

MODULE 11. BOP EMPLOYEE MANAGEMENT

WHAT'S NEW

VERSION 2.0

- “COVID-19 Enhanced Screening Form” title changed to “COVID-19 Screening Tool for Staff/Contractors/Visitors”
- Reference to Appendix “COVID-19 Tips for Official Travel Using Commercial Vendors” added

VERSION 3.0

- [SECTION C. GUIDANCE FOR STAFF WITH POTENTIAL EXPOSURE TO COVID-19](#): the following statements added:
 - *The BOP relies on the local Health Department or the individual’s healthcare provider to delineate the method used to release COVID-19 positive staff back to work in accordance with CDC guidance.*
 - *A negative COVID-19 test is not required for staff to return to work. Follow guidance below for return to work requirements.*
- Added [Section C. 3 and C.4 Asymptomatic Staff with a Positive COVID-19 Test](#)
- Updates to [SECTION D. ALGORITHM FOR SYMPTOMATIC BOP STAFF](#) to clarify procedures for positive COVID-19 test and no hospitalization.

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A. DEFINITIONS

- **BOP INSTITUTION STAFF:** BOP employees who work within the correctional setting.

- **BOP NON-INSTITUTION STAFF:** BOP employees who work outside the correctional setting, i.e., Regional Office, Central Office, Grand Prairie, Staff Training Academy, Management and Specialty Training Center.
- **POTENTIAL EXPOSURE:** Having close contact within 6 feet of an individual with confirmed or suspected COVID-19 for greater than 15 minutes while not wearing recommended PPE. The timeframe for potential exposure includes the 48-hour period before the individual became symptomatic.

B. ENHANCED EMPLOYEE SCREENING FOR GAINING ENTRY

- ➔ *COVID-19 could gain entrance to a facility through infected employees. Staff should be educated to stay home if they have fever and/or respiratory symptoms. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home. Institutions should work with executive staff and human resources to develop a local contingency plan for reduced staffing.*

All employees must be screened upon arrival with a temperature check, as well as questions about respiratory and other COVID-related symptoms and whether they have had contact with a known COVID-19 case.

- ➔ *A **COVID-19 ENHANCED SCREENING TOOL FOR STAFF/CONTRACTORS/VISITORS** is available in the Appendices. This form can be laminated so that the screening staff can read the questions to the employees being screened and accept their responses verbally.*
- ➔ *Given the public health emergency, **staff who REFUSE the enhanced health screening will be denied entry and charged leave—and may be subject to disciplinary action.***
- Employee screenings do not require written documentation unless the person responds “YES” to any question or has a temperature, as described below.
- The temperature check should ideally be taken with a no-touch, infra-red thermometer. If an employee registers a temperature of greater than or equal to 100 degrees (Fahrenheit), they will be denied entry to the facility and put on sick leave. They should be advised to consult with their healthcare provider. (See the [Algorithm for Symptomatic BOP Staff](#).)
- If the temperature is out of range, (<93.7°F or >108.1°F or screen reads “HI” or “LOW”) the employee should be asked to stand aside for 10 minutes and then the temperature should be remeasured.
- Temperature and symptom screening can be performed by non-health care personnel trained to measure temperature.
 - Training videos for non-healthcare providers to check temperatures can be found on the BOP Sallyport COVID-19 Guidance page.
 - Upon completion of the Temperature Video(s), staff should complete the Opinion Survey also found on the BOP Sallyport COVID-19 guidance page so that the training can be added to the training record.
- Information regarding screening of volunteers and contract staff can be found in **MODULE 10**.

C. GUIDANCE FOR STAFF WITH POTENTIAL EXPOSURE TO COVID-19

- The Infection Control person in charge will determine whether the employee has had **POTENTIAL EXPOSURE** (see [definition](#) above) to a COVID-19 case and requires further assessment.

- Any staff (civil service or PHS) who are subject to or received movement restrictions at the direction of public health authorities should provide this information to their supervisor and institution Human Resources and not return to work until instructed to do so.
- Any questions regarding leave flexibilities should be forwarded to the Staffing and Employee Relations Section (SERS) for further guidance.
- The BOP relies on the local Health Department or the individual's healthcare provider to delineate the method used to release COVID-19 positive staff back to work in accordance with CDC guidance.
- A negative COVID-19 test is not required for staff to return to work. Follow guidance below for return to work requirements.

