

COVID-19: Thoughts Around Returning to Work On-Site:

Over the past two days, I have asked numerous CHROs from Bay Area-based Life Sciences companies about their plans for developing protocols around having the bulk of their employees return to work on-site. Altogether, I received responses from 30 CHROs and highlights are featured below. I would encourage any CHRO who wants to be connected to an online discussion group (and added to a distribution list made up exclusively of CHRO peers across the industry) to reach out to me. Finally, at the bottom of this document are some additional links/resources that may be of assistance in navigating this complex topic.

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I. Top 5 Insights from Bay Area Life Science CHROs:**1) Creating a Dedicated Team/Committee**

- *“We have a team dedicated to workforce optimization.”*
- *“We have just established a Committee -- HR, Operations, Facilities, Legal -- to put the framework together.”*
- *“We have a Coronavirus Committee that meets regularly and is monitoring the situation daily.”*

2) Staggering Return of Employees by Function

- *“Most likely we will have a staged return, continue social distancing, limit numbers in meetings to 5 (people). Those that can stay working from home -- G&A, for instance -- should.”*
- *“We have not made any return plans at this point. As we are producing vaccines, we have some employees still working on site at our three locations. I suspect that in the Bay Area, the return will be phased in. I am expecting this to start in June.”*
- *“We already have 1/3 of our employees in the office. We don’t plan to allow any more employees to come to work over the next couple of months unless something radically changes.”*
- *“So far, we are not proactively doing anything to bring employees back other than in manufacturing, where we have a phased approach and many safety measures in place as advised by the CDC. We have only started initial discussions about how any return might work for office-based employees.”*
- *“To be honest, we’re projecting that we’ll probably be in status quo (continuing our current social distancing/remote work for all but R&D/Manufacturing) through May, if not June, so we haven’t spent much time on Return-to-Work plans. I am anticipating that we may phase approach it and not move immediately from all remote to no remote.”*

- *“We are operating with the assumption it will be another 7-8 weeks. We have an operating plan for about the 30-40 people who are working on site. We have enhanced our safety protocol and are having managers regularly check in on what employees can do from home.”*
- *“I think it will be some form of phased in return-to-work plan. People who can do their jobs from home, remain home (until we can do widespread testing). Whereas, people whose job requires them to be onsite will be prioritized to return to work. Continue with social distancing, washing hands and wearing masks. Discourage traveling on public transit, eating out and face-to-face group meetings.”*
- *“Ideally, we should stagger folks in because I suspect there will be some guidance from the CDC about this. We would identify those functions/roles that should come back to the office first such as those working in the chemistry and engineering labs followed by the functions that can continue remotely such as software and quality. We have continued to have production manufacturing and chemistry on-site throughout the SIP as they are essential functions.”*
- *“1) We have clear protocols/guidelines, aligned with the San Francisco and San Mateo County shelter-in-place orders for a limited number of employees working shifts in the lab (significantly reduced number of lab workers onsite at any given time to ensure social distancing and other safety measures). 2) We're most likely to return in shifts, i.e. have lab workers return first and then have others return; we'll create work schedules / shifts during the first few weeks of the transition.”*

3) Creating “Zones” & Securing Resources for a Deep Cleaning of the Facilities

- *“Currently with the people we have onsite, we have them entering and exiting through different doors and using different bathrooms -- in case someone is infected, we only have to close off certain parts vs the entire site.”*
- *“We plan to have a deep clean and sanitizing of our offices.”*
- *“Based on conversations we’ve been having, I’m expecting our offices to stay closed beyond the May 3rd current Shelter-in-Place guidance. We don’t have a lab so only 2-3 employees have access to the office at all. We know that we need at least 1-2 weeks prior to us opening the office back so that we can do a deep clean in the entire office. I would expect once the office is cleaned and we deem it safe to go back into the office, we will leave it initially to the employees on when they want to come back in.”*

4) Factoring in Childcare & Primary Caregiver Concerns

- *“We do not anticipate being able to return to work in weeks, thinking it’s more like months. Kids being home likely through the summer is a big concern. Our first step is assessing our key priorities and mapping employee capabilities against them. Then also considering EFMLA and how it could map into our disability program and Family Leave program.”*
- *“I do believe that a lot of it will also be dependent on if employees have responsibilities with kids through the summer as traditional summer camps, etc. will be impacted.”*
- *“I imagine that will be much slower given schools are out until August. Many will not even be able to come in as they will be caring for children. Additionally, not sure how physical distancing*

could be maintained in an office environment. At this point I don't hear any urgency around the office employees who are able to work from home."

- *"With school closures for the remainder of the year, we recognize that our workforce will be challenged with homeschooling and flexible work schedules."*
- *"Some parents may need to stay at home due to childcare, so we will have allowances for that."*

5) Looking to the County & State Governments for Guidance

- *"We believe that it is still too early to speculate on timing and on conditions (mandatory testing, social distancing rules, etc.) that may be imposed by government agencies... Our best guess is that the shelter-in-place order will be extended past the current date of May 3. KCBS interviewed Governor Newsom (April 8th) and his remarks about when we can expect things to get back to 'normal' are interesting and worth reading..."*
- *"Highly unlikely people are coming back to work in the coming weeks. I expect we will all still be at home at least through May. I'm just starting to explore return-to-work protocols. First and foremost, it will be driven by mandates and guidelines issued by State and County level so we'll have to keep a watchful eye on what restrictions will be placed. I think the timing of it will depend upon widespread testing being available..."*

II. Helpful Resources

- Designated Hotline: Does your company have a [designated hotline](#) in place (even if just a cell phone answered by a designated person) so that employees have the ability to make inquiries while working remotely? This could mitigate later claims suggesting you did not create an environment for employees to have their job-related concerns addressed in a timely manner.
- International Organization for Standardization: Guidelines include [No. 22301](#), which deals with disturbances. "This document specifies requirements to implement, maintain, and improve a management system to protect against, reduce the likelihood of the occurrence of, prepare for, respond to, and recover from disruptions."
- [Covington's Checklist for U.S. Employer Considerations](#)
- [Perkins Coie's Interim Guidance & Employer Preparedness Checklist](#)
- [Safesite's Coronavirus Checklists](#)
- [U.S. Chamber of Commerce's Coronavirus Resources](#)
- [CDC's Criteria for Return to Work for Healthcare Personnel with Confirmed/Suspected COVID-19](#)
- [April 6th NY Times Article on Four Key Benchmarks for Returning to Work](#):
 - Hospitals in the state must be able to safely treat all patients requiring hospitalization, without resorting to crisis standards of care.*
 - A state needs to be able to at least test everyone who has symptoms.*
 - The state must be able to conduct monitoring of confirmed cases and contacts.*
 - There must be a sustained reduction in cases for at least 14 days.*