COVID-19 Domestic Workforce Safety Plan
& Domestic Workplace Guidelines
December 2021

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PURPOSE

USAID's COVID-19 Domestic Workforce Safety Plan and Domestic Workplace Guidelines (Safety Plan) provides public health rules of behavior and organizational guidelines that cover all USAID staff, contractor employees, and visitors, regardless of role, who enter USAID's domestic facilities during the COVID-19 pandemic. USAID staff are required to follow this Safety Plan. Failure to do so can result in disciplinary action for USAID employees and contractors.

These guidelines cover all of USAID's domestic facilities in the National Capital Region (NCR). USAID staff assigned overseas are to follow the relevant U.S. Department of State (DoS) and Department of Defense (DoD) protocol for their duty station.

General questions regarding this COVID-19 Safety Plan can be addressed to readiness@usaid.gov.

OVERVIEW OF MODEL PRINCIPLES

The Safety Plan guidelines rely 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), the Safer Federal Workforce Task Force (SFWTF), and other sources 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 these guidelines based on additional or updated guidance distributed by the Federal government and public-health authorities, including the CDC and the local governments of the NCR jurisdictions. The Agency will communicate this guidance and any updates on its website.

GOAL

The Safety Plan is intended to provide rules of behavior and organizational guidelines for the USAID workplace. The health and safety of the USAID workforce is the Agency's highest priority.

HEALTH AND SAFETY

Vaccination

Requirement

Federal employees must be fully vaccinated as quickly as possible and by no later than November 22, 2021, except in limited circumstances where an individual is legally entitled to an exception. The Executive Order 14043 on Requiring COVID-19 Vaccination for all Federal Employees, requires all U.S. direct-hire (USDH) employees to be fully vaccinated. Federal employees and covered contractor employees who are on maximum telework or working remotely are not excused from this requirement to be fully vaccinated.

The Executive Order 14042 on Ensuring Adequate COVID Safety Protocols for Federal Contractors, directs executive departments and agencies to ensure that contracts and contract-like instruments covered by the order 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. In implementing Executive Order 14042, the Agency will comply with all relevant court orders, including by following relevant OMB and SFWTF guidance.

Collection of Vaccination Documentation and Information

USAID collects information necessary to verify that an employee (USDH or personal services contractor) is fully vaccinated. This includes the type of vaccine administered, the number of doses received, date of administration of each dose, and the submission of an approved form of required documentation, as set forth below. When providing this information, individuals must certify under penalty of perjury that the information they are submitting is true and correct. The Agency requires documentation to prove vaccination, even if an individual has previously attested to their vaccination status.

Acceptable forms of proof are: a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation containing required data points (the data that must be on official documentation are the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s) administering the vaccine(s)). A digital copy of such records is acceptable, including, for example, a digital photograph, scanned image, or PDF of such a record that clearly and legibly displays the information outlined above. A recent antibody test cannot be used to prove vaccination status.

In requesting this information, USAID will comply with any applicable Federal laws, including requirements under the Privacy Act and Rehabilitation Act of 1973. Individuals are provided with a Privacy Act statement at the point of collection. The Agency does not maintain this information in the Official Personnel Folder. USAID 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.[1]

If required, institutional support contractor employees will provide vaccination documentation to their employer. The Agency coordinates with the Office of Acquisition and Assistance within the M Bureau on the application of safety protocols to onsite contractor employees.

Vaccination Status Attestation Among Onsite Contractor Employees

Onsite contractors who are not subject to a contractual requirement to be vaccinated must carry a completed and signed copy of the Certification of Vaccination Form with them in USAID facilities in accordance with the August 25, 2021 Agency Notice. Those who are not fully vaccinated or who decline to provide information about their vaccination status must always wear masks and physically distance in USAID facilities and must provide proof of a negative COVID-19 test administered no earlier than the previous three days prior to entry to a Federal building.

USAID may email the Certification of Vaccination form to contractor employees in advance of their time onsite, but USAID will not maintain Certification of Vaccination forms from contractor employees unless it has a system of records notice that covers its collection of this information from onsite contractor employees. For those onsite contractor employees who do not have access to email, USAID has determined the best method of distribution, including by having printed copies of the form at the entry point to the worksite.

