COVID-19 Domestic Workforce Safety Plan
& Domestic Workplace Guidelines
September 2022
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PURPOSE AND OVERVIEW

The health and safety of the USAID workforce is the Agency’s highest priority. The USAID COVID-19 Domestic Workforce Safety Plan and Domestic Workplace Guidelines (Safety Plan) is intended to provide rules of behavior and organizational guidelines for all who enter USAID domestic facilities. The Safety Plan applies to all USAID domestic facilities in the National Capital Region (NCR) and to all USAID employees, contractor staff, and visitors. USAID staff assigned overseas are to follow the relevant U.S. Department of State (DoS) and Department of Defense protocol for their duty station.

The Safety Plan relies on authoritative guidance from the Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services (HHS), the Occupational Safety and Health Administration (OSHA) within the U.S. Department of Labor (DoL), the Office of Personnel Management (OPM), the General Services Administration (GSA), and the Safer Federal Workforce Task Force (SFWTF) to help prevent and reduce the transmission of COVID-19 among USAID staff and visitors and to ensure safe operations and a healthy work environment. The Agency will revise the Safety Plan based on new or updated guidance from the federal government and public-health authorities, including the CDC and local governments of the NCR jurisdictions, and will communicate updates on its website.

Where a locality has imposed additional requirements more protective than those set forth in the Safety Plan and SFWTF guidance, USAID will follow those additional local requirements in its domestic facilities and on Government-operated transportation conveyances (e.g., the USAID Shuttle).

Failure to follow the Safety Plan guidelines can result in disciplinary action for USAID employees and contractors. Questions may be directed to Readiness@USAID.gov.

COVID-19 Coordination Team

The Bureau for Management (M) Critical Coordination Structure (M/CCS) developed this Safety Plan and serves as the Agency’s designated COVID-19 Coordination Team on workplace safety, as required under the Office of Management and Budget (OMB) Memorandum M-21-15. Per OMB M-21-15, M/CCS includes a member of the Senior Executive Service, the Director and/or the Deputy Director for the Office of Management Services (M/MS), the Agency Chief Medical Officer, and occupational safety experts from the M Bureau. M/CCS coordinates with the following USAID offices on safety matters: Chief Information Officer (M/CIO), Acquisition and Assistance (M/OAA) Security (SEC), Human Capital and Talent Management (HCTM), Civil Rights (OCR), and the General Counsel (GC).
M/CCS has oversight for Safety Plan management and conforming updates and meets regularly with the Agency’s senior leadership to review substantive updates to, and compliance with, the Safety Plan, and to evaluate any other operational needs related to COVID-19 workplace safety.

M/CCS and Agency senior leadership coordinate all decisions, where appropriate, with the Facility Security Committee, as well as with GSA, and the lessor’s designated representative.

**HEALTH AND SAFETY**

**COVID-19 Community Level**

To assure the continued safety of Agency personnel, USAID monitors, on at least a weekly basis, the COVID-19 Community Level in Washington, D.C., and at the alternate operating facility in Loudoun County, and uses the local conditions and guidelines outlined in the USAID Safe Access to Facilities Evaluation (SAFE) Process to make decisions on COVID-19 transmission mitigation requirements and the operating status of domestic facilities. Depending on the COVID-19 Community Level, USAID may implement more restrictive operational policies and procedures to maintain its commitment to the health and safety of personnel.

**Vaccination**

*Requirement*

Effective November 22, 2021, federal employees must be fully vaccinated, except in limited circumstances where an individual is legally entitled to an exception (Executive Order 14043). Additionally, executive departments and agencies have been directed to ensure that contracts and contract-like instruments include a clause requiring the contractor—and their subcontractors at any tier—to, for the duration of the contract, comply with all guidance published by the SFWTF (Executive Order 14042).

In implementing Executive Orders 14043 and 14042, the Agency will comply with all relevant court orders, including by following current OMB and SFWTF guidance. Federal employees and covered contractor employees who are on maximum telework or working remotely are not excused from the requirement to be fully vaccinated.

*Duty Time and Leave Related to Vaccination*

The time an employee spends obtaining any required COVID-19 vaccination dose (including travel time) is duty time; thus, employees may not be credited with administrative leave for time spent obtaining a required vaccination dose. If, due to unforeseen circumstances, the employee is unable to obtain the vaccine during basic tour of duty hours, the normal overtime hours of work rules apply.
In most circumstances, employees may take up to four hours to travel to the vaccination site, complete any vaccination dose, and return to work—for example, up to eight hours of duty time for employees receiving two doses. The Agency requires employees taking longer than four hours for a vaccination to document the reason(s) for the additional time. Reasonable transportation costs that are incurred as a result of obtaining the vaccine are handled the same way as local travel or temporary duty cost reimbursement, based on Agency policy and the Federal Travel Regulation.

