

COVID-19 RESOURCES

# Return to Work Toolkit



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# Introduction

COVID-19 is a disease that is caused by a coronavirus called SARS-CoV-2. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from the COVID-19 illness.<sup>1</sup> Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure. Major symptoms of COVID-19 include mild to severe respiratory illness (e.g., shortness of breath or dry cough) and fever; however asymptomatic transmission appears common. COVID-19 was characterized as an epidemic on March 11, 2020 by the World Health Organization (WHO).<sup>2</sup>

Pennsylvania Governor Tom Wolf, in conjunction with Dr Rachel Levine, Pennsylvania Secretary of Health, issued a statewide stay at home order (replacing a county-specific ban) Wednesday, April 1, 2020 to flatten the epidemiological curve and reduce the spread of COVID-19<sup>3</sup> across the Commonwealth. As a result, all Centers of Excellence facilities worked to rapidly transition to providing solely or primarily telehealth services.

PERU developed this toolkit as a compendium of information from state and federal sources to ease and improve COEs' transitions back to in-person visits. Information about this pandemic is constantly changing and updated so please refer to the latest CDC publications for up-to-date information about COVID-19.

Additional COVID-19 resources, including data dashboards and medical and scientific literature, can be found at <https://www.overdosefreepa.pitt.edu/2020/04/10/covid-19-resources/>.

## CDC – People Who Are At High Risk For Severe Illness From COVID-19

- 65 years and older
- Live in a nursing home or long-term care facility

### Underlying Medical Conditions

- Severe obesity
- Diabetes
- Chronic kidney disease
- Liver disease
- Chronic lung disease
- Moderate to severe asthma
- Serious heart conditions
- Immunocompromise

May 19, 2020



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# Return of Staff

The COVID-19 pandemic forced most office-based work to become remote work, and although we have adapted to the circumstances, the time will come when we can return to our workplaces. It will not look exactly the same as when we last worked in offices outside the home, but with some changes, we aim to make the transition back to work as safe and seamless as possible. Below are several important factors to keep in mind as staff return to the workplace.

## Understanding Potential Staff Stressors

Many staff are dealing with the financial pressures of reduced income due to reduced hours or being furloughed. That stress may manifest in staff interactions and performance when they return.

Because most daycare centers, schools, and summer programs are closed, some staff will likely be struggling to find adequate childcare for their families.

Additionally, staff may have loved ones who are ill. Before the return to work, they may have been the primary caregivers to their sick relatives. This situation presents several issues you may need to sort through with your staff, including whether it is appropriate for them to return to the office if they are in close contact with the virus. If they have been exposed, is it possible for them to continue working from home?

Understanding potential stressors can help leaders be flexible and develop return-to-work plans that best serve their staff and clients. Remember to give yourself the self-care you need to be patient and compassionate with your staff, colleagues, and clients.



## Staff Assignments

Once staff return to work, managers will need to consider several questions about how the workplace will operate in the “new normal.” Below is a basic list of questions for managers to answer so they can begin to build their back to work plan.

- Who is responsible for remaining up to date on the latest state and federal guidelines for COVID-19?
- Who is overseeing staff schedules and adjustments?
- Who is responsible for ensuring necessary personal protective equipment (PPE) is available, including soap, hand sanitizer, and face masks?
- Who is responsible for tracking which staff/patients have tested positive for COVID-19 and the date of their potential return to the facility?
- Who is responsible for monitoring entrance to facility/screening staff/patients prior to entering?
- What is the minimum number of staff needed for the office or organization to function?
- What staff roles are essential to functioning?
- What does time off look like for staff if they are ill or caring for someone who is positive for COVID-19?

It will be important to limit the number of staff in the building at any one time. One way that can be accomplished is by developing rotating schedules for staff. Schedules can be rotated by adjusting normal working hours (e.g., instead of everyone working from 9AM-5PM, have some people work 7AM-4PM and others work 10AM-6PM), staggering start and end times, and scheduling breaks so that a l people congregate in common areas at one time. It will be helpful if you determine the minimum number of staff needed to function and allow the rest to continue working from home.

Once people return to the workplace, maintaining a safe environment will require leaders to develop new office policies around hygiene and social distancing.

