



United States Department of the Interior Implementation Guidance for the COVID-19 Workplace Safety Plan

Version 7.0

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I. Introduction

The Department of the Interior (the Department) is committed to addressing essential public health and work requirements consistent with best public health practices. As required by Executive Order 13991 on [Protecting the Federal Workforce and Requiring Mask-Wearing](#), the principles presented in the Department of the Interior's [COVID-19 Workplace Safety Plan](#) align with the Safer Federal Workforce Task Force (Task Force) [Model Agency COVID-19 Safety Principles](#) (updated September 15, 2022), which are based on the latest guidance from the [Centers for Disease Control and Prevention](#) (CDC) and the [Occupational Safety and Health Administration](#) (OSHA). The purpose of this document is to provide additional Department specific operational and implementation guidance that is not directly outlined in the Department of the Interior's COVID-19 Workplace Safety Plan.

While the Task Force's executive correspondence and webpages are the primary reference documents for the Department of the Interior's [COVID-19 Workplace Safety Plan](#), this implementation guidance is based on additional guidance documents and policy requirements guidance which include:

- Executive [Order 13991: Protecting the Federal Workforce and Requiring Mask-Wearing](#) (January 20, 2021)
- Office of Management and Budget (OMB) Memorandum M-21-15, titled [COVID-19 Safe Federal Workplace: Agency Model Safety Principles](#) (January 24, 2021)
- OMB Memorandum M-21-25 titled [Integrating Planning for a Safe Increased Return of Federal Employees and Contractors to Physical Workplaces with Post-Reentry Personnel Policies and Work Environment](#) (June 10, 2021)
- *Updated* Safer Federal Workforce Task Force [COVID-19 Workplace Safety: Agency Model Principles and corresponding FAQ](#) (Accessed June 06, 2023)
- Executive Order No. 14099, [Executive Order on Moving Beyond COVID-19 Vaccination Requirements for Federal Workers](#) (Accessed May 09, 2023)
- CDC's [Coronavirus Disease \(2019\) COVID-19](#) (Accessed June 06, 2023)

Both the Department's COVID-19 Workplace Safety Plan and this implementation guidance will be reassessed over time, as conditions warrant and as guidance and principles are updated.

II. Purpose

This *document* serves as implementation guidance for the Department of the Interior's Workplace Safety Plan which provides a framework for the Department's implementation of the President's [Executive Order 13991](#), *Protecting the Federal Workforce and Requiring Mask-Wearing*, OMB [Memorandum 21-15](#): *COVID-19 Safe Federal Workplace: Agency Model COVID-19 Safety Principles*, and OMB [Memorandum 21-25](#): *Integrating Planning for A Safe Increased Return of Federal Employees and Contractors to Physical Workplaces with Post-Reentry Personnel Policies and Work Environment*.

A. Background

The overarching goals of the Department's COVID-19 Workplace Safety Plan and this implementation guidance are to:

- A. Prevent and slow the spread of COVID-19 by relying on the best available data and science-based public health measures;
- B. Prioritize the health and safety of the federal workforce, contractor employees, and visitors; and
- C. Sustain the mission of the Department and mitigate impact to the environment, natural resources, economy, and the functioning of society.

III. Scope & Applicability

Bureaus and Offices are expected to adhere to the principles set forth in the COVID-19 Workplace Safety Plan and this implementation guidance *in* all Department Workplaces, including Department-controlled facilities and Department-controlled lands, as defined below, and at any Department-hosted in person event at a location other than a Department Workplace, Department-controlled facility, or Department-controlled land, to the extent authorized by law and in accordance with applicable law. Bureaus and Offices, as appropriate, should develop Bureau, Office, or location-specific plans to implement the principles set forth in this implementation guidance. It is important to note, consistent with Task Force guidance, where a locality has imposed additional requirements related to COVID-19 that are more protective than those set forth in the COVID-19 Workplace Safety Plan and in this implementation guidance, those requirements should be followed in all Department Workplaces in that locality. Pursuant to Executive Order 13991, CDC guidance in specific settings, including healthcare, must be followed, as applicable. All stakeholders, including employees, official visitors, members of the public, contractor employees, and other

partners accessing Department facilities, must follow these COVID-19 safety measures at Department facilities. This does not include private residences in which employees telework or remote work. Some COVID-19 safety protocols may apply to employees outside of the Department's workplaces, such as when employees interact in person with others in the performance of official duties (e.g., when oil rig safety inspectors conduct inspections on oil platforms).

IV. The Department COVID-19 Coordination Team

The Department maintains a robust response and recovery coordination system that has been institutionalized and used for over 15 years to manage and coordinate disaster response and recovery efforts across multiple different disasters and pandemics. The [Department's Pandemic Plan](#) provides functional descriptions of each element of the Departmental Response Coordination. Departmental Response Coordination efforts include convening various Councils and Task Force components when a pandemic threatens or impacts multiple Bureaus and Offices or requires significant Departmental involvement.

The *Department of the Interior's COVID-19 Workplace Safety Plan* uses the standing Departmental Response Coordination Systems outlined in the [900 DM Series](#) and the [Department Baseline Operational Plan](#). For the purposes of the COVID-19 response, the COVID-19 Coordination Team (APPENDIX A—Department of the Interior COVID-19 Coordination Team), as defined by [OMB Memorandum M-21-15](#), is also considered the Secretary's Leadership Team. The COVID-19 Coordination Team is responsible for conducting assessments to establish, implement, and monitor compliance with Department COVID-19 safety protocols, and policies; considering and—following consultation with the Task Force—implementing potential revisions to the Department of the Interior COVID-19 Workplace Safety Plan, protocols, and policies consistent with Safer Federal Workforce Task Force and CDC guidance; ensuring the Department of the Interior COVID-19 Workplace Safety Plan, COVID-19 protocols, and policies are broadly communicated to employees and, as appropriate, onsite contractor employees, official visitors, members of the public, and in person attendees at Department-hosted meetings, events, and conferences; and evaluating any other operational needs related to COVID-19 workplace safety. To ensure consistency across the Department, the COVID-19 Coordination Team ensures Facility Security Leadership, the General Services Administration (GSA), and, when necessary, a lessor's designated representative are engaged and involved with protocols and policies that directly impact their facilities and their employees. The Team also coordinates with the Department's Office of Acquisition and Property Management to ensure safety protocols are applied to onsite contractor employees.

V. Health & Safety Protocols

[Executive Order 13991](#) directs all federal agencies to, as appropriate and consistent with applicable law, require compliance with CDC guidance with respect to wearing masks, maintaining physical distance, and other public health measures in federal buildings and on federal lands. Executive Order 13991 also created the Safer Federal Workforce Task Force to provide guidance to federal agencies to apply CDC COVID-19 health and safety guidance to protect federal workplaces. The COVID-19 health and safety protocols described below follow guidance from the CDC and government-wide guidance provided by the Safer Federal Workforce Task Force. These health and safety protocols represent Department-wide health and safety policy establishing minimum health and safety requirements.

Executive Order 13991 also provides that heads of agencies may make categorical or case-by-case exceptions to these safety protocols to the extent that doing so is necessary or required by law and consistent with applicable law. Bureaus or Offices that seek an exception because doing so is necessary or required by law may submit a [COVID-19 Model Safety Principles Deviation Request](#) to the COVID-19 Coordination Team to seek approval prior to implementing any other or additional measures outside of the requirements in this document. The COVID-19 Coordination Team should consult the Safer Federal Workforce Task Force regarding exceptions. The Department is committed to addressing essential work requirements consistent with public health best practices. The Department's paramount concern is the health and safety of all federal employees, onsite contractors, official visitors, members of the public, and individuals interacting with the federal workforce. The policies presented are based on the latest public health guidance and will be reassessed and modified over time as conditions warrant and as guidance is updated.

A. Definitions

1. Individual

For the purposes of these COVID-19 safety protocols, the term "individual" refers to any person, which may include any employee, contractor employees (contractors), official visitor, or member of the public.

2. Employee

For the purposes of these COVID-19 safety protocols, the term "employee" follows the definition provided at 5 U.S.C. § 2105 and refers to any federal civil service employee who is employed by the Department of the Interior.

3. Contractor or Contractor Employee

For the purposes of these COVID-19 safety protocols, the term “contractor” or “contractor employee” refers to any individual who performs work for the Department pursuant to a contract. This does not include any “employee” as defined under 5 U.S.C. § 2105.