New Hire Staff

Employees who are new to the Agency after November 22, 2021, are required to be fully vaccinated prior to their start date, except in limited circumstances where an exception is legally required. However, should the Agency have an urgent, mission-critical hiring need to onboard new staff prior to those new staff becoming fully vaccinated, the Agency may delay, with the approval of the Administrator, the vaccination requirement—in the case of such limited delays, new hire staff are required to be fully vaccinated within 60 days of their start date and to follow safety protocols for not fully vaccinated individuals until they are fully vaccinated.

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[1] OPM/GOVT-10, Employee Medical File System of Records, 75 FR 35009 (June 21, 2010) modified by 80 FR 74815 (November 30, 2015); USAID-01, Foreign Service Personnel Records, 80 FR 11387 (March 3, 2015); USAID-01, Foreign Service Personnel Records, 80 FR 11387 (March 3, 2015); USAID-32, Reasonable Accommodation Records, 81 FR 70085 (October 11, 2016)

Duty Time and Leave Related to Vaccination
When a Federal employee is required to be vaccinated, the time the employee spends obtaining any required COVID-19 vaccination dose (including travel time) is duty time; thus, there is no need for the employee to take administrative leave for such time during the employee's basic tour of duty. Employees may not be credited with administrative leave for time spent getting 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, the Agency authorizes employees to 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 to document the reasons for the additional time (*e.g.,* they may need to travel long distances to get the vaccine). 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 is handled based on Agency policy and the Federal Travel Regulation. Employees will receive up to two days of administrative leave if an employee has an adverse reaction to any COVID-19 vaccination dose that prevents the employee from working.

Employees will also receive up to four hours of administrative leave per dose, including booster shot or any authorized additional doses, to accompany a family member being vaccinated. For this purpose, a "family member" is an individual who meets the definition of that term in OPM's leave regulations (see 5 CFR 630.201). Employees should obtain advance approval from their supervisor before being permitted to use administrative leave for COVID-19 vaccination purposes. Employees are not credited with administrative leave or overtime work for time spent outside their tour of duty helping a family member get vaccinated. This policy applies to covered vaccinations received after July 29, 2021.

Enforcement
Employees covered by Executive Order 14043 who fail to comply with a requirement to be fully vaccinated or provide proof of vaccination and have neither received an exception nor have an official exception request under consideration, are in violation of a lawful order. Employees who violate lawful orders are subject to discipline, up to and including termination or removal. Consistent with the Administration's policy, USAID will initiate an enforcement process to work with employees to ensure their compliance.

Visitors
Visitors are required to carry a completed and signed copy of the Certification of Vaccination Form with them in USAID facilities (the form is emailed to visitors in advance of accessing

facilities and is also available at facility entrances). Those who are not fully vaccinated or who decline to provide information about their vaccination status must always wear masks and physically distance in USAID facilities and must provide proof of a negative COVID-19 test from no later than the previous three days prior to entry to a Federal building. They must show the attestation and negative test (if required) to the person escorting them to the meeting. Meeting hosts are required to ensure that visitors follow the Safety Plan guidelines.

Compliance with Applicable Federal Laws and Attention to Privacy and IT Security
In requesting this 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) only disseminates this vaccination information 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
Federal employees must be fully vaccinated other than in limited circumstances where the law requires an exception. In particular, 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 its Office of General Counsel with questions related to assessing and implementing any such requested accommodations.

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

Individuals who are not fully vaccinated due to a legally required exception would need to follow applicable masking, physical distancing, and testing protocols for individuals who are not fully vaccinated, as well as applicable travel guidance.

If a request for accommodation is denied, following the Agency's established process for consideration and appeal, USAID will require the individual to receive their first (or, if a one-dose series, only) dose within two weeks of the final determination to deny the accommodation. If receiving a two-dose series, the individual must receive the second dose within six weeks of receiving the first dose. If the individual received a first dose of a two-dose series prior to seeking an accommodation, they will be required to receive the second dose within two weeks of the final determination to deny the accommodation or within a week of the earliest day by which they can receive their second dose, whichever is later.

Definition of Fully Vaccinated

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 single-dose vaccine (Johnson and Johnson (J&J)/Janssen). There is currently no post-vaccination time limit on fully vaccinated status.