1. ASYMPTOMATIC INSTITUTION STAFF REPORTING POTENTIAL EXPOSURE TO COVID-19

BOP employees are considered to be part of the critical infrastructure of the institution. To ensure continuity of operations of essential functions, the CDC advises that **CRITICAL INFRASTRUCTURE WORKERS** are permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic.

- The exposed employee should report to work and go through the enhanced screening at the institution.
- The employee should monitor their health status with continual awareness of development of COVID-19 symptoms and twice daily temperature self-checks.

➔ *If the employee becomes symptomatic, see the [Algorithm for Symptomatic BOP Staff below](#).*

2. ASYMPTOMATIC NON-INSTITUTION STAFF REPORTING POTENTIAL EXPOSURE TO A COVID-19

- Staff who currently have an approved telework agreement (regular or situational) are expected to continue telework at their home.
- The employee should monitor their health status with continual awareness of development of COVID-19 symptoms and twice daily temperature self-checks.

➔ *If the employee becomes symptomatic, see the [Algorithm for Symptomatic BOP Staff below](#).*

3. ASYMPTOMATIC INSTITUTION STAFF WITH POSITIVE COVID-19 TEST

- Asymptomatic staff who test positive for COVID-19 may return to work after 10 days have passed since positive COVID-19 test.

➔ *If the employee becomes symptomatic, see the [Algorithm for Symptomatic BOP Staff below](#).*

4. ASYMPTOMATIC NON-INSTITUTION STAFF WITH POSITIVE COVID-19 TEST

- Staff who currently have an approved telework agreement (regular or situational) are expected to continue telework at their home.
- The employee should monitor their health status with continual awareness of development of COVID-19 symptoms and twice daily temperature self-checks.

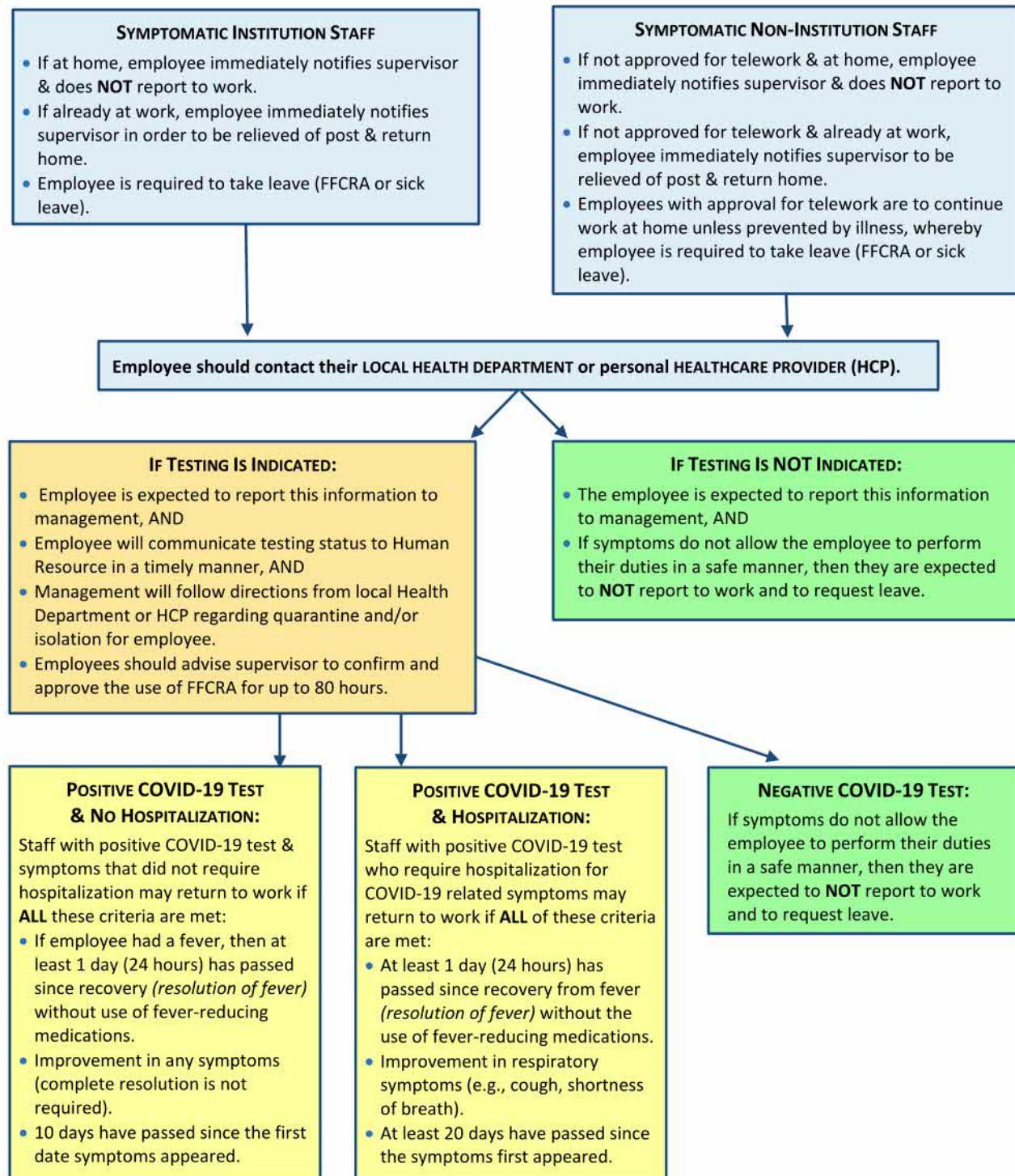
➔ *If the employee becomes symptomatic, see the [Algorithm for Symptomatic BOP Staff below](#).*