The following policies present a good starting point for managers to develop their own health and safety plans for their offices:

1. Limit number of staff in common areas – maintaining 6ft social distancing when possible;
2. Schedule handwashing breaks for employees at least every hour, if not more often;
3. Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility; and
4. If in-person meetings are required, no more than 10 people at one time while maintaining 6 feet social distance.

In the unfortunate case that the organization must lay off any number of staff, leaders will need to adjust remaining staffs' caseloads. Supervisors in this position might consider the following:

- Ask for volunteers to take on additional cases.
- If there are not enough people volunteer, be as fair and consistent as possible in distributing the extra cases.
- Take into consideration any additional tasks someone may have assumed due to COVID-19 needs (e.g., If a counselor has assumed responsibility for keeping track of which patients have tested positive, when they can come back for treatment, etc. refrain from giving them additional cases unless they volunteer).
- Review the cases and match treatment needs to staff availability:
  - For instance, if there are three clients to reassign, one who needs weekly counseling and two who only complete a counseling session once per month, assign the higher frequency client to a staff member with a lower caseload number and the lower frequency clients to staff who have higher caseloads or more additional tasks.
- Consider any workplace assistance being offered to staff due to COVID-19. For example, if a staff member has FMLA in place due to childcare issues, refrain from reassigning too many clients to that person or, assign low-intensity clients to this staff member.
- Acknowledge the additional stress the larger caseloads will likely have on counselors.
- Express appreciation for their ongoing efforts to meet client-needs and ensure quality care.
- If possible, the supervisor could take a patient or two onto their own caseload to demonstrate a commitment to a team approach.

## Pennsylvania Department of Health Requirements

Dr. Rachel Levine, the Secretary of Pennsylvania's Department of Health signed an order stating, "Upon discovery of an exposure to a person who is a probable or confirmed case of COVID-19, businesses are also ordered to implement temperature screenings before employees enter the business prior to the start of work and send any employee home who has an elevated temperature of 100.4 degrees Fahrenheit or higher. Sick employees should follow CDC-recommended steps. Employees should not return to work until the CDC criteria to discontinue home isolation are met, in consultation with the health care providers and state and local health departments." Importantly, employers are allowed to ask employees about COVID-19 symptoms

Employers can use the following protocol when they suspect anyone in their staff may have COVID-19 symptoms:

### Test Based Strategy

- **Exclude from work until:**
- Resolution of fever without the use of fever-reducing medications, AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

### Non-Test-based strategy

- **Exclude from work until**
- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- At least 7 days have passed since symptoms first appeared.
- HCP with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

# Return of Patients

The COVID-19 pandemic initiated the use of telehealth services for substance use disorder treatment. As a “return to normal” is pursued, the role of telehealth services moving forward remains unclear. Regardless of the ability to offer telehealth services, patients will inevitably need to have onsite, in-person services. This section will provide guidance on how to mitigate the risks of in-person services while meeting patients’ treatment needs.

## Treatment/Services

Review current services and determine which services can occur virtually and what must take place in-person. The table below can be used to help prioritize clients can continued to participate in telehealth visits and which clients may need to return to in-person visits. Additional considerations are provided below:

Group sessions should not resume in-person until state and federal guidelines permit that size of group to be congregated.

- When group sessions do resume, be sure to adhere to any state and federal guidelines on distance between individuals, personal protective equipment, and other recommendations.

Determine which patients can continue with virtual services and which need in-person care.

- Prioritize in-person services for:
  - Individuals who are actively using; and
  - Individuals who are not stable on their medication dosage.

Utilize virtual services when possible for:

- Patients who are stable in treatment; and
- Patients who are in high-risk groups for COVID-19

Precautions for patients who are in a high-risk group:

- Consider instituting special office hours during which only individuals who are high-risk can come into the facility;
- Limit how frequently these patients need to be in the facility;
- Consult with your organization’s medical director to determine which services for high-risk patients must occur in-person; and
- Consult with your organization’s medical director to determine if a high-risk patient who is actively using should be coming into the facility frequently or receive virtual services.

