

# Department of the Interior



## **COVID-19**

# **Preparedness and Response**

# **Supervisor's Guide**

Version 1.0

March 11, 2020



## **Approval**

The *Supervisor's Guide to Preparedness and Response for COVID-19* is based on the *U.S. Government COVID-19 Response Plan* and the *DOI Pandemic Influenza Plan (DOI Pandemic Plan)* to provide prevention and mitigation actions that supervisors can use to develop a unit specific plan of action to:

- Protect the health and safety of DOI's employees.
- Maintain and ensure the continuation of the mission essential functions of the Department as a part of continuity planning.
- Support the Federal, State, Tribal, Territorial, and local response.
- Communicate effectively with DOI's stakeholders during a public health emergency related to COVID-19.

Approved by: Gregory Shelton, Acting Director, Office of Emergency Management

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## **Background**

Outbreaks of novel virus infections among people are always of public health concern. The risk to the general public from these outbreaks depends on characteristics of the virus, including how well it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness). The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

## **Risk Assessment**

COVID-19 is in the same family as other human coronavirus that have caused global outbreaks such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). Coronavirus causes respiratory tract illnesses which can lead to pneumonia, and in severe cases death. Known transmission routes for Coronaviruses include sustained human-to-human transmission via respiratory droplets produced when an infected person coughs or sneezes. As with all novel and emerging infectious agents, it is possible that continued spread of the coronavirus could result in a pandemic. The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from mild symptoms to severe illness resulting in death. Current understanding about how the virus that causes COVID-19 spreads is mainly from person-to-person: between people who are in close contact with one another (within about 6 feet) and through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Current risk assessment for COVID-19:

- For the majority of people, the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low. There is not widespread circulation in most communities in the United States.
- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with increase in risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected [international locations](#) where community spread is occurring also are at elevated risk of exposure, with increase in risk dependent on location.

The Health and Human Services - Centers for Disease Control and Prevention (CDC) has developed [guidance to help in the risk assessment and management](#) of people with potential exposures to COVID-19.

## **Purpose**

The *Supervisor's Guide to Preparedness and Response for COVID-19* is based on the *U.S. Government COVID-19 Response Plan* and the *DOI Pandemic Influenza Plan (DOI Pandemic*

*Plan*) to provide prevention and mitigation actions that supervisors can use to develop a unit specific plan of action to:

- Protect the health and safety of DOI's employees.
- Maintain and ensure the continuation of the mission essential functions of the Department as a part of continuity planning.
- Support the Federal, State, Tribal, Territorial, and local response.
- Communicate effectively with DOI's stakeholders during a public health emergency related to COVID-19.

### ***Planning Assumptions***

In the absence of facts or verifiable data, planning assumptions represent information deemed true. They are necessary to facilitate planning development efforts. Assumptions set a baseline for planning purposes and do not preclude specific activities or decision points that will occur in response to the COVID-19 outbreak. The following planning assumptions are provided to support preparedness planning at the supervisory level:

- Universal susceptibility and exposure will significantly degrade the timelines and efficiency of response efforts.
- As an emerging infectious disease the virus SARS-CoV-2 may continue to be transmitted in communities for an unknown amount of time, necessitating recurrent and changing planning assumptions.
- Some persons will become infected but not develop clinically significant symptoms and these asymptomatic or minimally symptomatic individuals may be able to transmit infection and develop immunity to subsequent infection.
- Multiple geographically dispersed waves of illness (periods during which community outbreaks occur across the country) could occur with each wave lasting 2 - 3 months.
- Certain public health and community mitigation measures are also likely to increase absenteeism.
- Historically, the largest outbreaks have occurred in the fall and winter, but the seasonality of COVID-19 cannot be predicted with certainty at this time.
- Many employees can perform their work through telework.
- Managers and employees will follow the normal workers' compensation claims processes and applicable safety and health reporting/notification procedures for any work-related exposures.

### ***Planning and Preparedness***

All leadership to include supervisors/managers, are encouraged to understand the prevention and mitigation strategies that are available. Supervisors/managers should document these strategies to ensure the continuation of all essential functions should the COVID-19 outbreak necessitate further active protections for DOI employees, contractors, partners, and the public.

