, including wearing a mask properly, washing of hands, proper disposal of gloves and masks, social distancing, hygiene etiquette, reporting if ill, ergonomics, and use of PPE;
- Global Safety Awareness course with each employee certifying they took the course; and
- General COVID-19 communications, including emergency preparedness, environment disinfection, signs and symptoms, self-monitoring, return to work, basic precautions, signage and physical cues, temperature screening, and the importance of hand-washing and sanitization.

Key Points

- 82% of respondents were training employees on company COVID-19 requirements through website guidelines, fact sheets, weekly e-mail updates from leadership, communication posters, and online mini-training sessions.
- **50%** of respondents said training had already been offered through various methods such as online training, virtual meetings, downloadable PDFs, e-mails, small groups onsite, and individual one-on-one, abiding by social distancing.



Face Coverings

The CDC is recommending the public to wear a face covering or mask; therefore, these are increasingly a consideration in return-to-work protocols.

Some firms have made face coverings available for all essential personnel. Obtaining proper PPE has been a challenge. Also challenging has been the appropriateness of providing medical grade masks to employees when local health care and first responders may have difficulty accessing them. Face shields are being used by some companies for security and temperature screening personnel. The availability of supplies, proper training, and expectations for optional versus required usage are all factors for consideration. Firms are still developing guidelines and policies around the "power of three"—masks/distance/cleanliness—as a part of their return-to-work programs.

If employees push back on face coverings, some companies are making reasonable accommodations where necessary and following ADA protocols in consultation with Human Resources. Other companies are first coaching employees and, if necessary, starting to hold them accountable to follow the requirements. A few companies are conducting risk assessments at locations where social distancing is difficult and then deciding on the appropriate type of PPE (e.g., mask/shield/covering). Also encouraged is increased hand-washing and face shields (with masks highly recommended) if social distancing cannot be maintained. www.erm.com

Face Coverings

Many companies were experiencing employee mask fatigue or physical distancing issues and addressed these through coaching, education, and engagement. Alternative ways to encourage mask wearing included a "Mask up Monday," where they shared engaging photos of employees and their masks on their various communications platforms, and establishing a COVID-19 hotline.

The learnings many EHS respondents discovered related to face coverings in the workplace included:

- Most people do not use masks correctly (the company developed an instructional video on how to put on and take off a mask correctly and how to dispose of it);
- Medical accommodation requests were higher than anticipated, with summer arriving and thermal comfort concerns escalating;
- Mask fatigue is an issue and employees periodically remove their mask to "catch a breath";
- Supply-chain logistics are challenging on a global scale;
- Matching different requirements in different countries is taxing; and
- Some employees have asked for accommodations.

Key Points

Percentage of respondents who said...

"Yes" to requiring some type of face coverings as part of the return-to-work requirements.	78%
"Yes," that if they were requiring face coverings, the company was providing.	94%
"No" to requiring surgical masks (ASTM Levels 1-3 or equivalent).	61%
"Yes," that if they were requiring surgical masks, the company was providing.	72%
"No" to requiring N95 or equivalent respirators.	86%
They require face covering with no exceptions when social distancing can't be adhered to.	35%
They require masks only if social distancing can't be maintained.	30%
They require face masks or coverings on lifts/elevators.	83%
They indicated their company issued surgical masks if wearing face coverings in the workplace were required.	45%
They indicated their company issued cloth face coverings if wearing face coverings in the workplace were required.	32%

Food

Businesses are reassessing food distribution and handling for employee safety and to minimize food waste.

Many respondents are making changes to the food services areas, such as for break rooms / vending areas, cafeterias, and catering, in the following ways:

- Seating has been rearranged to maintain social distancing;
- Services have been limited or more "grab and go";
- Areas are cleaned more frequently, and cleaning products are made available for employees to use if they choose;
- Point-of-purchase interactions have been removed, instead having free food to pull out of brown bag areas; and
- Cafeteria operations have been closed, with no food preparation in common areas and employees eating at desks.

