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**COVID-19  
Vaccine  
Information**

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# Trust Intelligence

A Newsletter published by the Workers' Compensation Trust

## The Trust's Response in Handling Coronavirus (COVID-19) Claims

It's hard to believe that our nation is heading into its second year in dealing with the ramifications of the COVID-19 pandemic.

We have all experienced the challenges of wearing a mask, figuring out how to get our groceries, working remotely, guiding our kids through remote learning and maintaining some type of socialization with extended family, friends or neighbors via Zoom. We also have all dealt with the fear and unfortunately, even the loss of some of our family and friends.

Through it all, our members have shown their resiliency, their bravery, their adaptability and their commitment to their missions as they rapidly re-envisioned and re-invented how to still care for those in their charge. Their efforts were nothing short of courageous and we are so proud to support them.

From a workers' compensation insurance company perspective, our challenges centered around managing the workforce so they too would be there for our members. We responded by dramatically reducing the number of staff in the building, moving to a remote work force, switching our educational medium from in-person to webinars and then spending countless hours researching the latest information so we could ensure that the guidance we were providing from a claims & loss control perspective was accurate, timely and meaningful to the membership.

Within the first few day of the pandemic, the calls started coming in from members and brokers alike with the main question everyone was interested in hearing: Was COVID-19 covered under workers' compensation?

While the workers' compensation industry has dealt with occupational disease or workplace exposures since inception, the unique attributes of the COVID-19 virus that created this world wide pandemic certainly

tested the manner in which exposure claims had been resolved in the past.

In order to make sure we were consistent and accurate in our approach the claims management team along with Brian Downs and Diane Ritucci, formed the COVID-19 claim review committee. This committee met weekly to review all COVID-19 exposures and claims. This allowed the committee to review all the individual claim attributes. Much of the information was changing frequently and we wanted to be sure that we were consistent, objective and accurate in our approach so that we would be accepting only those claims with a true occupational exposure and denying those with a community based exposure. This meant that each claim was reviewed, investigated, and the claimant interviewed by a senior level claims manager to gather the facts and circumstances of the claim and then apply them to the existing procedures established for handling occupational illnesses in accordance with the Governor's Executive Order regarding COVID-19 claims which was issued in July.

### Trust COVID-19 Claims

- In 2020, COVID-19 claims represented 4% of the Trust's total claim count for all claims reported and 8% of total incurred dollars.
- The vast majority of claims resulted in lost time wages of a short duration with low medical expenses incurred.
- Less than 10% resulted in hospitalizations and extended lost time from work. These cases were monitored by our nurse care management team.

# Trust Retains Over 99% of January 1 Renewals

January 1st is by far the largest renewal date for Trust policies with only 109 in excess of 100 member policies renewing on that day. We were nearly perfect, retaining all but one smaller premium policy for an overall retention rate over 99%. While retention levels in this range are extremely rare in the insurance industry, they are common place for the Trust. In fact, the retention level for each of the two preceding year January 1st cycles was a perfect 100%!

We take pride in the long term relationships we build with our members. Price is always important but it takes far more than price to keep policy holders satisfied year in and year out. Our exceptional loss control and claims management services, combined with our highly respected training and education programs provide our members with services far beyond what other insurance companies offer. In addition, the Trust returns excess profits back to members with more than \$50 million in premium returns to date.

## New Sales & Marketing Staff



In July we welcomed Guylaine Doyon as a Senior Underwriter at the Trust. Guylaine has over twenty-five years of experience as a property and casualty underwriter. She has extensive knowledge of the commercial insurance marketplace from the carrier, wholesaler and agency perspectives and is experienced in selling and servicing commercial and personal insurance products. Guylaine has a Bachelors of Science degree in Marketing from the University of Hartford.



In October, Kimberly A. Tompkins, CIC, AIS, AINS, CRIS, ACSR, PHM, CPIA and member of the PIA Board of Directors, joined the Trust team as Account Manager. Kim brings over 30 years of insurance experience from both the agency and company perspectives including handling national accounts, product and program design, sales and service. She has been awarded Insurance Professional of the Year, Director of the Year, Customer Service Representative of the Year and various other industry acknowledgements throughout her career.

We are excited to have both Guylain and Kimberly be part of the Trust Team!

## Pat Cramer Retires with 28 Years to the Trust



We recently celebrated one of those occasions that brings both happiness and sadness simultaneously. After 28 highly successful years, account executive Pat Cramer retired from the Trust. She has been an integral part of the Trust throughout her years garnering a vast number of strong friendships, solid business relationships and the respect of many brokers and members throughout the state.