Service	In-Person or Virtual	Frequency of In-Person Visits	Minimum Staff Needed On-Site
Case Management			
Medication Administration			
Prescription Refills			
Counseling Session			
Medication Checks (pill/film counts)			
Urine Drug Screens			
Other:			
Other:			
Other:			

## Disease Prevention

Determine:

- Will patients be required to wear face masks?
- If face masks are required, will the facility provide them to patients who cannot provide their own?
- Will visitors be permitted to accompany patients to appointments?
- Will children be able to accompany their parent/caregiver to an appointment?
- Will parents be able to accompany their child/adolescent to an appointment?
- What will services look like for someone who is experiencing COVID-19 symptoms or has a confirmed positive case of COVID-19 either themselves or someone in their home?



Communicate:

- How patients should inform the provider if they are experiencing COVID-19 symptoms.
  - Behavioral health COEs should be prepared to make referrals to a Primary Care Provider (PCP) for patients experiencing symptoms. Consider connecting with a local healthcare provider to establish an agreement and process for referrals.
  - Have a list of free clinics and healthcare providers in the area.
- What treatment will look like for someone who is experiencing COVID-19 symptoms or has a confirmed positive case of COVID-19 either themselves or someone in their home.
- New protocols for visiting the facility and expectations of patients.
- Contact patients prior to their in-person appointments to screen for potential COVID-19 before they visit the facility.

## Clinical Considerations

While COVID-19 continues as a daily stressor, patients will be challenged with continuing their treatment and coping with the ongoing stress. Patients may be less capable of addressing their previous treatment goals and more focused on meeting their basic needs, such as food, clothing, shelter, and health. It will be essential that treatment providers recognize the unusual additional stressor(s) patients are facing in addition to the significant feat of pursuing recovery.

## Mental Health and Self Care

It is essential that providers be cognizant of the significant distress COVID-19 may have caused patients and to provide support for these needs.

- Regularly conduct mental health screenings and be prepared to make any necessary referrals:
  - Patient Health Questionnaire (PHQ-9)
  - Generalized Anxiety Disorder (GAD-7)
  - Free Mental Health America Screening Tools
- Provide self-care tips and resources
  - Visit [www.overdosefreepa.pitt.edu](http://www.overdosefreepa.pitt.edu) for COVID-19 resources specifically for self-care.

## Potential Barriers to Treatment

### Transportation

- Patients may be hesitant to utilize public transportation due to fear exposure to COVID-19;
- Patients who received rides from others may no longer be offered transportation assistance by that person due to social distancing recommendations and fears of exposure; and
- Patients who drove a personal vehicle may not be able to afford gas due to potential financial restrictions as a result of COVID-19.

## Childcare

- Patients who previously could afford childcare may no longer have the financial ability to afford such a service, resulting in the need for their children to accompany them to appointments;
- Patients who utilized family or friends for childcare may no longer have that option due to social distancing guidelines;
- School-aged children are no longer attending schools in-person, requiring parents to not only monitor their children throughout the day, but also assist with online schoolwork and provide meals that were previously offered by the school; and
- Patients with children may fear potentially exposing their child to COVID-19, resulting in parents being unwilling to leave the home or take their children out of the home to run necessary errands and attend appointments.

## Caring for an Ill Family Member

- Patients may be tasked with caring for a family member who has tested positive for COVID-19; or
- Patients may be caring for a family member in poor health and may fear potentially exposing the family member to COVID-19 should the patient leave their home to attend appointments.

## COVID-19:

### Symptoms

- Pending facility guidelines, patients who are experiencing COVID-19 symptoms or who test positive for COVID-19 may not be able to attend services in-person; and
- Patients who are experiencing COVID-19 symptoms or who test positive for COVID-19 may not be able to participate in virtual services for the duration of their illness.

### High-Risk

- Patients who are considered high-risk for severe illness if they contract COVID-19 may fear leaving their homes;
- Patients who typically did not demonstrate symptoms of anxiety and are in a COVID-19 high-risk group may develop symptoms of anxiety that become a main focus of treatment;
- Patients who have pre-existing anxiety symptoms and are in a COVID-19 high-risk group may decompensate and need additional interventions or medications to address the increased anxiety; and
- Patients who interact with a loved ones who are in a high-risk group may fear leaving their homes and transmitting COVID-19 to the loved ones.