This guidance applies to COVID-19 vaccines currently either approved or authorized for emergency use by the U.S. Food and Drug Administration (Pfizer-BioNTech, Moderna, and Johnson & Johnson [J&J]/Janssen COVID-19 vaccines). This guidance can also 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, search vaccines.gov, text your zip code to 438829, or call 1-800-232-0233.

Precautions for Individuals Not Fully Vaccinated

Individuals—including employees, onsite contractor employees, and visitors—who are not fully vaccinated, including those with a pending or approved accommodation, must maintain a distance of at least six feet from others at all times, consistent with CDC guidelines, including in offices, conference rooms, and all other communal and work spaces, and properly wear a mask regardless of community transmission level, consistent with CDC guidelines. Consistent with CDC guidance, those who are not fully vaccinated should also wear a mask in crowded outdoor settings or during outdoor activities that involve sustained close contact with other people who are not fully vaccinated. Individuals who are not fully vaccinated must provide proof of a negative COVID-19 test from no later than the previous three days prior to entry to a USAID facility and, where applicable, observe travel restrictions and quarantine requirements. Unvaccinated individuals entering facilities five days a week must show proof of negative testing every three days.

Levels of Community Transmission

To assure the continued safety of Agency personnel, USAID will monitor, on at least a weekly basis, the progress of the pandemic in the NCR (CDC COVID-19 Data Tracker County View) and will use the local conditions, including levels of community transmission, outlined in the USAID Safe Access to Facilities Evaluation (SAFE) Process to make decisions on mask-wearing requirements and the operating status of domestic facilities.

When the level of transmission is reduced from high or substantial to moderate or low, the level of transmission must remain at that lower level for at least two consecutive weeks before the Agency utilizes those protocols recommended for areas of moderate or low transmission by CDC guidelines and SFWTF guidance. When the level of transmission increases from low or moderate to substantial or high, the Agency promptly implements more protective safety protocols consistent with CDC guidelines and SFWTF guidance as soon as operationally feasible.

In the case local conditions require an operational posture below All Functions as defined in the SAFE Process, USAID may implement more restrictive operational policies and procedures than outlined in this Safety Plan to maintain its commitment to and posture for the health and safety of personnel. When a locality in the NCR imposes more protective pandemic-related safety requirements than those outlined by CDC and SFWTF guidance, local requirements are followed in Agency facilities.

COVID-19 Coordination Team

The USAID Workplace Practices Working Group (WPWG) 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, the WPWG is chaired by a member of the Senior Executive Service, the Deputy Director for the Office of Management Services (M/MS) within the Bureau for Management (M), and includes the Critical Coordination Structure (M/CCS) Chief Medical Officer and occupational safety subject-matter experts from the M Bureau; the Bureau for Global Health (GH); and the Offices of Security (SEC), of Human Capital and Talent Management (HCTM), of Civil Rights and Diversity (OCRD), and of the General Counsel (GC).

M/CCS has oversight for Safety Plan management and conforming updates and meets regularly. The WPWG coordinates with the M/CCS and the Agency's senior leadership and convenes to review substantive updates to, and compliance with, to the Safety Plan consistent with guidance from the SFWTF and current CDC guidelines, and to evaluate any other operational needs related to COVID-19 workplace safety.

M/CCS and the WPWG coordinate all decisions, where appropriate, with Facility Security Committees, as well as with the GSA, and the lessor's designated representative.

Face Masks and Physical Distancing

USAID requires face masks to be worn in accordance with current CDC guidance and local ordinances. On July 28, 2021, the CDC issued Interim Public Health Recommendations for Fully Vaccinated People advising that all individuals, including those who are fully vaccinated, wear a mask in public indoor settings in areas of substantial or high COVID-19 transmission. Mask requirements in USAID facilities will continue to conform to CDC guidance and local ordinances.

Individuals who are not fully vaccinated must wear a mask at all times in USAID facilities and must maintain a physical distance of at least six feet from others at all times, consistent with CDC guidelines, including in offices, conference rooms, and all other communal and work spaces.