4. Official Visitor

For the purposes of these COVID-19 safety protocols, the term “official visitor” refers to any individual who is not an employee or a Department contractor employee who visits a Department Workplace (Department-controlled facility or Department-controlled land) for business purposes. Department volunteers, partners, concessionaires, interns, Youth Conservation Corps, and any other non-employees, non-contractor groups/individuals who enter the Department for business purposes are considered official visitors, unless otherwise noted. Individuals who visit a Department Workplace to obtain a public service or benefit, such as recreational visitors to a national park or tribal members obtaining a public service or benefit, are not official visitors, but rather members of the public.

Previous versions of the COVID-19 Workplace Safety Plan included protocols distinguishing among official visitors and members of the public with respect to attesting to vaccination status. Following updated CDC guidance, the Department no longer maintains different safety protocols based on vaccination status.

5. Member of the Public Seeking a Public Benefit or Service

For the purposes of these COVID-19 safety protocols, the term “members of the public seeking a public benefit or service” refers to any individual who is not an employee, or a Department contractor employee, or an official visitor who visits a Department Workplace (Department-controlled facility or Department-controlled land) in order to obtain a public service or benefit, such as recreational visitors to a national park or tribal members obtaining a public service or benefit.

Previous versions of the COVID-19 Workplace Safety Plan included protocols distinguishing among official visitors and members of the public with respect to attesting to vaccination status. Following updated CDC guidance, the Department no longer maintains different safety protocols based on vaccination status.

6. Fully Vaccinated

For the purposes of these COVID-19 safety protocols, an individual is considered “fully vaccinated” against COVID-19 after at least two weeks have elapsed from the date the individual has received all requisite primary series doses of a COVID-19 vaccine that has been approved or authorized for emergency use by the U.S. Food and Drug Administration (FDA) or listed for emergency use by the World Health Organization. The number of doses considered necessary to be fully vaccinated is based on the number of primary series doses specified in the approval or authorization documents. For Pfizer-BioNTech, Moderna, or AstraZeneca/Oxford, an individual is fully vaccinated two weeks after that person has received the second dose in the two-dose series. For Johnson and Johnson (J&J)/Janssen, an individual is fully vaccinated two weeks after that person has received a single dose. For the purposes of these safety protocols, clinical trial participants from a U.S. site who are documented to have received the full series of an “active” (not placebo) COVID-19 vaccine candidate, for which vaccine efficacy has been independently confirmed (e.g., by a data and safety monitoring board), are considered fully vaccinated two weeks after they have completed the vaccine series. Currently, the U.S.-based AstraZeneca and Novavax COVID-19 vaccines meet these criteria.

While the CDC previously provided different protocols based upon vaccination status, which was reflected in prior versions of the Department of the Interior COVID-19 Workplace Safety Plan; current CDC Guidance does not advise different protocols based on vaccination status. Therefore, the Department’s current COVID-19 Workplace Safety Plan does not implement different protocols based on vaccination status.

7. Unvaccinated or Not Fully Vaccinated

For the purposes of these COVID-19 safety protocols, an individual is considered “unvaccinated” or “not fully vaccinated” if that individual does not meet the criteria to be considered “fully vaccinated,” as defined above.

While the CDC previously provided different protocols based upon vaccination status, which was reflected in prior versions of the Department of the Interior COVID-19 Workplace Safety Plan; current CDC Guidance does not advise different protocols based on vaccination status. Therefore, the Department’s current COVID-19 Workplace Safety Plan does not implement different protocols based on vaccination status.

8. Up to Date

For the purposes of these COVID-19 safety protocols, an individual is considered “up to date” with regard to COVID-19 vaccines if that person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

While the CDC previously provided different protocols based upon vaccination status, which was reflected in prior versions of the Department of the Interior COVID-19 Workplace Safety Plan; current CDC Guidance does not advise different protocols based on vaccination status. Therefore, the Department’s current COVID-19 Workplace Safety Plan does not implement different protocols based on vaccination status.

9. Not Up to Date

For the purposes of these COVID-19 safety protocols, an individual is considered “not *up to date*” if that individual does not meet the criteria to be considered “*up to date*,” as defined above.

While the CDC previously provided different protocols based upon vaccination status, which was reflected in prior versions of the Department of the Interior COVID-19 Workplace Safety Plan; current CDC Guidance does not advise different protocols based on vaccination status. Therefore, the Department’s current COVID-19 Workplace Safety Plan does not implement different protocols based on vaccination status.

10. COVID-19 Test

For the purposes of this policy, the term “COVID-19 Test” refers to a viral test that has been approved or authorized by the FDA to detect current infection with SARS-CoV-2, the virus that causes COVID-19 disease.

11. COVID-19 Testing

For the purposes of this policy, the term “COVID-19 Testing” refers to the administration of a COVID-19 test or tests, consistent with the instructions prescribed by the FDA in its approval or authorization documents.

12. Screening Testing

For the purposes of this policy, “screening testing” or “COVID-19 screening testing” refers to the use of COVID-19 testing to detect current infection with SARS-CoV-2 among asymptomatic

employees so that appropriate COVID-19 safety protocols may be followed to mitigate the risk of COVID-19 transmission.

13. Asymptomatic

For the purposes of this policy, an employee is considered “asymptomatic” if the employee does not exhibit any [symptoms consistent with a current COVID-19](#) infection or symptoms consistent with other infectious disease (such as fever, sore throat, and coughing).

As defined above, COVID-19 screening testing is only available under this policy for asymptomatic employees because the purpose of COVID-19 screening is to detect asymptomatic COVID-19 infections. (Any individual who exhibits symptoms consistent with current infectious disease, including COVID-19 or other infectious illnesses, MUST NOT physically report to a Department Workplace or interact in person with other individuals in the performance of official duties. and MUST follow applicable COVID-19 safety protocols in the Department of the Interior’s COVID-19 Workplace Safety Plan and this implementation guidance for [isolation](#).) Employees who exhibit symptoms consistent with COVID-19 or other infectious illnesses do not need COVID-19 testing because the presence of symptoms consistent with infectious disease already supply evidence that the employee should not be physically present in the workplace.

14. Department Workplace

For the purposes of these COVID-19 safety protocols, the term "Department Workplace" includes Department-controlled facilities and Department-controlled lands. It does not include private residences in which employees telework or remote work. Please note that some COVID-19 safety protocols, as described further below, may apply to employees outside of Department Workplaces, such as when employees interact in person with others in the performance of official duties (e.g., when oil rig safety inspectors conduct inspections on oil platforms). It also includes all locations (on-site or off-site) where the Department hosts, co-hosts, or sponsors meetings, conferences, or events.

15. Local CDC COVID-19 Hospital Admission Level

For the purposes of these COVID-19 safety protocols, the term “Local CDC COVID-19 Hospital Admission Level” refers to the relevant county-level COVID-19 hospital admission level, as indicated by the [CDC’s COVID-19 Hospital Admission Levels tool](#), an indicator assessing COVID-19 risk levels for every county in the United States based upon local COVID-19 hospitalization capacity (*new COVID-19 hospital admissions per 100,000 population in the last 7 days*).

The COVID-19 hospital admissions per 100,000 metric is calculated at the health service area (HSA) level to account for the unequal distribution of hospitals within regions that can lead to a mismatch between places where people live and places where they receive health care.

An HSA is defined by CDC's National Center for Health Statistics as a geographic area containing at least one county which is self-contained with respect to the population's provision of routine hospital care. Every county in the United States is assigned to an HSA, and each HSA must contain at least one hospital. While "county" has previously been used as a geographic area to display COVID-19 metrics since it is typically the smallest geographic unit for which national data are available, not all counties in the United States have hospitals. As a result, county-level analyses of hospital data can result in inaccurate local population estimates. Use of HSAs in the calculation of COVID-19 Hospital Admission Indicator allows for more accurate characterization of the relationship between health care utilization and health status at the local level.