### Financial Strain

- Patients may lose their employment and be overwhelmed with financial concerns; and
- Patients may be tempted to return to unhealthy behaviors to obtain money.



## Readjusting to Structured Treatment

Patients and staff may find themselves comfortable with virtual services. As a result, there are special considerations to keep in mind for both staff and patients.

### Staff

Conducting virtual services with patients, particularly from home, alters the structure of the office environment. It is important to ensure staff maintain appropriate boundaries with patients and do not become lax in staff-patient interactions.

Suggestions for maintaining boundaries:

- Review appropriate boundaries for both in-person and virtual sessions with staff;
- Discuss potential signs a patient is testing boundaries with staff when in-person services resume. For example, a patient might reference a virtual session in which a family member walked past and make a joke or reference something they could see in the background of the counselor's setting;
- Support staff in addressing inappropriate behaviors demonstrated by patients; and
- Encourage staff to discuss the transition back to in-person services and expectations with their patients.

### Patients

In addition to potentially testing boundaries, patients may resist returning to in-person services and structured treatment. It is possible that patients have become accustomed to the flexibility and freedom that virtual services have provided. Be mindful of potential resistance to resuming in-person services and request for continued virtual care.

Suggestions for patients who resist in-person services:

- Review why virtual services were temporarily permitted – public health emergency, government stay-at-home orders, and to mitigate risk of infection;
- When possible, transition patients to in-person services gradually by conducting every-other session virtually;
- Discuss program expectations and how adherence to expectations impacts the patient's treatment goals;
- Avoid dismissive statements such as "This is the rule now, nothing we can do about it"; and
- Offer understanding and resources – "I know how hard it can sometimes be for you to get childcare, I imagine the virtual sessions were a lot easier for you. With the transition back to in-person services in mind, let's revisit some childcare options and resources."

## Recurrence of Use

As a result of the significant, ongoing stress of COVID-19 and the disconnection from others as a result of social distancing guidelines, providers should be aware of the increased potential for recurrence of use. In addition to the potential return to illicit substance use, patients may also find themselves turning to other unhealthy behaviors to meet their needs. Treatment providers should consider focusing on coping with triggers, cravings, and maintaining self-care during isolation. Although recurrence of use should never be punished, it is even more crucial now that any recurrence of use be met with empathy and support.

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# Prepare Your Clinic

Stop the spread of COVID-19 by implementing the following key infection control recommendations that address both asymptomatic and pre-symptomatic transmission.

## 1. Inform Patients of new guidelines/requirements. Post signage to enforce social distancing and hygiene recommendations.

- Require all staff and patients to wear face coverings or masks.
- Require immediate handwashing after entering the facility or new location.
- Post outside: “If you have symptoms including cough, fever or shortness of breath – DO NOT ENTER – Call [Facility Number] and clinic will meet you with a mask.”
  - <https://www.cdc.gov/coronavirus/2019-ncov/downloads/Please-Read.pdf>
- Ensure accessibility – All signs must be in clear, simple, easy to understand language. Provide signs in a minimum of English and Spanish, as appropriate to your population.

## 2. Immediately separate individuals with known or suspected COVID-19 in a single-person room with the door closed and follow the Confirmed Exposure Protocol.

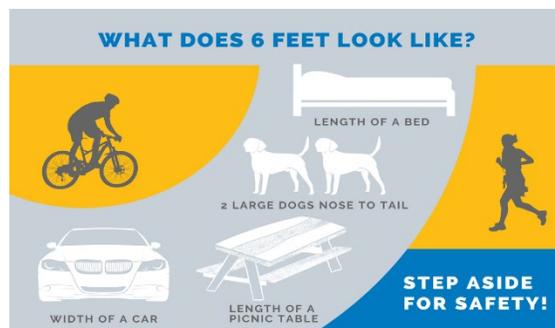
- Establish no contact rule: client-client, client-staff, staff-staff.
- Stagger and spread out appointment times to reduce client-client interaction.
- Install barriers like plexiglass screens to separate individuals.
- Label and block off or remove every other chair to enforce distancing.
- Label every 6 feet for those standing in line (Taped X on floor, sign holders, cones, etc.).