CDC recommends the following appropriate masks: disposable masks, masks that fit properly (snugly around the nose and chin with no large gaps around the sides of the face), masks made with breathable fabric (such as cotton), masks made with tightly woven fabric (*i.e.,* fabrics that do not let light pass through when held up to a light source), masks with two or three layers, and masks with inner filter pockets. The following are not substitutes for a mask: novelty or non-protective masks, masks with ventilation valves, and face shields.

- Appropriate masks should be worn consistently and correctly (over nose and mouth) and should comply with CDC mask recommendations.
- Appropriate masks should be worn in any common areas or shared workspaces (including all workstations/cubicles), but 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.
- Federal Protective Service guards may request an individual to lower their mask briefly to verify identity.

Signage is posted regarding mask-wearing and physical distancing requirements.

Masks are available in both the 14th Street lobby of the Ronald Reagan Building (RRB) and the lobby of the USAID Annex Building (UAB). Any issues related to compliance with mask requirements should be immediately directed to your supervisor, who will notify M/CCS at readiness@usaid.gov. USAID staff in need of reasonable accommodation related to not being able to wear a mask or receive a COVID-19 vaccination for medical reasons, will be referred to the OCRD/Reasonable Accommodation (OCRD/RA) Program for management (refer to the Reasonable Accommodation section).

Testing

Individuals who are not fully vaccinated are required to provide proof of a negative COVID-19 test from no later than the previous three days prior to entry to USAID facilities. The Agency is required to reimburse expenses for testing for employees who are not fully vaccinated due to an exception to the vaccination requirement.

If diagnostic testing is required following a workplace exposure, individuals should submit a claim to their insurance company first for reimbursement. Employees and PSC staff may submit for reimbursement any costs for diagnostic testing following a workplace exposure not covered by insurance to USAID for secondary reimbursement.

If testing is required for official travel, individuals should submit for direct reimbursement by USAID 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.

Contact Tracing

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 if/when there is a direct link to USAID's facilities and workplace exposures. USAID records possible work-related COVID-19 infections as required by OSHA. OSHA reports are confidential and do not require personal identifying information. The Headquarters

Management Division within M/MS (M/MS/HMD) notifies the GSA Building Manager of the location of positive cases to ensure that outside air is brought into the identified area(s).

Travel

All official travel (domestic and international) is limited to mission-critical trips.

Federal employees and contractors should adhere strictly to CDC guidelines before, during, and after travel, regardless of whether the travel is personal or for official business. Staff should exercise judgment, consult the latest guidance prior to planning domestic or international travel, and follow in-country travel guidelines for the destination and reentry to the home community at the end of travel. USAID will implement travel policies based on CDC guidance and local conditions, both domestically and overseas.

Travelers and approving officials must ensure due diligence in preparing for temporary duty travel (travelers are still subject to changing global requirements for quarantine, etc.). 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 for approving temporary duty travelers. All staff considering traveling on temporary duty must follow these standard requirements before commencing travel.

Leave Related to Quarantine or COVID-19 Infection

Official or personal travel may result in a mandatory quarantine before individuals are allowed to return to the workplace. Staff are informed of quarantine requirements at posts through the electronic country clearance (eCC) process, and their control officer for the visit. Staff are eligible for maximum telework flexibilities to maintain work status during any required quarantine 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.

If quarantine is required because of personal travel, and the employee is otherwise expected to be present onsite, the employee may take personal leave while quarantining. If an employee refuses to quarantine or refuses to take personal leave while under mandatory quarantine after personal travel, USAID may elect to bar the employee from the workplace for the safety of others. If USAID bars the employee from the workplace, the employee must be placed on administrative leave until the agency determines what status the employee should be placed in while on quarantine. USAID, however, should avoid placing an employee on extended administrative leave in this situation and should act quickly to determine the appropriate status for the employee.

Meetings, Events, and Conferences

Per SFWTF guidance issued on July 29, 2021, in-person meetings, conferences, or events that will be hosted by USAID and attended by more than 50 participants require the approval of the Deputy Administrator for Management and Resources, as delegated by the Administrator.

In-person attendees at any meetings, conferences, and events hosted by USAID, regardless of event size, are asked to provide information about vaccination status. In requesting this information, USAID complies with any applicable Federal laws, including requirements under the Privacy Act and the Paperwork Reduction Act.