Since that time Pat has played a major role in the growth and success of the Trust, witnessing our rise to the fourth largest workers' compensation carrier in the state.

Well respected and reliable, she will be missed by us all. While we are saddened that she's leaving, we are joyous for her and the opportunities that yet await.

# COVID Safety from the CDC

Now that the warmer weather will soon be upon us, many of us will be looking to resume daily activities as safely as possible. While there is no way to ensure zero risk of infection, it is important to understand potential risks and how to adopt different types of prevention measures to protect yourself and to help continue to reduce the spread of COVID-19.

The risk of activity depends on many factors including:

- Is COVID spreading in your community?
- Will you have a potential close contact with someone who is sick or anyone who is not wearing a mask (and may be asymptomatic)?
- Are you at increased risk for severe illness?
- Do you take everyday actions to protect yourself from COVID-19 while you are at work or on personal time?

There are plenty of methods to evaluate potential exposures for indoor and outdoor activities. Remember, when choosing the right environment to spend time with people who don't live with you, outdoors is the safer choice! You are less likely to be exposed to COVID-19 during outdoor activities when you:

- Stay at least 6 feet apart
- Limit the time you spend around them
- Bring a mask with you to put on when you encounter people who may get closer than 6 feet
- Follow local mask mandates

Many activities that we normally do inside, can easily be substituted with an outdoor alternative which is less risky.

### INDOOR ACTIVITY

Going to movies

Going to the gym

Going out to dinner

Visiting with friends at your house

### SAFER OPTION OUTDOORS

Watch a movie in your backyard

Run, walk or bike in your neighborhood, go hiking, take an outdoor yoga class

Pick up curbside, get food delivered, go on a picnic, eat outdoors

Have an outdoor barbecue, sit by the firepit, enjoy your yard or porch



### WHY OUTDOORS IS SAFER

COVID-19 spreads more easily indoors than outdoors. You are more likely to be exposed to COVID-19 when you:

1. Attend crowded, poorly ventilated areas
2. Have close contact with infected people at home

For more tips on ways to practice safe time spent with others, please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/participate-in-activities.html>

## Welcome To Our Newest Members

- Cornell Scott Hill Health Corp.
- Dynamic Touch Home Care Services
- Forge City Works, Inc.
- Housing Authority of the City of Hartford
- Love & Caring Homecare, LLC
- MARC: Community Resources, Ltd.
- Recovery at Wildwood Farm, LLC
- The Open Door Shelter, Inc.
- Utopia Home Care, Inc.

## The Legal Corner

Attorney John M. Letizia, Managing Partner  
Letizia, Ambrose & Falls, PC

### Employment, Workers' Compensation and Waiver Questions - The COVID-19 Vaccine

The intent of this article is to provide you with our analysis and the latest guidance issued by the federal agency tasked with enforcing anti-discrimination laws. This information is subject to change.

#### Employers Can Require Employees to Be Vaccinated With Exceptions

The Equal Employment Opportunities Commission (EEOC) has indicated that an employer can require employees to get the COVID-19 vaccine as a condition of employment based on the public health emergency created by this pandemic, unless an employee declines because of a linked disability (e.g., severe allergic reaction risk) or a sincerely held religious belief. The EEOC's guidance applies to employers generally and does not make any distinctions based on the nature of the employer's business. Based on this guidance, it is our opinion that a healthcare employer could require its direct patient care employees to be vaccinated as a condition of employment, as non-vaccinated employees would create a direct threat to patients. We believe the same answer would apply to direct care providers to residents, individuals or clients in the non-traditional patient care settings that arise for DDS or DMHAS agencies and DCP-governed companion agencies. This could arguably be applicable to other positions that interact with patients (e.g., custodial, dietary, discharge planners).

#### Employee Refuses Vaccine

If an employee refuses the vaccination based on a disability covered by the Americans With Disabilities Act (ADA) or a sincerely held religious belief, the employer has every right to require additional information from the employee to support the exemption. In the case of a disability, the employer could require sufficient and acceptable medical proof from a treating provider to support any claim of a health care risk to the employee that goes beyond the temporary side effects. In the case of a sincerely held religious belief, the employer could require additional information from the employee if the employer has an objective basis to question either the religious nature or the sincerity of a particular belief, practice or observance. Certain religions discourage, but do not prohibit vaccinations.

