

D.C. DEPARTMENT OF HUMAN RESOURCES**Frequently Asked Questions about COVID-19 for the
District of Columbia Government Workforce****CONTENTS**

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District of Columbia Government Workforce

DC Health is actively working with our community partners and the Centers for Disease Control and Prevention (CDC) to respond to the expanding global threat. Knowing how to reduce the risk of infection and implementing that knowledge is particularly crucial for all District employees. This memorandum is meant to inform and educate you about appropriate precautions and work practices that will minimize the risk of potential employee exposure, illness, and the spread of COVID-19 using general prevention strategies.

COVID-19 General**1. What do I need to know about COVID-19?**

COVID-19, like many other respiratory viruses, spreads between people by respiratory droplets that are expelled with coughing or sneezing or when someone touches a contaminated surface and then touches their mouth, nose, or eyes.

The virus spreads readily between individuals who are in close contact with someone who has COVID-19. CDC suggests that the risk of infection being transmitted by respiratory droplets increases when contact with a patient is within 6 feet for more than 10-15 minutes.

COVID-19 is not known to remain in the air or travel through ventilation systems. Both social distancing and physical barriers are effective components of prevention.

2. What are the symptoms?

The symptoms of COVID-19 include fever, a dry cough, and difficulty breathing. Muscle aches and fatigue also may occur. However, sore throat, diarrhea, and vomiting are uncommon.

The incubation period for COVID-19 (the period between when one acquires infection and when symptoms of illness begin) ranges between 2 and 14 days; 5 to 7

days is most common. Of those who become ill, about 1 in 7 (15%) develop a severe illness such as pneumonia and require hospitalization.

3. Who is at risk?

While CDC is still learning who is at the highest risk to contract COVID-19, CDC does know that older adults and persons with underlying illnesses and compromised immune systems are most likely to get a severe infection. Children seem less likely to be infected, and if they do contract COVID-19, the infection is usually mild.

4. What can I do to reduce risk?

We cannot emphasize enough that practicing good infection prevention behaviors now will create good habits that are critical to minimizing COVID-19 in our community. The mainstay of maintaining a healthy community is if every individual takes action to reduce the risk of infection.

These behaviors will reduce your risk of becoming ill from influenza and other respiratory viruses that are circulating in our community now. Please follow the guidelines below;

- **Stay home when sick:** Stay home if you are ill and keep away from others as much as possible. If you have a fever and dry cough, stay home until at least 24 hours after your fever is gone except to get medical care (your fever should be gone without the use of a fever-reducing medication).
- **Wash your hands:** COVID-19 may spread via contaminated hands or inanimate objects that become contaminated with the virus. Wash your hands frequently (multiple times a day) for 20 seconds with soap and water, especially after you cough or sneeze. Handwashing with soap and water is the most effective way to remove dirt and germs from hands. The act of running water down your hands while scrubbing them together is the most important aspect of handwashing because it eliminates germs. The temperature of the water should be warm enough to allow one to place one's hands fully and comfortably under the water stream and is not the primary factor that eliminates germs from your hands. Alcohol-based hand sanitizers can also be effective if soap and water are not available.
- **Cover your nose and mouth with a tissue when you cough or sneeze:** Throw the tissue in the trash after you use it. COVID-19 spreads mainly from person-to-person in respiratory droplets from coughs and sneezes. If a tissue is not immediately available, coughing or sneezing into one's arm or sleeve (not into one's hand) is recommended.
- **Keep from touching your mouth, nose, or eyes:** You can become infected from a virus that is on your hands when you touch your mouth, nose, or eyes. Keeping your hands away from those areas of your face and washing them frequently will protect you from infection if you touch a contaminated surface.

If COVID-19 impacts the District more broadly, additional measures can be taken by everyone to reduce the risk of infection and the risk of spreading infection to others.

- **Social distancing:** Viruses like COVID-19 are primarily spread by respiratory droplets expelled by coughs and sneezes. These droplets travel less than 6 feet before dropping out of the air due to gravity. Therefore, strategies of social distancing, staying about 6 feet or more away from other people, can be one of the most effective strategies to keep from becoming infected or spreading the infection to others.
- Staying away from crowded places and shopping online or at times of day when fewer people are present are approaches people can take in their daily lives. With agency approval, we will move to a centralized telework policy that supports social distancing. The appropriateness of telework will depend upon the employee's position and the assigned job duties.
- **Avoiding public gatherings** (concerts, sporting events, etc.) is another way of social distancing.
- **Enhanced environmental cleaning:** [Standard disinfectants](#) (such as Clorox wipes) are effective in removing COVID-19 from surfaces. More frequent cleaning of high touch areas will reduce the risk of hands being contaminated and possibly transmitting infections to oneself or others.
- **Influenza vaccination:** A seasonal influenza vaccine will not protect you against COVID-19, but it will decrease the risk that you will get another respiratory disease that may be confused with COVID-19. The seasonal flu vaccine protects against the three or four flu viruses that research indicates will be most common. Vaccination is the best tool for the prevention of influenza illness.
- **Enable sick workers to stay home:** Supervisors should work with the DCHR policies to ensure that employees are accessing leave appropriately to enable them to stay home and away from the workplace when sick or telework where possible. Supervisors should plan for the possibility of unscheduled leave that encourages employees who are sick to stay at home to care for themselves and others who are ill with the flu or children dismissed from school.
- **Facilitate infection control practices:** Within your agency, you should see posters that are prominently displayed that address and remind employees that proper handwashing, respiratory hygiene, and cough etiquette are the mainstay of preventing transmission of this virus in the workplace. Handwashing posters in multiple languages are available at <https://coronavirus.dc.gov/page/coronavirus-resources>.
- **Provide hand sanitizers and tissues:** Agencies have the authority to purchase cleaning products and tissues in common work areas such as customer windows, lobbies,