Admissions data are received at the facility-level and are then aggregated to the HSA-level to calculate the COVID-19 hospital admissions per 100,000 metric. The admissions rate is then applied to each county within the HSA. CDC has set recommendations related to the CDC COVID-19 Hospital Admission 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 CDC COVID-19 Hospital Admission Level for each county in the United States, as determined by CDC. The [CDC COVID-19 Hospital Admission Levels](#) of LOW, MEDIUM, or HIGH referenced in this guidance refer to the CDC's CDC COVID-19 Hospital Admission Levels data.¹

In order to assess the [CDC COVID-19 Hospital Admission Level](#), on at least a weekly basis, for every Department Workplace, Bureaus or Offices are required to review CDC's [CDC COVID-19 Hospital Admission Level](#) for the county in which the workplace is physically located to determine COVID-19 workplace safety protocols for the upcoming week. Bureaus or Offices may delegate this responsibility to facility managers or other personnel as appropriate. Based on the CDC [COVID-19 Hospital Admission Level](#), Bureaus or Offices are expected to implement COVID-19 safety protocols as outlined in the [Mask](#) and [Signage](#) Sections of the Department of the Interior's COVID-19 Workplace Safety Plan and this implementation guidance. For Department Workplaces that fall under more than one [CDC COVID-19 Hospital Admission Level](#) (e.g., public lands that

¹ CDC, *COVID-19 Hospital Admission Levels* available at [COVID-19 by County | CDC](#).

cross county or even state lines), the most restrictive protocols should be applied to all Department Workplaces within the operating unit.

When the [CDC COVID-19 Hospital Admission Level](#) for the county where a given Department Workplace is located increases or decreases, Bureaus or Offices are expected to change their COVID-19 safety protocols to be consistent with Safer Federal Workforce Task Force requirements as soon as operationally feasible. When workers are traveling to other worksites outside of their normal duty station, they are expected to assess [CDC COVID-19 Hospital Admission Level](#) prior to starting their travel and follow applicable COVID-19 safety protocols for the county(s) for which they are traveling. COVID-19 signage should be posted at facility entrances to reflect the [CDC COVID-19 Hospital Admission Level](#) and applicable COVID-19 safety protocols consistent with the [CDC COVID-19 Hospital Admission Level](#).

16. Symptom Screening

For the purposes of these COVID-19 safety protocols, the term “Symptom Screening”, previously called “Health Monitoring” refers to the requirement that all individuals in a Department Workplace must conscientiously monitor their health for symptoms of COVID-19 or other infectious diseases. All individuals must engage in health monitoring before entry into and while in a Department Workplace. A Department Workplace includes Department-controlled facilities and Department-controlled lands, as well as any location in which an employee would interact with other individuals in person in the performance of official duties (outside of remote and telework). Any individual, including an employee, contractor employee, official visitor, or member of the public who exhibits symptoms consistent with COVID-19, or other infectious diseases, must not physically enter or remain present in a Department Workplace. Furthermore, employees who exhibit symptoms consistent with COVID-19, or other infectious diseases, must not interact in person with other individuals as in the performance of official duties and must follow the guidelines in the [Isolation](#) Section of this implementation guidance.

17. Self-Isolation or Isolation

For the purposes of these COVID-19 safety protocols, the term “self-isolation” or “isolation” means voluntarily following CDC isolation guidance for individuals with confirmed COVID-19 (a positive COVID-19 test result) or probable COVID-19 (symptoms consistent with COVID-19). While the Department does not enforce isolation in the public health sense of the term, the Department follows CDC isolation guidance to determine when it is safe for an individual with confirmed or probable COVID-19 to be present in a Department Workplace. A Department

Workplace includes Department-controlled facilities and Department-controlled lands, as well as any location in which an employee would interact with other individuals in person in the performance of official duties (outside of remote and telework). All individuals with probable or confirmed COVID-19 must not physically enter or remain present in a Department Workplace or interact with others in person as part of their official duties until they meet the criteria in the [Isolation](#) Section of this implementation guidance and the Department of the Interior’s COVID-19 Workplace Safety Plan.

18. Workplace Notification

Aside from OSHA reporting requirements as outlined in the [Recordkeeping Requirements](#) Section of this implementation guidance, for the purposes of prior versions of the Department of the Interior COVID-19 Workplace Safety Plan, the term “workplace notification” referred to the process that a manager or supervisor, upon learning of a case of confirmed COVID-19 due to a work related exposure, provide appropriate notifications to the relevant health, safety, and communications experts.

19. Known Exposure

For the purposes of these COVID-19 safety protocols, the term “known exposure” refers to being [exposed to the virus that causes COVID-19](#) or have been told by a healthcare provider or public health authority of an exposure. For more information about understanding exposure risk, refer to [CDC guidance](#).

B. Vaccination Requirements

COVID-19 vaccines available in the United States can be effective at protecting people from getting seriously ill, being hospitalized, and dying. Employees are encouraged to stay up to date with their recommended vaccinations, including recommended boosters, and are encouraged to visit the CDC’s [website](#) for additional information on vaccinations.

1. Employees

On September 9, 2021, the President signed [Executive Order 14043](#), *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees*, which requires each Federal agency to implement, to the extent consistent with applicable law, a program to require COVID-19 vaccination for all of its federal employees, subject to such exceptions as required by law. On May 9, 2023, the President signed Executive Order 14099, [Moving Beyond COVID-19 Vaccination](#)

[Requirements for Federal Workers](#), which revokes Executive Order 14043. Effective May 12, 2023, all prior guidance from the Safer Federal Workforce Task Force implementing the requirements of Executive Order 14043 have also been revoked. Accordingly, the Department does not require its federal employees, as defined under 5 U.S.C. § 2105, to be vaccinated against COVID-19 pursuant to Executive Order 14043.

a. HR Flexibilities

Please review [COVID-19 Human Resource Flexibilities](#) section for information leave and human resource options associated with obtaining a vaccination.

2. Contractor Employees

Executive Order 14042 was signed by the President on September 9, 2021 and published in the Federal Register at FR 86 50985 on September 14, 2021. On May 9, 2023, the President signed an [Executive Order](#) revoking Executive Order 14042, which had required certain parties contracting with the Federal Government to follow certain COVID-19 safety protocols. Effective May 12, 2023, all prior guidance from the Task Force implementing the requirements of Executive Order 14042 has also been revoked. Pursuant to the Executive Order, the Department will not take any steps to require covered contractors and subcontractors to come into compliance with previously issued Task Force guidance implementing Executive Order 14042 and will not enforce any existing contract clauses implementing Executive Order 14042.

B. Vaccination Information

1. Employees

Consistent with Executive Order 13991 and Task Force guidance, the Department of the Interior's COVID-19 workplace safety protocols currently do not vary based on vaccination status or otherwise depend on vaccination information. As a result, the Department does not currently require employees to report and no longer requests or collects information relevant to each employee's COVID-19 vaccination status in the Safety Management Information System (SMIS), the Department's web application for incident reporting and data submission for incident investigations.

Federal laws require the Department to retain the records previously collected in SMIS in compliance with applicable laws governing employee medical information, including the Rehabilitation Act, the Occupational Safety and Health Act, the Privacy Act, the Federal Records

Act, and other applicable laws. The Department has (1) taken steps to promote privacy and IT security; (2) consulted with the Department's Records Officer, Chief Information Officer, and Departmental Privacy Officer to determine the best means to maintain this information to meet the Department's needs; and (3) only disseminates this vaccination information to the appropriate officials who have a need to know to ensure effective implementation of the COVID-19 safety protocols, which, includes the supervisor level.

2. Onsite Contractor Employees, Official Visitors, and Members of the Public

Consistent with Executive Order 13991 and Task Force guidance, the Department of the Interior's COVID-19 workplace safety protocols currently do not vary based on vaccination status or otherwise depend on vaccination information. As a result, the Department, at this time, does not require or request that onsite contractor employees, official visitors, or members of the public be able to provide information about their COVID-19 vaccination status when in a Department Workplace.

If a member of the public is denied access to a Department Workplace or otherwise unable to access a Department Workplace due to Department COVID-19 safety protocols, when necessary, the Department will develop alternative procedures that allow that individual to continue to obtain any Federal Government benefits or services to which they are entitled.

C. Mask-Wearing

1. General Guidance

Where Federal, State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements impose more protective COVID-19 related mask wearing requirements, those requirements should be followed in Department Workplaces.

2. Department mask-wearing protocols based on CDC COVID-19 Hospital Admission Levels

The following requirements must be implemented indoors in Department Workplaces:

- When the [CDC COVID-19 Hospital Admission Level](#) is LOW in the county where a Department Workplace is located, Bureaus and Offices **do not require individuals to wear masks or respirators** indoors in that workplace, regardless of vaccination status. Individuals may choose to wear a mask.
- When the [CDC COVID-19 Hospital Admission Level](#) is MEDIUM in the county where a Department Workplace is located, Bureaus and Offices **do not require individuals to wear**

masks or respirators indoors in that workplace, regardless of vaccination status. Individuals may choose to wear a mask or respirator.