Respondents are changing food offering(s) for critical operations and will change upon return to work in the following ways:

- Food services have been limited with more "grab and go" options;
- Free food is available for critical staff;
- Vending machine options and box lunches are provided;
- Cafeteria operations are to remain closed, with about onethird of companies having completely closed their onsite food services; and
- A limited menu of take-out items is permitted, with free boxed lunches for essential staff (for now).

Health Screenings and Testing

One of the most discussed topics and significant challenges is the approach to health screenings and testing for a global workforce.

Respondents had different methods and means of temperaturetaking, including thermal scanning, disposable thermometers, and self-monitoring. Common concerns included cross-contamination if reusable thermometers were considered and management of disposable thermometers as medical waste. Another concern was the availability of U.S. Food and Drug Administration (FDA)approved temperature measurement devices necessary to support large-scale monitoring efforts (e.g., hand temperature scanners versus thermal scanning at entrances).

Approaches to health screening include daily temperature measurements and online daily self-assessments. The temperature cutoff to require a self-quarantine ranges from 99.5 to 100.4 °F or 37.5 to 38 °C.

Companies are using a variety of approaches to both monitoring temperatures and reporting the associated data. Temperature checks happen when personnel enter or re-enter a building, rather than several times a day within a facility; however, some firms didn't find the value of temperature screening to justify the effort and expense. Many firms are considering thermal imaging devices; however, availability is the main issue.

The process of managing situations where employees are above the threshold temperature requires careful thought and clear guidance related to the process for tracking that information. This includes defining the process for employees to leave the office or site (with masks, etc.), the timeframe before they are allowed to return to work, and the results that should be elevated to medical



Health Screenings and Testing

staff (if the company has in-house medical staff) and Human Resources. Protocols for dealing with new cases, post-return to work, also need to be defined in advance.

Approaches to monitoring employee health for re-entry into the workplace include:

- Temperature scan
- Handheld infrared thermometers
- Temperature checks on critical staff
- Temperature check after 14-day quarantine or recovery
- Self-certification and medical release
- CDC guidance

PCR test eligibility criteria have been developed based on:

- 1. Illness
- 2. Return from travel (work and personal)
- 3. Returning to work following infection or self-quarantine

As part of ongoing operations or return-to-office planning for COVID-19 employee testing, respondents were:

- Exploring a pilot program for rapid testing with a national pharmacy chain to do point-of-care testing and eventually vaccinations, although it was noted that this takes time, with providers having detailed requirements to make that type of arrangement possible;
- Planning to provide vaccinations—looking to 2021 Q2 or Q3 for availability; and

• Having Human Resources take the lead on general testing and doing testing onsite.

Considering the upcoming holidays and importance of essential personnel onsite, companies considered a protocol for testing out of the 10/14-day quarantine (work from home) period after travel, which included: adjusting the protocol depending on geographic area or if a test is even available; and shortening the quarantine period for international travel for those that have gone through testing; and having an exception process.

Diagnostic testing at Day 7 is encouraged using a PCR test, which is more sensitive and superior, and less likely to have false negatives. Quarantine time is shorter with PCR than with the antigen testing process, with a 7-day quarantine. Recommendations are still to adhere to a 14-day quarantine and to follow the Swiss Cheese Respiratory Virus Pandemic Defense by using all of the protections in the workplace.

The FDA has only approved antigen testing for symptomatic cases, and there are practical considerations that come into play when assessing what role it can play in a testing program. It is widely used for asymptomatic testing in a wide range of circumstances.

Participants have found that testing does not necessarily shorten quarantine times when laboratory turnaround times are slow. Questions ranging from those as simple as what is the threshold temperature when someone should not be allowed to work, to what equipment should be used to take the measurements, have become complex and challenging issues.