## 3. Limit contact surfaces. Minimize the areas that require additional non-routine cleaning.

- Remove all unnecessary items from public spaces (magazines, flyers, etc.).
- Require cleaning of all spaces after client contact.
- Increase availability of hand sanitizer.
- Limit points of entry for all individuals.
  - Order supplies such as hand sanitizer in excess, expect atypical ordering patterns.

## 4. Understand your staffing needs.

- All facilities should develop or update a minimal staffing protocol in the event of a suspected or confirmed COVID-19 exposure.



*Use concrete, universal images to demonstrate 6ft - It is much further than people imagine*

## Confirmed Exposure Protocol - Client and Staff

Upon an exposure, businesses are also ordered to do the following:

- Close off and ventilate areas visited by that individual;
- Wait a minimum of 24 hours, or as long as practical, before beginning cleaning and disinfection;
- Clean and disinfect all spaces, especially commonly used rooms and shared electronic equipment;
- Identify and notify employees who were in close contact with that individual (within about 6 feet for about 10 minutes);
- Staff may not return to work until at least three days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath)); and,
- At least 10 days have passed since symptoms first appeared.
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>



# Reopening Checklist

## COVID-19 Education

### Staff: ensure they have proper knowledge of COVID-19

- Discuss ways to minimize risk of exposure (distancing, masking, donning/doffing of PPE).
- Discuss any policy changes that have been implemented for reopening.
- Educate staff on how to advise patients about changes in policy/ procedure and what to do if they have any COVID-19 symptoms or know exposure.
- Encourage staff to use CDC Self-Checker if they are experiencing symptoms.

### Patients:

- New policy/ procedure changes- visitors, hours of operation, appointments, etc.
- Who in the office should they call if they are experiencing symptoms so that they can ensure that they will continue to obtain the medications, treatment, etc.?
- Where they should be directed for evaluation of COVID symptoms (ED, PCP, etc. dependent on location and available services in area)?

### Screening for COVID-19:

- Assign staff member to building entrance to screen individuals entering the facility.
- Designate screening area at doorway or in vestibule. Tape off area as “clean area” for screener only. Screener should have access to masks, hand sanitizer, screening stickers.
- COVID-19 Screening includes:
  - Have you been tested for COVID in the last 30 days?
  - Do you have a current fever, cough, or shortness of breath (SOB)?
  - Any close contact with person with known COVID-19?
- Provide mask to all individuals entering building if they are not already wearing a mask and instruct them on proper application and use (place around ears, under chin, over nose- pinch nose, etc.).
- Have plan for those that fail a screen. Can they safely still obtain their medication/ have their appointment without putting staff and other patients at risk?
- Anyone (including staff) entering the building should be provided with a screening sticker with the date of screening (see Appendix).
- All family/those accompanying patient should be directed to wait in the car until the appointment is complete.
- Patients should be directed to the waiting area or appropriate room.

### Waiting Area:

- Chairs should be separated at least six feet apart. If chairs are unable to be removed from waiting area and stored elsewhere, consider marking the chairs with signage to ensure patients are sitting in the appropriate seats.
- Discontinue use of all shared items in waiting area: remote, water fountains, magazines, etc.
- If the facility has individual patient rooms, direct patients to the rooms immediately without using the waiting area. Utilize the waiting area only when all rooms are filled.
- Ensure that appropriate capacity is identified prior to opening. If rooms are full and waiting area is “full,” patients should be directed to wait outside at 6-foot spaced intervals.
- What is your plan for cleaning waiting area? Chairs and high touch areas should be cleaned after each use.

### Staff Breakroom:

- No community water fountains or water dispensing machines should be available to staff.
- Ensure all food and drinks are left in break room.
- Stagger break times to reduce the number of people in the breakroom at any given time.

### **Cleaning:**

- Ensure the availability of wipes and cleaning supplies.
- Ensure frequent cleaning of high touch areas: charts, clipboards, desks, chairs, doorknobs, etc.
- Ensure frequent surface wiping in bathrooms, breakrooms shared office spaces, and computers.