Prior to a local government-declared public health emergency supervisors should:

- Review the unit continuity of operations (COOP) plan if available.
- Establish a list of mission essential functions to be executed in the event of an event of increasing severity.
- Develop a list of the associated employees responsible for performing each office function.
- Create an inventory of essential records, databases, and systems needed to sustain operations, if necessary, including whether these records can be accessed electronically from a remote location (e.g., an employee's home or other alternate work site).
- Develop a summary of office work functions that cannot be performed remotely (e.g. physical security, law enforcement activities, and maintaining critical infrastructure).
- For functions that may be performed from remote locations, create a list of employees performing these functions with at least three levels of backup either locally or from other regions of the country.
- For functions that may be performed from remote locations, prepare an inventory of required equipment [e.g., Government Furnished Equipment (GFE) laptops, remote access, high-speed internet] needed to perform these functions.
- Where sufficient backups may not exist, compile a directory of employees capable of being cross-trained to perform a variety of functions.
- Develop an inventory of contracts and contractors that perform functions that must continue or be augmented in the event of a COVID-19 outbreak or Coronavirus exposure (e.g. custodial services, health center staffing, etc.).
- Develop a list of employees performing high and medium exposure risk occupations that might be required to wear personal protective equipment (PPE) and/or prioritization to receive medical countermeasures/anti-virals (e.g. anti-viral medication).

### ***Mitigation Strategies to Employ for COVID-19***

The *DOI Pandemic Plan* outlines multiple strategies (listed below) that may be implemented by the supervisor or be directed by DOI leadership to protect the health and safety of personnel and continue to meet the DOI mission within an environment impacted by a COVID-19 outbreak. These strategies can be implemented in conjunction with one another or independently based on the circumstances and the nature of the task being performed.

- Follow general [COVID-19 communicable disease prevention actions per the CDC](#):
  - Wash hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer (>60% alcohol).
  - Avoid touching eyes, nose, and mouth with unwashed hands.
  - Stay home when sick and avoid close contact with people who are sick.
  - Cover cough or sneeze into elbow or tissue, then throw the tissue in the trash.
  - Clean and disinfect frequently touched objects and surfaces.
  - Get the annual flu vaccine.

- Social Distancing (reducing face-to-face meetings, maintain a distance of 6 feet between people at all times, etc.).
- Vaccination and anti-viral medications once available.
- Telework, leave, and other human resource flexibilities.
- Understand which employees are in which level of exposure risk occupation.
  - Low (occupations that have minimal contact with people or wildlife known to be infected or minimal close contact (within 6 feet) with the public.),
  - Medium (occupations that require frequent, close contact exposures to known or suspected sources of the virus or close contact with the general public.)
  - High (occupations with high potential for exposure to known or suspected sources of the virus. These include the following DOI personnel: those working with the samples/laboratory specimens, law enforcement, or emergency services/medical transport and health care personnel.)
- Use of personal protective equipment for employees performing high and medium exposure risk occupations.
  - Typically respirators are required to be N-95 or higher air purifying masks that require medical clearance and fit testing prior to use. Use of N-95 respirators requires participation in a formal respiratory protection program with medical clearance, fit testing, and training.
  - The CDC does not recommend the use of facemasks or other respiratory protection for the general workforce or public.
- Reduction of services provided to the public to reduce the congregation of large groups in an area, to include closure of DOI units to the public when warranted.
- Full closure of an office building or unit.

### ***Operationalizing Mitigation Strategies***

The nation and DOI maintain a series of frameworks and contingency plans for a biological incident including COVID-19. These plans build upon on another working from the strategic to the tactical.

