



# COVID-19

## DHS GUIDANCE FOR COMPONENT LEADERSHIP, MEDICAL OFFICERS, & SUPERVISORS

APRIL 13, 2020  
VERSION 2

(This version supersedes Version 1, released April 1, 2020)



Workforce Health & Safety  
Office of the Chief Human Capital Officer

As COVID-19 continues to spread throughout the Homeland, the concentration of community spread will vary from state, city, and county. Our DHS mission is critical to national security and the pandemic response. The Management OCHCO Workforce Health and Safety Division (WHS) continues to focus on workforce protection measures to mitigate operational risk in coordination with Component Medical Officers and Component Occupational and Safety Offices.

To avoid illness and slow the spread, we continue to encourage good hand hygiene, covering your cough with your elbow, practicing social distancing, and teleworking whenever possible. In addition, employees' personal risk factors should be taken into account to reduce their risk of exposure.

State and local public health officials in affected regions may further close schools and institute other containment and mitigation measures to slow the spread. DHS employees should monitor all state and local public health direction; however, local shelter-in-place orders do not prevent DHS mission-critical employees from traveling to or from work.

This package of guidance is intended for Component leadership, Medical Officer, and supervisor interpretation and application to operational use, as appropriate. **It is provided as a Department-wide guideline expected to be tailored as needed by Operational Components and is meant to assist with decision-making for workforce management to ensure DHS mission continuity during this complex, novel, and evolving pandemic.**

The following guidance is included:

MANAGEMENT DECISION TREE	RETURN-TO-WORK GUIDANCE	MISSION-CRITICAL, LOCATION-DEPENDENT GUIDANCE
If a well employee is exposed to a suspected or laboratory-confirmed COVID-19 person at work or home, the updated Decision Tree will provide you with appropriate actions.	If an employee experiences symptoms consistent with COVID-19 or tests positive for COVID-19, the Return-to-Work Guidance will help guide you and the employee when it is safe to return to duty.	If a mission-critical, location-dependent employee has been exposed to COVID-19 but is not symptomatic, this guidance provides recommendations for having them continue to work in order to maintain the mission.

These documents constitute requirements based upon CDC guidance. Component Medical Officers may recommend implementation of more stringent guidelines.

Responding to this pandemic is a marathon, not a sprint. We need to remain flexible as the entire Nation recovers from this crisis. WHS will continue to monitor CDC COVID-19 guidance and update Department guidance as the situation evolves.

# FACT SHEET: CLOTH FACE COVERINGS

## WHAT FACE COVERINGS DO

Cloth face coverings slow the spread of the virus by **protecting others** from those who may have the virus and don't know it (asymptomatic spread).

## WHEN THEY SHOULD BE WORN

Face coverings should be worn when you have to be less than 6 feet away from someone, such as at the grocery checkout counter, when using public transportation, and any other situation where you cannot practice social distancing. **REMEMBER: Wearing a face covering does NOT mean you should stop social distancing.**

## HOW TO WASH THEM

Face coverings should be washed in a washing machine routinely depending on frequency of use. Also, be careful not to touch your eyes, nose, or mouth when removing your face covering—and wash your hand immediately after removing it.

## WHO MAKES THEM

Any individual or company can make face coverings—there is no recognized criteria for making them. DHS Occupational Safety and Health personnel does not review or approve cloth face coverings.

## HOW TO MAKE THEM

The CDC offers step-by-step instructions on how to easily make your own face covering. Click [here](#) for more information.



**CLOTH FACE COVERINGS SHOULD BE USED IN ADDITION TO EXISTING "SLOW THE SPREAD" GUIDELINES**

Cloth face coverings are **NOT** a substitute for social distancing. Please continue to stay home as much as possible and continue **ALL** precautionary measures to slow the spread.