Health Screenings and Testing

Companies managing the testing program in the following ways:



When offering testing programs, participants have found there is no simple formula for deciding whether to offer testing and at what frequency. Testing programs require a robust contact tracing program to be beneficial. The risk of workplace transmission, an understanding of the business impact, and local community rates of infection must be factored into the decision for and approach to employee testing. Testing for viral infection, not antibody testing, is appropriate with consideration of the different test performance characteristics between PCR and antigen tests. Equally important is the result turnaround time. If there have been more than 24–48 hours since testing to obtain the result, then the impact of testing may be limited. Having employees remain at work while awaiting test results creates a risk of its own. If rapid antigen testing is chosen, it is best done as part of a sustained program, not ad hoc, with better performance at two or three times per week (due to lower test sensitivity than PCR and a greater risk of false negatives). Compliance with evolving state requirements (such as Cal/OSHA) for assessment of potential outbreaks requires a careful assessment of trade-offs between rapid tests and PCR. Employers should consider having robust education and Frequently Asked Questions (FAQ) for employees along with support and assistance for quarantine and isolation.

Key Points

Percentage of respondents who said...

100.4 °F (38 °C) body temperature triggers action.	65%
"No," they are not allowed to retest before being sent home, if they have an elevated temperature at the workplace.	65%
"No" to considering any other testing protocols such as surface testing.	96%
"No" to planning or deploying PCR testing.	85%
"No" to planning or deploying serology testing.	96%
They had no plan to implement an employee COVID-19 testing program.	53%
They used a PCR test that deployed an employee testing program.	56%
They are doing self-screening for facilities that are essential businesses.	45%
They were testing construction workers each time they needed to come into the shared space of a building.	32%

Mental Health

Of critical importance to the response to COVID-19 is the human aspect, including employee mental health and well-being, and promoting a culture of support and resources.

Participants recognized all employees, especially those in grief, may need Human Resources support such as Employee Assistance Programs (EAPs).

As EHS staff, participants were asked to prepare or get involved with psychosocial factors or mental health initiatives to create opportunities for social outreach, as well as a means for tracking more vulnerable staff, such as with free offerings to employees including exercise/sports/fitness/yoga, counseling, meditation/ mindfulness, insomnia and anxiety support, concerts, medical and nutritional resources, and virtual museum tours.

Approaches to supporting employee mental health included:

- Using current benefit provider systems and telemedicine;
- Increased communication of EAPs with manager tools/training;
- Town hall meetings for conveying information and providing the opportunity for people to ask questions and voice concerns;
- Hosting weekly 30-minute virtual "coffee breaks";
- Virtual toolkits, support lines, and events; and
- Specific COVID-19 wellness programs and providing new resources under the program.

Key Point

76% of respondents had seen an increase in mental health-related issues since COVID-19 hit.

Physical Distancing

Participants listed a variety of policy and physical controls that they have implemented for social distancing, and were fairly uniform in their restrictions on close contact and face mask requirements.

Policy controls include promoting working remotely, conducting risk assessments of tasks requiring less than 6-foot spacing for over 10 minutes, controlling populations in elevators based on time, regulating meeting room spacing, implementing total population controls for rooms and labs, and prohibiting shared equipment.

Physical controls include taping for line-up areas and walking paths; plexiglas partitions; installation of screens between desks in open plan areas; desk allocation with a 6-foot radius; signage on doors and foot door openers; banners on safety jackets; displays on screens; hand sanitizers; reducing the numbers of bathroom stalls and sinks in operation; and removing chairs to regulate meeting room spacing and population controls.

Key Point

80% of respondents replied that they were not allowing close contact (less than 6 feet [2 meters]) unless it was for less than 10 minutes without a face covering. It was noted that face masks were required if social distancing could not be maintained.



Return to Work

Defining the timing and approach for return to work is a major challenge, as conditions vary widely between locations.

Defining a corporate standard for what is an acceptable risk is an underlying aspect of the return-to-work criteria. The timing of return to work needs to follow government mandates as the first line of assessment. Still, other factors related to local conditions and the nature of the work and office environment must also come into play. If workspaces have been idle for long periods, companies will need to determine the level of cleaning required. New building and vehicle cleaning policies need to be defined. Temperature monitoring is a part of the program (government-mandated), along with rotational office work and careful management of out-of-office work activities and associated travel. The need for and approach to temperature monitoring is also a critical issue (see below for further discussion of temperature monitoring).