- When the [CDC COVID-19 Hospital Admission Level](#) is HIGH in the county where a Department Workplace is located, pursuant to Executive Order 13991 and consistent with Task Force guidance, agencies, Bureaus and Offices must **require individuals to wear high-quality masks or respirators** when indoors in Department Workplaces and while on-duty in other indoor settings, regardless of vaccination status.

Consistent with CDC [guidance](#) and Task Force requirements, all individuals—including employees, contractor employees, official visitors, and members of the public who are 2 years or older—must wear a high-quality mask or respirator under the following circumstances:

- When indoors in Department Workplaces when the [CDC COVID-19 Hospital Admission Level](#) is HIGH;
- When required by, and in accordance with, protocols for [post-isolation](#) and [post-exposure](#) precautions;
- Where Federal, State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements require individuals to wear masks; and
- When required by other applicable authorities when engaged in official travel.

When the [CDC COVID-19 Hospital Admission Level](#) is HIGH, individuals are not required to wear a high-quality mask or respirator under the following circumstances: When the CDC COVID-19 Hospital Admission Level is HIGH, individuals are not required to wear a high-quality mask or respirator under the following circumstances:

- When alone in an office with floor to ceiling walls and a closed door;
- During brief time periods when eating, drinking, or taking medications so long as physical distance is maintained in accordance with CDC guidelines;
- In shared living areas when sleeping (e.g., berthing areas on maritime vessels);
- Briefly if asked to lower a mask for identification purposes; and
- Outdoors, including outdoor areas of conveyances, if any.

The failure to follow this requirement may result in appropriate corrective action, including appropriate discipline. Where individuals are not required to wear a mask indoors, including where the [CDC COVID-19 Hospital Admission Level](#) is LOW or MEDIUM, nothing in this policy should be interpreted to prohibit an individual from choosing to wear a mask or respirator. When

masks are NOT required, Bureaus and Office shall 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.

Bureaus and Offices should otherwise avoid limiting the types of masks that can be worn by individuals in Department Workplaces.

The Department also strongly encourages all employees to adhere strictly to [CDC guidance](#) for all travel.

3. Definition, Composition, and Use of High-Quality Masks

For the purposes of the Department of the Interior’s COVID-19 Workplace Safety Plan and this implementation guidance, the term “high-quality mask” means a surgical mask, procedure mask, masks that meet a standard (e.g., ASTM), or an international standard (e.g., KN95 and KF94). Cloth masks and similar face covers (e.g., gaiters) are not considered to be high-quality masks.

Use of a high-quality mask is required when the [CDC COVID-19 Hospital Admission Level](#) is HIGH as outlined in this section and whenever a mask is required after completing [isolation](#) and as part of [post-exposure](#) precautions.

When a high-quality mask is required, Bureaus or Offices must make high-quality masks available to employees. Bureaus and Offices may also make high-quality masks available to onsite contractor employees and visitors, such as at building entrances.

When a mask is required, regardless of the type of mask worn by the employee, compliance with this section requires that masks be (1) high-quality; (2) “well-fitting”; and (3) made with materials consistent with CDC [guidance](#). A mask is “well-fitting” if it covers the nose, mouth, and chin with no large gaps around the sides of the face. CDC [guidance](#) provides information on selecting a mask that provides the best fit, comfort, and protection for the wearer. The Department will not allow non-protective masks, cloth-face masks, any masks with ventilation valves, gaiters, or face shields as a substitute for a high-quality, well-fitting mask.

When a mask is not required, including when the [CDC COVID-19 Hospital Admission Level](#) is LOW or MEDIUM, employees may continue to wear other types of masks. Use of masks should follow [CDC guidance](#). Bureaus and Offices should otherwise avoid limiting the types of masks that can be worn by individuals in Department Workplaces.

a. Respirators

Respirators also meet the standard to be considered a “high-quality mask.” For the purposes of the Department of the Interior’s COVID-19 Workplace Safety Plan and this implementation guidance, respirators are defined as NIOSH-approved [filtering facepiece respirators](#) (e.g., N95 and P100 respirators). Bureaus and Offices may make respirators available to employees in addition to high-quality masks. Employees who choose to wear a respirator on a voluntary basis satisfy COVID-19 safety protocols relevant to the use of high-quality masks. Employees may also choose to voluntarily wear a self-provided respirator. **In all cases, the use of respirators MUST comply with requirements outlined within OSHA’s Respiratory Protection Standard, 29 C.F.R. § 1910.134.** Specifically, an employee may choose to wear filtering facepiece respirator voluntarily in Department Workplaces as long as:

- The employee is not required by their Office or Bureau to wear respiratory protection because of their work tasks (i.e., the employee is enrolled in a [Respiratory Protection Program](#) and must follow procedures outlined in their written respiratory protection program);
- The respirator does not interfere with or present additional safety hazards to the employee (i.e., visibility while driving, arduous work, etc.); and
- The employee MUST follow all applicable Bureau or Office policy and training requirements which MUST include the requirement to review [Appendix D](#) of 1910.134, Respiratory Protection prior to wearing a filtering face piece respirator in any Department Workplace.

The Department offers a course on Voluntary Use of Respirators by Employees During the COVID-19 Pandemic in [DOI Talent](#).

Any time that an employee is required by a Bureau or Office to wear a respirator, including to comply with the mask requirements outlined in this plan, then the employee becomes subject to the full requirements of a Respiratory Protection Program. These requirements include, but are not limited to, medical determination (i.e., medical clearance), fit testing, and training. Managers should consult with their servicing safety office before implementing a mandatory use requirement.

4. [Requests for Exceptions to Masking Requirement](#)

Some work situations are not conducive to wearing a high-quality, well-fitting mask. Requests for [exceptions to the COVID-19 mask requirement](#), either categorical or on a case-by-case basis, may be submitted to the COVID-19 Coordination Team. The requestor, along with the Bureau or Office

Safety and Health Manager, in consultation with other officials as required, will develop a list of safeguards based on CDC guidance to mitigate COVID-19 exposures when well-fitting masks cannot be worn. Once the request and the safeguards have been drafted, they will be presented to the COVID-19 Coordination Team for review and approval and will be documented in writing. If the Department makes such exceptions, appropriate alternative safeguards will be required, such as additional physical distancing measures, or reconfiguration of workspace. Exceptions previously approved by the COVID-19 Coordination Team remain in effect, in accordance with the parameters established by the COVID-19 Coordination Team, until otherwise instructed by the COVID-19 Coordination Team.

5. Enforcement

Enforcing mask-wearing requirements for official visitors and members of the public

The Department of the Interior enforcement strategy will rely on appropriate regulatory actions, implementation, and enforcement by Department law enforcement as appropriate, and the incorporation of clear and consistent signage as appropriate. Law enforcement officers should promote education and adherence to mask wearing requirements although when circumstances dictate that investigation, apprehension, or prosecution may be appropriate, an officer should do so professionally and effectively.

Although violations of mask-wearing requirements could result in legal penalties, law enforcement personnel should remain mindful that sound judgment and discretion are cornerstones in carrying out their law enforcement duties. Striving to maintain the sensitivity called for in achieving the overall goal of professional resource and visitor protection consistent with the Department mission remains paramount. Discretion in enforcement decisions requires a critically thoughtful appraisal of the circumstances so the best possible result is attained. The outcomes of enforcement decisions should build public trust, meet mission goals, and uphold individual liberties and constitutional rights. De-escalation of any situation is the desired outcome.

Department personnel who do not have law enforcement authority generally should not attempt to enforce applicable mask requirements for official visitors or members of the public.

D. Physical Distancing and Avoiding Crowding

Individuals are generally not required to physically distance within Department Workplaces except under the circumstances provided in the COVID-19 Workplace Safety Plan and this implementation

guidance, consistent with CDC guidance regarding specific settings in which physical distancing is appropriate. Nothing in this policy should be interpreted to prohibit an individual from choosing to maintain physical distance from others.

When the [CDC COVID-19 Hospital Admission Levels](#) are MEDIUM or HIGH, Bureaus and Offices must post signage encouraging individuals, regardless of vaccination status, to consider avoiding crowding and physically distancing themselves from others in indoor common areas, and meeting rooms in Department Workplaces.

E. COVID-19 Employee Testing

3. Authorized Testing

Bureaus and Offices are authorized to provide COVID-19 testing to employees in accordance with 5 C.F.R. § 339.302, at no cost to employees under two circumstances: (1) COVID-19 testing following any known exposure on or after day 6; and (2) COVID-19 testing when required in the performance of official business or for official travel. Bureaus and Offices are not authorized to implement any other COVID-19 employee testing program at this time, including serial screening testing in high-risk settings.

