

U.S. DEPARTMENT OF HOMELAND SECURITY COVID-19 SAFETY PLAN

DECEMBER 2022

The Department of Homeland Security (DHS) is committed to implementing COVID-19 safety and health precautions to protect our employees and by extension their families and the Nation we serve. While protecting the Homeland from threats such as COVID-19, DHS must also protect the tens of thousands of employees standing guard at the borders, protecting the traveling public, securing our critical infrastructure, and performing vital missions domestically and abroad every day.

DHS works with its union partners in order to ensure employees and representatives are kept abreast of any changes or messaging that can be distributed to their bargaining unit employees. This helps to ensure all members of the DHS community are being reached and helps with common interest in employee safety and health.

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Introduction

Department of Homeland Security (DHS) health and safety guidance for the workforce comes from the Office of Health Security (OHS), led by the Chief Medical Officer (CMO) in the Office of the Secretary. The Secretary has also delegated the duties of DHS Designated Agency Safety and Health Official (DASHO) to the CMO, to undertake those duties and responsibilities as defined by 29 CFR 1960, Federal Agency Safety and Health Programs. Questions concerning the requirements for workforce health and safety policies and practices should be addressed to OHS.

The Department maintains focus on COVID-19 workforce health and safety issues during regular interactions between Components and the Office of Health Security. This Workforce Safety Plan is issued in accordance with President Biden’s Executive Order (EO) 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; the Office of Management and Budget (OMB) Memorandum M-21-15, Safer Federal Workplace: Agency Model Safety Principles; Safer Federal Workforce Task Force (Task Force) guidance including the Model Agency COVID-19 Safety Principles (last updated September 15, 2022); OMB Memorandum M-21-25, Integrating Planning for a Safe Increased Return of Federal Employees and Work Environment; the President’s Executive Order (EO) 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees, and EO 14042, Ensuring Adequate COVID Safety Protocols for Federal Contractors. In implementing Executive Orders 14042 and 14043, DHS will comply with all relevant court orders, and will follow relevant OMB and Task Force guidance.

The Total Workforce Protection Directorate (TWPD) in partnership with the Office of the Chief Human Capital Officer (OCHCO), serves as the Department-wide COVID-19 Coordination Team, consistent with M-21-15. Within the TWPD, operational risk evaluations and research inform COVID-19 policy and guideline improvements. Prior to any policy or guideline changes, the Directorate engages and consults with Component leadership, legal counsel, and the senior accountable officials for privacy through DHS policy review processes.

TWPD ensures agency COVID-19 workplace safety plans, protocols, and policies are broadly communicated to the workforce (employees and , as appropriate, onsite contractor employees), and visitors to workplaces through [employee COVID-19 webpages](#) and visitor notifications.

Each Component also has a COVID-19 Coordination Team that includes Component leadership, human resources, occupational safety and health, legal counsel, and medical/public health representatives. The COVID-19 Coordination team coordinates all decisions with Facility Security Committees, as appropriate. For privately owned facilities leased by the Federal Government, the team coordinates with the General Services Administration (GSA), where appropriate, and the lessor’s designated representative. In the event that a COVID-19 Variant of High Consequence (in accordance with CDC) should arise, or another emergent disease or biological threat that is a risk to the DHS workforce, the COVID-19 Coordination team will coordinate with the Workforce Protection Senior Advisory Group (WPSAG) to alter the plan as necessary to implement or facilitate any needed actions.

COVID-19 Community Levels

CDC has set recommendations related to [COVID-19 Community Levels](#), which measure the impact of COVID-19 illness on health and healthcare systems and inform the appropriate prevention strategies to utilize at a given time. CDC provides county-level data showing the COVID-19 Community Level for each county in the United States, as determined by CDC. Components, Offices, and Directorates utilize that data in determining the COVID-19 Community Level for a given facility by looking to the COVID-19 Community Level for the county in which the facility is located. Components, Offices, and Directorates also review the COVID-19 Community Level for each of their facilities on a weekly basis, to determine any changes that should be made to agency COVID-19 workplace safety protocols for the upcoming week; for example, a Component, Office, or Directorate, could review the COVID-19 Community Level each Friday and implement any changes to agency safety protocols due to changes in the COVID-19 Community Level starting the following Monday.