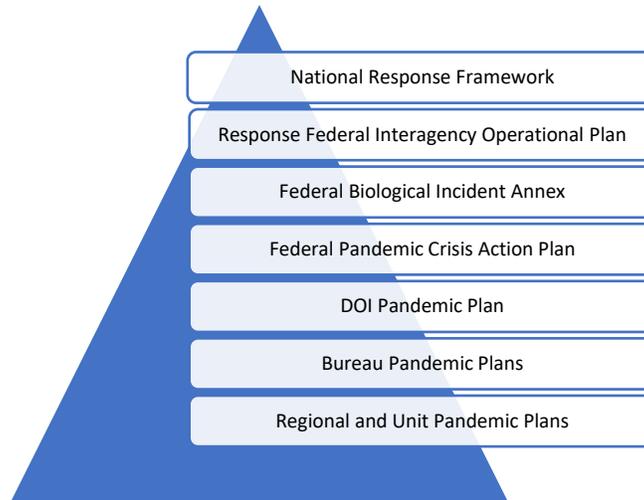


Figure 1: Tiered Pandemic Plans

These plans maintain federal operational response phases that are synchronized with CDC intervals outlined in the CDC Pandemic Intervals Framework (PIF) (figure 2) to identify triggers that require changes in management responses and action as conditions evolve from phase to phase.

Phase	1A	1B	1C	2A	2B	2C
<b>Operational Phase</b>	<b>Normal Operations</b>	<b>Increased Likelihood or Elevated Threat</b>	<b>Near Certainty or Credible Threat</b>	<b>Activation, Situational Assessment, and Movement</b>	<b>Employment of Resources and Stabilization</b>	<b>Intermediate Operations</b>
<b>CDC Interval</b>		<b>Investigation</b>	<b>Recognition</b>	<b>Initiation</b>	<b>Acceleration</b>	
<b>Containment Mitigation Strategy</b>		<b>Containment</b>	<b>Containment</b>	<b>Aggressive Containment</b>	<b>Transition from Containment to Community Mitigation</b>	<b>Full Community Mitigation</b>
<b>Trigger</b>	No specific threat of pandemic	Identification of a confirmed human case of a novel or re-emerging virus infection anywhere with potential to cause significant human disease and potential for pandemic	Confirmation of multiple human cases or clusters with virus characteristics indicating limited human-to-human transmission and heightened potential for pandemic  Determination of a Significant Potential for a Public Health Emergency	Demonstration of efficient and sustained human-to-human transmission of the virus  Declaration of a Public Health Emergency by local government  One (1) or more clusters of cases in the U.S.	Increasing number of cases or increasing rate of infection in U.S.  Healthcare system burden exceeds State resource capabilities  State/local request for assistance that requires federal coordination  Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links in a single U.S. contiguous jurisdiction with evidence that public health systems in that jurisdiction are unable to meet the demands for providing care	Increasing rate of infection in United States indicating established transmission, with long-term service disruption and critical infrastructure impacts  Presidential Stafford Act declaration  State/local request for assistance that requires federal coordination  Greater than three (3) generations of human-to-human transmission, or detection of cases in the community without epidemiologic links, two (2) or more non-contiguous jurisdictions with evidence that public health systems in those jurisdictions are unable to meet the demands for providing care.  Widespread transmission of disease

Figure 2: Phase Indicators and Triggers, derived from the *U.S. Government COVID-19 Response Plan*

The below DOI activation triggers for mitigation strategies related to the COVID-19 preparedness and response efforts by supervisors and managers are developed based on these phases and CDC intervals.

## **DOI Activation Triggers for Mitigation Strategies**

The current phase of the COVID-19 incident will be indicated on the DOI Common Operating Picture, <https://arcg.is/1Xq8O8> (If prompted, select "AD" when clicking the link above).

The following DOI activation triggers and mitigation strategies for COVID-19 preparedness and response efforts are provided as a planning tool to support decision making.

### **Phase: 1C to 2A (Current national phase as of 11 March 2020)**

**Trigger:** Declaration of public health emergency of international concern and/or a public health emergency in the US.

**Action:**

- Provide leadership and guidance for your employees, help them stay informed using trusted sources – CDC, [www.cdc.gov](http://www.cdc.gov), maintains incident specific and disease specific website pages that provide the most authoritative source of information for the federal government.
- Encourage telework eligible employees who do not already have a telework agreement in place to consider completing the agreement so they can at least use situational telework if approved by the supervisor.
- Provide links to the State and local health departments to employees.
- Use State and local health department information in decision making.
- Monitor the DOI Common Operating Picture for the most up to date DOI-specific information and guidance, <https://arcg.is/1Xq8O8> (If prompted, select "AD" when clicking the link above).
- Recommend staff work with their local health physician to obtain vaccine if available.
- Limited telework with supervisory approval.
- Identify essential functions that must continue and develop an essential functions staffing plan to maintain these functions with the appropriate risk mitigation actions.