Bureaus and Offices that seek to implement COVID-19 testing programs beyond the two circumstances authorized here must first communicate that desire with the COVID-19 Coordination Team to coordinate with the Safer Federal Workforce Task Force before implementing any COVID-19 testing program that is not authorized here.

4. Approved COVID-19 Tests

As part of the Department's Employee Testing, Bureaus and Offices are authorized to provide employees a test that has been approved or authorized by the FDA to detect current infection, such as an antigen (e.g., rapid) or nucleic acid amplification test (e.g., PCR). Antibody tests (serological tests) will not be accepted.

To verify the date and result of a test, all tests offered must be able to generate a report with 1) identity of the individual tested; 2) the date on which the test sample was taken; 3) the test result to the tested employee. Tests offered by a Bureau or Office may not be both self-read and self-administered by the employee unless observed by a licensed physician or a licensed health practitioner.

5. Testing Sources

Supervisors are expected to work with employees who need testing to identify a source for testing. Supervisors must follow their Bureau or Office guidance for obtaining tests for employees, which may include checking with their contracting office to determine whether there is an existing contract prior to approving any purchase of tests or testing services. All contracts and other purchases must comply with Departmental policy regarding acceptable tests and testing procedures.

It is recommended that all COVID-19 testing be established and administered via government contract or agreement to ensure compliance with state and federal regulations associated with medical testing and other applicable laws. Testing may be conducted in-house (e.g., point-of-care tests used at a place of employment) if the Bureau or Office has a federally licensed medical provider to administer and interpret test results in a patient care setting that ensures proper storage and handling of the tests, and a facility that operates under a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver or Certificate of Compliance/Certificate of Accreditation.

6. Handling COVID-19 Test Results

Bureaus or Offices must comply with all applicable laws, rules, regulations, and policies, including their Bureau or Office's records management policies related to employee medical information when handling COVID-19 test results. 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. Bureaus or Offices should consult the Department's Senior Agency Officials for Privacy on matters related to the collection and handling of personally identifiable information and the Department will identify a point of contact for all questions relating to personal medical information.

7. Protocols Following Positive Test Result Administered by the Department

Employees who test positive for COVID-19 must immediately notify their supervisors or appropriate Department-designated supervisory points of contact. Any employee who tests positive for COVID-19 must not physically report to the workplace and must follow applicable guidance, consistent with CDC, as outlined in the Department of the Interior's Workplace Safety

Plan and this implementation guidance to determine when the employee may safely return to the workplace.

The failure to follow this requirement may result in appropriate corrective action, including appropriate discipline. All employees with suspected COVID-19 (symptoms consistent with COVID-19 or other infectious disease) or confirmed COVID-19 (a positive COVID-19 test result) must follow the applicable post-isolation precautions consistent with Task Force and CDC guidance as outlined in the [Isolation](#) section in the Department of the Interior's COVID-19 Workplace Safety Plan and this implementation guidance. The failure to follow this rule may result in appropriate corrective action, including appropriate discipline.

8. Time and Attendance following a positive test result

Employees who test positive for COVID-19 may find information relevant to time and attendance options in the [Leave due to Isolation](#) guidance in the [COVID-19 Human Resources Flexibilities Section](#) of this implementation guidance and the Department's COVID-19 Workplace Safety Plan.

9. Testing Costs and Reimbursement

For the approved circumstances listed in this policy, Bureaus and Offices will pay for the cost of approved testing for employees, when necessary, as outlined above. As defined above, government provided COVID-19 testing is only available under this policy for asymptomatic employees because the purpose of COVID-19 screening is to detect asymptomatic COVID-19 infections. Employees who exhibit symptoms consistent with COVID-19 or other infectious illnesses do not need COVID-19 testing because the presence of symptoms consistent with infectious disease already supply evidence that the employee should not be physically present in the workplace.

Any additional costs, including fees associated with processing, shipping, handling, etc. must be pre-approved to support reimbursement. Documentation of approved testing and additional costs associated with testing will be retained by supervisors and made available upon request by Bureau or Office Finance Offices.

Claims for reimbursement of COVID-19 testing expenses should be made on an OF-1164 Miscellaneous Expense Claim form.

The cost of testing related to official travel that is not available through a federal dispensary or not covered (or reimbursable) through travel insurance can be claimed in a travel voucher as a

Miscellaneous Expense. When approving the travel voucher, testing information will only be provided to the appropriate officials who have a need to know to ensure effective implementation of the COVID-19 safety protocols, which, includes the supervisor level. Such information will not be stored in an employee’s official personnel folder.

Follow your Bureau or Office guidance for obtaining, documenting, and paying for tests for employees.

10. Consequences of Refusing Offered COVID-19 Testing

Employees may decline testing offered by Bureaus and Offices under this program. Employees will not be disciplined for declining COVID-19 testing offered voluntarily pursuant to 5 C.F.R. § 339.302. However, employees may face adverse consequences if they fail to perform official duties due to the failure to supply requisite proof of a negative COVID-19 test result that is required by another entity.

When the testing requirement is imposed by another entity, such as another federal agency, employees may choose to decline COVID-19 testing offered by Bureaus or Offices (which Bureaus and Offices provide at no expense to employees). Since the requirement to supply proof of a negative COVID-19 test is imposed by another entity, employees who decline COVID-19 testing offered by Bureaus and Offices may be responsible for obtaining COVID-19 testing in compliance with the requirements imposed by the other entity, in order to perform official duties. Employees who fail to perform official duties may be subject to appropriate corrective action, including discipline, for the failure to perform official duties.

11. Testing in High-Risk Settings

Bureaus and Offices may consider establishing serial and point in time screening testing in “high-risk settings” as outlined by the Safer Federal Workforce Task Force.² If a Bureau or Office that has a setting that meets the Safer Federal Workforce Task Force’s High-Risk Setting criteria and is interested in establishing a serial or point-in-time screening testing program, they must develop a detailed plan outlining the testing program and must consult with the Department’s COVID-19

² For the purposes of Safer Federal Workforce 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.

Coordination Team, who will consult with Department counsel and the Task Force on the proposal.

To be consistent with Task Force guidance, Bureaus and Offices may not implement COVID-19 serial or point-in-time screening testing in other Federal facilities, or for other settings, roles, and functions within Department facilities, beyond those identified by the Bureau or Office for high-risk settings absent an approved exception from the Secretary or her designee, following consultation with the agency COVID-19 Coordination Team, and the Task Force.

As a reminder, when serial or point-in-time screening testing is implemented, Bureaus or Offices may not differentiate among individuals on the basis of their vaccination status. Agencies also must not put in place or implement any requirements that any individuals, solely because of their vaccination status, need to be able to provide proof of a negative COVID-19 test to access a Department Workplace or to attend a Department-hosted meeting, event, or conference regardless of the [CDC COVID-19 Hospital Admission Levels](#).

F. Symptom Screening, Isolation, Known Exposure, & Recordkeeping

1. Resources

CDC's updated [Isolation and Exposure Calculator](#) can assist employees with assessing risk and determining appropriate actions to prevent and mitigate the spread of COVID-19 in the workplace.

2. Symptom Screening

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 may not enter a Department 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 may not enter a Department Workplace and should get tested if they have not already done so.

All individuals, including federal employees, contractors, official visitors, or members of the public, entering a Department Workplace are expected to complete daily [symptom screening](#) prior to entry using the information on [CDC's Symptoms of COVID-19](#), or [CDC's Isolation and Exposure Calculator](#). Symptom screening can be self-conducted and does not need to be verified

by Bureau or Office personnel. Official visitors and members of the public will be asked to refer to the signage and complete a symptom screening before entering a Department Workplace. 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 physically present in a Department Workplace or while interacting with others while on-duty must immediately wear a high-quality mask, promptly leave the workplace, and should be encouraged to get tested.

Individuals who develop symptoms consistent with COVID-19, or other infectious diseases, must follow the [Isolation](#) Section of this implementation guidance and the COVID-19 Workplace Safety Plan to determine when it is safe to physically enter a Department Workplace.

Employees who have medical conditions that present with symptoms consistent with COVID-19 (e.g., seasonal allergies) or who have a physical or mental impairment that substantially limits one or more major life activities who require an adjustment in order to perform the essential functions of their positions while observing these health and safety protocols should contact their supervisor to explore appropriate solutions. Supervisors and managers should contact their servicing HR official for advice and support on any related reporting or human resources requirements.