Mask-Wearing

DHS issues guidance to Component Heads through the Supervisors Toolkit, as needed. This includes guidance on:

- CDC Community Level and associated Task Force guidance
- High-quality face masks or respirators: e.g., respirators that meet a standard (N95, KN95, KF94); masks that meet a standard (e.g., ASTM), or “procedure” or “surgical”-style masks

Mask-Wearing When COVID-19 Community Level is HIGH. When the COVID-19 Community Level is HIGH in a county where a DHS facility is located, pursuant to E.O. 13991 and consistent with CDC guidance, individuals, including employees, contractor employees, and visitors—who are 2 years or older, must wear a high-quality mask indoors in the facility, regardless of their vaccination status. This includes when Federal employees are interacting with members of the public as part of their official responsibilities.

Optional Mask-Wearing When COVID-19 Community Level is LOW or MEDIUM. When the COVID-19 Community Level is LOW or MEDIUM in a county where a Federal facility is located, mask wearing is optional. When the COVID-19 Community Level is LOW or MEDIUM in a

county where a Federal facility is located, in most settings, to be consistent with Task Force guidance, components, offices, and directorates communicate to individuals, such as through signage, that mask-wearing is optional, and should not otherwise require individuals to wear a mask, except where required by Federal, State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements.

Mask-Wearing on Government-Operated Transportation Conveyances. Pursuant to Executive Order 13991 and consistent with CDC [guidance](#) for the indoor transportation corridor and public transportation conveyances, individuals must wear high-quality masks or respirators (such as an N95) when in Government-operated aircraft, boats and other maritime transportation conveyances, and buses with multiple occupants.

- In these conveyances, occupants can remove their masks or respirators for safety reasons or for brief periods of time while eating, drinking, or taking medication.
- Mask-wearing is not required for outdoor areas of conveyances, if any.
- Mask-wearing in these Government- operated conveyances is not required if there is a single occupant or if the occupants are all co-habitants.
- In Government-operated vans, cars, trucks, and other motor pool passenger vehicles, it is recommended that individuals wear high-quality masks or respirators (such as N95s) when there are multiple occupants.

Types of High-Quality Mask and Respirators. High-quality masks or respirators include respirators that meet U.S. or international standards (e.g., N95, KN95, KF94), masks that meet a standard (e.g., ASTM), or “procedure” or “surgical”-style masks.

Protocols When Mask-Wearing is Required. When individuals are required to wear a high-quality mask or respirator (such as an N95) in Federal facilities, DHS mask-wearing protocols are as follows:

- Masks and respirators should be well-fitting and worn consistently and correctly (over mouth and nose).
- Masks or respirators should be worn in any common areas or shared workspaces (including open floorplan office space, cubicle embankments, and conference rooms).
- Individuals do not need to wear masks or respirators when outdoors.
- Components, offices, and directorates may provide for limited exceptions to mask-wearing, such as when an individual is alone in an office with floor to ceiling walls and a closed door, or for a limited time when an individual is eating or drinking and maintaining distance from others.
- Masked individuals may be asked to lower their masks briefly for identification purposes in compliance with agency safety and security requirements.

In DHS facilities, signs and communications are provided advising that when COVID-19 Community Levels are HIGH, high-quality masks or respirators should be worn consistently and correctly in any common areas or shared workspaces (including open floorplan office space, cubicle embankments, and conference rooms), cover the nose and mouth, and otherwise be in accordance with [current CDC guidance](#). In addition, when COVID-19 Community Levels are LOW or MEDIUM, signs and communications are provided advising that mask-wearing is optional.

