



**COVID-19 Domestic Workforce Safety Plan
and Domestic Workplace Guidelines**
May 2023

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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 protocols and organizational guidelines for all who enter USAID domestic facilities. The Safety Plan applies to all USAID domestic facilities and to all USAID employees, contractor employees, and visitors. USAID staff assigned overseas are to follow the relevant U.S. Department of State (DoS) and Department of Defense protocols for their duty station.

The Safety Plan is developed in accordance with [Executive Order \(E.O.\) 13991](#) and the Office of Management and Budget (OMB) Memoranda [M-21-15](#) and [M-21-25](#), and relies on 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 in a healthy work environment. The Agency's COVID-19 Coordination Team will determine needed revisions to the Safety Plan based on new or updated guidance from the Federal Government and public-health authorities, including the SFWTF, CDC, and local governments of the National Capital Region jurisdictions, and will communicate updates through Agency-wide notifications (as appropriate) and updates to the Work Environment website (pending June 2023). 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).

All domestic USAID staff must follow the guidance in this plan. 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 OMB Memorandum [M-21-15](#). Per OMB [M-21-15](#), M/CCS includes a member of the Agency's Senior Executive or Foreign Service, the Director and/or 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 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 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 General Counsel (GC). M/CCS also consults with USAID's Senior Agency Official for Privacy, as needed. 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 Hospitalization Level

To assure the continued safety of Agency personnel, USAID monitors, on at least a weekly basis, the [COVID-19 Hospitalization Level](#) in Washington, D.C. and uses the local conditions and guidelines outlined in this workplace safety plan to make decisions on COVID-19 transmission mitigation requirements and the operating status of domestic facilities. Depending on the COVID-19 Hospitalization Level, USAID may implement more protective operational policies and procedures for domestic facilities to assure the health and safety of personnel.

Vaccination

USAID supports vaccination for all staff. COVID-19 vaccines available in the United States are effective at protecting people from becoming seriously ill, being hospitalized, and dying. As with other vaccine-preventable diseases, protection is highest from COVID-19 when individuals stay up-to-date with the recommended vaccinations, including recommended boosters (see [Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#)).

To find COVID-19 vaccination locations, visit [vaccines.gov](#), text your ZIP Code to 438829, or call 1-800-232-0233.

Mask-Wearing

Individuals—including employees, contractor employees, and visitors who are two years or older—must wear a high-quality mask or respirator in USAID domestic facilities when the COVID-19 Hospitalization Level is HIGH or when required for [post-exposure](#) and [post-isolation](#) precautions. This includes when USAID employees who are interacting with members of the public as part of their official responsibilities. When mask-wearing is not required, anyone who would like to wear a mask or respirator may choose to do so.

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

- Individuals must wear a high-quality mask or respirator that complies with CDC [recommendations](#), including: respirators that meet U.S. or international standards (*e.g.*, N95, 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 and while maintaining distance from others.
- Individuals do not need to wear masks or respirators when outdoors.
- The Agency will make high-quality masks available when required.
- Individuals may be asked to lower their mask briefly to verify identity.

Any issues related to compliance with mask-wearing requirements should be directed immediately to supervisors, 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 Hospitalization Level is HIGH or when required by State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements) and when it is optional (*e.g.*, when the COVID-19 Hospitalization Level is MEDIUM or LOW). Online messaging may include agency notices, email notifications, ENS alerts, intranet posts, webinars, and other communication channels.

Physical Distancing and Avoiding Crowding

When the COVID-19 Hospitalization Level is MEDIUM or HIGH, CDC [guidance](#) recommends that individuals consider physically distancing themselves from others and avoid crowding in indoor common areas, regardless of vaccination status. The Agency will post signage in facilities and make information available online when physical distancing is encouraged (*i.e.*, when the COVID-19 Hospitalization Level is MEDIUM or HIGH).

As an additional measure, the Agency may consider setting occupancy levels for specific high-risk indoor spaces, including where ventilation and air filtration is challenging to improve or crowding cannot otherwise be avoided.

Symptom Screening

If a USAID employee, contractor employee, or visitor has fever or chills, or if they have other new or unexplained symptoms consistent with COVID-19 (*e.g.*, onset of cough, shortness of breath, difficulty breathing, loss of taste or smell, or muscle aches) they should not enter a USAID workplace. If an individual suspects that they have COVID-19, because they have new or unexplained COVID-19 symptoms, but they do not yet have test results, they should not enter a USAID workplace and should get tested if they have not already done so.

To be consistent with SFWTF guidance, USAID requires that all individuals complete [symptom](#) screening before entering a USAID facility. USAID also requires all personnel to complete symptom screening prior to interacting with members of the public in person as part of their official responsibilities. Symptom screening can be self-conducted and does not need to be verified by USAID personnel.

Pursuant to E.O. [13991](#) and consistent with CDC guidance, all individuals, regardless of vaccination status, who develop fever, chills, or other new or unexplained symptoms consistent with COVID-19, or who test positive for COVID-19, while onsite during the workday must immediately wear a high-quality mask or respirator and promptly leave the workplace.

Post-Exposure Precautions

If an asymptomatic individual has a known [exposure](#) to someone with COVID-19, the individual does not need to stay out of the workplace for home quarantine.

Resource highlight: [COVID-19 Safety Protocols](#)

Pursuant to E.O. [13991](#) and consistent with CDC guidance on [post-exposure](#) precautions, individuals who have been exposed to someone with COVID-19 must do the following, regardless of their vaccination status, for 10 full days from the date they were last known to have been exposed:

- Wear a high-quality mask or respirator while working indoors at an Agency workplace or interacting indoors with members of the public in person as part of their official responsibilities as soon as possible after notification of exposure and continue to do so;
- Take [extra precautions](#), such as avoiding crowding and physically distancing from others, when they know they are around people who are [more likely to get very sick](#) from COVID-19 while working onsite at an Agency workplace or interacting indoors with members of the public in person as part of their official responsibilities; and
- Watch for COVID-19 [symptoms](#).