Symptom Monitoring

If Federal employees, onsite contractors, or visitors have symptoms consistent with COVID-19, they should not enter the Federal workplace.

Quarantine, Isolation, and Steps for Fully Vaccinated Individuals Following Exposure to Someone with Suspected or Confirmed COVID-19

Any individual with a suspected or confirmed case of COVID-19 will be advised to isolate, pursuant to CDC guidelines, and in compliance with state and local laws and regulations. Personnel who are not fully vaccinated and who have had a close contact with someone who has tested positive for COVID19 should follow CDC and state and local guidance for quarantine.

Individuals who have been fully vaccinated and have had close contact with someone with suspected or confirmed COVID-19 should get tested five to seven (5-7) days after their last exposure, even if they do not have symptoms. They should telework until a negative test result is received. If their test result is positive, they should isolate for 10 days and can be placed in telework status.

Employees, contractors, and visitors who know or suspect that they have been exposed (cumulative 15 minutes or more over a 24-hour period) and in close proximity (less than six feet apart) to a person suspected or known to have COVID-19 and have recently accessed USAID facilities within the past 14 days, are to notify their supervisors or visit sponsor as soon as possible. Supervisors or visit sponsors then notify the USAID Command Center, which convenes the RCAT.

- **Staff—If you begin to exhibit COVID-19 symptoms at work:**
    - Ensure your mask is worn over your nose and mouth and fits tightly to your face;

- Notify your supervisor that you are going home and isolate until you can leave;
- Leave the building while practicing physical distancing; and
- Notify your doctor and follow their guidance.

- **Supervisors—If you receive a report of a suspected or confirmed case of COVID-19:**
  - Follow the Guidance for Supervisors on COVID-19 Reporting;
  - Remember to protect privacy and confidentiality consistent with the Rehabilitation Act and the Privacy Act of 1974; and
  - Notify the USAID Command Center at (202) 712-1234 x 7, usaidcommandcenter@usaid.gov, who will initiate protocols for the Risk and Case Assessment Team.

- **Visitors—If you begin to exhibit COVID-19 symptoms while in a USAID facility:**
  - Ensure your mask is worn over your nose and mouth and fits tightly to your face;
  - Notify your USAID host that you are leaving and isolate until you can leave;
  - Leave the building while practicing physical distancing; and
  - Notify your doctor and follow their guidance.

- **Visitors—If you begin to exhibit COVID-19 symptoms or receive a positive COVID-19 test any time within two days after being in a USAID facility:**
  - Notify the USAID Command Center at (202) 712-1234 x 7, usaidcommandcenter@usaid.gov;
  - Provide the USAID Command Center with the name of your USAID host, the date and time you were in the USAID facility, and a summary of the location(s) you visited or entered while in the USAID facility; and
  - Do not provide personally identifying information during the call including your name. The Chief Medical Officer will follow up to obtain this information for case assessment.

- **USAID Visitor sponsors—If you receive a report of a suspected or confirmed case of COVID-19 from someone who has been in USAID's domestic facilities:**
  - Notify the USAID Command Center at (202) 712-1234 x 7, usaidcommandcenter@usaid.gov, who will initiate protocols for the RCAT and
  - Remember to protect privacy and confidentiality consistent with the Rehabilitation Act of 1973 and the Privacy Act of 1974.

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 monitoring, 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 progress of the pandemic in the NCR (CDC COVID-19 Data Tracker County View) and will use the risk indicators outlined in the USAID 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, the Office of Management Services in the M Bureau (M/MS) has additional cleaning processes of the spaces that the individual occupied or accessed in accordance with CDC guidance and, where applicable, GSA guidance, which provides as follows:

- If fewer than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, the space will be cleaned and disinfected.
- If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, the space will be cleaned and may be disinfected depending on certain conditions.
- If more than three days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, regular cleaning practices will be followed.

If enhanced cleaning is required, the Agency will wait as long as possible, at least several hours, before cleaning and disinfecting to allow increased opportunity for viral deactivation to occur naturally, while also allowing time for aerosols to settle, prior to surface disinfection. The RCAT

in conjunction with the WPWG will determine the appropriate scope of workplace closures needed.