Symptom Screening

No Entry for Individuals with COVID-19 Symptoms or Suspected COVID-19. If an employee, contractor employee, or visitor has fever or chills, or if they have other new or unexplained symptoms consistent with COVID-19 such as new or unexplained onset of cough, shortness of breath, or difficulty breathing, new or unexplained loss of taste or smell, or new or unexplained muscle aches, they should not enter a DHS workplace. If an individual suspects that they have COVID-19, such as because they have new or unexplained COVID-19 symptoms, but they do not yet have test results, they should not enter a DHS workplace and should get tested if they have not already done so.

Symptom Screening Before Entering Federal Facilities. Symptom screening can be self-conducted and does not need to be verified by Component, Office, or Directorate personnel.

Developing COVID-19 Symptoms While Onsite. Pursuant to Executive Order 13991, any individual, regardless of vaccination status, who develops fever, chills, or other new or unexplained symptoms consistent with COVID-19, or who tests positive for COVID-19, while onsite during the workday must immediately put on a high-quality mask or respirator (such as an N95) while indoors at a DHS workplace or interacting indoors with members of the public in person as part of their official DHS responsibilities 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.

Post-Exposure Precautions

Pursuant to E.O. 13991 and consistent with CDC guidance on post-exposure precautions, individuals who are known to have been exposed to someone with COVID-19, regardless of their vaccination status, must:

- Wear a high-quality mask or respirator (such as an N95) while indoors at a DHS workplace or interacting indoors with members of the public in person as part of their official DHS responsibilities 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, when they know they are around people who are more likely to get very sick from COVID-19 while onsite at a DHS workplace or interacting with members of the public in person as part of their official DHS responsibilities, 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 their last known exposure to someone with COVID-19, and day 1 is the first full day after their last known exposure); 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 their last known exposure to someone with COVID-19, and day 1 is the first full day after their 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 onsite at a DHS workplace or interacting with members of the public in person as part of their official DHS responsibilities must be tested for current infection with a [viral test](#) at least 5 full days after their last known exposure (ideally, on or after day 6). The test can be both self-administered and self-read by the employee if employee certifies as to when they took the test and that they received a negative result.

If the individual tests negative, then the individual 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 agency protocols on [isolation](#).

If the individual that has been known to be exposed to COVID-19 is not 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, then they are not required to be tested.

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. See also [CDC guidance](#).

Isolation

Pursuant to EO 13991 and consistent with CDC guidance, any individual with probable or confirmed COVID-19, regardless of their vaccination status or COVID-19 Community Levels must not enter a DHS facility or interact with members of the public as part of their official DHS responsibilities.

Regardless of vaccination status, individuals should isolate from others when infected with COVID-19. Individuals should also isolate if sick and suspect that they have COVID-19 but do not yet have [test](#) results. If results are positive, they should follow the [full isolation recommendations](#). If results are negative, isolation may be ended.

Returning to Onsite Work After Isolation

Individuals who tested positive for COVID-19 and never developed symptoms may return to work onsite at an agency workplace or interacting with members of the public as part of their official responsibilities after 5 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 work onsite at an agency workplace or interacting with members of the public as part of their official responsibilities after 5 full days from the onset of symptoms (day 0 being the day of symptom onset), 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 an individual 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 have a weakened immune system, then the individual should delay returning to work onsite at an agency workplace or interacting with members of the public as part of their official responsibilities for a full 10 days. If an individual had severe illness or has a weakened immune system, they should consult their healthcare provider 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 a DHS workplace or interacting with members of the public as part of their official DHS responsibilities after having tested positive for COVID-19 and isolated consistent with CDC guidance on isolation, then pursuant to E.O. 13991 and consistent with CDC guidance, the individual should 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.

As it relates to mask-wearing after returning from isolation, individuals may opt to take two viral antigen tests authorized by the FDA to detect current COVID-19 infection, starting on day 6. With two sequential negative tests 48 hours apart, the individual may remove their mask sooner than day 10. If either of their antigen test results are positive, the individual should continue taking antigen tests at least 48 hours apart until they have two sequential negative results. This may mean that the individual would continue wearing a mask and testing beyond day 10.