Common challenges of returning to work relate to managing essential work that cannot be done remotely. All companies have some activities that are deemed essential or mission-critical that cannot be done remotely from home. The risk associated with both defining what is essential and managing employees is an ongoing challenge. Common themes noted by participants included:

- Tracking the national/regional/local definition of essential services;
- Adapting the means of work to minimize risk and dealing with issues such as shared vehicles, close working environments, customer experience, and the proper use and availability of PPE;



Return to Work

- Providing timely and transparent communications to internal and external stakeholders; and
- Remotely assessing the safety of work activities and incorporating new protocols, taking into account COVID-19 concerns (e.g., conducting virtual audits using technology tools like augmented reality or video chat).

Timing of return to work for non-essential personnel relies on a wide range of inputs, including government mandates, duration of school closures, local case histories, and travel restrictions. The potential for resurgence and how to address it are unknown at this time.

The use of temperature measurements at the workplace was identified as a common way to screen for the potential of someone having COVID-19, and participants confirmed that workplace temperature measurements have led to the detection of COVID-19 symptoms in workers. One respondent said, "We turned away an employee with a fever who later tested positive." This measure also provides an extra layer of protection for return-to-work controls.

One company has placed employees into four groups for returning to work:

- Group 1 key manufacturing jobs
- Group 2 lab/facilities support staff
- Group 3 can't work from home
- Group 4 can work from home and will continue to do so

Some controls put in place in a manufacturing environment include:

- Physical barriers
- Social distancing badges/vests/t-shirts
- Floor decals and signage
- Quality handover stations
- Restrooms marked for social distancing

Additional actions that are in place for some firms include:

- Prohibiting carpooling;
- Prohibiting the use of public transport and requiring the use of private vehicles or taxis for employees to get to work;
- Limiting employees in gowning/locker rooms, meeting rooms, and breakrooms;
- Changing the timecards system to online versus having to touch a monitor;
- Disinfecting common spaces and bathrooms 3 times/day, 7 days/week; and
- Purchasing toe door openers to minimize hands on doorknobs.

Using wearables for temperature screening was also tried, but was found to be unsuccessful.

While office areas and manufacturing floors can often be managed in a way to achieve social-distancing, bathroom areas and locker rooms can be more problematic and, therefore, are higher risk areas that require careful planning for controls.

Return to Work

Construction projects were identified as a challenge due to the nature of the work changing day to day. Companies are working to prioritize construction activities and implement them in a staged, controlled manner. Some companies have continued construction with modifications to meet requirements.

Respondents are managing the corporate policy approach with local execution of essential work or return to business by:

- Running corporate standards across business units, with sites needing to meet or exceed those requirements and any changes requiring senior corporate management approval; and
- Requiring each site to have a pandemic plan compliant with corporate protocols.

Participants noted that fixed temperature scanners have been the best purchase and have saved many labor hours. They are also more acceptable to the employees being screened. Some companies are using an app for health screening. One of the respondents developed a social distancing monitoring system using security cameras with privacy controls in place.

On November 30, 2020, California's Division of Occupational Safety and Health (Cal/OSHA) passed the definition of an outbreak as three or more employees over a 14-day window; since then, the definition of three confirmed cases in the same work area is being interpreted by building or workspace. PCR is the more sensitive test but poses a challenge if the worker remains in the workplace due to the potential need for contact tracing (turnaround time for results is a challenge with the PCR test). Antigen testing, although not as sensitive, will allow for immediate removal of the individual from the workplace. This will diminish the risk of spread and the need for contact tracing if the worker remains in the workplace after the test.

Key Points

Respondents indicated that technology is helping play a part in employee/workers returning to work. Examples of various technologies being used by companies include...

Thermal scanners tied to badge access.	32%
Contact tracing apps.	28%
Other.	28%
Social distaning wearables.	8%

Risk Assessments

Participants were asked about their risk assessment process and how they used Management of Change (MOC) to respond to COVID-19.

