

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.

VERSION 4.0

- Updates to [SECTION E. STAFF TESTING](#) to include additional information regarding BOP National Contract for staff testing
- References added to Staff Positive Case Form (located in Appendices)

VERSION 5.0

- Addition of [SECTION I. PERSONAL TRAVEL](#)
- Removal of references to Families First Coronavirus Response Act (FFCRA) – expired December 31, 2020

VERSION 6.0

- Updates to [Indications and Priorities for Staff Testing](#) to include weekly testing of not fully vaccinated staff in areas of substantial community transmission.
- Updates made throughout the document regarding procedures for fully vaccinated staff.

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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.

FULLY VACCINATED: Having completed a vaccination series: 2 weeks after their second dose in a 2-dose series (Pfizer or Moderna), or 2 weeks after a single-dose vaccine (Janssen) as authorized by the U.S. Food and Drug Administration of the United States. Proper documentation, including the name of the vaccine and dose administration dates from an official / reliable source, is required for a person to be considered fully vaccinated.

NOT FULLY VACCINATED: No documentation of vaccination, partial vaccination (one out of two doses), or less than 14 days following completion of the vaccine series as authorized by the U.S. Food and Drug Administration.

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 within a 24-hour period. 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 any COVID-19 associated symptoms to include but not limited to 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.*

When the Matrix indicates, 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 when indicated based on the Matrix, 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.
 - Per [PS6701.01](#), all employees are required to report a COVID-19 positive test to their institution human resources department. Reporting should include completion of the [STAFF POSITIVE CASE FORM](#) located in the Appendices in addition to the lab report or screen shot indicating diagnosis.
 - 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.
- ➔ [If the employee becomes symptomatic in any of the below scenarios, see the Algorithm for Symptomatic BOP Staff below.](#)

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.
- The employee should monitor their health status with continual awareness of development of COVID-19 symptoms twice daily to include monitoring their temperature.

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

- Staff who currently have an approved telework agreement (regular or situational) and have not completed COVID-19 vaccine series are expected to continue telework at their home for the required quarantine time period.

- Staff who currently have an approved telework agreement (regular or situational) and have completed COVID-19 vaccine series are expected to report to work without the need for quarantine at their regular schedule.
- The employee should monitor their health status with continual awareness of development of COVID-19 symptoms twice daily to include monitoring their temperature.

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 first positive COVID-19 test.

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 regardless of their vaccine status.
- The employee should monitor their health status with continual awareness of development of COVID-19 symptoms twice daily to include monitoring their temperature.