3. Known Exposure

Employees who have known [exposure with a person currently infected with COVID-19](#) must follow these post-exposure precautions as soon as possible after notification of exposure from day 0–day 10.

a. Post-exposure precautions

Employees who have a known [exposure with a person currently infected with COVID-19](#) must:

- 1) Monitor themselves for [symptoms consistent with COVID-19](#);
- 2) Wear a high-quality well-fitting mask or respirator compliant with the [Mask Wearing](#) Section of this document in indoor Department Workplaces or when interacting indoors with others in person as part of their official responsibilities. Masking must be observed through day 10 following the last known exposure, where day 0 is the date of the known exposure; and

- 3) Take [extra precautions](#) such as avoiding crowding and physically distancing from others while onsite at a Department Workplace or interacting with members of the public in person as part of their official responsibilities.

Please see the [Testing](#) Section of this document for testing protocols following a known exposure.

4. Isolation

As outlined in the [Symptom Screening](#) Section of this implementation guidance and the Department of the Interior COVID-19 Workplace Safety Plan, any individual with probable or confirmed COVID-19, regardless of their vaccination status, must not enter a Department Workplace or interact with members of the public in person as part of their official Department responsibilities, consistent with CDC guidance on [isolation](#) and the workplace safety protocols herein, and monitor their symptoms. This includes people who have an initial positive diagnostic [viral test](#) for COVID-19, regardless of whether or not they have symptoms, and people with symptoms of COVID-19, including people who are awaiting test results or have not been tested.

Individuals who tested positive for COVID-19 and never developed symptoms may return to working onsite at a Department Workplace or interacting with members of the public as part of their official Department responsibilities on or after day 6 of their positive COVID-19 test (day 0 being the day the individual was tested).

Individuals who tested positive for COVID-19 and had symptoms may return to working onsite at a Department Workplace or interacting with members of the public as part of their official Department responsibilities on or after day 6 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.

Individuals with moderate illness (if they experienced shortness of breath or had difficulty breathing), or severe illness (they were hospitalized) due to COVID-19, or who have a weakened immune system, should refrain from entering a Department Workplace or interacting with others as part of their official responsibilities until after day 10. Employees who are severely ill with COVID-19 (including those who were hospitalized) and employees with compromised immune systems should consult with their healthcare provider regarding when they should physically return to a Department Workplace or interact with others as part of their official duties.

If an individual is allowed to return to a Department Workplace or interact in person with others as part of their official Department responsibilities after having tested positive for COVID-19 and isolated, then pursuant to Executive Order 13991 and consistent with CDC guidance, Bureaus and Offices must instruct the individual to follow the post-isolation precautions below.

b. Post-isolation precautions

Once an individual has returned to working onsite at a Department Workplace or interacting with members of the public as part of their official responsibilities after having tested positive for COVID-19 and isolated consistent with [CDC guidance on isolation](#), the individual must continue to take precautions consistent with CDC guidance for at least 10 full days after their first day of symptoms, or after the date of a positive viral test for asymptomatic individual, including:

- 1) Wearing a high-quality mask or respirator compliant with the [mask-wearing requirements](#) under the [Mask](#) Section of this implementation guidance and the Department of the Interior's COVID-19 Workplace Safety Plan when around others indoors through day 10;
- 2) Taking extra precautions such as 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 through day 10; and
- 3) Following the travel restrictions and requirements in the [Travel](#) Section of this implementation guidance and the Department of the Interior COVID-19 Workplace Safety Plan.

If an employee cannot comply with these requirements (i.e., cannot wear a high-quality mask or respirator) they must refrain from physically entering a Department Workplace, interacting with others as part of their official duties, and traveling until after day 10.

If at any time, an asymptomatic employee develops symptoms consistent with COVID-19 or if a symptomatic employee's COVID-19 symptoms recur or worsen, pursuant to Executive Order 13991 and consistent with CDC guidance on isolation, the employee must refrain from entering a Department Workplace or interacting with members of the public as part of their official responsibilities, and may not undertake further travel, and must restart their isolation period over at day 0.

CDC's setting-specific guidance may provide additional recommendations for settings such as the schools, health care settings, and correctional facilities. Where there is a conflict with more general guidance, Bureaus or Offices must follow the setting-specific guidance. CDC generally

recommends a ten-day isolation period for certain congregate settings (including correctional or detention facilities) that have a high risk of secondary transmission.

5. Recordkeeping Requirements

Under [OSHA's recordkeeping requirements](#), if an employee tests positive for COVID-19, and each of the following conditions are met, the case must be reported in SMIS to be recorded on the OSHA Illness and Injury Log: (1) the case is a confirmed case of COVID-19 (as defined by CDC); (2) the case is work-related (as defined by [29 C.F.R. § 1904.5](#)); and (3) the case involves one or more relevant recording criteria (set forth in [29 C.F.R. § 1904.7](#)) (e.g., medical treatment beyond first aid, days away from work or restricted duty).

6. Claim for Work Related Injury

Workers covered by the Federal Employees' Compensation Act who suffer an injury proximately caused by exposure to COVID-19 in connection with employment may be eligible to receive workers' compensation benefits, including disability benefits, medical services, and survivor benefits. For information on workers' compensation testing, medical documentation requirements, and filing deadlines, please refer to [FECA Bulletin No. 23-02 Processing Claims for COVID-19 Diagnosed after January 27, 2023](#).

For questions pertaining to the Workers' Compensation Program benefits, contact the Workers' Compensation Specialist assigned to the specific Bureau or Office.

G. Travel

1. General

Pursuant to Executive Order 13991, OMB [Memorandum M-21-15](#), and as outlined in Task Force [FAQs](#), all individuals traveling on official Department business should adhere strictly to the Department's COVID-19 safety protocols (e.g., masking physical distancing, and testing) outlined in the Department of the Interior's COVID-19 Workplace Safety Plan and this implementation guidance before, during, and after official travel (i.e., travel conducted under an official travel authorization) when required. All travelers should take health and safety precautions and monitor for symptoms and are encouraged to refer to CDC's guidelines for both domestic and international travel.

There are no Government-wide limits on official travel (i.e., travel conducted under an official travel authorization), regardless of an individual's vaccination status. Bureaus or Offices should

develop travel policies and provide guidance as necessary to carry out their missions. Employees must be made aware of all travel restrictions outlined below if they test positive for COVID-19, develop symptoms consistent with COVID-19, or have a known exposure with persons infected with COVID-19 while on official travel. Managers and supervisors considering approving official travel should be aware that return travel may be delayed to observe COVID-19 safety protocols.

If there is a need to accommodate any extension in travel, the emergency travel regulations at 41 C.F.R. 301-30 can be used by a travel preparer and Bureau and Office leadership to provide lodging and Meals and Incidental Expenses (MI&E) during the additional travel days to accommodate any extensions in travel due to COVID-19 symptoms or a diagnosis as outlined in CDC guidance (generally up to 14 days).

Employees should follow all testing requirements as outlined in the [Testing](#) Section of this implementation guidance and the Department of the Interior's COVID-19 Workplace Safety Plan and each individual Bureau or Office's COVID-19 testing protocols. Where a foreign jurisdiction requires COVID-19 testing as a condition of entry, DOI will pay for the cost of testing.

Additionally, when applicable, all employees should follow the travel policy of any agency sponsoring their official travel.

2. [Travel Requirements Following Known Exposure Before or During Official Government Travel](#)

The following requirements should be applied for all employees before or during official government travel following a recent known exposure. Employees regardless of their vaccination status, may undertake official travel at any time so long as they follow the pre-travel instructions related to COVID-19 below:

- 1) They remain without COVID-19 symptoms before traveling;
- 2) Official travel is consistent with the Bureau or Office's travel policy;
- 3) They wear a high-quality well-fitting mask or respirator compliant with the requirements in the [Mask](#) Section of this implementation guidance and the Department of the Interior's COVID-19 Workplace Safety Plan the entire time they are on-duty at all times in indoors and on public transportation (e.g., trains, airplanes, vessels, busses) for the full duration of their travel and MAY NOT remove their mask when present around others from day 0–day 10; and
- 4) Follow the post-exposure precautions in the [Known Exposure](#) Section of this implementation guidance and the Department of the Interior's COVID-19 Workplace Safety Plan. Follow the

post-exposure precautions in the [Known Exposure](#) Section of this implementation guidance and the Department of the Interior's COVID-19 Workplace Safety Plan.