The participants noted that MOC had not been considered, but now will be; or that the situation would be handled like a disruptive emergency, with the creation of a network of Crisis Management teams. Participants provided the following examples of how and when the risk assessments would be carried out, and what the controls would be:

- A risk assessment completed in every office with seven critical controls identified: social distancing; cleaning and decontamination practices; PPE; isolation, self-monitoring, and contact tracing practices; workplace and travel restrictions; personal hygiene practices; and medical response and resources and equipment;
- A standard hierarchy of controls, including elimination, substitution, engineering, administrative—with PPE solutions as a last resort;
- A performance standard for each control and an owner responsible for verifying the control against that standard;
- A weekly risk assessment for each facility that would be performed at a local level, reviewed by a facility crisis management team, and assess readiness at the site and within the community, including local hospital response status; and
- A continuation of "normal" safety risk assessments since other work hazards do not go away with COVID-19, such as the recent plant explosion in India during a restart.



Risk Assessments

Participants discussed the risk mitigation factors that are in their critical operations plan or in their return-to-work plans to minimize the spread of COVID-19 within the workplace, including:

- Social distancing
- Enhanced cleaning .
- PPE ۰
- Face masks
- Increased hand-washing ۰
- Temperature monitoring/screening ۰
- Phasing employees in to meet an "adjusted maximum occupancy" to maintain social distancing
- Rotating schedules ۰
- Team separation .
- Rapid testing ۰
- Recruiting backups for critical roles .
- Working from home •
- Staggering meal times ۰
- Reduced capacity of transport

To further mitigate risk, the mining sector recommended defining critical controls with performance standards to monitor effectiveness, with the goal of applying critical control through observations to identify gaps and assess effectiveness. It was also noted that some locales require gualified medical professionals to take temperature measurements, and that some companies have brought in third-party medical contractors. Alternative approaches to temperature monitoring included promoting selfmonitoring stations and home temperature checks, and integrating temperature monitoring with a badge access system, a process being tested by one of the companies.

Key Point



74% of respondents said "Yes," they were planning to perform a formal COVID-19 risk assessment or manage going back to work under an MOC process.

Travel

Issues around business travel included the timing for companies to open up visits to other places, the planning and approval process for travel, and how hotspot locations were being identified.

A range of timelines was given for opening up visits to other locations, sites, and clients, ranging from "no plans at this time," "currently allowing," and "other," to "Q4 of 2020" and "Q1 through Q3 of 2021."

Further descriptions of company travel policies included the circumstances and ways by which travel is currently being allowed. These examples included some limited travel—primarily by car—depending on the internal "COVID-19 level" of the site/ region; limited travel with approval processes in place (e.g., EVP, VP/SVP, or EHS/Health Services approval/review); and travel with restrictions in regions of Europe and Asia. Several companies mentioned that if they travel for personal reasons, there are restrictions on their return to work, requirements to self-quarantine for a period of time, and/or requirements to undergo a testing protocol. Most companies were saying "no business air travel before the end of 2020." If local business travel is required, the employee must drive to and from the destination on the same day, with limited or no overnight stays. Some companies are not allowing employees to host or attend large events until mid-2021.

Resources for travel planning were listed as International SOS (ISOS) recommendations and resources, local and national health websites, and a Journey Management Form that addresses these topics and risk mitigation measures.



Travel

Participants were asked what pre-planning and approval processes for travel their companies are implementing. Based on the responses, numerous processes are being used, including:



Companies were found to be using three sources for determining COVID-19 hotspot countries: published information from government agencies, regional data from the place of origin/ return, and local information from the destination based on the client or their own site's assessments. Published information from government agencies was the most frequently used resource. Example of how companies were processing this information included:

- A company that established a list of gating criteria that incorporates the above resources, which functions like a set of standardized data points with variations based on the available country-specific information; and
- A company that had developed its own heat map based on 21day trends using data from Github.

Key Points

- **100%** of respondents indicated that all travel needs to be approved and is being completely restricted.
- **44%** of respondents had no plans for opening up travel at this time.

Vaccines

Current polling is showing that 50–70% of U.S. adults would get the vaccine, but that 30–50% are hesitant, and that approximately 50% of those that are hesitant would be open to vaccination with more information/ transparency.