For the purposes of calculating 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.

Required Post-Exposure Testing

Pursuant to E.O. [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 or interacting with members of the public in person as part of their official responsibilities must be tested for current infection with a [viral test](#) (*i.e.*, nucleic acid amplification test [NAAT] or antigen test) at least five full days after their last known exposure (ideally, on or after day six). The test can be both self-administered and self-read by staff if they certify as to when they took the test and that they received a negative result. Self-tests may be purchased online at [COVIDtests.gov](#), in pharmacies, and retail stores (refer to [FDA's website](#) for a list of authorized tests).

If the individual tests negative, they must continue to follow the above post-exposure precautions for 10 full days from the date they were last known to have been exposed. If they used an antigen test, then they should follow [CDC guidance on retesting](#). If they test positive, or if they develop COVID-19 symptoms at any time, they must follow [isolation](#) protocols.

If the individual 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 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.

U.S. direct-hire (USDH) employees who require post-exposure testing to work onsite may use [SF-1164](#) to request reimbursement. Individuals known to have been exposed to someone with COVID-19, who will not be working onsite at an Agency workplace or interacting with members of the public in person as part of their official responsibilities within 10 days of the known exposure, are not required to be tested.

Public Health and Occupational Reporting

Health care professionals who administer a COVID-19 test and provide direct medical support to individuals testing positive have a 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 personally identifiable information.

Isolation and Post-Isolation Precautions

Any individual with suspected or confirmed COVID-19, regardless of their vaccination status, should follow CDC guidance for [isolation](#), monitor their symptoms, and not enter a USAID or other federal facility or interact with members of the public in person as part of their official USAID responsibilities. This includes individuals who have an initial positive diagnostic viral test for COVID-19, regardless of whether or not they have symptoms, and individuals with symptoms of COVID-19, including those who are awaiting test results or have not been tested.

- Individuals who tested positive for COVID-19 and never developed symptoms may return to working onsite 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 after five full days following 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 E.O. [13991](#) and CDC recommendations on [isolation](#) and USAID workplace safety protocols.

An individual who had moderate illness (they experienced shortness of breath or had difficulty breathing) or severe illness (they were hospitalized) due to COVID-19, or has a weakened immune system, should delay returning to working onsite for a full 10 days. Further, an individual with severe illness or a weakened immune system 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.

Post-Isolation Precautions

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 E.O. [13991](#), 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 when around others; avoiding eating and drinking around others; avoiding environments such as dining

facilities, gyms, and other places where they may need to be unmasked around others; and, avoiding being around people known to be 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 and must restart at day 0, consistent with E.O. [13991](#) and CDC recommendations on [isolation](#).

Leave Related to Isolation

If an employee who is isolating due to having tested positive with COVID-19 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 the local COVID-19 Community Level. All in-person attendees at any meetings, conferences, or events hosted by USAID must comply with relevant [COVID-19 safety protocols](#), including mask-wearing when the COVID-19 Community Level is HIGH or when required by State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements, pursuant to E.O. [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), regardless of an individual's vaccination status. Staff should consult the latest [CDC travel guidance](#) and follow in-country travel guidelines ([CDC](#)) 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:

- Are advised that CDC recommends being [up to date](#) with COVID-19 vaccines before travel;
- Should consider being tested for current infection with a viral test before travel, as close to the time of departure as possible (no more than three days);
- Must adhere strictly to CDC guidance for [domestic](#) and [international](#) travel before, during, and after official travel;
- Should check their destination's COVID-19 hospital admission levels or local country COVID-19 status before traveling and must wear a high-quality mask or respirator while on-duty and around others indoors at the destination, if the COVID-19 Community Level is HIGH;
- Should understand and follow all travel restrictions put in place by local governments; and
- Should prepare to be flexible, as restrictions and policies may change during travel.

Travel for Individuals with Known Exposure

Asymptomatic individuals who have had a known [exposure](#) to someone with COVID-19 within the past 10 days may be approved for official travel provided that they remain without COVID-19 symptoms before travel and they adhere to the following travel protocols:

- Wear a high-quality mask or respirator 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.

If the individual develops COVID-19 symptoms after official travel has been approved, then pursuant to E.O. [13991](#) and consistent with CDC guidance, that individual must not undertake further official travel, including under the previously approved travel authorization. Instead, individuals should follow Agency protocols consistent with SFWTF guidance on travel for individuals with COVID-19 symptoms (see next section).

Travel for Individuals with COVID-19 Symptoms or a Positive COVID-19 Test

Pursuant to E.O. [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 the initial positive diagnostic 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. Pursuant to E.O. [13991](#) and consistent with CDC guidance, the individual must:

- Wear [a high-quality mask or respirator](#) the entire time they are on-duty and around others indoors for the full duration of their travel that falls within the period they are otherwise required to wear a high-quality mask or respirator after ending [isolation](#);
- Not travel on public transportation such as airplanes, buses, and trains if they will not be able to wear a high-quality mask or respirator when around others indoors for the full duration of their travel that falls within the period they are otherwise required to wear a high-quality mask or respirator after ending isolation; and
- Follow other aspects of [post-isolation](#) protocols.

If at any point prior to official 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 E.O. [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 rescheduling of flights, unless in official travel status.

Confidentiality and Privacy

All medical information collected from individuals, including vaccination information 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. M/CCS consults with USAID's Senior Agency Official for Privacy. Questions regarding personal medical information may be addressed to Readiness@USAID.gov.

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 and conditions that leave individuals at a higher risk of COVID-19 even after vaccination.