It is most important to understand that employees have certain rights under the law, but, in our opinion, providers of care have even more significant obligations to their

patients, residents, clients or individuals to not put them at risk of significant harm. In such cases, when there is clear acceptable medical proof (demonstrating a clear risk of an anaphylactic reaction if vaccinated) supporting the refusal to be vaccinated, then the employer is likely going to have to see if they could reasonably accommodate the employee. Unlike other accommodations that arise when an employee is injured, this accommodation cannot place others in the workplace at risk of catching the virus because the accommodated employee will not agree to be vaccinated. In that case, the accommodation could be a full or part-time remote option (which is not practical for most direct care positions), temporary unpaid leave, furlough or layoff. Remember, it may be a violation of the Occupational Safety and Health Act's general duty clause to knowingly place any employee at unreasonable risk of harm or injury. Therefore, this OSHA obligation may provide further support for a workplace requirement that all employees be vaccinated, and to not allow non-vaccinated employees back into the workplace.

#### Right to Require Proof of Vaccination & Other Medical Inquiries

The EEOC guidance also indicates that an employer can ask an employee to show proof of a COVID-19 vaccination, and that such an inquiry is not a disability-related inquiry. This is consistent with the EEOC's prior guidance that the pandemic meets a higher "direct threat standard than the flu," which allows employers to conduct more extensive medical inquiries of employees.

#### Waivers of Workers' Compensation Liability

We have been receiving questions from a few clients on whether they could require the employee to sign a waiver of liability. It is illegal to ask an employee to execute a waiver of workers' compensation liability as part of the vaccination process, even if voluntarily signed in return for receiving the vaccine, it is unenforceable. As far as waiving general liability, a vaccinated employee with even significant medical side effects is barred by the Connecticut Workers' Compensation Act ("CWCA") from suing his/her employer. It is not the intent of this memo to address waivers that cover any non-employees.

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## The Medical Corner

Mark Russi, M.D., MPH,  
Medical Director

### No Time to Waste Get Your Vaccine Now



As of February 16th, 56 million doses of the COVID-19 vaccine have been administered across the United States, and 180 million doses have been given worldwide. In Connecticut more than 700,000 doses have been administered, with 14 % of the population having received one dose of either the Pfizer or Moderna vaccine to date and 7 % having received 2 doses. Currently approximately 22,000 Connecticut residents are being vaccinated per day.

Vaccine rollout has been challenging for a number of reasons. Few state health departments have the infrastructure to undertake large scale vaccination campaigns, and many have relied heavily upon hospitals, health systems, pharmacies and clinics to vaccinate state populations. Anecdotes abound from across the country regarding long waits to register for vaccination, and policies have varied from state to state regarding which groups are eligible when. The state of New York, for example, has already begun vaccination of individuals under the age of 65 who have comorbid medical conditions, while in Connecticut, the only groups at time of writing other than healthcare workers and long-term care facility residents to receive vaccine are individuals over the age of 65. We anticipate that vaccination of those under the age of 65 with comorbidities, as well as essential workers outside healthcare, will begin within a few weeks.

Currently the only two vaccines available in the United States are the Pfizer/BioNTech vaccine and the Moderna vaccine. Both are mRNA based, and both have demonstrated clinical efficacy of 95% in large Phase 3 trials. The AstraZeneca vaccine and the Johnson and Johnson vaccine, with estimated clinical efficacies of 70% and 66% respectively, are on the horizon, but not yet in use in the US.

There has been a great deal of discussion regarding

emerging strains of the COVID-19 virus such as the UK variant (B117), the South African variant (B1351) and a range of others. Emergence of such strains is not unexpected; viruses are constantly mutating, and like flu viruses, we can expect that COVID-19 will continue to do so. The three properties of greatest importance with respect to such variants are whether transmission occurs more readily, whether the clinical severity of the disease is increased, and whether the variant still responds to the vaccine. A tremendous amount of investigative work is ongoing to characterize variants as they emerge with respect to those three criteria. To date the UK variant appears to be more transmissible, to cause clinical disease possibly more severe than the primary strain, and to respond well to vaccination. The South African appears also to be transmitted more readily, to cause similar clinical disease to the primary strain, but to respond less well to vaccination (though Moderna and Pfizer have stated that vaccine response should still be adequate). The more quickly the world population is vaccinated, the less possibility there will be of more transmissible variant strains proliferating.