**These follow-on phases and triggers are provided for planning purposes should the COVID-19 incident continue to expand beyond localized areas.**

### **Phase: 2A to 2B**

**Trigger:** Identification of more than two or three unconnected confirmed human cases of a novel or reemerging virus infection in the local community near the DOI unit or where and employee may need to travel to.

**Actions:**

- Identify your employees risk exposure category:
  - Low (occupations that have minimal contact with people or wildlife known to be infected or minimal close contact (within 6 feet) with the public).
  - Medium (occupations that require frequent, close contact exposures to known or suspected sources of the virus or close contact with the general public).
  - High (occupations with high potential for exposure to known or suspected sources of the virus. These include the following DOI personnel: those working with the samples/laboratory specimens, law enforcement, or emergency services/medical transport and health care personnel).
- Conduct a staff telework day to test your staffing plan.

- Implement Social Distancing and encourage use of telework or other HR flexibilities on a case by case basis (See Appendix B for more information).
  - For employees that use mass transit to go to and from work - arrange for alternate methods of getting to work (increase parking permits, carpool, rideshare, etc.) or leverage telework and other human resource flexibilities to minimize employee exposure risk during commute to and from work.
  - Within the work space, have 6 feet of separation between personnel, as much as possible, to reduce potential spread of infection.
  - Instead of face-to-face meetings, use methods such as Microsoft Teams or other virtual collaboration tools, teleconference, and email to conduct business as much as possible, even when participants are in the same building.
  - Conduct workshops and training sessions via Microsoft Teams or other virtual collaboration tools instead of in large close groups if possible.
  - If you are sick stay home, if an employee is sick follow the Appendix A Sick Employee Flow Chart.
- Document funds and resources expended that are directly linked to the response to COVID-19 for potential supplemental requests for funding.
- Require DOI employees whose work may expose them or others to significant health or safety risks due to occupational or environmental exposure or demands to obtain vaccinations and/or medical countermeasures and personal protective equipment if available.

**Phase: 2B**

**Trigger:** Declaration of a public health emergency by the local, Tribal, Territorial, or State agency near the DOI unit or where and employee may need to travel to.

**Actions:**

- Implement your essential functions staffing plan with the appropriate risk mitigation actions.
- Avoid any unnecessary air or other mass transit travel to, within, or connecting through a location that meets the trigger above.
- Cancel any large public gatherings or visitor services that confine a large group (10 or more) in a small confined area where people need to be closer than 6 ft apart to participate.
- Avoid mass gatherings of people, including using mass transportation, and recreational or other activities where contact could occur with infectious people.
- Cancel or reschedule all non-mission critical travel.
- Continue telework and HR flexibilities identified in prior phase. Supervisors should consider approval of increased telework and leave flexibilities (In the event of a localized COVID-19 incident, supervisors may approve many flexibilities on a case by case basis. Mass or group approval of flexibilities should be coordinated with Regional/State Directors and local subject matter experts. Regional/State Directors shall coordinate with their Field Special Assistant and the Assistant Secretary for Policy, Management and Budget for approval.)

**Phase: 2B to 2C**

**Trigger:** Declaration of a local and State public health emergency that includes closure of schools, non-essential State and local government facilities, or direction from DOI or the Bureau Head to close all non-essential facilities.