Leave-eligible employees may also request:

- up to four hours of administrative leave for vaccination doses that are not required (e.g., a booster shot or any authorized additional doses);
- up to four hours of administrative leave per dose, including a booster shot or any authorized additional doses, to accompany a family member being vaccinated (a “family member” is an individual who meets the definition in OPM’s leave regulation (employees are not credited with administrative leave or overtime work for time spent helping a family member get vaccinated outside regular duty hours); and,
- up to two days of administrative leave if they are prevented from working due to an adverse reaction to any COVID-19 vaccination.

This policy applies to covered vaccinations received after July 29, 2021. Prior to using duty time or administrative leave for COVID-19 vaccination, individuals should obtain supervisor approval.

**Enforcement**

To ensure compliance with an applicable preliminary nationwide injunction, which may be supplemented, modified, or vacated, depending on the course of ongoing litigation, the Agency will take no action to implement or enforce the COVID-19 vaccination requirement pursuant to Executive Order 14043.

**Compliance with Applicable Federal Laws and Attention to Privacy and IT Security**

When applicable, in requesting vaccination information from staff and visitors the Agency: (1) complies with any applicable federal laws, including requirements under the Privacy Act and the Paperwork Reduction Act, and any applicable collective bargaining obligations; (2) takes steps to promote privacy and IT security, while also providing the relevant information to those who need to know in order to implement the safety protocols; (3) consults with its Agency Records Officer, Chief Information Officer, and Senior Agency Official for Privacy to determine the best means to maintain this information to meet the Agency’s needs; and, (4) provides information only to the appropriate Agency officials who have a need to know to ensure effective implementation of the safety protocols, which, in many cases, includes the supervisor level.
Limited Legally Required Exceptions

When a federal employee is required to be vaccinated, employees must be fully vaccinated other than in limited circumstances where the law requires an exception. The Agency may be required to provide an accommodation to individuals who communicate to the Agency that they are not vaccinated against COVID-19 because of a disability or because of a sincerely held religious belief, practice, or observance. Determining whether an exception is legally required will include consideration of factors such as the basis for the claim; the nature of the individual's job responsibilities; and the reasonably foreseeable effects on the Agency's operations, including protecting other USAID staff and the public from COVID-19. Because such assessments will be fact- and context-dependent, the Agency will consult GC with questions related to assessing and implementing any such requested accommodations.

For information on accommodations due to a medical condition or exceptions for religious beliefs, practices, or observances, please refer to the section on Reasonable Accommodation.

Definition of Fully Vaccinated and Up-to-Date

Individuals are considered fully vaccinated for COVID-19 two weeks after they have received the second dose in a two-dose series (Pfizer-BioNTech or Moderna), or two weeks after they have received a primary and booster dose of Johnson and Johnson (J&J)/Janssen vaccine. CDC recommends that fully vaccinated individuals stay up-to-date with COVID-19 vaccine boosters when eligible. Individuals are up-to-date with COVID-19 vaccines when they have received all doses in the primary series and all recommended boosters, when eligible.

This guidance applies to COVID-19 vaccines either approved, or authorized for emergency use, by the U.S. Food and Drug Administration (FDA) (e.g., Pfizer-BioNTech, Moderna, Johnson & Johnson [J&J]/Janssen, and NOVAVAX) and may be applied to COVID-19 vaccines that have been listed for emergency use by the World Health Organization (e.g., AstraZeneca/Oxford). More information is available at Interim Clinical Considerations for Use of COVID-19 Vaccines.

USAID supports vaccination for all staff. To find COVID-19 vaccine locations, visit vaccines.gov, text your zip code to 438829, or call 1-800-232-0233.

Face Masks

Individuals must wear a high-quality face mask or respirator in USAID domestic facilities when the COVID-19 Community Level is high or when required for post-exposure and post-isolation precautions. Mask requirements in USAID facilities will continue to conform to SFWTF
recommendations, CDC guidance, and local ordinances. When masking is not required, anyone who would like to wear a mask may do so.

When masking is required due to the COVID-19 Community Level:

- Individuals must wear high-quality masks or respirators that comply with CDC recommendations, including: respirators that meet U.S. or international standards (e.g., N-95, KN95, KF94), masks that meet an industry standard (e.g., ASTM), or “procedure” and “surgical”-style masks.
- Appropriate masks should be worn consistently and correctly (over the nose and mouth) in any common areas or shared workspaces (including all workstations/cubicles).
- Masks may be removed if an individual is alone in an office with floor-to-ceiling walls and a closed door, or for a limited time when eating or drinking at one’s workstation while maintaining distance from others.
- The Agency will make masks available when they are required due to the COVID-19 Community Level.
- Federal Protective Service guards may request an individual to lower their mask briefly to verify identity.

Pursuant to Executive Order 13991 and consistent with CDC guidance for indoor transportation and public transportation conveyances, individuals must wear high-quality masks or respirators when in Government-operated vans, cars, trucks, and other motor pool passenger vehicles when there are multiple occupants. This requirement applies to the USAID Shuttle, regardless of the COVID-19 Community Level.

Any issues related to compliance with mask requirements should be directed immediately to your supervisor, who will notify M/CCS at Readiness@USAID.gov. USAID staff in need of reasonable accommodation related to wearing a mask should contact the OCR/Disability Employment (OCR/DE) Program (refer to the Reasonable Accommodation section).