5. SYMPTOMATIC STAFF

Due to the widespread prevalence of COVID-19-infected persons, staff with symptoms suggestive of COVID-19 infection may not be aware if a potential exposure has occurred. The [Algorithm for Symptomatic BOP Staff](#) on the following page shows the steps that should be taken if a BOP employee has symptoms suggestive of COVID-19.

- The BOP relies on the local Health Department or the individual's healthcare provider to release COVID-19 positive staff from isolation *in accordance with* [CDC guidance](#).
- If the provider has cleared a staff member to return to work and the staff member refuses, the individual should be charged AWOL. The individual can also be issued an 8-point letter after consultation with the Occupational Safety and Health Branch.

D. ALGORITHM FOR SYMPTOMATIC BOP STAFF



E. GUIDANCE FOR STAFF TESTING

Refer to **MODULE 3 SCREENING & TESTING** for information regarding types of COVID-19 tests available.

All institutions are advised to identify methods for staff to be voluntarily tested for COVID-19.

Suggested mechanisms for this testing include developing a collaboration with a state or local Department of Health (DOH) or identifying local testing sites that allow for first responders/law enforcement to participate in testing.

→ *Staff may locate community testing sites through the following link:*

<https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>.

- **Several locales have established additional procedures to allow first responders to be tested for COVID-19.** Institutions are encouraged to become familiar with the procedures and locations of these resources to augment, or in lieu of, testing with DOHs. Some of these locations may require a memo or letter from the individual's employer verifying their status as someone working in a Critical Infrastructure Industry. Please use the *Critical Infrastructure Memo to Local DOH for Employee Testing* memo template located in the Appendices to satisfy this requirement, as needed.
- **Once testing options are identified, staff should be made aware of their options in a direct and prominent fashion.**
- Per **PS6701.01**, all employees are required to report their diagnosis to their employer (e.g. submission of lab report or screen shot indicating diagnosis)
- **In the event the local DOH is not able to assist with staff testing**, a staff testing contract was awarded to Quest Diagnostics, and the BOP Incident Command System is working on the logistical details at this time. Guidance will soon be disseminated to all institutions on how they can request and complete onsite testing if local community testing is not available.
- **If you have questions related to staff testing**, please route them through the regional Emergency Operations Center.

F. TDY AND OFFICIAL TRAVEL

- Guidance for **COVID-19 TIPS FOR OFFICIAL TRAVEL USING COMMERCIAL VENDORS** is available in the Appendices
- **Regardless of duty location, upon returning from travel, staff should self-monitor their health status twice per day** through temperature checks and evaluation for symptoms such as coughing, shortness of breath, chills, muscle pain, or new loss of taste and smell.
- Also, regardless of duty location, staff shall notify their supervisor immediately if they believe they had prolonged contact with any COVID-19 positive individual in the workplace while they were not properly supplied and/or protected with PPE.