**Actions:**

- Continue all actions from previous phases.
- Follow local health authorities direction and guidance regarding closure of non-essential facilities and quarantine (self-quarantine or directed quarantine) requirements as per [OPM guidance](#) for those employees that have been exposed or potentially exposed to the SARS-CoV-2 virus. Employees may telework at the supervisor's discretion or be placed on weather and safety leave if they are not telework ready.
- Report any employees who have tested positive for the virus through the Department's Safety Management Information System (SMIS) and to the Bureau Regional Director, OS Office Director, or other leadership as appropriate.
- Prioritize essential functions and report any degradation in the ability to maintain essential functions to the Office of Emergency Management (Continuity), Emergency Management Coordinator, Bureau Regional Director, OS Office Director, or other leadership as appropriate.
- If the unit does not maintain any essential functions, consider full closure of the unit and execute the telework plan for individuals that are telework ready.
- Implement Social Distancing and use of telework or other HR flexibilities for all non-essential personnel.
- Ensure essential staff have been appropriately vaccinated with available vaccines, supplied with anti-virals (if available), and PPE.
- Use voluntary and temporary reassignments of essential employees, cross-trained and back-up personnel, and all available human resource options available to maintain mission essential functions and essential support activities.
- Determine if there is a need for a unit or building closure (to the public or to employees) and issuance of an evacuation order with approved evacuation pay consistent with [Personnel Bulletin 07-01](#).
  - The Secretary or the Secretary's designee maintains the authority for duty station closure decisions.
  - If there needs to be a determination of a short term (less than 36 hour) unit or building closure for cleaning the local unit Supervisor will conduct an initial situation and risk assessment in consultation with their Regional/State Director, Bureau Emergency Management Coordinator and Bureau Designated Agency Safety and Health Official (DASHO) or Office of Occupational Safety and Health and Office of Emergency Management for Offices of the Secretary units.
    - Within one hour of a short-term closure decision by the Regional/State Director or Field Special Assistant, that individual will provide a report to the DOI Operations Center, [doi\\_watch\\_office@ios.doi.gov](mailto:doi_watch_office@ios.doi.gov).
  - If there needs to be a determination of a long term closure of a unit or building, as part of the mitigation strategy, the local unit Supervisor will conduct an initial situation and risk assessment in consultation with their Regional/State Director, Field Special Assistant, Bureau Emergency Management Coordinator and Bureau Designated Agency Safety and Health Official (DASHO) or Office of

Occupational Safety and Health and Office of Emergency Management for Offices of the Secretary units.

- Once the initial situation and risk assessment is completed the Regional/State Director or Field Special Assistant (if multiple Bureaus/Offices impacted) will contact the DOI Operations Center, 202-208-4108, to conduct a coordination call with appropriate leadership for a final unit closure decision by the Secretary or his/her designee.
- In the event of an evacuation, supervisors should consult with their servicing HR Office for any questions regarding pay and allowances, returning evacuated employees to work, and other Human Resources (HR) issues. Evacuation order (or authorization for departure) questions should be addressed through the Bureau/Office emergency management coordinator.

### **Phase: 3 (Sustained Operations and Long Term Recovery)**

**Trigger:** As the COVID-19 wave passes a particular area/community, sustained transmission will still likely occur within the United States and/or other parts of the world, but the number of cases in a particular area/community will subside. However, widespread COVID-19 recurrence should be a planning consideration.

#### **Actions:**

- Before returning to work, employees who have recovered should provide medical documentation that clearly indicates the employee is no longer contagious and does not present a safety risk at the workplace.
- Coordinate with local health authorities to determine when it is safe to return to normal operations.
- Assess resources and authorities that may be needed for recovery as well as subsequent COVID-19 incidents.
- Implement plan for resumption of normal operations/activities/work schedules.
- Maintain vigilance as transition back to normal operations.
- Continuously update roster of staff available to return to work.
- Conduct after-action review of the COVID-19 response activities and develop an after-action report; implement lessons learned during the next wave of infection.
- Supervisors should monitor evolving situations and continue to implement applicable HR flexibilities in coordination with servicing HR Office.

## **Appendix A Risk Assessment and Public Health Management Decision Making Matrix**

The CDC has issued a decision matrix found here:

[COVID-19 Risk Assessment and Public Health Management Decision Making](#)

Supervisors may utilize this as a guide, working with their Health and Safety Officers and Human Capital Officers to determine the appropriate flexibilities that may be warranted with the appropriate level of approval.