### **Information Availability:**

- Ensure staff has access to the latest CDC guidelines regarding proper PPE and care of patients.
- Provide staff with up-to-date Pennsylvania news and requirements.
- Be aware of COVID-19 case prevalence in your area, the average and median age of most affected by COVID-19, and any additional CDC Guideline resources.

# Additional Resources

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Rehabilitation Act and the Coronavirus

[https://www.eeoc.gov/eeoc/newsroom/wysk/wysk\\_ada\\_rehabilitaion\\_act\\_coronavirus.cfm](https://www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitaion_act_coronavirus.cfm)

CDC.gov: Coronavirus (COVID-19)- includes Self-Checker Tool

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

CDC.gov: What to do if you're sick

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

CDC.gov: Effective Face Mask Use

<https://www.cdc.gov/niosh/npptl/pdfs/KeyFactorsRequiredResp01042018-508.pdf>

Medical Practice Reopening Checklist: Geared toward MD offices but has some useful information that could translate to an outpatient care setting

<https://www.mgma.com/MGMA/media/files/pdf/MGMA-Practice-Reopening-Checklist.pdf?ext=.pdf>

Checklist to prepare physician offices for COVID-19

<https://www.mgma.com/MGMA/media/files/Resources/MGMA-Checklist-to-Prepare-Offices-for-Coronavirus.pdf?ext=.pdf>

CDC.gov: COVID-19 information updated daily

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

CDC.gov: Prepare Your Practice for COVID-19- helpful posters, pamphlets, etc.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-resources.html>

Screening Sticker Example: Made on Avery 5160 Standard Return Address Label Template

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ausc%3AUS%3Afb4c053-529f-4a8a-beaa-062415647078>

CDC.gov: Disinfecting your facility

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

CDC.gov: How to Put on and Take Off PPE

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE\\_11x17.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf)

CDC.gov: Cover your Cough

[https://www.cdc.gov/flu/pdf/protect/cdc\\_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)

COVID-19 Data for Pennsylvania

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>



# References

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## Introduction

1. Centers for Disease Control. (2020) "Coronavirus Disease 2019 (COVID-19) How COVID Spreads" Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>
2. World Health Organization. (2020) "WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020" Retrieved from: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>
3. Governor Tom Wolf. (2020) "Gov. Wolf, Sec. of Health: Pennsylvania on Statewide Stay-at-Home Order Beginning at 8 PM Tonight, 'Most Prudent Option to Stop the Spread'" Retrieved from: <https://www.governor.pa.gov/newsroom/gov-wolf-sec-of-health-pennsylvania-on-statewide-stay-at-home-order-beginning-at-8-pm-tonight-most-prudent-option-to-stop-the-spread/>

## Return of Staff

1. Governor Tom Wolf (2020) "Gov. Wolf: Health Secretary Signs Order Providing Worker Safety Measures to Combat COVID-19" Retrieved from: <https://www.governor.pa.gov/newsroom/gov-wolf-health-secretary-signs-order-providing-worker-safety-measures-to-combat-covid-19/>
2. Centers for Disease Control. (2020) "Coronavirus Disease 2019 (COVID-19) Infection Control Guidance" Retrieved from: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html)
3. Centers for Disease Control. (2020) "Coronavirus Disease 2019 (COVID-19) Guidelines for Clinical Specimens" Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
4. Centers for Disease Control. (2020) "Coronavirus Disease 2019 (COVID-19) Return-to-Work Criteria" Retrieved from: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html)

## Return of Patients

1. Centers for Disease Control. (2020) "Coronavirus Disease 2019 (COVID-19) Return-to-Work Criteria" Retrieved from: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html)
2. Washington State Department of Health (2020) Guidance for Daily COVID-19 Screening of Staff and Visitors" Retrieved from: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>

## Prepare Your Facility

1. Governor Tom Wolf (2020) "Gov. Wolf: Health Secretary Signs Order Providing Worker Safety Measures to Combat COVID-19" Retrieved from: <https://www.governor.pa.gov/newsroom/gov-wolf-health-secretary-signs-order-providing-worker-safety-measures-to-combat-covid-19/>
2. Centers for Disease Control. (2020) "Coronavirus Disease 2019 (COVID-19) Return-to-Work Criteria" Retrieved from: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html)