To protect health and safety in the Department Workplaces, Bureaus and Offices may offer COVID-19 testing, consistent with the requirements described in the [Testing](#) Section of this implementation guidance and the Department of the Interior's COVID-19 Workplace Safety Plan and applicable laws, rules, and regulations, to employees who remain asymptomatic after the fifth (5th) full calendar day following known exposure with someone infected with COVID-19. The test must be offered on or after day 6, and Bureaus and Offices do not need to require that employees wait for the results of this test to undertake official travel, including return travel.

If either the test result is positive, or the employee develops symptoms consistent with COVID-19 the employee must immediately follow safety protocols for [isolation](#), as described above. Official travel is no longer permitted until they meet the return to work/travel criteria outlined in the next Section.

If an employee cannot follow these criteria, (i.e., cannot wear a high-quality mask or respirator when required) they may not engage in any form of official government travel until after day 10.

3. [Travel Requirements Following COVID-19 Diagnosis or Positive Test Result Before or During Official Government Travel](#)

Official travel is not permitted at any time for employees who have COVID-19 symptoms and are waiting for an initial diagnostic viral test result, and Bureaus and Offices must not approve official travel for individuals who have tested positive for COVID-19 until on or after day 6 following their first day of symptoms, or after the date of the initial positive diagnostic viral test for asymptomatic individuals.

From day 6 day 10 , if an individual who tested positive for COVID-19 meets the requirements to end [isolation](#) and has returned to working onsite at a Department Workplace or has returned to interacting with members of the public as part of their official responsibilities, then Bureaus and Offices may approve travel only if the employee:

- 1) Wears a high-quality mask or respirator the entire time they are on-duty and around others indoors for the full duration of their travel that falls within the period they are otherwise required to wear a high-quality mask or respirator after ending isolation, consistent with Task Force guidance;

- 2) Does 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
- 3) Follows the [post-isolation precautions](#) in the [Isolation](#) Section of this implementation guidance and the Department of the Interior COVID-19 Workplace Safety Plan.

If an employee cannot follow any of these criteria, they may not engage in any official government travel until after day 10.

If after official travel has been approved, an employee develops symptoms or if an employee's COVID-19 symptoms recur or worsen, then pursuant to Executive Order 13991 and consistent with CDC guidance on isolation, the employee may not undertake any further official travel, including under any previously approved travel authorization, and may not enter a Department Workplace or interact with members of the public as part of their official responsibilities, restarting at day 0 of isolation protocols.

4. [Travel in Single Occupancy Vehicle Following Isolation](#)

If an employee is on official government travel and may not travel on a common carrier due to an asymptomatic COVID-19 infection, the employee may be allowed to drive a single occupancy vehicle in order to return to a location where the employee may safely isolate. Bureaus and Offices may allow and reimburse such travel as long as the employee receives second-level supervisor approval and amends their travel authorization to identify the new method of transportation, and as long as the travel for return to the permanent duty station does not exceed 350 miles using the most direct route or require more than 8 hours of travel time over the course of a single day. During return travel, an employee must observe reasonable precautions to protect the health and safety of others, such as avoiding entering indoor facilities to the greatest extent reasonably possible and avoiding close contact with other individuals, to the greatest extent reasonably possible, indoors or outdoors at any time before or during the duration of their entire return trip.

5. [Local Travel](#)

Employees, regardless of their vaccination status, who are undertaking local travel on official business (i.e., local travel on official business beyond their commute to and from a designated

worksite and that is not conducted under an official travel authorization) and who are notified of having had known exposure to someone infected with COVID-19, may proceed with official business that requires local, same-day travel on indoor public-transportation conveyances. Employees must also follow the [Post-Exposure Precautions](#) Section of this document.

H. COVID-19 Human Resource Flexibilities

1. Employee Leave for Obtaining a COVID-19 Vaccination

Administrative leave (pay code 060) should be granted for employees to obtain an FDA-approved or FDA-authorized COVID-19 vaccine dose (including boosters) during work hours. Employees whose COVID-19 vaccination appointment(s) fall within their regularly scheduled tour of duty should obtain advance approval from their supervisor before using administrative leave for purposes of obtaining a COVID-19 vaccine dose (generally, not to exceed four hours per dose). The administrative leave will cover 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 should be granted. Under extenuating circumstances (e.g., employees who reside in remote locations and need to travel long distances to their appointments), employees may be granted additional administrative leave in the amount necessary to obtain the vaccination, but no more than eight hours per dose. The use of administrative leave to obtain each dose of an FDA-approved or FDA-authorized COVID-19 vaccine is subject to supervisory discretion and operational needs. Employees may not be credited with administrative leave or overtime work for time spent obtaining a vaccination outside their duty hours.

2. Leave Due to Side Effects following Vaccination

In the event an employee experiences side effects after obtaining an FDA-approved or FDA-authorized COVID-19 vaccine dose and is unable to work (including telework), the employee may request up to two full days of administrative leave (pay code 060), subject to supervisory discretion and operational needs. Employees needing additional recovery time may request sick leave (pay code 030) or other appropriate leave.

3. Leave to Accompany a Family Member for a Vaccination

Generally, up to four hours of administrative leave (pay code 060) per dose of an FDA-approved or FDA-authorized COVID-19 vaccine must be granted to an employee to accompany a family member to become vaccinated where the family member's appointment(s) falls within the

employee's regularly scheduled duty hours, subject to supervisory discretion and operational needs. For this purpose, a "family member" is an individual who meets the definition under [5 C.F.R. § 630.201](#).

4. Leave Due to Isolation

Employees who become ill with COVID-19 or other infectious disease must not physically report to or remain in Department Workplaces as outlined in the [Isolation](#) Section of this implementation guidance and the Department of the Interior COVID-19 Workplace Safety Plan. This includes mandatory isolation orders while on travel status after having tested positive for COVID-19.

When an employee is not allowed to physically report to the workplace or engage in person with others in the performance of official duties due to confirmed or probable COVID-19, managers and supervisors should work with the employee to determine, with assistance from the servicing HR office as necessary, how to appropriately manage work or code the employee's time. Generally, a telework-ready employee should telework. If an employee is symptomatic or has tested positive for COVID-19 or other infectious disease, a supervisor must grant the employee's request for sick leave, in accordance with applicable laws, regulations, and Departmental policies. Employees may request to use other available forms of leave (such as annual leave, credit hours, leave without pay, etc.), which managers and supervisors may approve if appropriate under applicable laws, rules, and regulations. When approving requests by employees to take leave, Bureaus and Offices should advise employees that making a false statement about illness or a close-contact exposure could result in disciplinary action, up to and including removal from federal service. HR servicing offices may request additional information when necessary to confirm that the employee has been diagnosed with or is experiencing symptoms consistent with COVID-19. In requesting this information, agencies must comply with any applicable federal laws, including requirements under the Rehabilitation Act of 1973 and the Privacy Act.

5. Telework & Remote Work

Bureaus or Offices should manage workplace flexibilities such as telework, remote work, alternative work schedules, and leave consistent with Departmental policy, ensuring that the use of these flexibilities does not diminish organizational performance.

I. Facilities and Safety

1. Entry into Department of the Interior Facilities and Workplaces

In accordance with [Executive Order. 13991](#), [OMB Memorandum M-21-15](#), and the Department of the Interior's COVID-19 Workplace Safety Plan and this implementation guidance, the responsible manager of each Department Workplace must ensure all individuals physically present in Department Workplaces are aware of the requirements for entry and required COVID-19 safety protocols upon entry.

2. Signage

Designated Officials (DO) or the GSA Building Manager is responsible for posting signage at the entrances to inform all personnel to follow COVID-19 safety protocols based on the [CDC COVID-19 Hospital Admission Levels](#). Posted signs will reflect the mask wearing requirements based on CDC's [CDC COVID-19 Hospital Admission Level](#) for the county in which the Department Workplace is located. This includes posting physical signage providing notice of the requirement for all individuals to wear a high-quality mask or respirator indoors in the Department Workplaces when the [CDC COVID-19 Hospital Admission](#) Level is HIGH and posting physical signage that mask wearing is optional when the [CDC COVID-19 Hospital Admission Level](#) is LOW or MEDIUM.

In addition, when [CDC COVID-19 Hospital Admission](#) Levels are MEDIUM or HIGH, Department Workplaces will post signage encouraging individuals, regardless of vaccination status, to consider avoiding crowding and physically distance themselves from others in indoor common areas, meeting rooms, and high-risk settings in Federal facilities.