## **Appendix B: HR Flexibilities**

**DOI Office of Human Capital has created an Employee Guide that has flexibilities for employees during COVID-19. Supervisors should review it in conjunction with the below information.**

### **Telework**

- Telework is a work flexibility that enables eligible employees to perform their duties from an approved alternative worksite (e.g. home or telework center). In order to participate in the Department's telework program, telework eligible employees must complete the required telework training and execute a telework agreement before initiating a telework arrangement. Eligible employees may be permitted to telework on a core (recurring, scheduled basis—i.e., fixed day(s) per week or pay period) or situational (e.g., ad hoc) arrangement. The current telework form may be found on the [DOI's sharepoint site: Telework Agreement](#).
- The Department's telework policy, [Personnel Bulletin 19-02](#), requires teleworkers to physically report to their official duty station at least two full work days per bi-weekly pay period—except for rare, short-term circumstances. A public health emergency, such as COVID-19, is an example of a rare, short-term situation that would temporarily exempt employees from reporting to the official duty station twice a pay period. Under the current telework policy, supervisors are only permitted to telework situationally or in ad-hoc situations. However, public health emergency, such as COVID-19, would qualify as an ad-hoc circumstance wherein supervisors may be permitted to telework for an extended, temporary period.
- When assessing employee requests to telework, supervisors are ultimately responsible for ensuring adequate office coverage (in person or virtually) during business hours so that essential mission operations are carried out efficiently and effectively.
- An employee cannot be required to enter into a telework agreement. However, once the employee has an approved telework agreement in place, the agency can require the employee to telework in certain situations (e.g., social distancing, office closure due to a public health emergency, such as COVID-19).
- Similarly, the telework policy states that an employee cannot personally care for a dependent while teleworking and is responsible for securing appropriate arrangements for any dependents who are unable to care for themselves independently. A public health emergency, such as COVID-19, qualifies as an ad-hoc circumstance wherein teleworkers may be permitted to telework with a dependent in the home even when the employee has not secured a dependent care arrangement. In these situations, the teleworker would be expected to account for work and non-work hours during his/her tour of duty and take appropriate leave to account for time spent away from normal work-related duties.
- In planning for a public health emergency, such as COVID-19, supervisors should review [OPM's FAQ](#) for when telework is permissible for telework ready employees. The Department encourages supervisors and telework coordinators to review all telework ready individuals to determine if additional employees are eligible for telework and ensure they are telework ready with a current, approved telework agreement and

determine appropriate work that could be conducted in a telework environment such as online training, reviewing and updating policies and Standard Operating Procedures.

- Approval of mass telework, which includes entire offices, buildings, organizations, etc., requires the proper coordination with the respective Field Special Assistant and the Assistant Secretary for Policy, Management and Budget in consultation with local health officials. Refer to Section B “telework” in the [OPM COVID-19 FAQ](#)
- The [DOI Telework Agreement](#) can be found on the [All DOI Employees COVID-19 Information Portal](#).

## **Leave Flexibilities**

### **Weather and Safety Leave**

- In [guidance](#) issued March 7, 2020, OPM has determined that agencies may authorize weather and safety leave when an asymptomatic employee (i.e. healthy, not displaying symptoms of the given disease) is subject to movement restrictions (quarantine or isolation) under the direction of public health authorities due to a significant risk of exposure to a quarantinable communicable disease, such as COVID-19.
- Telework-ready employees (i.e., those with an approved telework agreement in place) who can safely work at their approved telework site **cannot** be granted weather and safety leave.
- Use of weather and safety leave would be subject to the normal conditions—for example, weather and safety leave may be granted only if an employee is not able to safely perform work at an approved location. Thus, an employee who is not telework-ready would be granted weather and safety leave for quarantine periods based on potential exposure. Conversely, telework-ready employees would generally be expected to telework at home if asymptomatic.
- Consistent with Departmental policy, [Personnel Bulletin 18-04](#), the authority to grant weather and safety leave up to 30 days is delegated to the local level (e.g., immediate supervisor). Authority to grant weather and safety leave **in excess of 30 days** is delegated to the Bureau/Office Head.
- For more information see Section D “Weather and Safety Leave” in the [OPM COVID-19 FAQ](#)
- Departmental Policy on Weather and Safety Leave guidance can be found at: [https://www.doi.gov/sites/doi.gov/files/elips/documents/weather\\_and\\_safety\\_leave.pdf](https://www.doi.gov/sites/doi.gov/files/elips/documents/weather_and_safety_leave.pdf)
- CDC Risk Assessment Website: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

### **Sick Leave**

- An employee is entitled to use an unlimited amount of accrued sick leave when he or she is unable to perform his or her duties due to physical or mental illness or is receiving medical examination or treatment.
- An employee who is symptomatic (ill) is entitled to use his or her accrued sick leave. See Section C “Sick Leave and Other Time Off” in the [OPM COVID-19 FAQ](#).