### PRACTICE SOCIAL DISTANCING



### WASH YOUR HANDS



### STAY HOME IF YOU FEEL SICK



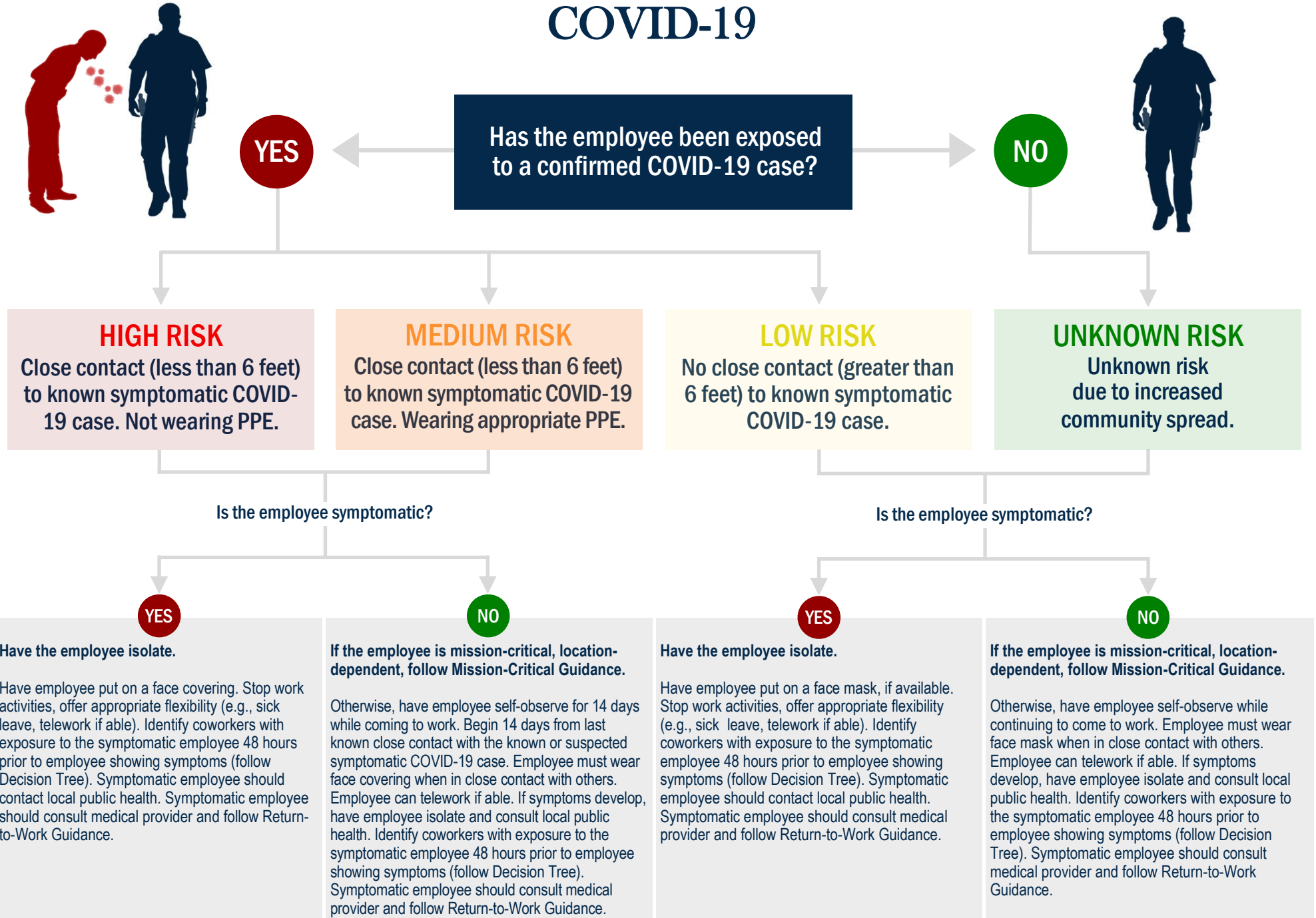
**FACE COVERINGS ARE NOT PPE**

Personal protective equipment (PPE) **should be reserved for healthcare workers** and other employees whose occupations put them at risk for exposure. Employer-issued or mandated PPE always takes precedence in the workplace. Please refer to your Component's Job Hazard Analysis (JHA) for more information.