1. FOR EMPLOYEES RETURNING TO AN INSTITUTION FROM TDY AND OFFICIAL TRAVEL

(Where screening is performed to gain entrance)

- **If ASYMPTOMATIC and had been assigned to one of the following duty locations:** a Quarantine Unit, Medical Isolation Unit, Hospital Duty, or Inmate Transport, they shall be placed on Weather & Safety Leave for 14 calendar days, unless otherwise determined by the CEO of their home institution because of critical staffing needs.

- If **ASYMPTOMATIC and had not been assigned to a post described above**, staff are to report to work, wear a cloth face covering and proceed through the enhanced screening at the institution per CDC guidance on critical infrastructure workers found here: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf>
- If an employee in any scenario becomes **SYMPTOMATIC at any time during the 14 days post-TDY**:
 - They should not report to work.
 - They should give notice to their Supervisor.
 - They should alert the Local Health Department or their personal Healthcare provider.
 - ➔ See the [Algorithm for Symptomatic BOP Staff](#) above.

2. FOR EMPLOYEES RETURNING TO A NON-INSTITUTION SETTING FROM TDY AND OFFICIAL TRAVEL

(Where screening IS NOT performed to gain entrance such as Regional Office, Central Office, Grand Prairie, Staff Training Academy, or Management and Specialty Training Center)

- If **telework ready and ASYMPTOMATIC**, staff should telework.
- If **not telework ready and ASYMPTOMATIC and had not been assigned to a post described above**, staff should return to work and wear a cloth face covering while at work in addition to any required enhanced screening.
- If **not telework ready and asymptomatic and had been assigned to such a post described above**, they should be placed on Weather & Safety Leave for 14 calendar days unless otherwise determined by the CEO of their home institution because of critical staffing needs.
- If an employee becomes **symptomatic at any time**:
 - They should not report to work.
 - They should give notice to their supervisor.
 - They should alert the Local Health Department or their personal Healthcare provider.
 - ➔ See the [Algorithm for Symptomatic BOP Staff](#) above.

G. TEMPORARY JOB MODIFICATIONS (TJM)

Staff who have indicated high-risk medical issue(s) should be given the **COVID-19 Medical Condition Self Reporting Tool** (in the Appendices) to submit to the OSH mailbox: BOP_HSD/Employee Health for processing. The subject line of the email should be "High risk staff declaration form- [Last name, First name]." The employee should continue to report to work or use personal leave until the employee is notified that a determination has been made.

H. GUIDANCE FOR LEAVE ASSIGNMENTS

WEATHER & SAFETY LEAVE

- Weather and Safety Leave is to be used for TDY leave until the staff member becomes symptomatic. It is not appropriate to use Weather and Safety Leave for staff who have tested positive for COVID-19.
- Staff are entitled to Weather & Safety Leave if they are placed in quarantine status by the Agency
- The granting official for Weather and Safety leave is the local Warden.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)/EMERGENCY PAID SICK LEAVE (EPSL) LEAVE

- Staff are entitled to the FFCRA/EPSL Leave if they are isolated (tested positive for COVID-19) or quarantined by a health care professional or federal, state or local government notice.
- The maximum leave granted through FFCRA/EPSL is 80 hours. OPM has not allowed for any additional hours at this time.

CONTINUATION OF PAY (COP)/OFFICE OF WORKERS' COMPENSATION PROGRAM (OWCP) LEAVE

- Once a staff member files for OWCP, they can no longer use EPSL leave and must use COP. COP leave is for a maximum of 45 days when medically indicated.
- If OWCP is denied, a time and attendance correction can be made to use the FFCRA/EPSL leave if documentation for isolation/quarantine was received to include a letter of recommendation from a medical provider.

