

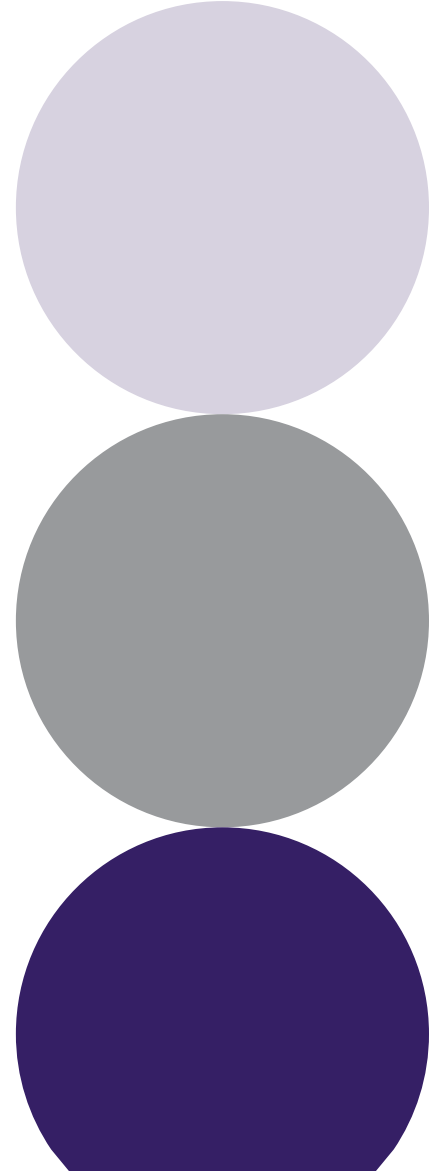


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AAOE Roadmap to Recovery Series: Returning to Work in the COVID-19 Era

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Financial Disclosure

- Ophthalmology Advisory Board – Modernizing Medicine



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Resuming Operations

- Federal guidelines, but regional implementation
- State and local directives will control
 - Healthcare as essential services
 - Emergent or urgent care vs. non-urgent, “elective, routine care
 - Physician offices vs. ASCs
- Check for updates early and often
 - State and county departments of health
 - Governors and mayors
 - Not every change is announced (via press release or otherwise)



Staffing for Safety

- Higher Risk of Transmission from Infected Individuals
 - Close Contact
 - Within 6 feet
 - Prolonged Contact
 - Greater than 10-15 minutes
 - Unprotected Contact
 - Universal masking = source control
- Mitigating Risk of Transmission
 - Assume everyone is COVID +
 - Screening + enhanced universal precautions
 - In addition to signs and symptoms, recent exposure? Previous COVID diagnosis?
 - Controlled pace
 - Social distancing within facility
 - Enhanced environmental cleaning

COVID Testing

- Tests that identify active infection (PCR/NAAT)
 - Nasal swab
 - 48-72 hour turn around time
 - Positive result allows exclusion/quarantine
 - Negative result requires continued precaution
- Antibody testing does NOT identify active infection
 - Blood specimen
 - Ongoing research regarding immunity
 - Negative result does not necessarily rule out current infection
- No change to universal precautions until there is rapid, point of care testing



Masks: N95 vs. KN95

- N95 Masks

- N = not resistant to oil
- 95 = particle filtration rate of 95%
 - Assuming proper fit and seal
- Filters inspired air, protecting the wearer
- Does not offer same level of protection to others, especially if there is an exhalation valve
- Must be covered with a surgical mask if worn to perform a sterile procedure unless designated as a surgical N95 (N95s)

- KN95 Masks

- Similar to N95 but no formal NIOSH/FDA approval
- Emergency use authorized to alleviate shortages
- Secures with ear loops, not straps
- Check FDA “Appendix A”
 - <https://www.fda.gov/media/136663/download>
- And list of products removed from Appendix A
 - <https://www.fda.gov/media/137928/download>





Masks: Extended Use vs. Re-Use

- Extended Use

- Mask or respirator is donned and remains in use for more than one patient encounter, up to 8 hours
- Do not touch the outside of mask while wearing
- If you do touch it, wash your hands
- Mask or respirator is discarded at end of the use period

- Re-Use

- Mask or respirator is worn for patient encounter and removed after care of patient
- Stored in paper bag or other breathable container
- Minimum 72 hours between uses
 - Mark paper bag with name and last date of use
- Check mask before each use
 - Soiled, broken or loose straps, etc.



Other Safety Tips

- Universal masking
 - Cloth masks sufficient, but should be clean and secure over mouth and nose
 - For health care workers in direct contact with patients, medical/surgical masks
- Hand hygiene vs. gloves
 - Gloves are recommended for all patient contact, but do not re-use gloves for more than one patient
 - Do not wash/sanitize gloves between uses
 - If no gloves are worn for patient contact, wash hands or use hand sanitizer immediately thereafter
 - If gloves are in short supply, use for dominant hand only and do not touch patient with ungloved hand (wash both hands immediately thereafter)





Other Hand Hygiene Tips

- Patients wash or sanitize hands immediately upon entering office or facility
- Consider frequent hand hygiene “breaks” for staff
- Artificial fingernails not recommended for health care workers, per CDC
 - Natural nails no longer than ¼ inch beyond the fingertip
- Rings and watches may interfere with effective hand hygiene
- If everyone is practicing hand hygiene, minimizes risk of using shared objects such as keyboards and telephones
 - Also wipe down all high touch surfaces and objects frequently