The Agency will post signage in facilities and make information available online when mask-wearing is required (e.g., when the COVID-19 Community Level is high) and when it is optional (e.g., when the COVID-19 Community Level is medium or low).

The Official Travel section contains further information about mask requirements during travel.

**Physical Distancing**

When the COVID-19 Community Level is medium or high, CDC guidance directs individuals to consider physically distancing themselves from others and to avoid crowding in indoor common
areas, regardless of vaccination status. As an additional measure, the Agency may set occupancy levels for specific indoor spaces.

The Agency will post signage in facilities and make information available online when physical distancing is encouraged (e.g., when the COVID-19 Community Level is medium or high).

**Symptom Screening, Known Exposure, and Self Reporting**

*Symptom Screening*
To be consistent with SFWTF guidance, USAID requires that all individuals complete symptom screening before entering a USAID facility. Symptom screening can be self-conducted and does not need to be verified by Agency personnel. Individuals who are feeling sick, have confirmed or probable COVID-19, or have symptoms consistent with COVID-19 (including those who are awaiting test results or have not been tested) should monitor their symptoms and not enter a USAID workplace. Individuals who have a positive viral test for COVID-19, regardless of whether or not they have symptoms, should not enter USAID facilities.

*Self-Reporting Positive COVID-19 Cases and Exposures*
Employees, contractors, and visitors must notify their supervisors or visitor host as soon as possible if they receive a positive COVID-19 test and were in a USAID facility within two days prior to positive test or when they first became symptomatic, whichever time period is earlier.

Supervisors or visitor hosts then notify the USAID Command Center, which convenes the RCAT. Visitor names and personally identifying information should not be provided to the Command Center. The Chief Medical Officer will follow up to obtain this information for case assessment.

**Staff and Visitors**—If you begin to exhibit COVID-19 symptoms in a USAID facility:

- If you have a mask, put it on, ensuring it covers your nose and mouth and fits tightly to your face;
- Notify your supervisor (or host) that you are leaving the facility and isolate until you can leave;
- Leave the building while practicing physical distancing; and
- Notify your doctor and follow their guidance.

**Supervisors and Visitor Hosts**—If you receive a report of a suspected or confirmed case of COVID-19:

- Notify the USAID Command Center at (202) 712-1234 x 7, USAIDCommandCenter@USAID.gov, who will initiate RCAT protocols; and,
- Remember to protect privacy and confidentiality consistent with the Rehabilitation Act and the Privacy Act of 1974.
Exposure Notification

The Risk and Case Assessment Team (RCAT) establishes a response action plan in the event of a confirmed positive COVID-19 infection of an individual who has been in USAID’s domestic facilities. The RCAT will use information reported to the Command Center to locate and notify other individuals who may have been exposed.

In all reports of suspected or confirmed positive COVID-19 exposure, USAID will prioritize the health and safety of the workforce and visitors, and will emphasize transparency to keep everyone informed about potential exposure to COVID-19 at domestic facilities, while maximizing respect for personal privacy and confidentiality. USAID is fully committed to transparency in communicating related information to the workforce and visitors consistent with local and federal privacy and confidentiality regulations and laws. The Agency consults, as appropriate, with its Agency Records Officer, Chief Information Officer, Chief Medical Officer, Senior Agency Official for Privacy, and Agency legal counsel to determine appropriate information management protocols.

Medical professionals administering the COVID-19 test and providing direct medical support to individuals who test positive have the responsibility to report cases to public health officials pursuant to notification requirements. USAID’s Chief Medical Officer will report cases to public health officials according to local laws and regulations. USAID records possible work-related COVID-19 infections as required by OSHA. OSHA reports are confidential and do not require personal identifying information.

Isolation Related to COVID-19

Any individual with a suspected or confirmed case of COVID-19 should follow CDC and state and local guidance for isolation.

Individuals who tested positive for COVID-19 and had symptoms may return to working onsite at an Agency workplace after five full days from the onset of symptoms (day 0 being the day of symptom onset, regardless of when the individual tested positive), once they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms are improving. Note that loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation. If at any point their COVID-19 symptoms recur or worsen, that individual must not enter a USAID facility, restarting at day 0, consistent with Executive Order 13991 and CDC recommendations on isolation and USAID workplace safety protocols.
Isolation and Steps Following Exposure to Someone with Suspected or Confirmed COVID-19

If an asymptomatic individual has a known exposure to someone with COVID-19, CDC does not recommend quarantine at home.

Pursuant to Executive Order 13991 and consistent with CDC guidance on post-exposure precautions, individuals who been exposed to someone with COVID-19 must do the following, regardless of their vaccination status:

- Wear a high-quality mask or respirator (such as an N95) while working indoors at an Agency workplace as soon as possible after notification of exposure and continue to do so for 10 full days from the date they were last known to have been exposed;
- Take extra precautions, such as avoiding crowding and physically distancing from others, while working onsite at an Agency workplace for 10 full days from the date they were last known to have been exposed; and
- Watch for COVID-19 symptoms for 10 full days from the date they were last known to have been exposed.

