May 2020
Industry Briefing

DHS Opening Up America Again
Implementation Strategy
OMB/OPM Memo M-20-23, “Aligning Federal Agency Operations with the National Guidelines for Opening Up America Again” was issued on April 20, 2020.

Department Guidance

- Understanding and Applying the National Gates and Phases Criteria – May 7, 2020
- Human Capital Policies and Flexibilities During COVID-19 – May 12, 2020
- Health and Safety Guidance – May 14, 2020
- Operationalizing Facilities – May 19, 2020
DHS Stakeholder Framework

1. **FRONTLINE OPERATORS**
   (Never stopped working)

2. **PUBLIC FACING**

3. **MISSION SUPPORT**
   (Never stopped working)
   
   - Internal Customer Facing
   - Office Functions
   - Classified Facilities
Guidance Example — Step 1: Gating and Phasing

A Three-Phased Regional Approach

**GATING CRITERIA**

**BEFORE** regions begin the three-phased comeback, these things need to happen:

**14-Day Downward Trajectory for:**
- Reported flu-like illnesses and
- Reported COVID-like syndromic cases and
- Documented COVID cases or percentage of positive COVID tests

**— ALSO —**

**Hospitals must:**
- Treat all patients without crisis care and
- Have in place a robust testing program for at-risk healthcare workers, including emerging antibody testing

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**INDIVIDUALS**

**PHASE ONE**
- Vulnerable individuals (the elderly, and those with serious underlying conditions or compromised immune systems) **Shelter in place.** Precautions should be taken to isolate from vulnerable residents.
- **All individuals** maximize distance from others, maintain in public. Avoid settings of 10x people.
- Minimize nonessential travel. Adhere to CDC guidelines regarding isolation following travel.

**PHASE TWO**
- Vulnerable individuals **Continue to Shelter in place.** Precautions should continue to be taken to isolate from vulnerable residents.
- **All individuals** maximize distance from others when in public. Avoid settings of 50x people.
- Nonessential travel **CAN resume.**

**PHASE THREE**
- Vulnerable individuals **CAN resume public interactions,** but practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless prophylactic measures are observed.
- **Low-risk populations** should consider minimizing time spent in crowded environments.

**EMPLOYERS**

**CLOSED:** Schools, Organized Youth Activities (daycare, camp), and Bars

**OPEN (with STRICT distancing protocols):** Large venues (e.g., indoor dining, theaters, sporting venues, places of worship). Gyms can open with STRICT distancing & sanitation protocols.

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**OPEN (with MODERATE distancing protocols):** Large venues are open with MODERATE distancing protocols. Gyms can remain open with STRICT distancing & sanitation protocols. Bars may operate with diminished standing-room occupancy, where applicable and appropriate.

**OPEN (with LIMITED distancing protocols):** Large venues are open with LIMITED distancing protocols. Gyms can remain open with STANDARD distancing & sanitation protocols. Bars may operate with increased standing-room occupancy, where applicable.

**RESUME:** Those who interact with residents and patients must continue to be diligent regarding hygiene.

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**RESUME:** Those who interact with residents and patients must continue to be diligent regarding hygiene.
• **Determine requirements to reopen**
  - Consider State/Local guidance
  - Continue to implement nonpharmaceutical interventions:
    - Ensure hygiene supplies available
    - Clean facilities
    - Promote social distancing
  - Implement appropriate facility screening procedures
  - Communicate local operating status to employees, contractors, public
  - Ability to do contact tracing

• **Assess whether to extend current flexibilities (e.g., telework)**

• **Flexibilities for high-risk individuals**
Cloth Face Coverings

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

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

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

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

**HOW TO MAKE THEM**
The CDC offers step-by-step instructions on how to easily make your own face covering. Click here for more information.

**CLOTH FACE COVERINGS SHOULD BE USED IN ADDITION TO EXISTING “SLOW THE SPREAD” GUIDELINES**
Cloth face coverings are NOT a substitute for social distancing. Please continue to stay home as much as possible and continue ALL precautionary measures to slow the spread.

**FACE COVERINGS ARE NOT PPE**
Personal protective equipment (PPE) should be reserved for healthcare workers and other employees whose occupations put them at risk for exposure. Employer-issued or mandated PPE always takes precedence in the workplace. Please refer to your Component’s Job Hazard Analysis (JHA) for more information.
PATH TO PROTECTION: CONSIDERING THE FULL RANGE OF WORKPLACE CONTROLS

Leaders must choose effective ways to control workplace hazards, like COVID-19, to protect and preserve the DHS workforce. The proven method used by safety and health experts to control hazards and reduce risk is to implement solutions following the Hierarchy of Controls. This method is a tool, along with workforce input, that can assist leaders in selecting and implementing hazard control methods in a progression from the broadest, organization-wide protective solutions to individual protective equipment. This can reduce reliance on PPE, especially when there are limited supplies.

1. ELIMINATION
   Physically Remove the Hazard
   - Reconfigure to prevent close contact with potentially infected people
   - Postpone or cancel business-related travel
   - Close or reduce services (e.g., Global Entity Enrollment Offices)

2. SUBSTITUTION
   Replace the Hazard
   - Substitute e-signatures for in-person "wet" signatures
   - Substitute formal interviews with phone calls, Facetime, or meeting software
   - Substitute live training with online training

3. ENGINEERING
   Isolate People from the Hazard
   - Increase disinfection and cleaning
   - Post lower elevator capacities
   - Adjust HVAC for more air changes
   - Use space to maximize distancing
   - Limit entry points and control number of occupants
   - Ensure employees clean desks on arrival and at departure
   - Maintain seats 6-feet apart, or mark alternate cubicles for use
   - Use floor tape/stickers to maintain 6-foot line spacing
   - Use airflow direction to move respiratory droplets away from employees
   - Use transparent barriers for interviews and customer service activities

4. ADMINISTRATIVE
   Change the Way People Work
   - Deter gatherings (close or limit seating in break rooms)
   - Provide regular updates to employees
   - Consolidate processes to minimize individuals’ exposure
   - Require cloth face coverings in accordance with appropriate authorities
   - Require symptomatic individuals to wear face coverings and exit workplace
   - Use technology even for meetings within the building

5. PPE
   Protect the Person
   - Allow voluntary use of respirators/surgical masks
   - Provide mandatory PPE (N95, gloves) for tasks identified by Risk Assessment
   - Provide cleaning/disinfection supplies
   - Provide hand sanitizer and soap in break rooms
**COVID-19 Employee Status Decision Tree**

**NOTES**

1. This Decision Tree should be used in conjunction with the COVID-19 Employee Status Questions and Answers document.

2. Unavailable to perform work either on-site or remotely (e.g., caring for a family member who requires full-time supervision). Employees who are ill, quarantined, or self-quarantined, but not incapacitated are considered available for remote work.

3. Up to a total of 80 hours for circumstances and at pay rates described in accompanying Questions and Answers document.

4. Public Health Emergency Leave is available to employees covered by title 29 Family and Medical Leave Act (FMLA). Most employees are covered under title 5 FMLA and are ineligible.

5. Employees in a telework status continue to take leave for absences as appropriate (medical appointments, care for a family member, etc.). Supervisors should use all available flexibilities to enable the employee to telework, including flexible schedules. In the event insufficient remote work is available, the employee would be placed on Weather and Safety Leave.

6. Employees who are ill, quarantined, or self-quarantined, but not incapacitated are considered not able to work on site.