### **Sick Leave for General Family Care**

- An employee is entitled to use a total of up to 104 hours (13 days) of sick leave each leave year to provide care for a family member who is ill or receiving medical examination or treatment.
- An employee's family member must be symptomatic (ill) for the employee to use his or her accrued sick leave for general family care. See Section C "Sick Leave and Other Time Off" in the [OPM COVID-19 FAQ](#).

### **Sick Leave to Care for a Family Member with a Serious Health Condition during a public health emergency, such as COVID-19**

- An employee is entitled to use up to 12 weeks (480 hours) of sick leave each leave year to care for a family member with a serious health condition. If an employee has already used 13 days of sick leave for general family care purposes (discussed above), the 13 days must be subtracted from the 12 weeks.
- If an employee has already used 12 weeks of sick leave to care for a family member with a serious health condition, he or she cannot use an additional 13 days in the same leave year for general family care purposes.

### **Annual Leave**

- An employee may use any or all accrued annual leave for personal needs, such as rest and relaxation, vacations, medical needs, personal business or emergencies, or to provide care for a healthy or sick family member during a public health emergency, such as COVID-19. An employee has a right to take annual leave, subject to the right of the supervisor to schedule the time at which annual leave may be taken.

### **Advanced Annual and/or Sick Leave**

- A supervisor may advance annual leave in an amount not to exceed the amount the employee would accrue during the remainder of the leave year.
- A supervisor may advance a maximum of up to 30 days (240 hours) of sick leave, subject to limitations, to be used for the same reasons it grants sick leave.
- OPM Advanced Annual Leave fact sheet can be found at: <https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/advanced-annual-leave/>

### **Family and Medical Leave**

- An employee may invoke his or her entitlement to unpaid leave under the Family and Medical Leave Act of 1993 (FMLA) in appropriate circumstances. Under the FMLA, an employee is entitled to a total of up to 12 workweeks of leave without pay for a serious health condition that prevents an employee from performing his or her duties or to care for a spouse, son or daughter, or parent with a serious health condition.
- An employee may substitute his or her accrued annual and/or sick leave for unpaid leave in accordance with current laws and regulations governing the use of annual and sick leave.

### **Leave Without Pay**

- If an employee has exhausted his or her available annual or sick leave and other forms of paid time off, he or she may request leave without pay (LWOP). LWOP is a temporary

non-pay status and absence from duty that, in most cases, is granted at the employee's request.

- In most instances, granting LWOP is a matter of supervisory discretion.
- The OPM Advanced Annual Leave fact sheet can be found at: <https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/advanced-annual-leave/>.
- OPM Effect of Extended Leave Without Pay (or other non-pay status) on Federal Benefits and Programs fact sheet can be found at: <https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/effect-of-extended-leave-without-pay-lwop-or-other-nonpay-status-on-federal-benefits-and-programs/>

### **Voluntary Leave Transfer Program**

- If an employee has a personal or family medical emergency related to the COVID-19 and is absent (or expected to be absent) from duty without available paid leave for at least 24 work hours, he or she may qualify to receive donated annual leave under the Voluntary Leave Transfer Program (VLTP). Employee participation in VLTP is approved by the bureau servicing HR office.

## **Appendix C: Maintaining a Healthy Work Environment**

### **Employee Showing Signs of Symptoms**

When supervisors observe employees exhibiting medical symptoms, the supervisor can state general concern regarding the employee's health and remind employees of their leave options for seeking medical attention, such as requesting sick or annual leave. Supervisors may refer to CDC's Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) for some tips on how to handle employees showing symptoms of acute respiratory illness. See <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-businessresponse.html>. However, supervisors of federal employees should consider this guidance in conjunction with OPM guidance for the federal workforce.