Signage will vary by Department Workplace as needed given local requirements and conditions. Information about these requirements at specific facilities also will be publicly available on the Bureau's and Office's website(s) and will be regularly communicated to employees, onsite contractor employees, official visitors, and members of the public.

The Department is required to take steps to implement the policy established by [Executive Order 13991](#), and these steps include orders by the occupant agency or the relevant Facility Security Committee (FSC), or, for GSA-controlled facilities, GSA imposing requirements consistent with the Executive Order 13991. For GSA controlled facilities, GSA will also post COVID-19 signs about mask-wearing requirements in entries and common areas of federally owned GSA-controlled facilities and privately leased facilities if GSA leases the entire building. If GSA has delegated operations and maintenance to an occupant agency, the Department is responsible for signage.

For non-GSA controlled facilities, if the agency with jurisdiction, custody, or control over a facility has not already issued a policy making the wearing of high-quality, well-fitting masks consistent with CDC guidance a condition of entry to the facility and throughout common areas and shared workspaces, the occupying Bureau or Office must implement the requirements of Executive Order 13991 and distribute notice of the mask requirement through written signage posted conspicuously at each public entrance on the property, and through other communications of internal policies and guidance directed to its employees and contractors. The FSC should meet to discuss operational considerations (including conspicuous posting of notices at entrances to facilities), enforcement protocols, and any other issues associated with implementation of Executive Order 13991 requirements that require cross-agency collaboration at the local level.

The Office of Facilities and Administrative Services (OFAS) COVID-19 signage is updated on the internal [OFAS website](#).

For Department Workplaces that encompass more than one county, Bureaus and Offices must assess the [CDC COVID-19 Hospital Admission Level](#) for all relevant counties and follow the most protective safety protocols based on the highest [CDC COVID-19 Hospital Admission Level](#) across the entire Department Workplace. When feasible, information about these requirements at specific facilities is also publicly available on the agency's website(s) and regularly communicated to employees and onsite contractor employees.

3. Environmental Cleaning

Standard office cleaning operations should continue on normal schedules. Bureaus and Offices should ensure all employees and contractors who use cleaning chemicals and disinfectants are properly trained on the hazards of the cleaning chemicals used in the workplace in accordance with [OSHA's Hazard Communication standard \(29 C.F.R. § 1910.1200, et seq.\)](#) General guidance for cleaning and disinfecting can be found [CDC's How to Clean and Disinfect your Facility webpage](#). Bureaus and Offices should ensure all employees and contractors who use cleaning chemicals and disinfectants are properly trained on the hazards of the cleaning chemicals used in the workplace in accordance with [OSHA's Hazard Communication standard \(29 C.F.R. § 1910.1200, et seq.\)](#) and that all employees and contractors utilize appropriate personal protective equipment in accordance with OSHA requirements and Department policy.

4. Hygiene

Hand washing or hand sanitizer stations are to be available to staff and visitors at building entrances and throughout workspaces. Hand sanitizer must not be on the [FDA Do-Not-Use List](#)

and have at least 60% alcohol and be manufactured in accordance with FDA requirements. All hand sanitizer ingredients should be listed on a “Drug Facts” label. Personnel will be encouraged to wash their hands with soap and water or use hand sanitizer or alcohol-based hand rubs frequently.

GSA will provide hand sanitizer in the building entrances and common areas of federally owned GSA-controlled facilities. In GSA-controlled lease location, Bureaus and Offices are responsible for procuring and providing hand sanitizer in facility entrances and common areas. Bureaus and Offices are also responsible for procuring and providing hand sanitizer within their occupied spaces, whether leased or federally owned.

5. Meetings, Events, and Conferences

For Department-hosted meetings, events, and conferences, there are no Department-wide restrictions, and Bureaus and Offices do not need to first seek approval of Bureau or Office heads and the Secretary or her designee, regardless of the expected number of in person participants or local [CDC COVID-19 Hospital Admission Levels](#).

Consistent with [Executive Order 13991](#) and Task Force [guidance](#), the Department of the Interior’s COVID-19 workplace safety protocols currently do not vary based on vaccination status or otherwise depend on vaccination information. As a result, the Department at this time, does not require or request that in-person attendees at Department-hosted meetings, events, and conferences be able to provide information about their COVID-19 vaccination status.

6. Occupancy

To be consistent with Task Force [guidance](#), Bureaus or Offices should not establish facility-level occupancy limits solely for the purpose of facilitating physical distancing as a COVID-19 prevention action. When [CDC COVID-19 Hospital Admission Levels](#) are MEDIUM or HIGH, Bureaus and Offices can consider establishing occupancy limits for indoor common areas and meeting rooms in Department facilities, and in high-risk settings within Department facilities, where necessary, including where ventilation and air filtration is challenging to improve despite management efforts to the maximum extent feasible, or crowding cannot otherwise be avoided.

7. Ventilation & Air Filtration

Facility Managers at each indoor Department facility should consult with building engineers and their servicing safety office/manager to assess, make, and maintain improvements to the facility’s

ventilation and air filtration systems using the [CDC Ventilation in Buildings Guidance](#), and the [Environmental Protection Agency's Clean Air in Buildings Challenge](#). This should be used to determine if any ventilation modifications are advisable per [CDC](#) and [OSHA](#) guidelines for facility ventilation systems to minimize the concentration of COVID-19 particles in the air in indoor spaces. A facility may deploy portable high-efficiency particulate air (HEPA) cleaners in indoor common areas and meeting rooms, particularly where ventilation or air filtration is otherwise challenging to improve despite agency efforts to the maximum extent feasible, or where crowding cannot be avoided, and in high-risk settings.

Modifications should be documented in the approved facility-level plan to ensure that CDC and OSHA recommended upgrades are implemented. To the maximum extent feasible, indoor ventilation will be optimized to increase the proportion of outdoor air and improve filtration.

J. Collective Bargaining Obligations

In implementing the Department of the Interior's COVID-19 Workplace Safety Plan and this implementation guidance, Bureaus or Offices will continue to communicate regularly with employee representatives on workplace safety matters. The Department will satisfy all applicable collective bargaining obligations under [5 U.S.C. Chapter 71](#) over the impact and implementation of the Agency Model Agency COVID-19 Safety Principles and CDC guidance and consistent with any applicable collective bargaining agreement(s), as appropriate, and as provided for in Section 2(c) of Executive Order 13991. The Department must act quickly due to the COVID-19 emergency and to protect the health and safety of employees, contractor employees, official visitors, and members of the public. As such, while the Department will communicate with the appropriate union representatives in a timely manner and strive to satisfy any applicable collective bargaining obligations under the law at the earliest opportunity, completion of bargaining may need to occur on a post-implementation basis where appropriate.

APPENDIX A—Department of the Interior’s COVID-19 Coordination Team

- Senior Counselor to the Secretary
- Principal Deputy Assistant Secretary—Policy, Management and Budget
- Office of Occupational Safety and Health
- Office of Human Capital
- Office of Communications
- Office of the Solicitor
- Office of Emergency Management
- Office of the Associate Chief Information Officer (Privacy Officer)

Additional members listed below may be included as needed:

- Assistant Secretary—Fish and Wildlife and Parks
- Assistant Secretary—Indian Affairs
- Assistant Secretary—International and Insular Affairs
- Assistant Secretary—Lands and Minerals Management
- Assistant Secretary—Policy, Management and Budget
- Assistant Secretary—Water and Science
- Deputy Assistant Secretary—Public Safety, Resource Protection and Emergency Services
- Bureau of Indian Affairs
- Bureau of Indian Education
- Bureau of Land Management
- Bureau of Ocean Energy Management
- Bureau of Reclamation
- Bureau of Safety and Environmental Bureau of Trust Fund Administration

- Fish and Wildlife Service
- National Park Service
- Office of Surface Mining Reclamation and Enforcement
- United States Geological Survey
- Region 1 - North Atlantic-Appalachian
- Region 2–South Atlantic-Gulf
- Region 3–Great Lakes
- Region 4–Mississippi Basin
- Region 5–Missouri Basin
- Region 6–Arkansas-Rio Grande-Texas-Gulf
- Region 7–Upper Colorado Basin
- Region 8–Lower Colorado Basin
- Region 9–Columbia-Pacific Northwest
- Region 10–California-Great Basin
- Region 11–Alaska
- Region 12-Pacific Islands