There is very limited opportunity for companies to directly impact vaccine distribution or access by employees (unless they are a healthcare company) until an adequate number of doses and additional vaccines come to market (likely after January 2021). The Advisory Committee on Immunization Practices (ACIP) is providing recommendations of who should be getting vaccines first and during the subsequent phases of allocation and distribution. States may or may not follow these guidelines and will decide where the supplies will be allocated. Companies can prepare employees for vaccine distribution within their communities by providing a clear, consistent communication strategy. As vaccines become available, the need to promote vaccination is crucial. As a reliable source of data, employers will play a vital role in promoting and providing clear information on how and where to access vaccines.

Based on what is currently known about the vaccines, fatigue is noted as the most likely side effect; it's been noted in **4–10%** of people. Muscle aches and pains, fevers, and headaches are also side effects. These short-term effects were seen more commonly after the second dose and resolved after hours to days. These results show that most people did not have short-term side effects.



Long-term effects of the vaccines are not known at this time and are not anticipated to be common based on the mRNA technology that has been studied for many years. It will take the administration of millions of doses of vaccine with the planned robust surveillance system for post-vaccination events to detect any rare events.

Vaccines in the United States will be free through the federal government, but costs may be incurred from providers for visits and the administration of the vaccine that need to be transparent to the recipient. It is also imperative that employees get both doses, as the current vaccines approved require two doses at different timeframes (21 and 28 days after first dose). Companies should be prepared for some employees to miss work for a day or two due to side effects and to manage expectations. They could consider staggering vaccinations among work groups crucial to business continuity to have adequate coverage when some employees will be out (particularly during the administration of the second dose).

To help improve the acceptance of the vaccine, corporate internal messaging needs to be tailored to various stakeholder groups and to connect on a personal level. Posters and intranets have shown limited to no impact. Identifying influencers within the company (including diversity groups, leadership, and local peers) and gaining their buy-in/support are key. Personal physicians have been shown to be very strong influencers for the decision to vaccinate. Companies should identify ways to make getting the vaccine visible—e.g., an "I got vaccinated" button—while having senior leaders being visible and role-modeling the desired behaviors is critical. Employers can help promote through reminders that two doses are needed to maximize the protective effect. The key to making the rollout of vaccines will be access,

as it needs to be simple and seamless (e.g., onsite clinics and vaccines allowed during work time). Companies need to be prepared for misinformation on side effects and to control the information with clear, consistent messaging and a plan for bumps in the road.

Fact sheets for patients and providers will come out when the vaccines are given FDA Emergency Use Authorization or approval by other countries' agencies. Contraindications have not been defined yet except that individuals with a severe reaction to the first dose of vaccine will likely be recommended to not receive a second dose.

Work from Home

The participants explored a variety of issues related to employees working from home, including pre-pandemic work-from-home (WFH) statistics, permanent postpandemic WFH arrangements, and ergonomic practices and training.

The percentage of the workforce that worked from home full time before the pandemic varied among three categories based on participant responses, as follows:



86% of respondents had 0–25% of employees WFH full time

5%

5% of respondents had between 26–70% of employees WFH full time

9% of respondents had 71% of employees WFH full time

Discussions around this issue included acknowledgment that the new normal will require flexibility and transparency for operational effectiveness. A blended hub and home model was mentioned. It was also noted that, at this time, leadership is not interested in changing the practices or requirements for virtual office employees, and that there was currently a huge cost savings in overhead. Participants discussed a staged return, with a maximum of **50%** occupancy in the office until an effective vaccine is developed, which was seen as not likely to occur before Q3 of 2021.



Work from Home

Participants were also asked what percentage of their workforce they were considering having work full time from home once the pandemic is over. There was an increase in the moderate number of employees companies might have working from home full time following the pandemic, along with a decrease in the lowest number, as follows:

36% of respondents were

considering full-time WFH

their workforce

arrangements for 0-25% of



44% of respondents were considering full-time WFH arrangements for 26–70% of their workforce

5% of respondents were considering full-time WFH arrangements for 71% or more of their workforce

Factors affecting possible regional differences were noted to include culture, as well as available home office space. It was noted that U.S. office-based employees will be encouraged to work from home, while contact centers across the world will mainly return to the workplace.