If at any point their COVID-19 symptoms recur or worsen, the individual should not enter a DHS facility or interact with members of the public as part of their official DHS responsibilities, restarting at day 0, consistent with E.O. 13991 and CDC recommendations on isolation and the protocols herein.

Isolation Leave Flexibilities

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 and 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 in this situation, as appropriate. Weather and safety leave would be unavailable.

\Vaccination

Vaccination Requirement for Federal Employees

To ensure compliance with an applicable preliminary nationwide injunction, which may be supplemented, modified, or vacated, depending on the course of ongoing litigation, DHS will take no action to implement or enforce the COVID-19 vaccination requirement pursuant to Executive Order 14043 on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees. Any aspects of this COVID-19 Workplace Safety Plan related to the vaccination requirement pursuant to E.O. 14043 are not in effect and will not be implemented or enforced by agencies while the injunction is in place.

Vaccination Requirements for DHS Contractors

One or more court orders currently prohibit the enforcement of requirements of EO 14042 on *Ensuring Adequate COVID Safety Protocols for Federal Contractors* against certain parties and within certain locations. At this time, consistent with guidance from OMB and the Task Force, DHS will take no action to enforce compliance with any contract clause implementing EO 14042. For existing contracts or contract-like instruments that contain a clause implementing requirements of E.O. 14042, DHS will take no action to enforce the clause implementing requirements of E.O. 14042, absent further written notice from DHS. See the Task Force [website](#) for more information, including the latest guidance regarding the implementation and enforcement of EO 14042: [For Federal Contractors | Safer Federal Workforce](#)

Vaccination Information

Consistent with CDC guidance, for most DHS workplaces, COVID-19 workplace safety protocols currently do not vary based on vaccination status or otherwise depend on vaccination information. When Components, Offices, and Directorates have paused requiring, requesting, and collecting vaccination status information, they must continue to preserve their vaccination information collection systems and the information collected to date from employees in accordance with the Federal Records Act and other records requirements. Furthermore, it is important to preserve this information as COVID-19 workplace safety protocols may change in the future, or collection of this information from Federal employees may otherwise need to resume. In high-risk operational workplaces, employees may still need to provide proof of COVID-19 vaccinations.

Vaccination Leave Flexibilities

To promote the safety of the Federal workforce and the public they serve, DHS grants leave-eligible employees up to 4 hours of administrative leave to receive any dose of FDA-authorized COVID-19 vaccine. The administrative leave covers the time it takes to travel to the vaccination site, receive the vaccine dose, and return to work.

If an employee needs to spend less time getting the vaccine dose, only the needed amount of administrative leave is granted. Employees obtain advance approval from their supervisor before using administrative leave for purposes of obtaining a COVID-19 vaccine dose. Employees are not credited with administrative leave or overtime work for time spent getting a vaccine dose outside their tour of duty.

DHS grants up to 2 workdays of administrative leave if an employee has an adverse reaction to a COVID-19 vaccine dose—regardless of whether that dose was required or not—that prevents the employee from working (i.e., no more than 2 workdays for reactions associated with a single dose). If an employee requests more than 2 workdays to recover, the employee takes other appropriate leave (e.g., sick leave) to cover any additional absence.

To be consistent with Task Force guidance, DHS also grants administrative leave to any Federal employee who accompanies any family member who is receiving a COVID-19 vaccine dose. 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](#)). DHS grants leave-eligible employees up to 4 hours of administrative leave per dose—for example, up to a total of 16 hours of leave for a family member receiving four doses—for each family member the employee accompanies. (If an employee spends less time accompanying a family member who is receiving the COVID-19 vaccine, only the needed amount of administrative leave is granted.) Employees 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.