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 and 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, please 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. In the RRB, from April to August 2021, GSA conducted a project that verified that the building'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 the air distribution levels are running properly with increased ventilation to maximize outside air as much as possible. To improve the air filtration in the RRB tenant office space, GSA replaced all of the RRB filters with MERV-13 type filters in August 2020. When a COVID case has been confirmed, outside air is brought into the affected areas. GSA also performs routine preventative maintenance four times a year on air handler units.

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 Automated Directives System (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 during and after the COVID-19 pandemic should contact the OCRD/Reasonable Accommodation (OCRD/RA) Program at ReasonableAccommodations@usaid.gov. OCRD/RA 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).

Employees may request an exception to the COVID-19 vaccination requirement due to a sincerely held religious belief, practice, or observance. OCRD has established an advisory committee, composed of members from OCRD, GC, and HCTM, to review all exception requests. Recommendations will be issued to supervisors, who will make the final decision on granting the exception. If the exception is granted by the Agency, employees may request an accommodation. Contact OCRD's Diversity, Equity, and Inclusion Division, at ocrd-diversity-Inclusion@usaid.gov for additional guidance on exceptions.

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) to replace Diplomacy Strong as the framework for mitigating COVID-19. 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. Achieving safe reentry or facility access restrictions will demonstrate that USAID has actively mitigated COVID-19-related risks. 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;
- Approach is **conditions-based;** and,
- **Medical, health, and local conditions** will be the primary risk indicators for determining operating status.

Conditions for changing the operating status will be evaluated by M/CCS; M/CCS 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

Risk Indicators: Describes 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 Community Transmission).

Community Transmission (CT): The CDC metric based on the total number of new cases per 100,000 (100k) persons in the past seven days broken down across four levels: 1.) Low (0 - 9.99) x 100k; 2.) Moderate (10 - 49.99) x 100k; 3.) Substantial (50 - 99.99) x 100k; and, 4.) High (greater than or equal to 100) x 100k. When the level of transmission is reduced from high or substantial to moderate or low, the level of transmission must remain at that lower level for at least two consecutive weeks before the Agency utilizes those protocols recommended for areas of moderate or low transmission by CDC guidelines and SFWTF guidance.

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.

Local Hospital Capacity: Ability of hospitals, clinics and/or local emergency response organizations to provide support during a crisis; defined as a minimum of 20 percent intensive care unit (ICU) bed availability (source: CDC COVID-19 Integrated County View).

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

- **Stay At Home Requirements** – Public health authorities' 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 risk indicators on a weekly basis, and update the USAID COVID-19 Data Tracker with the latest COVID-19 conditions. Other helpful reference materials include:

- CDC COVID-19 Integrated County View
- 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 status.

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. **County-Level of CT:** CT rates in most jurisdictions are substantial or high .
   a. If CT data is unavailable, M/CCS is to consider the number of active cases and average trends for the last seven days.
2. **Staff Vaccination Rates:** Low rate of vaccination across the workforce (<80 percent).
3. **County-Level Hospital Capacity:** Low ICU bed availability (<20 percent).
4. **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. **County-Level of CT:** CT rates are moderate in most jurisdictions .
   a. If CT data is unavailable, M/CCS is to consider the number of active cases and average trends for the last seven days.
2. **Staff Vaccination Rates:** Moderate rate of vaccination across the workforce (>80

percent).

3. **County-Level Hospital Capacity:** Moderate ICU bed availability (>20 percent but <30 percent).
4. **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)

  Priority Risk Indicators: The following risk indicators and levels are to be assessed for operation of all functions:

1. **County-Level of Community Transmission (CT):** Community transmission rates are low in most jurisdictions.
    a. If CT data is unavailable, M/CCS is to consider the number of active cases and average trends for the last seven days for each county.
2. **Staff Vaccination Rates:** High rate of vaccination across the workforce (>90 percent).
3. **County-Level Hospital Capacity:** High ICU bed availability (>30 percent).
4. **Local Conditions:**
    a. Stay at Home Requirements: None in effect.
    b. School Closings: None.
    c. Workplace Closings: None.
    d. Public Transportation: Normal Operations.
    e. Restrictions on Internal Movement: Unrestricted travel.
    f. Minimal cases reported in USAID Domestic Facilities.