I. RECOMMENDATIONS FOR FAMILY OR OTHERS IN THE EMPLOYEE'S HOUSEHOLD

Employees in isolation or quarantine should be directed to the CDC guidelines on practicing social distancing and good hand-hygiene for the 14-day period. See also the CDC recommendations for coping with daily life at: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/index.html>

J. RIDESHARE/VANPOOL GUIDANCE

- **Practice every-day protective measures:**
 - Wear a cloth face covering over nose and mouth.
 - Use proper hand hygiene. Wash your hands regularly with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer containing at least 60% alcohol.
 - Avoid touching your eyes, nose, or mouth.
- **Avoid Ridesharing and Vanpools when possible.**
- **When using vanpools, implement the following measures:**
 - Wear a cloth face covering over nose and mouth at all times during the ride.
 - Maximize physical distancing among passengers when possible.
 - Windows should be cracked open at least one inch.
 - The air conditioning unit should be set on **FRESH AIR**, and **NOT** on recirculated air.
 - To the extent possible, avoid contact with surfaces frequently touched by others such as door frame/handles, windows, seat belt buckles, steering wheel, gearshift, signaling levers, and other vehicle parts before they are cleaned and disinfected. These surfaces should be cleaned and disinfected after each use. Avoid touching your face until you have washed or sanitized your own hands.

K. RESOURCES FOR STAFF

As a result of the Coronavirus, staff have most likely been rebalancing personal, family, school, work, and community demands to protect themselves and loved ones. Staff may have concerns about becoming infected, passing on an infection, being isolated at home, spouses and family members losing jobs, and having children out of school. Times of great change, such as these, can cause fear, worry, moodiness, sleeplessness, and agitation. These are normal reactions to a new and constantly changing situation. Resources to help support efforts at healthy coping may be located on the Sallyport COVID-19 Guidance page and through the CDC.

1. STAFF SUPPORT LINE

During the current COVID-19 pandemic, the lives of all persons around the globe and, in particular, BOP staff, are being touched directly and indirectly by this deadly disease. Some staff have been infected with COVID-19 already. Many know someone who is, or has been infected. With a pandemic of this magnitude, it is possible that staff will lose loved ones, or even that the Bureau may suffer the loss of staff members to the virus. The stress evoked by COVID-19 weighs on us all.

We recognize that most staff have COVID-related concerns. Some concerns may be related to the workplace. Other concerns may be connected to their family or home life. These concerns can cause stress, worry, or other difficult emotions. As law enforcement professionals, Bureau staff are accustomed to working under stressful conditions. However, the COVID-19 pandemic presents challenges that may, at times, appear overwhelming to many staff members.

To offer a helpful outlet for staff members to openly discuss their concerns, the agency activated a **24-HOUR STAFF SUPPORT LINE** - contact information available on Sallyport. You will not be asked to identify

yourself, but you may if you wish. The person you speak to will be a Bureau staff member, with institution experience. You will be given an opportunity to share your concerns, receive support, and engage in problem solving. We believe that talking about your concerns, rather than silently carrying them inside, is a better way to cope with the stress of the COVID-19 pandemic.

The Bureau recognizes its responsibility to the workforce that fulfills its custody mission day after day, no matter how challenging. **WE ENCOURAGE YOU TO USE THE 24-HOUR STAFF SUPPORT LINE.** This is one way we take care of our own.

2. FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) was signed into law by President Trump and creates a new benefit for workers to receive paid sick leave **between April 1 and December 31, 2020.**

- Under FFCRA, employees are eligible for an additional two weeks (up to 80 hours) of paid sick leave in response to the economic impacts of the ongoing coronavirus pandemic.
- Leave will be paid at the **EMPLOYEE'S REGULAR RATE OF PAY** where the employee is unable to work because the employee:
 - Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; or
 - Has been advised by a health care provider to self-quarantine related to COVID-19; or
 - Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.
- Leave will be paid at **2/3 THE EMPLOYEE'S REGULAR RATE OF PAY** where the employee is unable to work because the employee:
 - Is caring for an individual subject to a Federal, State or local quarantine or isolation order or is caring for an individual that has been advised by a health care provider to self-quarantine as described above; or
 - Is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or
 - Is experiencing any other substantially-similar condition specified by the Secretary of the U.S. Department of Health and Human Services.

As a reminder, supervisors have the authority to approve advanced sick leave for a maximum of 240 hours (30 days) to full-time employees in accordance with DOJ Order 1630.1B, Leave Administration, and P.S. 3630.02, Leave and Benefits. For additional information, The Federal Employee Rights FFCRA poster may be accessed here:

https://www.dol.gov/sites/dolgov/files/WHD/posters/FFCRA_Poster_WH1422_Non-Federal.pdf