If an employee has no leave available, supervisors may approve requests for advanced leave or leave without pay in certain circumstances. The employee may also work from home under a voluntary telework agreement or pursuant to an order from the Secretary or his or her designee directing employees to work from home pursuant to an evacuation in the event of a COVID-19 health crisis. Refer to the Departmental Policy on Evacuation Pay for more information in the event the World Health Organization determines a pandemic [Personnel Bulletin \(PB\) 07-01](#).

If none of the options above are applicable, supervisors have the authority to place an employee on a paid, excused absence (administrative leave) and order them to stay at home or away from the workplace. The duration of the any such excused absence (administrative leave) is dependent on the specific circumstances but is typically a short period. Supervisors should not place an employee on excused absence (administrative leave) without first consulting with their servicing HR staff and Office of Solicitor to review agency policy, collective bargaining agreements, and applicable law with respect to any applicable collective bargaining provisions. Interior will follow the OPM guidance found in Section D "Weather and Safety Leave" and Section F "Employee Relations" in the [OPM FAQ March 7, 2020](#).

### **Staying at Home for Duration of Illness**

Under normal circumstances, management cannot mandate that an employee stay at home for a given length of time. However, Interior will follow guidance provided by public health officials and the Department's Office of Occupational Safety and Health during any public health crisis. On a case by case basis, supervisors should consult their servicing HR office and the Office of Solicitor for advice about mandating that employees stay home. Refer to Section F "Employee Relations" in the [OPM FAQ March 7, 2020](#).

### **Soliciting Medical Documentation**

Interior policy and Bureau/Office collective bargaining agreements may have provisions for requesting medical documentation from an employee to support a sick leave request and supervisors should follow those guidelines unless other special arrangements are negotiated. An agency may grant sick leave only when supported by evidence administratively acceptable to the agency. For absences in excess of 3 days, or for a lesser period when determined necessary by the agency, an agency may require a medical certificate or other administratively acceptable evidence, as explained by the servicing personnel office.

Under current rules, management may require medical evaluation or screening only when the need for such evaluation is supported by the nature of the work (see 5 CFR 339.301). Attempts

on the part of a supervisor to assume a particular medical diagnosis based on observable symptoms is very problematic and should be avoided. However, when a supervisor observes an employee exhibiting symptoms of illness, he or she may express concern regarding the employee's health and remind the employee of his or her leave options for seeking medical attention, such as requesting sick or annual leave.

Servicing HR Offices specialists can provide additional information regarding negotiated agreements and leave policies. Refer to Section F "Employee Relations" in the [OPM FAQ March 7, 2020](#).

### **Communication Regarding Employee Health Issues**

An infected employee's privacy should be protected to the greatest extent possible; therefore, his or her identity should not be disclosed. In an outbreak of quarantinable communicable disease or COVID-19, management should share only that information determined to be necessary to protect the health of the employees in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Supervisors should consult with the Office of Solicitor to determine what information is releasable. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assess-manage-risk.html>

If social distancing, information sharing, or other precautions to assist employees in recognizing symptoms or reducing the spread of the illness can be taken without disclosing information related to a specific employee, that is the preferred approach.

Managers should work with their workplace safety contacts and local health officials to stay apprised of information regarding transmission of the illness and precautions that should be taken to reduce the spread of influenza or any other contagious disease in the workplace. Managers should treat this as they would any other illness in the workplace and continue to protect employee privacy interests while providing sufficient information to all employees related to protecting themselves against the spread of illness. Refer to Section F "Employee Relations" in the [OPM FAQ March 7, 2020](#).

## ***Appendix D: Other Employee Resources***

### **Employee Assistance Program**

Employees who are experiencing stress and anxiety due to news and events related to COVID-19 health crises have available to them the Department's [Employee Assistance Program](#) (EAP). The EAP is an employee benefit program that helps employees with personal and/or work-related problems that may impact their job performance, health, and mental and emotional well-being.

During a health crisis specifically, an EAP counselor can help employees:

- Cope with anxiety or stress related to crisis preparation and response.
- Manage feelings of isolation sometimes experienced if working offsite for an extended time period due to exposure.

The Department's EAP is free, confidential, and voluntary. For more information about EAP, visit: <https://www.doi.gov/pmb/hr/eap>.