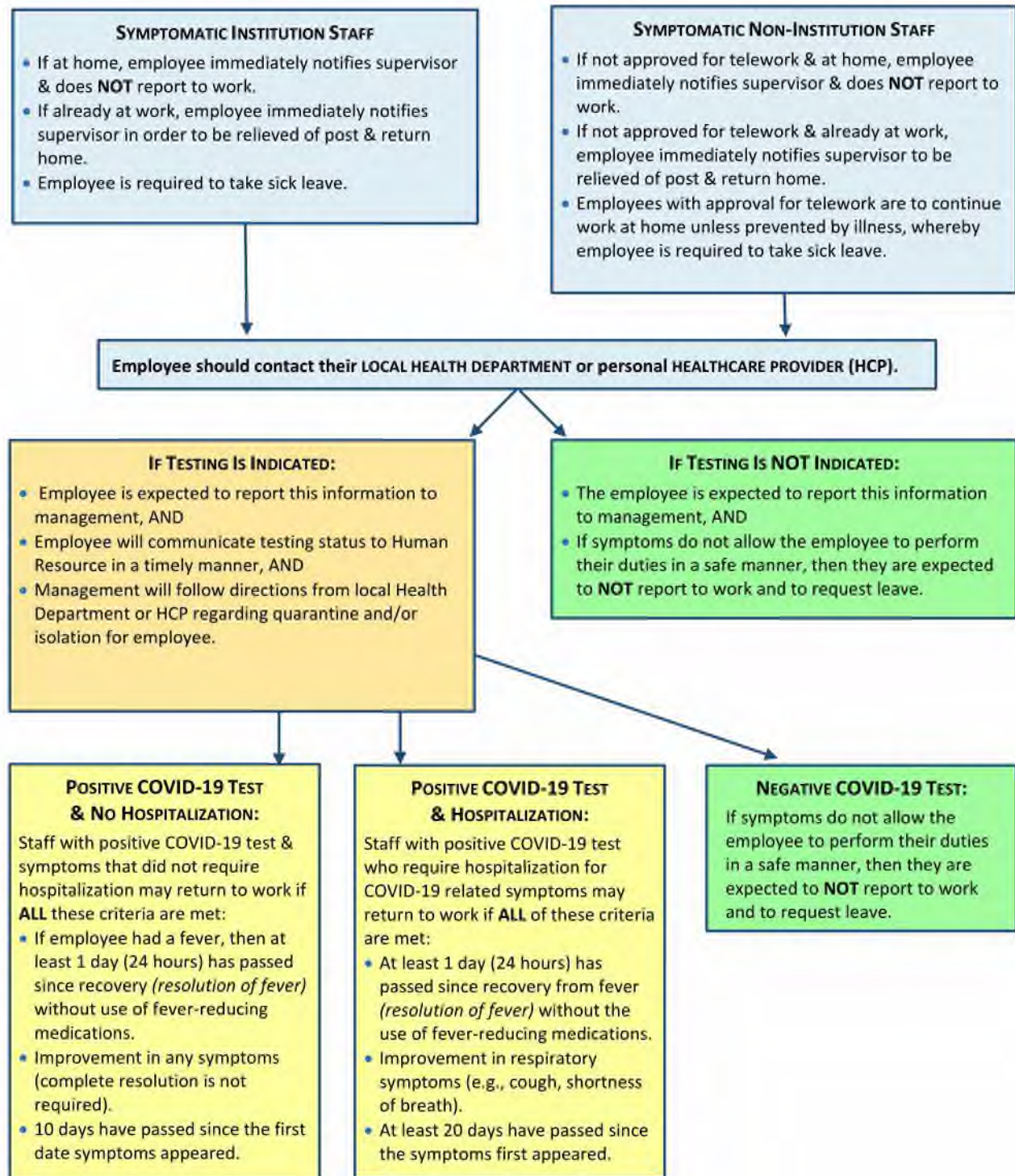
5. SYMPTOMATIC STAFF

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.

(Algorithm begins on next page)

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.

TESTING MODALITIES

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

- Institutions are strongly encouraged to establish relationships with the local health department for testing. Utilization of a staff specific BOP national contract for COVID-19 testing is a secondary option.
 - ➔ *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 or BOP national contract. 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.
- **Institutions should publish/post the available testing locations staff can utilize to obtain COVID-19 testing.**
- Per **PS6701.01**, all employees are required to report a COVID-19 positive test to their institution human resources department. Reporting should include completion of the **STAFF POSITIVE CASE FORM** located in the Appendices in addition to the lab report or screen shot indicating diagnosis.
- **Questions related to staff testing**, should be routed the Health Services Branch email box (BOP-HSD-HealthServicesBranch@bop.gov).

1. INDICATIONS AND PRIORITIES FOR TESTING

In addition to the current CDC guidance on testing, specific indications for testing staff in the BOP are listed below in **THREE MAIN CATEGORIES**. If there are limitations in the number of tests that can be performed at a given location, prioritization of testing indications may be needed and should be done in consultation with the Central Office Occupational Safety & Health Branch and Infectious Disease Prevention & Control Staff.

- All staff, regardless of vaccination status, with symptoms consistent suggestive of COVID-19 should be referred to their private physician or health department for evaluation/testing.
 - Institution-wide testing of staff may be considered by the Warden, in consultation with the local health department, where one or more staff cases of COVID-19 have been identified, where there is substantial transmission confirmed beyond the initial (index) case, or if the individual has moved about the institution.