For purposes of calculating the 10 full days, day 0 is the day of the last known exposure to someone with COVID-19, and day one is the first full day after the last known exposure.

Pursuant to Executive Order 13991 and consistent with CDC guidance, employees and contractor employees who are known to have been exposed to COVID-19 and are working onsite at an Agency workplace must be tested with a viral test authorized by the FDA to detect current infection at least five full days after their last known exposure (ideally, on or after day six). If the individual tests negative, they must continue to follow the above precautions for 10 full days from the date they were last known to have been exposed. If they test positive, or if they at any time develop COVID-19 symptoms, they must follow protocols on isolation.

If the individual that has been known to be exposed to COVID-19 had tested positive for COVID-19 with a viral test within the previous 30 days and subsequently recovered and remains without COVID-19 symptoms, then they do not need to get tested after a known exposure. If the individual that had been known to be exposed to COVID-19 had tested positive for COVID-19 with a viral test within the previous 31-90 days and subsequently recovered and remains without COVID-19 symptoms, then they should be tested using a viral antigen test. Refer to CDC guidance for specific testing recommendations.

Returning to the Workplace after COVID-19

Consistent with SFWTF guidance, individuals who tested positive for COVID-19 and never developed symptoms may return to working onsite at an Agency workplace after five full days following their positive COVID-19 test (day 0 being the day the individual was tested).
Individuals who tested positive for COVID-19 and had symptoms may return to working onsite at an Agency workplace after five full days from the onset of symptoms (day 0 being the day of symptom onset, regardless of when the individual was tested), once they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms are improving. Note that loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

An Individual who had moderate illness (if they experienced shortness of breath or had difficulty breathing) or severe illness (they were hospitalized) due to COVID-19, or they has a weakened immune system, should delay returning to working onsite at an Agency workplace for a full 10 days. If an individual had severe illness or has a weakened immune system, they should consult their doctor before ending isolation. If an individual is unsure if their symptoms are moderate or severe or if they have a weakened immune system, they should talk to a healthcare provider for further guidance.

Once an individual has returned to working onsite at an Agency workplace after having tested positive for COVID-19 and isolated consistent with CDC guidance on isolation, then pursuant to Executive Order 13991 and consistent with CDC guidance, the individual must continue to take precautions consistent with CDC guidance for at least 10 full days after their first day of symptoms, or after the date of a positive viral test for asymptomatic individuals, including wearing a high-quality mask or respirator (such as an N95) when around others, avoiding eating and drinking around others, avoiding environments such as dining facilities, gyms, or other places where they may need to be unmasked around others, and avoiding being around people who they know are at high risk for severe disease from COVID-19.

If at any point their COVID-19 symptoms recur or worsen, individuals must not enter a USAID facility again and must restart at day 0, consistent with Executive Order 13991 and CDC recommendations on isolation.

**Telework and Leave for COVID-19 Infection**

If an employee is isolating because they have COVID-19 symptoms and are waiting for a test result, or because they have probable or confirmed COVID-19, the employee should telework. If that employee is unable to or does not feel well enough to telework, then the employee may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), access a voluntary leave bank, or use unpaid leave. Weather and safety leave is unavailable (CPM 2020-02) but, to mitigate exposure in the workplace, USAID may, on a limited basis, offer up to one day of administrative leave to employees who have COVID-19 symptoms and are isolating while actively seeking to be tested.
If an employee who is recommended to isolate attempts to report to the workplace, the Agency may direct the employee to return home and telework. If the employee is unable to telework (because, for example, they are sick, ineligible to telework, do not have an applicable telework agreement, or are unable to telework based on their job duties) and does not request to use sick leave, annual leave, or other forms of paid time off, the Agency may elect to bar the employee from the workplace for the safety of others.

Meetings, Events, and Conferences
For Agency-hosted meetings, events, and conferences, there are no Government-wide restrictions, regardless of the expected number of in-person participants or local COVID-19 Community Levels. All in-person attendees at any meetings, conferences, or events hosted by Federal agencies must comply with relevant COVID-19 safety protocols, including mask-wearing when COVID-19 Community Levels are HIGH, pursuant to Executive Order 13991 and consistent with CDC guidance.

Official Travel
There are no Government-wide limits on official travel (i.e., travel conducted under an official travel authorization) for federal employees, regardless of their vaccination status. Staff should consult the latest CDC travel guidance and follow in-country travel guidelines (CDC, DoS) for the destination and reentry to the home community at the end of travel. In an effort to continue managing travel based on local conditions, the Mission Director and/or Chief of Mission may implement temporary or new protocols at overseas posts.

When planning official travel, individuals should:

- make sure they are up to date with COVID-19 vaccines before travel;
- consider being tested for current infection with a viral test as close to the time of departure as possible (no more than 3 days) before travel;
- adhere strictly to CDC guidance for domestic and international travel before, during, and after official travel;
- check their destination’s COVID-19 Community Level before traveling;
- understand and follow all travel restrictions put in place by State, Tribal, local, and territorial governments; and
- prepare to be flexible, as restrictions and policies may change during their travel.