Across the USA approximately 1.7 million doses of vaccine are being administered per day. While the work done by thousands to accomplish this should be lauded, the sobering news is that at that rate it will take 8 more months to vaccinate 75% of the US population. Barriers to date to more rapid vaccination have ranged from production and distribution limitations to severely strained state and private sector-based infrastructures for mass vaccination. Many have called for more austere measures to be taken, including substantial leveraging of federal and military resources to oversee larger more broad scale, round-the-clock mass vaccination campaigns.

Already we have lost more American lives to COVID-19 than we lost to combat during the entirety of World War II. Two vaccines are now available, brought to the market in record time, and 95% effective. It's time to do whatever is required to accelerate vaccination, time to end daily US death tolls in the thousands, and time to invoke the sort of organized, broad scale participatory effort that has characterized our country at its best.

## Legal Corner (Continued from Page 4)

### Are the Side Effects of the Vaccine Covered by Workers' Compensation?

In our opinion, if employees are required or even "encouraged" to be vaccinated and they suffer side effects that result in the vaccinated employee missing work and/or seeking medical care, that will likely be deemed compensable under the CWCA because the vaccine is seen as a "mutual benefit" to the employer and employee. It is important to note that a significant majority of side effects to date have been temporary; not lasting more than a few days. The first three days of an absence due to a workers' compensation injury/illness are not paid under workers' compensation. Therefore, the employee absent for three days or less would need to use sick or PTO time, unless the employer voluntarily agrees to pay for that absence.

## Loss Control Consultant Pam Hunter Earns Ph.D.



The Trust takes great pride in the achievements of our employees. Pamela Hunter is one of our loss control consultants. She was recently awarded her Ph.D. in Safety Sciences. We recently sat down with Pam to talk to her about this achievement.

**When did you know that you wanted to work in the field of Occupational**

### **Safety and Health?**

In high school, I always loved science, but I also wanted to work with people. So I was considering a career in science or conversely social work. My high school chemistry teacher brought me an article about a program at the University of New Haven (UNH), Occupational Safety and Health Administration: it was the best of both worlds working with science and with people!

### **Tell us about your career path.**

I got my first taste of safety as an undergrad intern with Schick. After college there was a temporary decline in the demand for safety professionals, and my first job out of college was in insurance. I became a licensed Property and Casualty Producer, and worked for an International Broker on a wide variety of national and global accounts.

At one point, I took that opportunity to become a Loss Control Consultant. In this position I worked with clients in wide variety business sectors. I utilized my safety, insurance and risk management experience and education to help clients build and strengthen their risk management and safety programs. Along the way, I continued my education with a Masters' Degree in Occupational Safety and Health Management from UNH and subsequently attained my Certified Safety Professional designation.

### **When did you decide you wanted a PhD degree?**

Many years ago, my Undergraduate Program Coordinator was teaching after retirement and I thought that was what I wanted to do in my retirement years. So, I always thought I would work towards my Ph.D. at some point.

### **What made you decide to apply to the Safety Sciences Degree program at Indiana University of Pennsylvania?**

That's a great question. I had a friend that was just finishing up a distance Master's Program at IUP and she mentioned that IUP would be introducing a part-time distance Ph.D. program the following year. In looking into IUP I learned that IUP is consistently ranked as one of the nation's top doctoral universities by U.S. News & World Report. I applied and out of 125 applications, I was one of 24 students accepted into the first cohort.

### **Tell us a little about the Ph.D. program at Indiana University of Pennsylvania.**

The PhD in Safety Sciences program at IUP is based on a cohort model in which a group of students is admitted into the degree program and progresses through an established series of courses and completes a dissertation. The cohort attended classes together through distance education and summer workshops and finished individually with our dissertations.

### **And your Dissertation was about Workplace Violence in Healthcare. What made you decide to pursue that topic?**

Several factors actually, the IUP Doctoral program required us to do original research, so I needed a viable topic and a database of participants to survey. I was looking for a topic that would align with my work at the Trust. At a national level, 70% of workplace violence occurs to the healthcare and social assistance business sector. Most of the studies on the topic quantify the problem but very few have studied the effectiveness of

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## Trust Plays Santa Once Again!

In December, Trust staff put on their Santa hats once again and took part in a family adoption program coordinated by Community Health Resources (CHR). We adopted five families and fulfilled their Christmas wish lists to ensure they had a special holiday.