- Asymptomatic staff with known or suspected contact with a COVID-19 case regardless of vaccine status.
 - ➔ As a reminder, the primary testing modality used in this category should be that of the local health department when possible.
 - When a case of COVID-19 is identified at an institution, a contact tracing of both staff and inmates should be performed expeditiously.
 - All staff identified as close contacts of the initial case will be referred to local Department of Health or contract testing provider (if activated at the local institution).
 - Testing is ideally performed 3-5 days after identified exposure date.
 - **Asymptomatic staff will continue to report to work** (regardless of vaccination status) while monitoring for COVID-19 associated symptoms twice daily to include their temperature while awaiting testing results and complying with all local requirement regarding use of face covering at all times.
- Asymptomatic staff who are not fully vaccinated where community transmission of COVID-19 has been noted to be substantial. See Table 1 below for recommendations based on community indicators.

TABLE 1. INDICATIONS FOR ROUTINE STAFF TESTING

| | Community Transmission Indicators* | | |
|---|------------------------------------|------------------------------|------------------------------|
| | <50 | 50-99 | ≥ 100 |
| Fully Vaccinated | • No testing | • No testing | • No testing |
| Non-Vaccinated/ Partially Vaccinated | • No testing | • Weekly testing recommended | • Weekly testing recommended |
| *Community Transmission Indicator is defined as cumulative number of new cases per 100,000 in the last 7 days | | | |

2. SCREENING AND DIAGNOSTIC TESTS

Multiple types of tests are currently utilized to screen for and diagnose COVID-19 disease. Screening tests are not considered diagnostic by themselves and should be followed up appropriately with additional testing and/or clinical evaluation, with few exceptions.

Refer to **MODULE 3 SCREENING & TESTING** for additional details on COVID-19 tests. Note that COVID-19 testing procedures may differ for the inmate population.

SCREENING TESTS FOR COVID-19

- Antigen tests, such as BinaxNOW COVID-19 Tests (Abbott) or other similar tests, are considered screening tests.
- Antigen screening tests by themselves, including any COVID-19 home tests, without additional medical evaluation or diagnostic testing are not sufficient for confirmation of diagnosis.
- For **SYMPTOMATIC PERSONS** or **PERSONS CONFIRMED AS CLOSE CONTACTS TO A COVID-19 POSITIVE INDIVIDUAL**, a positive antigen test performed at a medical clinic/facility or COVID-19 testing center may be sufficient for diagnosis without a follow-up confirmatory test.
- For **ASYMPTOMATIC PERSONS WITHOUT KNOWN EXPOSURE**, positive antigen tests should be followed by confirmatory PCR testing.

- Public health measures, including directing sick employees to remain at home, should be implemented if a screening test for COVID-19 is positive regardless of symptoms, or if a screening test for COVID-19 is negative in an individual with symptoms consistent with COVID-19 while waiting for a confirmatory diagnostic test.

DIAGNOSTIC TESTS FOR COVID-19

- Nucleic acid amplification tests (NAAT) are considered diagnostic tests for COVID-19. This includes tests labeled as reverse transcriptase-polymerase chain reaction (RT-PCR or PCR) tests, such as the Abbott ID NOW tests.
- Employees requiring diagnostic PCR testing should attempt to obtain testing through their own primary care provider, public health department clinic, or authorized COVID-19 testing center.
- In communities with community shortages in diagnostic testing, institutions may consider utilizing the Quest Diagnostic contract as a secondary testing option for employees.

3. STAFF TESTING NATIONAL CONTRACT

The BOP has awarded a national contract with Quest Diagnostics to provide COVID-19 molecular diagnostic (PCR). For institutions that utilize/activate the national contract, Quest Diagnostics will provide an initial shipment of self-collection kits to each BOP facility which will be replenished based on availability.