Asymptomatic individuals who have had a known exposure to someone with COVID-19 may be approved for official travel provided they remain without COVID-19 symptoms before traveling and adhere to the following protocol:
● Wear a high-quality mask or respirator (such as an N95) the entire time they are on-duty and around others indoors for the full duration of their travel that falls within the 10 full days after their last known exposure;

● Not travel on public transportation such as airplanes, buses, and trains if they will be unable to wear a high-quality mask or respirator when around others indoors for the full duration of their travel within the 10 full days after their last known exposure; and

● Follow other aspects of post-exposure protocols, including the requirement for individuals with a known exposure to be tested for COVID-19 after five full days following their last known exposure (ideally, on or after day six)—note that this testing may need to occur while the individual is traveling but travelers need not wait to obtain results of this post-exposure diagnostic test to undertake official travel, including return travel.

Pursuant to Executive Order 13991 and consistent with CDC guidance, USAID will not approve official travel for individuals who have COVID-19 symptoms and are waiting for an initial diagnostic test result, or for individuals who have tested positive for COVID-19, for at least five full days after their first day of symptoms, or after the date of a positive viral test for asymptomatic individuals. If an individual who tested positive for COVID-19 has returned to working onsite at an Agency workplace once they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms are improving, then the Agency may approve official travel for the individual provided that individual follows the above travel protocol and other aspects of isolation protocols.

If at any point prior to travel an individual develops new COVID-19 symptoms, or if symptoms recur or worsen, the Agency will not approve the official travel, and the individual must not enter a Federal facility restarting at day 0 of isolation protocols, consistent with Executive Order 13991 and CDC recommendations on isolation. If, while on official travel an employee has probable or confirmed COVID-19, then the employee should follow isolation protocols and delay their return travel. Staff in official travel status who are required to isolate should telework if they are able to do so and are eligible for maximum telework flexibilities to maintain work status during any isolation period.

If an individual becomes sick during official travel and is unable to telework while in travel status, Chapter 14 Section 574.5-3 of the DoS Foreign Affairs Manual (14 FAM 574.5-3) will apply. The employee may request sick leave, use accrued annual leave or other forms of earned paid time off, access a voluntary leave bank, or use unpaid leave. The use of weather and safety leave is unavailable (CPM 2020-02).
Costs associated with travel and lodging expenses, as well as the cost of any diagnostic testing, in these circumstances, are reimbursable expenses to the extent permitted by the Federal Travel Regulation. If testing is required for official travel, individuals should submit for USAID direct reimbursement up to $500 per test as part of the Travel Authorization.

Staff should plan for any required pre-travel testing when building their travel itinerary. If an employee is in travel status and must delay travel due to a COVID-19 positive test result, then the travel authorization should be amended and per diem continued in accordance with 14 FAM 574.5-3. However, for any cost-constructed travel, 14 FAM 574.5-3 does not apply and USAID staff are responsible for additional costs due to COVID-19, including costs for delays and/or rescheduling of flights, unless in official travel status. For more information, refer to the February 1, 2022, Agency Notice and Automated Directives System (ADS) Chapter 522, *Performance of Temporary Duty Travel in the U.S. and Abroad*.

**Reimbursement for Required Testing**

Diagnostic testing is intended to identify current infection in individuals and is performed when a person has symptoms of COVID-19, or is asymptomatic, but has recent exposure to someone with suspected or confirmed SARS-CoV-2 infection. If diagnostic testing is required following a workplace exposure, individuals should submit a claim to their insurance company first for reimbursement. Costs for diagnostic testing following a workplace exposure that are not covered by insurance may be submitted to USAID for secondary reimbursement.

If testing is required for official travel, individuals should submit for USAID direct reimbursement up to $500 per test as part of the Travel Authorization. When testing is required for official travel, the Agency provides primary reimbursement, rather than secondary.

**Confidentiality and Privacy**

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing and symptom screening, will be treated in accordance with applicable laws and policies on confidentiality and privacy, and will be accessible only to those with a need to know. Questions regarding personal medical information can be addressed to Readiness@USAID.gov.

**WORKPLACE OPERATIONS**

**Occupancy**

To assure the continued safety of Agency personnel, USAID will monitor the COVID-19 Community Level in Washington, D.C., and Loudoun County and will use the local conditions,
including those outlined in the USAID Safe Access to Facilities Evaluation (SAFE) Process, to make decisions on the operating status and occupancy of domestic facilities.

**Environmental Cleaning**

Enhanced daily cleaning of high-touch and high-density spaces (lobbies, elevators, personal-identity verification [PIV] card readers, door handles, stairwells, restrooms) has been in place in all of USAID’s facilities since March 2020 and will continue for the foreseeable future. All areas are cleaned using products approved by the U.S. Environmental Protection Agency (EPA) in accordance with guidelines issued by DoL/OSHA.