Other Protective Measures

Personal Protective Equipment (PPE)

Guidance was issued to Component Occupational Health and Safety Program Managers. The guidance reiterated that Job Hazard Analyses/Risk Assessments (JHA/RAs) will be used to identify hazards for specific positions and tasks and will determine whether PPE or other controls are needed for workforce protection. Contract solutions are in place for Components to obtain common pandemic-related PPE, which includes garments, gloves, goggles, hand sanitizer, respirators, and high-quality masks for those that have an operational need. Other non-pandemic related PPE items may be needed as identified in the JHA/RA.

Testing Requirements

For employees working in **high-risk congregate settings**, DHS Components, Offices, and Directorates may devise and implement **COVID-19 serial screening testing programs** in accordance with guidance from the [Task Force](#) and [CDC](#).

For the purposes of Task Force guidance, and consistent with CDC guidance, **high-risk settings** include certain Federal facilities—or certain specific settings within Federal facilities—where (1) COVID-19 transmission risk is high, and (2) the population present onsite is at high risk of severe outcomes from COVID-19 or there is limited access to healthcare.

When Components, Offices, and Directorates have identified potential high-risk settings across its facilities, they should contact the DHS COVID-19 Coordination Team, who will consult with the Task Force to confirm that those settings are high-risk and that establishing a serial screening testing program and/or requiring point-in-time screening testing in those facilities would be consistent with CDC and Task Force guidance, and will consult with the agency Office of General Counsel on any implementation.

- When Components, Offices, and Directorates have established a serial screening testing program for agency-identified high-risk settings, they should enroll all employees working in that setting regardless of vaccination status.
- When serial screening testing is implemented, Components, Offices, and Directorates must not differentiate among individuals based on their vaccination status, pursuant to Executive Order 13991 and consistent with CDC guidance.
- Onsite contractor employees **do not** need to be included in serial screening testing program(s). For certain settings, roles, or functions, Components, Offices, and Directorates may determine that it is necessary that onsite contractor employees regardless of their vaccination status must participate in serial screening testing, given operational or administrative considerations associated with those settings, roles, or functions.
- Employees and onsite contractor employees participating in a serial screening testing program for an identified high-risk setting **do not** need to provide the results of a negative test each time they enter or are present that setting, unless otherwise required as part of the Component's, Office's, and Directorate's serial screening testing program and workplace safety protocols, regardless of COVID-19 Community Levels.
- When COVID-19 Community Levels are MEDIUM or HIGH, employees who are enrolled in a serial screening testing program established for an identified high-risk setting, and who work onsite or interact in person with members of the public as part of their job duties on an infrequent basis, **should be tested at least twice in any week.**

Components, Offices, and Directorates may determine that some employees who generally do not report to a worksite or interact with members of the public in that agency-identified high-risk setting as part of their job duties, but who may need to do so on an emergency basis (e.g., for accident investigations or disaster response) are required to undergo serial or point-in-time screening testing when [COVID-19 Community Levels](#) are **MEDIUM or HIGH**, on a frequency determined by the component, office, or directorate, following consultation with the DHS COVID-19 Coordination Team and the Task Force.

- When an employee **is required** to be tested, the time the employee spends obtaining the test (including travel time) from a site preapproved by the agency 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.
- When an employee **is not required** to be tested but decides to obtain a COVID-19 test during basic tour of duty hours at the employee's own initiative, the employee may request sick leave or other available paid time off for that situation.
- An employee's failure to comply with testing requirements can result in disciplinary action, up to and including removal. An agency may elect to bar an employee from the agency workplace for the safety of others, including pending resolution of any disciplinary action. Any decision to bar the employee should be made in consultation with the agency's onsite security authority, human resources office, and legal counsel until the agency determines the status the employee should be placed in pending any disciplinary action.

Positive Test Results- Employees who test positive for COVID-19 must not physically report to a DHS worksite until they complete [CDC recommended isolation](#) protocols discussed above, even if they are asymptomatic, and regardless of vaccination status, and regardless of whether they perform mission critical duties.