Wardens at each facility will assign an **ADMINISTRATOR** and **BACKUP ADMINISTRATOR** for this contract.

ADMINISTRATOR responsibilities will include:

- Provide contact information to Quest Diagnostics in order to set-up a username and password for administrator online access.
- Receive initial training by Quest.
- Provide self-collection kits to BOP staff meeting indications for testing listed above, utilizing Quest Diagnostic's online pre-registration process, and assisting in the shipment of self-collection kits.
- Review registration information for completion.
- Create testing requisitions and provide to staff, along with the self-collection kit, utilizing Quest Diagnostic's online portal.
- Hold all signed consents at each BOP facility in Human Resources Department.
- Arrange FedEx Overnight pick-up of the packages/samples that have been collected on that day.

BOP STAFF meeting indications for testing listed above will:

- Be provided a link to complete registration by locally assigned Administrator.
- Register via Quest Diagnostic's online portal with their demographic information as prompted.
- Sign the required Consents for testing and release of results to the BOP per Employee Health care Policy (**PS6701**).
- Package the sample/paperwork according to provided instructions once the specimen is self-collected and paperwork is complete.
- Provide the completed package to the **ADMINISTRATOR** to arrange for pick-up by FedEx
- Once the sample has been collected, Quest Diagnostics will manage shipment, processing, testing, and resulting of all samples.

4. REPORTING STAFF TEST RESULTS

- For PCR tests completed through the national contract:
 - Staff can access their results through a secure on-line portal provided by Quest Diagnostics.
 - All staff with a positive test result will be notified via phone immediately by a Quest Diagnostics provider. In the event the staff is not available by phone, he/she will be notified via overnight mailing of results.
 - Through a secure electronic method, Quest Diagnostics will provide a nightly aggregate report of staff results to the appropriate BOP representative.
 - Report will be provided in Excel format (csv) with de-identified and/or identified information as per consent signed.
- PCR test results obtained from an appropriate medical clinic/facility or COVID-19 testing center are acceptable for Agency reporting purposes.
- In **SYMPTOMATIC PERSONS** or **PERSONS CONFIRMED AS CLOSE CONTACTS TO A COVID-19 POSITIVE INDIVIDUAL**, a positive antigen test obtained from an appropriate medical clinic/facility or COVID-19 testing center AND medical note documenting symptoms or confirmed COVID-19 exposure are acceptable for Agency reporting purposes.

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

- **If ASYMPTOMATIC, not fully vaccinated, 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, fully vaccinated, and had been assigned to one of the following duty locations:** a Quarantine Unit, Medical Isolation Unit, Hospital Duty, or Inmate Transport, there is no indication for quarantining.
- **If ASYMPTOMATIC and had not been assigned to a post described above, regardless of vaccination status,** staff are to report to work.
- **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

(Such as Regional Office, Central Office, Grand Prairie, Staff Training Academy, or Management and Specialty Training Center)

- If **ASYMPTOMATIC, not fully vaccinated, and had been assigned to one of the following duty locations:** a Quarantine Unit, Medical Isolation Unit, Hospital Duty, or Inmate Transport, **and if telework ready**, they should telework for 14 days followed by assuming their regular in-office schedule.
- If **ASYMPTOMATIC, not fully vaccinated, and had been assigned to such a post described above but not telework ready**, 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 **ASYMPTOMATIC, fully vaccinated, and had been assigned to one of the following duty locations:** a Quarantine Unit, Medical Isolation Unit, Hospital Duty, or Inmate Transport, they should assume their regular in-office schedule.
- If **ASYMPTOMATIC, fully vaccinated, and had been assigned to such a post described above but not telework ready**, staff should return to work.
- 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-S 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.

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

- Once a staff member files for OWCP, they must use COP. COP leave is for a maximum of 45 days when medically indicated.

SICK LEAVE

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.