In the event of a suspected or confirmed case of COVID-19, M/MS may implement additional cleaning of the spaces that the individual occupied or accessed in accordance with CDC guidance and, where applicable, GSA guidance.

When leaving for the day, staff are expected to: (1) keep desktops as clear as possible to facilitate cleaning in the case of a positive COVID-19 report; and (2) take home their Government-issued laptops (if they work in an Unrestricted Area), PIV cards, keys, purses, bags, clothes, food, and any items left in the galley refrigerators or sinks. Because workstations are not cleaned each night by GSA, B/IOs will make available cleaning wipes and other EPA-approved disinfectants, as necessary, for individuals to wipe down their workstation, equipment, and related personal property within their occupied areas. Staff should clean their workspace surfaces at the end of a work period if another staff member will use the workstation within the next 24 hours.

Multi-user equipment or facilities including secured-network terminals or SCIFs require users to wipe equipment before and after each use.

**Hygiene**

Staff are strongly encouraged to continue washing their hands with soap throughout the day for at least 20 seconds each time. Automatic hand sanitizer dispensers are available in all entry lobbies and elevator lobbies. All sanitizer will be at least 60 percent ethanol and manufactured in accordance with the requirements of the U.S. Food and Drug Administration (FDA). There are important differences between washing hands with soap and water and using hand sanitizer. Refer to the CDC website about when to use hand sanitizer. M/MS and the Agency’s OSHA team will inspect hand sanitizers to ensure they are not on the FDA’s list of products not to be used.

**Ventilation and Air Filtration**

GSA is working to ensure that the buildings’ ventilation systems are operating in accordance with current CDC recommendations. From April to August 2021 GSA verified that the RRB’s
heating, ventilating and air conditioning systems are: in compliance with the ANSI/ASHARE Standard 62.1-2019 Ventilation for Acceptable Indoor Air Quality for the Air Handling Units; and, that the air distribution levels are running properly with increased ventilation to maximize outside air. To improve the air filtration in the RRB tenant office space, GSA replaced all of the RRB filters with MERV-13 filters in August 2020. GSA performs routine preventative maintenance four times a year on air handler units.

The UAB is certified by Leadership in Energy and Environmental Design (LEED) at the Gold level. The Gold level, awarded to the UAB in August 2020, indicates enhanced indoor air quality strategies including improved filtration and ventilation.

USAID will perform independent air quality testing at least annually.

**Collective Bargaining Obligations**

Consistent with President Biden’s policy to support collective bargaining, USAID will satisfy applicable collective bargaining obligations under 5 U.S.C. Chapter 71 and the Foreign Service Act when implementing this Safety Plan, including on a post-implementation basis where necessary. The Agency will also communicate regularly with employee representatives on workplace safety matters.

**REASONABLE ACCOMMODATION**

Under the ADS Chapter 111, *Procedures for Providing Reasonable Accommodation for Individuals with Disabilities*, and the Rehabilitation Act of 1973, a reasonable accommodation is an adjustment made to deal with the effects of a disability and, thereby, enable a qualified individual to perform the essential functions of the position and enjoy the benefits and privileges of employment. USAID staff in need of reasonable accommodation should contact the OCR/DE Program at ReasonableAccommodations@USAID.gov. OCR/DE processes requests for reasonable accommodations, to include, but not limited to, a new accommodation request or modifications to an approved accommodation(s), including to address any difficulty related to mask wearing, conditions that leave individuals at a higher risk of COVID-19 even after vaccination, and the ability to receive a COVID-19 vaccination due to a medical condition(s).

When a federal employee is required to be vaccinated, employees may request an exception to the COVID-19 vaccination requirement due to a sincerely held religious belief, practice, or observance. OCR has established an advisory committee, composed of members from OCR, GC, and HCTM, to review all exception requests. Recommendations will be issued to supervisors, who will make the final decision on granting the exception. Contact OCR-Affirmative-Employment-Program@USAID.gov for additional guidance on exceptions.
PROTECTION FROM REPRISAL

No Agency staff member is subject to restraint, interference, coercion, discrimination or reprisal for reporting an unsafe or unhealthful working condition, or other participation in Agency Occupational Safety and Health Program activities, or because of the exercise by such Agency staff member on behalf of himself or herself or others of any right afforded by Executive Order 12196 or any other law, policy, or regulation. These rights include, among others, the right of Agency staff to decline to perform his or her assigned task because of a reasonable belief that, under the circumstances, the task poses an imminent risk of death or serious bodily harm coupled with a reasonable belief that there is insufficient time to seek effective reparation through normal hazard reporting and abatement procedures established in accordance with this part.