# GLOSSARY

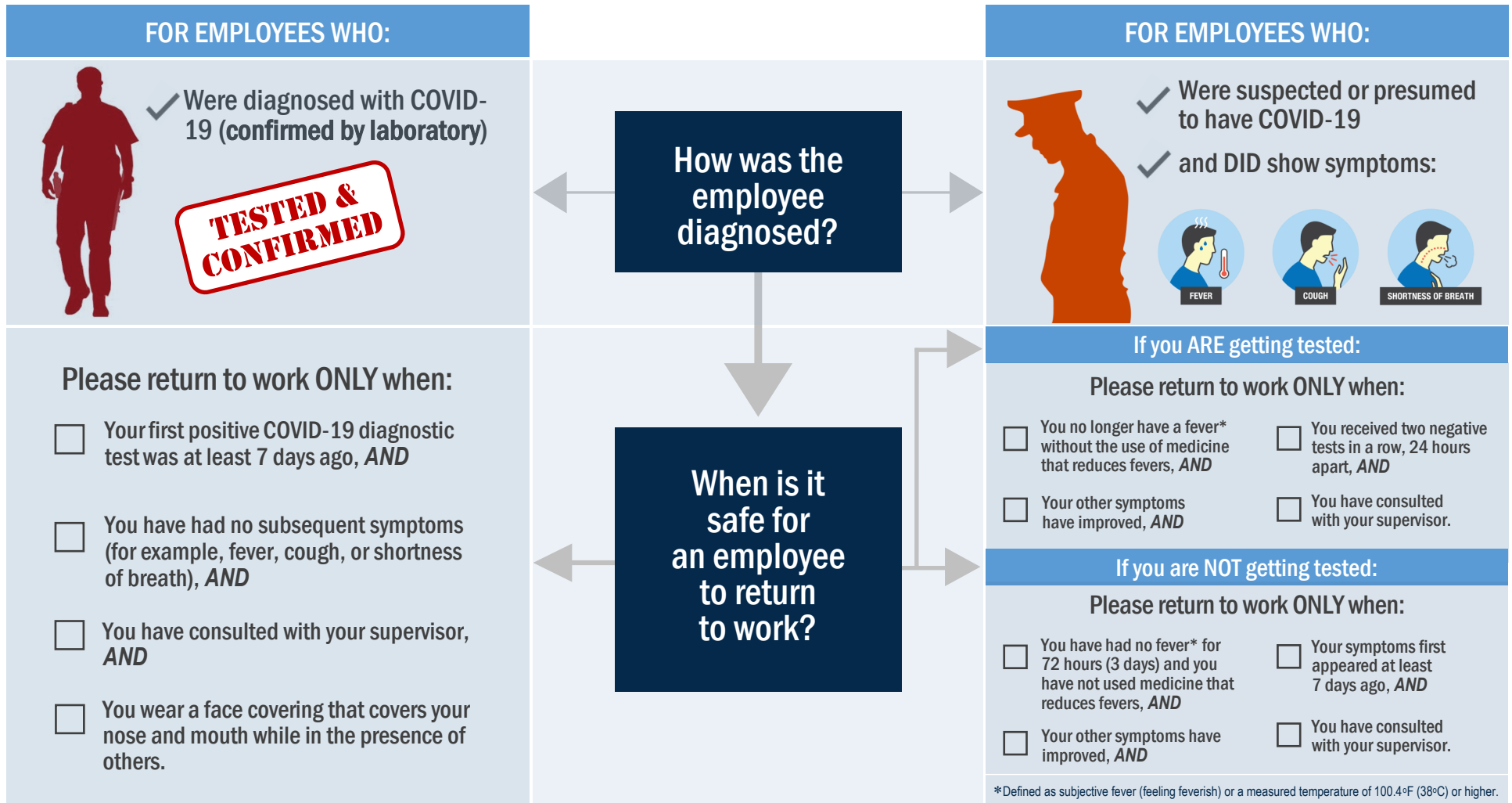
TERM	DEFINITION	NOTES
<b>ACTIVE MONITORING</b>	Local public health authorities actively symptom-monitor close contact cases in the affected community/locale.	Involves daily telephone, text, or in-person inquiries about fever or other symptoms for 14-days following the last known exposure to a person with confirmed COVID-19.
<b>CLOSE CONTACT</b>	Being within approximately 6 feet of a known COVID-19 case for a prolonged period; or having direct contact with infectious secretions of a COVID-19 case.  ***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.	Includes living, visiting, working with, or sharing a healthcare waiting room with someone who is known to have COVID-19. If you have been coughed on (direct contact with infectious secretions) by a known COVID-19 case.
<b>CLOTH FACE COVERING</b>	Recommended for preventing community spread of disease. They are not surgical masks or N-95 respirators. When worn, cloth face coverings should cover nose and mouth and can be fashioned from household items or made at home from common materials at low cost, such as t-shirts, bandannas, and scarves.	
<b>ISOLATION</b>	The separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.	<ul style="list-style-type: none"> <li>• In home/quarters isolation- staying home or in quarters; separating yourself from other people (i.e., trying not to be in the same room as other people at the same time; asking friends, family not to visit unless necessary).</li> <li>• In hospital isolation – when you are ill and receiving medical care, you may be placed in a specialized room designed to separate you from other patients and visitors, while decreasing risk of spread.</li> </ul>
<b>QUARANTINE</b>	Separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.	<ul style="list-style-type: none"> <li>• A quarantine may be instated in order to separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick.</li> <li>• In addition to serving as medical functions, a quarantine also has “police power” functions, derived from the right of the state to take action affecting individuals for the benefit of society.</li> </ul>
<b>SELF OBSERVATION</b>	Individuals stay alert for developing flu-like symptoms (e.g. fever, feeling feverish, cough, or shortness of breath) during self-observation period. If symptoms develop during this time, check their temperature, self-isolate, limit contact with others, and seek medical advice by telephone or local public health department to determine if a medical evaluation is needed.	You can do short errands, but limit interactions and keep distance from people.
<b>SELF MONITORING</b>	People should monitor themselves for fever by taking their temperatures twice daily and remain alert for fever or shortness of breath.	Take temperature twice daily and record. <ul style="list-style-type: none"> <li>• Make note of any changes in how you feel (particularly if you start to have trouble breathing)</li> <li>• Keep your health care provider’s contact information handy.</li> <li>• If your condition worsens, ask your healthcare provider to call the local or state health department.</li> </ul>
<b>SOCIAL DISTANCING</b>	Means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.	<ul style="list-style-type: none"> <li>• Telework and Teleconferences are an acceptable alternative</li> <li>• Work space modifications for business transactions (glass barriers, moving workspace for added distance, etc.)</li> <li>• School closure (proactive or reactive)</li> <li>• Workplace closure including closure of “non-essential” businesses and social services</li> <li>• Cancellation of mass gathering events</li> <li>• Voluntary isolation of contacts</li> <li>• Voluntary quarantine of contacts</li> </ul>