I. PERSONAL TRAVEL

- **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 associated with COVID-19.
- **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.
- CDC levels of transmission by region can be located here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

1. FOR EMPLOYEES RETURNING TO AN INSTITUTION

- **If ASYMPTOMATIC, regardless of vaccine status, and have traveled from a low transmission region,** staff can report to work, but they should continue to monitor for symptoms associated with COVID-19 for a period of 14 days, wear a cloth face covering per CDC guidance on critical infrastructure workers found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-infrastructure-sectors.html>
- **If ASYMPTOMATIC, not fully vaccinated, and have traveled from a moderate to high transmission region, and the CEO of the home institution does not require staff to report to work** as there is adequate staffing at the institution at the time:
 - Staff can be offered testing for COVID-19 through the BOP, three days or greater after their return.
 - If test results are negative, staff can return 10 days after returning from travel. Leave assigned may be annual, sick, advanced sick or leave without pay (LWOP). Weather and Safety leave *is not* permitted.
 - If test results are positive, follow return to work guidance after a positive COVID-19 test. Leave assigned may be annual, sick, advanced sick or LWOP. Weather and Safety leave *is not* permitted.
 - ➔ See the [Algorithm for Symptomatic BOP Staff](#) above.
 - If staff choose not to participate in COVID-19 testing as offered by BOP, then staff should be placed on leave for 14 days after their return. Leave assigned may be annual leave or LWOP. Weather and Safety leave *is not* permitted.

- If **ASYMPTOMATIC, not fully vaccinated, and have traveled from a moderate to high transmission region, and the CEO of the home institution does require staff to report to work** because of critical staffing needs:
 - Staff are to report to work and continue to monitor for COVID-19 associated symptoms for 14 days post travel per CDC guidance on critical infrastructure workers found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-infrastructure-sectors.html>

2. FOR EMPLOYEES RETURNING TO A NON-INSTITUTION SETTING

(Such as Regional Office, Central Office, Grand Prairie, Staff Training Academy, or Management and Specialty Training Center)

- If not telework ready, **ASYMPTOMATIC, regardless of COVID-19 vaccine status, and have traveled from a low transmission region**, staff can return to work and monitor their symptoms associated with COVID-19 at work and home for 14 days post travel.
- If telework ready, **ASYMPTOMATIC, fully vaccinated, and have traveled from a moderate to high transmission region**:
 - Staff can be offered testing for COVID-19 through the BOP, three days or greater after their return
 - If test results are negative, staff should telework up to 10 days after travel after which time they can return back to the office.
 - If test results are positive, follow return to work guidance after a positive COVID-19 test. Leave assigned may be annual, sick, advanced sick or LWOP. Weather and Safety leave *is not* permitted.
 - ➔ See the [Algorithm for Symptomatic BOP Staff](#) above.
- If not telework ready, **ASYMPTOMATIC, NOT FULLY VACCINATED and has traveled from a moderate to high transmission region as designated by the CDC**:
 - Staff can be offered testing for COVID-19 through the BOP, three days or greater after their return
 - If test results are negative, staff can return 10 days after returning from travel. Leave assigned may be annual, sick, advanced sick or leave without pay (LWOP). Weather and Safety leave *is not* permitted.
 - If test results are positive, follow return to work guidance after a positive COVID-19 test. Leave assigned may be annual, sick, advanced sick or LWOP. Weather and Safety leave *is not* permitted.
 - ➔ See the [Algorithm for Symptomatic BOP Staff](#) above.
 - If staff choose not to participate in COVID-19 testing as offered by BOP, then staff should be placed on leave for 14 days after their return. Leave assigned may be annual leave or LWOP. Weather and Safety leave *is not* permitted.

J. 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>

K. RIDESHARE/VANPOOL GUIDANCE

- **Practice every-day protective measures:**
 - Complete the COVID-19 Vaccine series recognized by FDA
 - 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.

L. RESOURCES FOR STAFF

As a result of COVID-19, 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 maybe 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.