USAID employees have the ability to report hazards to the M/MS/HMD, Office of Safety and Health and remain anonymous during the investigation. They may report by emailing Safety@USAID.gov, calling 202-712-1603, or by speaking with any Safety and Health staff in person at the RRB, room 5.9C.
ANNEX - USAID Safe Access to Facilities Evaluation (SAFE) Process

1. Overview

As the Agency continues to manage the impact of COVID-19 on its operations, the Bureau for Management Critical Coordination Structure (M/CCS) has developed the USAID Safe Access to Facilities Evaluation (SAFE) Process for assessing COVID-19-related risk indicators to determine restrictions to onsite staffing and ensuring the safe return to the workplace for our domestic workforce. The USAID SAFE Process aligns with the COVID-19 Mitigation Process issued by the Department of State (DoS). It complements and is incorporated into the USAID COVID-19 Domestic Workplace Safety Plan and Domestic Workplace Guidelines (Safety Plan) by serving as the tool for determining the appropriate operating status of domestic facilities, while the Safety Plan codifies safety protocols in the facilities.

The SAFE Process redefines USAID’s approach to three categories of facilities access based on local conditions: mission critical functions only, mission critical plus onsite-preferred functions, and resuming full workplace access. The SAFE Process should be used to make decisions on the operating status of domestic facilities using the indicators described below.

2. Guiding Principles

Guiding principles for the SAFE Process are as follows:

- Safety and health for all personnel;
- Conditions-based approach; and,
- Medical, health, and local conditions will be the primary risk indicators for determining operating status.

M/CCS will evaluate conditions for changing the operating status and will present recommendations to the Deputy Administrator for Management and Resources (DA). Guidance from the Safer Federal Workforce Task Force (SFWTF), the Centers for Disease Control and Prevention (CDC), the Office of Management and Budget (OMB), and USAID’s own lessons learned throughout the pandemic will inform our overall approach. The approach will evolve to incorporate updated guidance as new information becomes available.

Clear and timely communications will be shared to ensure all personnel are informed. Sufficient advance notice will be provided for any changes to domestic operating status - a minimum of 30 days notice for a change that increases facility access, though reversion to a more restrictive operating status may be made without advance notice on an emergency basis.

3. Key Definitions and Risk Indicators

Risk Indicators: Describe a measure used to identify events that present an increased risk and require deliberation. Risk indicators should be considered in the aggregate (e.g., a lower vaccination rate may carry less weight if most other local conditions are far more favorable,
such as COVID-19 Community Level).

**COVID-19 Community Level:** This is a CDC county-level tool to help communities decide what prevention steps to take based on the latest data. CDC designates levels as low, medium, or high based upon hospital bed usage, hospital admissions, and the total number of new COVID-19 cases in an area.

**Workforce Vaccination Rate:** Vaccination rate of the USAID workforce. Rates broken down by three levels: High rate of vaccination: >90 percent; Moderate rate of vaccination: >80 percent; and Low rate of vaccination: <80 percent. For this indicator, USAID uses the definition of up-to-date on vaccination.

**Local Conditions:** Local conditions including state-level responses where applicable:

- **Stay At Home Requirements** – Public health guidance on shelter-in-place or other in-person restrictions that promote safety.
- **Local Schools, Workplaces, and Public Venues Closings** – Capacity for normal operations.
- **Public Transportation** – Availability of public transportation.
- **Restrictions on Internal Movements or Internal Travel Controls** – Capacity to travel between regions/cities, including travel screenings and/or restrictions.
- **Cases Reported in USAID Domestic Facilities** – Levels of COVID-19 positive case reports in USAID domestic facilities.

**Operating Status:** The operating status of domestic facilities should be determined based on the aggregate assessment of COVID-19 risk indicators. Three options for operating status are to be considered (defined below). These options are listed from most restrictive to least restrictive—expanding onsite presence as local conditions allow.

- **Mission Critical Only:** Staff performing functions essential to the continuity of government or operations, including mission-critical work required to be performed onsite. Staff are permitted onsite only to the extent necessary to perform mission-critical functions.

Questions to help assess job functions as mission critical:

- Is the individual’s function essential to the continuity of government or operations, or does the individual’s function include mission-critical work related to disaster or humanitarian assistance?

  **AND**

- Does the individual’s function require onsite work (e.g., does the individual need to access classified information to do their job) during the time the individual would perform them?
Examples of mission-critical functions include:

- Accessing classified information or systems (e.g., engaging with the National Security Council on daily, regular, or recurring schedule in person, in a USAID sensitive compartmented information facility [SCIF], or at classified terminals; and USAID workforce requiring daily, regular, or recurring access to classified national security information-technology [IT] systems);
- International disaster first responders and food-assistance personnel required to travel or access domestic facilities, or support these responders;
- Career personnel identified in the line of succession or continuity of operations (COOP) plan, or essential for the Agency to execute its Mission Essential Functions (MEFs);
- Facilities support, emergency response, COOP and readiness personnel focused on health and safety response, and other facilities and real property functions necessary to protect safety and property;
- Security personnel; or,
- IT workforce to support classified national-security IT systems or mission critical functions and personnel.

- **Mission Critical Plus Onsite-Preferred:** Includes mission-critical staff, staff performing tasks that require onsite presence to perform functions or use information from systems or resources that cannot be accessed remotely or via an approved government furnished equipment (GFE) mobile device, and staff who either prefer to work onsite on a voluntary basis or who have been requested to work onsite. If a more restrictive operating status is required to respond to local conditions (e.g., Mission Critical only), staff with a preference to work onsite may be required to telework.