Post Exposure Testing- See above for required testing protocols for individuals who are known to have been exposed to COVID-19. Components, Offices, and Directorates **may but are not required** to provide testing to an individual because of a potential exposure that is non-DHS work-related. A DHS civilian employee who comes into a known close contact with a person with COVID-19 outside of work should follow CDC guidelines for testing. When Components, Offices, and Directorates require diagnostic testing for employees, they must provide employees with testing at no cost to the employee if there are in-house capabilities for diagnostic testing at the worksite, or through an alternative process.

The DHS COVID-19 Testing Solutions Strategic Sourcing Vehicle (SSV) is designated as mandatory for use in accordance with DHS Directive 060-01. An existing DHS-wide Indefinite Delivery, Indefinite Quantity (IDIQ) contract provides a variety of COVID-19 testing solutions and should be used throughout the Department. If a Component has a requirement that is within scope of an existing SSV that is designated as mandatory for use and will not utilize the SSV, then either a qualifying exception must be cited and documented or a waiver pursued from the Office of the Chief Procurement Officer, Strategic Solutions Office (SSO).

Testing Method Options

1. In-store or drive-through point-of-care (POC) testing, such as at pharmacies or personal health care provider;
2. Swab-testing capabilities that enable an individual to collect the specimen—using a self-collection kit—and drop it off at a designated collection location or ship it to a laboratory, or;
3. Over the counter (OTC) tests, which can be both self-administered and self-read by the employee if the Components, Offices, and Directorates has the employee certify as to when they took the test and that they received a negative result. The viral test must be authorized by the FDA to detect current COVID-19 infection, pursuant to E.O. 13991 and consistent with CDC guidance.

Recordkeeping and Reporting

In accordance with OSHA’s recordkeeping requirements, if an employee tests positive for SARS-CoV-2 infection, the case must be recorded on the OSHA Illness and Injury Log if each of the following conditions are met: (1) the case is a confirmed case of COVID-19; (2) the case is work-related (as defined by 29 CFR 1904.5); and (3) the case involves one or more relevant recording criteria (set forth in 29 CFR 1904.7) (e.g., medical treatment beyond first aid, days away from work). The agency follows state and county reporting requirements and complies with state and county contact tracing effort.

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.

Components, Offices, and Directorates consult with the Senior Agency Officials for Privacy on matters related to the collection and handling of personally identifiable information and identify a point of contact for all questions relating to personal medical information.

The Task Force guidance related to “[Testing Results and Information](#)” specifies that testing requirements will refer to the Government-wide system of records notice (SORN) OPM/GOVT-10 for DHS employee medical files. In addition, Components, Offices, and Directorates should refer to the DHS SORN DHS/ALL-047 for a declared public health emergency. Components, Offices, and Directorates work closely with their privacy and legal offices, when developing their testing programs to ensure they are following appropriate information management protocols.

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. Employees should follow their Components, Offices, and Directorates travel policy. DHS employees should adhere strictly to CDC guidance for domestic and international travel before, during, and after official travel.

In approving official travel, the approving Component, Office, or Directorate should:

- Inform the traveling individual that CDC recommends that individuals make sure they are up to date with COVID-19 vaccines before travel;
- Recommend that the traveling individual 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;
- Instruct the traveling individual to adhere strictly to CDC guidance for [domestic](#) and [international](#) travel before, during, and after official travel;
- Instruct the traveling individual to check their destination’s COVID-19 Community Level before traveling, and to wear a high-quality mask or respirator (such as an N95) while on-duty and around others indoors at their destination, if the COVID-19 Community Level in the county where their destination is located is HIGH;
- Instruct the traveling individual to make sure they understand and follow all travel restrictions put in place by State, Tribal, local, and territorial governments; and
- Advise the traveling individual to prepare to be flexible, as restrictions, policies, and circumstances may change during their travel.

Components, Offices, and Directorates must provide a high-quality face mask for official travel.