Participants also addressed the issue of home office health and safety, including ergonomics with a WFH policy that is coordinated and carried out either by an EHS group or Human Resources. Participants described policies that included an ergonomics and remote worker policy owned jointly by EHS, Human Resources, and Information Management; a WFH policy carried out by Human Resources with ergonomics and home office requirements provided by EHS; and a requirement for a virtual ergonomic assessment for all WFH staff, with equipment recommended by an ergonomist shipped to the home.

Ergonomic and safety training for the home office environment was provided by either in the form of virtual/recorded audiovisual training or standard operating procedure / written guidance documents. Other training mechanisms included virtual reviews by an ergonomist, a combination of virtual training and procedures, and a WFH office and ergonomic guidance document developed with a communications team and made available to employees on an intranet site. **23%** of respondents noted using a third-party software platform for ergonomic self-assessment of the home office, such as Briotix and RSI Guard. Some noted that no training around this issue was provided, or that it was the same as for in the workplace.

Key Points

76%

of WFH training was conducted either in the form of virtual/ recorded audiovisual training.

68% of respondents have a WFH policy including topics such as health and safety and ergonomics.

Useful links

Building Resources:

- <u>American Society of Heating, Refrigerating and Air-Conditioning Engineers</u> (ASHRAE)-Coronavirus (COVID-19) Response Resources
- <u>Centers for Disease Control and Prevention (CDC)-COVID-19 Employer</u> <u>Information for Office Buildings</u>
- <u>Centers for Disease Control and Prevention (CDC)-Guidance for Reopening</u> <u>Buildings After Prolonged Shutdown or Reduced Operation</u>
- Oregon Occupational Safety and Health
- The SAFEAIRSPACES COVID-19 Aerosol Relative Risk Estimator

Pandemic Curve Forecasting for Return to Business Planning & Preparedness:

- <u>Centers for Disease Control and Prevention (CDC)-Coronavirus Disease 2019</u>
- <u>COVID-19 Projections</u>
- Harvard Global Health Institute-Key Metrics for COVID Suppression
- Johns Hopkins Coronavirus Resource Center
- Let's Keep Things Flat | Monitoring a Gradual #COVID-19 Re-Opening
- Our World in Data Coronavirus Pandemic
- <u>RT Live</u>
- The Institute for Health Metrics and Evaluation (IHME)-COVID-19 Resources
- World Health Organization (WHO)-Country preparedness and response status for COVID-19 (as of June 9, 2020)
- Worldometer

Additional Links:

- <u>American Medical Association-Coronavirus Disease 2019</u>
- American Medical Association-COVID-19 (2019 Novel Coronavirus) Resource Center for Physicians
- <u>American Public Transportation Association-Public Transit Response to</u> <u>Coronavirus or COVID-19</u>

- Association for Commuter Transportation Information and Resources
- <u>Centers for Disease Control and Prevention (CDC)-The National Institute for</u> <u>Occupational Safety and Health (NIOSH)</u>
- <u>COVID Analytics</u>
- <u>COVID-19 Dashboard by the Center for Systems Science and Engineering</u> (CSSE) at Johns Hopkins University (JHU)
- <u>COVID-19 Projections Using Machine Learning</u>
- Elsevier Novel Coronavirus Information Center
- Environmental Protection Agency (EPA)-Coronavirus
- European Centre for Disease Prevention and Control (ECDC)-COVID-19
- Global Health Security Index
- Google COVID Community Mobility
- Ireland's Health Service Executive-COVID-19
- <u>Khealth</u>
- National Center for Biotechnology Information (NCBI)
- National Governors Association (NGA) Addressing Business Reopenings
- National Institute of Allergy and Infectious Diseases (NIAID)
- <u>The Covid Tracking Project</u>
- The Lancet
- The New England Journal of Medicine-Coronavirus
- United States Food and Drug Administration (FDA)-Coronavirus Disease
- United States Federal Emergency Management Agency (FEMA)-Coronavirus (COVID-19) Response
- United States Department of Labor Occupational Safety and Health Administration (OSHA) COVID-19
- White House COVID-19 Task Force
- World Health Organization (WHO)-Critical preparedness, readiness and response actions for COVID-19
- World Health Organization (WHO)-Coronavirus disease situation reports

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