CHR is a non-profit behavioral health provider in CT offering services for children, families and adults who have been touched by mental illness, addiction or trauma. Their services date back to the 1960's. Their mission is to help clients find real hope for the challenges of life through an array of community based mental health, substance use, child welfare, supportive housing, foster care, prevention and wellness services, and integrated care. They have been a member of the Trust for 29 years.

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regulations. There were also very few studies from direct care employees. The State of Connecticut has had a Workplace Violence Prevention Act (Public Act 11-175) to protect employees in healthcare and social assistance since 2011. To date, there is no federal regulation for workplace violence prevention and only ten states have regulations.

My study queried RNs to determine if they had been physically or verbally assaulted during 2019 and to obtain information on the components of Workplace Violence Prevention Programs at the establishments they work out and their opinions on workplace violence those programs.

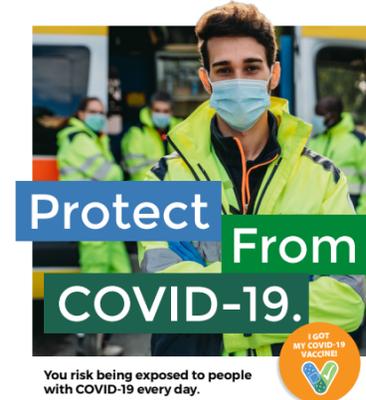
The information I gained was enlightening. The RNs reported that 60% had been either verbally or physically assaulted during 2019 and 16% had been physically assaulted. The conclusions of my study highlighted the need for more work in this field and specifically for safety professionals to look more closely at how a Workplace Violence Prevention Program is performing at organizations. The study also underscored the need to closely examine safety culture at organizations and the need to elicit information from frontline workers.

### **Is there anything you would like to add?**

I love working with our members and teaching them about safety and helping them bring their programs to the next level. Since all of our members provide some type of assistance or service to their populations and our role as Senior Loss Control Consultants is to help keep our members' employees' safe – I feel like I have come full circle.

Congratulations Dr. Hunter. We are very proud.

## Building Confidence for the New Vaccine – A Communication Toolkit



A safe and effective vaccine to protect against COVID-19 is now available. Learn more: [cdc.gov/coronavirus/vaccines](https://www.cdc.gov/coronavirus/vaccines)

In an effort to assist employers with building confidence among workers for the new vaccine, the CDC has designed a COVID-19 Vaccination Communication Toolkit for Essential Workers. This toolkit will help employers across various industries educate their workforce about COVID-19 vaccines, and raise awareness about the benefits of vaccination.

### Some Common Questions and Concerns

#### **Can the Vaccine make me sick with COVID-19?**

No. None of the authorized and recommended COVID-19 vaccines or COVID-19 vaccines currently in development in the United States contain the live virus that causes COVID-19. This means that a COVID-19 vaccine cannot make you sick with COVID-19. Some people have experienced mild side effects but the benefit of the vaccine far outweighs any uncomfortable side effects.

#### **After getting the vaccine, will I test positive for COVID-19?**

No. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States can cause you to test positive on viral tests, which are used to see if you have a current infection.

#### **Will a COVID-19 vaccine alter my DNA?**

No. COVID-19 mRNA vaccines do not change or interact with your DNA in any way.

#### **Is the vaccine safe if I want to have a baby one day?**

Yes. People who want to get pregnant in the future may receive the COVID-19 vaccine.

The toolkit contains a vast variety of resources. To access these materials please visit

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/toolkits/essential-workers.html>



## Upcoming Educational Programs

*The following webinars are designed to assist members in gaining knowledge of issues that surround and support the reduction of work related injuries and create a safe and healthy workplace. To register, or obtain detailed information, go to [www.wctrust.com](http://www.wctrust.com). Your attendance is encouraged.*

### Using Ladders Safely

Thursday, March 4 10:00 AM - 11:00 AM

### Achieving Better Claim Outcomes

Thursday, March 11 10:00 AM - 12:00 PM

### Supervisor's Toolkit: Diversity Without Adversity

Thursday, March 18 10:00 AM - 12:00 PM

### Connecticut's Paid Family Leave: What You Need To Know

Thursday, March 18 1:00 PM - 2:30 PM

### Safety Solutions: Fleet Safety

Thursday, March 25 10:00 AM - 11:00 AM

### How To Create An Effective Return To Work Program

Tuesday, March 30 10:00 AM - 11:00 AM

### **ON DEMAND WEBINARS**

The Trust has recorded webinars that are available 24 hours a day, 7 days per week.  
Visit [www.wctrust.com](http://www.wctrust.com) to view these offerings.



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