Official Travel for Individuals with Known Exposure

Components, Offices, and Directorates can approve official travel (and allow return official travel) for asymptomatic individuals who have had a known exposure to someone with COVID-19 within the prior 10 days and for individuals who have ended isolation after testing positive with COVID-19, but who still need to continue wearing a high-quality mask or respirator (such as an N95), consistent with CDC guidance.

If the individual remains without COVID-19 [symptoms](#) before traveling, then pursuant to E.O. 13991 and consistent with CDC guidance, the Component, Office, or Directorate approving the official travel must instruct the individual to, in addition to other standard pre-travel instructions related to COVID-19:

- 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 not be able to wear a high-quality mask or respirator (such as an N95) 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 5 full days following their last known exposure (ideally, on or after day 6)—note that this testing may need to occur while the individual is traveling, and that agencies do not need to require that employees wait for the 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, the agency must instruct the individual to not undertake further official travel, including under that previously approved travel authorization, and to instead follow agency protocols consistent with the Task Force guidance on travel for individuals with COVID-19 symptoms.

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

Pursuant to E.O. 13991 and consistent with CDC guidance, Components, Offices, and Directorates must not approve official travel (i.e., travel conducted under an official travel authorization) for individuals who have COVID-19 symptoms and are waiting for an initial diagnostic viral test result.

Components, Offices, and Directorates must not approve official travel for individuals who have tested positive for COVID-19 for at least 5 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 or interacting with members of the public as part of their official responsibilities (once they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms are improving), then DHS may approve official travel for the individual. Pursuant to E.O. 13991 and consistent with CDC guidance, the Component, Office, or Directorate approving the official travel must instruct the traveling individual to, in addition to other standard pre-travel instructions related to COVID-19:

- 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 period they are otherwise required to wear a high-quality mask or respirator after ending [isolation](#), consistent with Task Force guidance;
- 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 (such as an N95) 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, consistent with Task Force guidance; and

- Follow other aspects of [post-isolation](#) protocols.

If after official travel has been approved, the individual's COVID-19 symptoms recur or worsen, then pursuant to E.O. 13991 and consistent with CDC guidance on isolation, the individual must not undertake further official travel, including under any previously approved travel authorization, and to again not enter a DHS facility or interact with members of the public as part of their official DHS responsibilities, restarting at day 0 of isolation protocols.

Meetings, Events, and Conferences

All in-person attendees at any meetings, conferences, or events hosted by DHS must comply with relevant COVID-19 safety protocols, including as it relates to any mask-wearing when COVID-19 Community Levels are HIGH, pursuant to E.O. 13991 and consistent with CDC guidance.

DHS Facilities

Ventilation. In addition, the General Services Administration (GSA) is working with tenant facilities directly to adjust ventilation systems to the maximum extent feasible, regardless of COVID-19 Community Levels. For example, introducing more outside air and increasing, i.e., Minimum Efficiency Reporting Value (MERV) system filters to the extent possible. In addition, facility managers have access to portable air cleaners when needed to augment building ventilation systems.

Physical Distancing. To be consistent with Task Force guidance, when COVID-19 Community Levels are MEDIUM or HIGH, DHS posts signage at entrances and throughout facilities encouraging individuals, regardless of vaccination status, to consider avoiding crowding and physically distancing themselves from others in indoor common areas, meeting rooms, and high-risk settings in Federal workplaces.

CDC guidelines for specific settings. CDC's guidance will be followed for high-quality mask wearing in specific settings, including healthcare, transportation, correctional and detention facilities, as applicable.

Signage. Facility Security Committees (FSC) and Designated Officials (DO) are required to work with GSA, facility managers, lessors, and tenant building managers to assure that all facilities occupied or operated by DHS have the proper signage (in agreement with DHS and CDC policies) in place for employees, onsite contractor employees, and visitors regarding mask-wearing and any other requirements. Information about these requirements at specific facilities will also be publicly available on the agency's website(s) and regularly communicated to employees and onsite contractor employees.