Onsite-preferred job functions include:

- Mission-critical functions above;
- Unclassified information access that is not available over approved GFE mobile systems (e.g., paper files, etc.);
- Resource or equipment located or available only at a USAID location (e.g., vehicles, mail processing equipment, etc.);
- Functional requirement for in-person collaboration with Agency interlocutors;
- Functional requirement for in-person collaboration with the interagency or other interlocutors (e.g., classified discussion, personnel-sensitive discussion, etc.), or,
- Tasks or functions which are more effectively or efficiently conducted onsite.

Questions to help assess job functions that are onsite-preferred:

- For functions that must be performed onsite, could the failure to perform the work in a timely and efficient manner have budgetary or other negative consequences to the mission?
- Would a failure to perform the job functions or to do so in a timely fashion create potential liability for the Agency due to non-compliance with a policy, regulation,
or mandate?
○ Are there time-sensitive functions or a backlog of overdue activities that need to be addressed urgently and require onsite presence (e.g., deferred maintenance)?
○ Is a function or specific task performed more effectively or efficiently in onsite facilities?

Examples of onsite-preferred functions include:
○ Certain in-person meetings that are internal to the Agency;
○ Functions that require use of classified material;
○ Facilities maintenance; and,
○ Onsite support for principals.

● **All Functions**: All personnel, including federal employees and contractors, have onsite facility access to perform duties. Management has full flexibility for onsite presence consistent with remote and mobile work schedules to achieve mission objectives.

4. **Official Information Sources**

M/CCS will monitor the SAFE risk indicators on a weekly basis, and update the USAID COVID-19 Data Tracker with the latest COVID-19 conditions. Reference materials include:

● **CDC COVID-19 Community Level**
● **Johns Hopkins University COVID-19 Dashboard**
● **Oxford COVID-19 Government Response Tracker**

5. **Determination Process**

M/CCS will monitor the SAFE risk indicators and make an operating status recommendation to the DA for final determination. The process for determining domestic operating status changes is as follows:

1. On a weekly basis, M/CCS reviews the SAFE risk indicators, and updates the USAID COVID-19 Data Tracker. In the case of rapid changes in risk indicators, M/CCS will review the indicators more frequently than once weekly.
2. When reviewed in aggregate, if the SAFE indicators warrant a proposed change in operating status, M/CCS recommends the appropriate operating status and the proposed date of the change to the DA. For changes to operating status that increase access to domestic facilities, a minimum of 30 days advance notice to the workforce is required to allow sufficient time for staff to prepare for the changed operating status. For changes to operating status that decrease access to domestic facilities, there is no minimum advance notice requirement and changes may be implemented immediately to respond to emergent conditions.
3. The DA reviews the recommendation and determines the appropriate operating status for USAID domestic facilities and date of implementation.
4. M/CCS communicates appropriate notice to the workforce of the change in operating
6. Operating Status
The following section outlines the conditions and recommended actions for each operating status option from least restrictive to most restrictive, and provides illustrative risk levels for each operating status. The determination of status will be based on an aggregate assessment of local conditions based on the criteria outlined below.

Mission-Critical Functions Only (Most Restrictive)
Risk Indicators: The following risk indicators and levels are to be assessed for operation of mission-critical functions:
1. **COVID-19 Community Level:** Designated as high.
2. **Staff Vaccination Rates:** Low rate of vaccination across the workforce (<80 percent).
3. **Local Conditions:**
   a. Stay at Home Requirements: In effect.
   b. School Closings: Closed.
   c. Workplace Closings: Closed.
   d. Public Transportation: Operational, limited capacity.
   e. Restrictions on Internal Movement: Travel Restricted.
   f. Many cases reported in USAID Domestic Facilities.

Mission-Critical Plus Onsite-Preferred (Less Restrictive)
Risk Indicators: The following risk indicators and levels are to be assessed for operation of mission-critical plus onsite-preferred functions:
1. **COVID-19 Community Level:** Designated as medium.
2. **Staff Vaccination Rates:** Moderate rate of vaccination across the workforce (>80 percent).
3. **Local Conditions:**
   a. Stay at Home Requirements: None in effect.
   b. School Closings: Remain open; limited capacity.
   c. Workplace Closings: Remain open; limited capacity.
   d. Public Transportation: Operational, limited capacity.
   e. Restrictions on Internal Movement: Travel permitted.
   f. Some cases reported in USAID Domestic Facilities.

All Functions (Least Restrictive)
Risk Indicators: The following risk indicators and levels are to be assessed for operation of all functions:
1. **COVID-19 Community Level:** Designated as low.
2. **Staff Vaccination Rates:** High rate of vaccination across the workforce (>90 percent).
3. **Local Conditions:**
a. Stay at Home Requirements: None in effect.
b. School Closings: None.
c. Workplace Closings: None.
e. Restrictions on Internal Movement: Unrestricted travel.
f. Minimal cases reported in USAID Domestic Facilities.