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HR Considerations



INITIAL
COMMUNICATION
& TIMELINE



EMPLOYEE
INCENTIVES



REIMAGINE YOUR
WORKFLOWS



EMPLOYEE
RIGHTS



TERMINATION



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Initial Communication & Timeline

- Establish shift in mindset
- Acknowledge the unknowns
- Outline regulatory requirements to reopen
- Address workplace safety
- Identify when each business segment will resume
- Address phased reopening
- Avoid setting expectations you cannot meet



Employee Incentives



Bonuses



Pandemic related incentives



Flexible work schedules



Meals



Grocery delivery



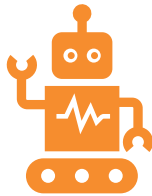
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Reimagine your workflows



Continuation of
work from home



Automation



Outsourcing



New and
deleted roles



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Employee Rights

- OSHA
 - Employee cannot refuse to return to work
 - Except when they can
- ADA
 - A disability is not a reason to refuse to return to work
 - Do offer reasonable accommodations
- Unemployment
- New laws
 - FFCRA leave
 - State/local laws
 - Healthcare exemptions



Terminations



Document



Follow



Fire



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Final Note



Hire, training, and retention are expensive



One bad apple spoils the barrel



Employees will remember how you respond, communities speak



Make sure to take breaks



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Disclosure: Fox Rothschild LLP provides legal counsel to several Academy members. Beyond this, I have no financial interests to disclose. No information provided in this presentation constitutes legal advice or is intended to establish an attorney-client relationship.



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Legal Considerations

- Paycheck Protection Program Update
- State and Local Guidance
- Onboarding Rehired or Recalled Employees
- Employee and Visitor Screening





Paycheck Protection Program Update

- Loan Forgiveness Application was issued on May 15, 2020
- 75% “Payroll Cost” Requirement
 - Borrower must spend 75% of the loan forgiveness amount on “payroll costs.”
 - This means that the maximum loan forgiveness may not exceed the amount spent on “payroll costs,” divided by 0.75.
- Optional Alternative Payroll Covered Period
- Average FTE is calculated on a weekly basis based on a 40-hour week
- Rent can be for real property or personal property leases if in force before February 15, 2020



Paycheck Protection Program (Cont'd.)

- June 30th “Cure” Date is Preserved
 - If a terminated employee rejects a good faith, written offer from the borrower to rehire the employee at the same salary and for the same number of hours, loan forgiveness will not be reduced with respect to that employee, provided that the borrower has documented the offer and the employee’s rejection of the offer.
 - In addition, the Application states that employees who, during the covered period, (a) were fired for cause, (b) voluntarily resigned or (c) voluntarily requested and received a reduction of their hours, will not reduce the borrower’s loan forgiveness.
- This is **constantly** evolving. Keep an eye out for:
 - SBA Interim Rule on Loan Forgiveness
 - Legislative Changes





Returning to Work: Federal and State Guidance

- State and local government orders; guidance from local health departments
- Guidance issued by the Centers for Disease Control and Prevention (CDC)
 - www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html
 - <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- Guidance issued by the Occupational Safety and Health Administration (<https://www.osha.gov/SLTC/covid-19/>)
- Post all required notices. For example, the FFCRA poster if you are a covered employer



Onboarding Rehired or Recalled Employees

- Full or Reduced Staff
- Review existing job descriptions
- Use objective, non-discriminatory criteria for selecting employees for rehire
- Review composition of returning employees to ensure no disparate impact
- Assess reinstatement of employee benefits and required re-enrollments (if any)
- Respond to requests for legal accommodations
- Review leave of absence policies
- Implement Health and Wellness Programs

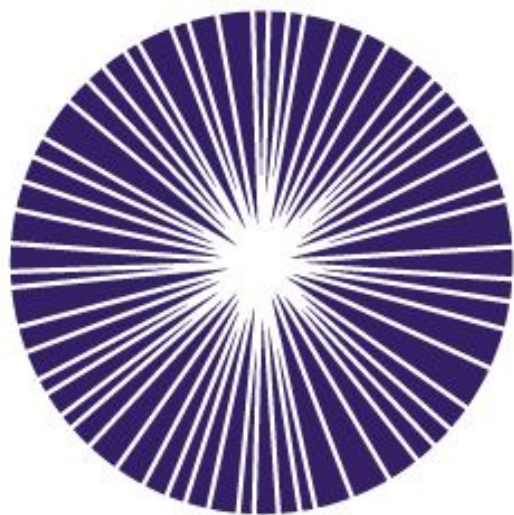


Employee and Visitor Screening

- Set expectations by issuing a policy to employees, posting a notice on the premises and providing advanced notice to vendors or other regular third parties of temperature checks and required reporting of CDC symptoms
- Verbally screen for any known COVID-19 symptoms, which include cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell in the past 24 hours. See: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Consider privacy and confidentiality requirements

Questions for the Panel?

- Please type into Q&A box.
- Attendees can “promote” someone else’s question to amplify and get it closer to the top.
- Full slide deck and recording will be available on AAOE website.
- Additional questions can be e-mailed to aaoe@aao.org



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