# MANAGEMENT DECISION TREE COVID-19



# RETURN-TO-WORK GUIDANCE COVID-19

**When should an employee who has recovered from COVID-19 return to work?**



**In ALL cases, please consult with your medical provider or local health department.**

# MISSION-CRITICAL, LOCATION-DEPENDENT GUIDANCE COVID-19

## What if a mission-critical employee is exposed to COVID-19?

### IF the employee:



- ✓ Performs mission-critical, location-dependent activities
- ✓ Has been in close contact (less than 6 feet) with a suspected or a confirmed symptomatic COVID-19 case in the last 14 days
- ✓ But has NOT had symptoms, such as fever, cough, or shortness of breath

### THEN the employee:

- CAN continue mission-critical, location-dependent activities at DHS facilities
- BUT he or she MUST meet all listed REQUIREMENTS specified in this guidance



### REQUIREMENTS CHECKLIST

(Applies for the first 14 days after exposure.)

- Your work assignment must allow at least 6 feet away from coworkers and members of the public unless you wear an approved respirator (per your component OSH), surgical/procedure mask, or face covering.
- Prior to leaving for work, verify you do not have any symptoms (cough, fever, feeling feverish, difficulty breathing, sore throat, fatigue, etc.).
- Prior to leaving for work, you must take your temperature and it must be lower than 100.4°F (38°C) without fever-reducing medication. (If taking temperature by mouth, do not drink anything for 30 minutes prior to taking your temperature.) If you have a fever, do NOT go to work.
- When possible, avoid carpooling or taking public transportation to commute to and from work (e.g., bus, metro, train).
- Prior to entering the DHS facility, sanitize your hands (e.g., hand sanitizer liquid, hand wipes). As soon as possible, once in the facility, wash your hands with soap and water for at least 20 seconds.
- While in the DHS facility, limit your contacts and movement. Do not eat or socialize in the community kitchen, lounge, or cafeteria. Do not attend meetings in person.
- Practice social distancing whenever possible, regardless of protective equipment or face covering.
- Prior to using communal bathrooms, sanitize your hands. Prior to leaving the restroom, wash your hands with soap and water and use a paper towel to open the door to leave the restroom.
- Prior to leaving for the day, wipe down your workstation (e.g., keyboard, monitor, mouse, desktop, phone, door knob, light fixtures, etc.) with disinfectant. Wash or sanitize your hands and leave the facility. Limit your contacts and avoid socializing in communal areas as you exit facility.

### IF you develop flu-like symptoms while at work:

- Put on a face mask or covering, stop work activities, and notify your supervisor.
- Prior to leaving, wipe down your workstation, door knobs, and light switches with disinfectant.
- Wash or sanitize your hands and leave the facility.
- Limit your contacts and avoid socializing in communal areas as you exit facility.
- Go directly home, do not stop for errands on the way home, consult your medical provider, and follow the Decision Tree. To prevent disease spread in your household, please follow the guidance found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>.

**NOTE: OPERATIONAL CONSTRAINTS MAY OVERRIDE THIS GUIDANCE**