conference rooms, and other shared spaces. Remember, the most effective way to clean your hands is to wash them with soap and water for at least 20 seconds.

- **Use of masks:** Facemasks are not effective in preventing infection if worn by someone healthy. Studies show minimal protective benefit, and CDC does not recommend that well people wear masks to prevent infection. By contrast, if masks are available, they should be used by people who are ill (e.g., clients, people receiving services who have a cough illness) to trap respiratory secretions if the ill person coughs or sneezes. N95 respirators, when used by someone who has been fit-tested, are effective in preventing infection, and should be used in clinical situations when in close contact with someone who has COVID-19. Recommendations for N95 and other personal protective equipment are available for first responders, healthcare providers, those employees who visit, manage, or meet regularly with members of the public.
- **Planning and Preparedness Individual preparedness planning:** Individuals and families should plan for a situation where they can stay home for several days if a severe outbreak was occurring in the community or if someone in the family was ill and they were self-quarantining to prevent spreading infection to others.
- Keeping several days of non-perishable foods in the home will enable this strategy. Individuals and families should also consider their specific needs and make sure to keep several days' worth of hygiene products, necessary medical supplies like a thermometer and over-the-counter medication, and prescription medication in their home.
- Families should plan for the possibility of school or childcare closures.

5. I am starting to feel sick, what should I do?

Do not come to work and avoid contact with other people. Notify your supervisor and seek medical attention if you have reason to believe you have been exposed to COVID-19. Call your healthcare provider before visiting a healthcare facility. Sick employees should stay home from work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours and without the use of fever-reducing or other symptom-altering medications. Your agency will require you to present a medical note from your healthcare provider that clears you to return to work, if you have been out for more than three consecutive work days due to illness.

6. When do I call my doctor or go to the hospital?

If you are sick or feel sick – that is, if you have a dry cough, fever, or shortness of breath, go to the doctor or hospital or utilize your healthcare provider's telemedicine option. The telemedicine options are:

- [UnitedHealthcare](#) will waive member cost sharing, including copays, coinsurance and deductibles, for COVID-19 diagnostic testing provided at approved locations in accordance with CDC guidelines for all commercial insured, Medicaid, and Medicare members. Where available, you can also schedule a [virtual](#) visit with a physician. Virtual Visits are ideal for asking general questions. UnitedHealthcare offers the ease of a Virtual Visit through mobile devices, tablets or computers. For mobile devices and tablets, the UnitedHealthcare app can be downloaded at no extra charge for Android and Apple devices. For desktop users, Virtual Visits can be accessed by visiting www.uhc.com.
- With [CareFirst](#) Video Visit, you can get the care you need when and where you need it. From sudden colds to allergy woes, simply sign in to speak to a doctor.
- [Aetna](#) will waive co-pays for all diagnostic testing related to COVID-19. This policy will cover the cost of physician-ordered testing for patients who meet CDC guidelines, which can be done in any approved laboratory location. For the next 90 days, Aetna will offer zero co-pay telemedicine visits – for any reason. Aetna members should use telemedicine as their first line of defense to limit potential exposure in physician offices.
- [KP Now - Kaiser Permanente](#) provides members with acute, low acuity symptoms the option to have a same day telephone appointment with a KP Now provider. KP Now is a patient-centered service designed to meet the member's need for a quick, convenient resolution to low acuity medical symptoms, and there is no charge for the telephone appointment. Appointments are scheduled for the same day after speaking to a KP Service Associate by calling 404-365-0966; Toll-free: 800-611-1811.

7. What if I am fearful of contracting COVID-19 if I come to work?

Do not be afraid! Rather, minimize your risks as outlined in this memorandum. Consult your healthcare provider if you are concerned. Also, you can feel free to contact the District's Employee Assistance Program (EAP) provider, INOVA, at 800-346-0110. There is no cost for this service. INOVA is offering a free webinar about building psychological immunity during the COVID-19 outbreak. To register for the webinar, please click this [link](#).

8. What should an agency do if an employee who refuses to come to work because of concerns about contracting COVID-19?

Unless the employee is on approved leave, unauthorized absences will be considered AWOL.

9. How does the District assess my exposure to COVID-19 in the performance of my duties?

The District's Office of Risk Management recommends that agencies analyze the risk to an employee's position, when performing a specific task or operation, and to

determine if additional protective measures are warranted to prevent occupational exposure.

- According to the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA), while there is not a specific OSHA standard covering COVID-19, please see two OSHA requirements which may apply directly to District workplaces and the prevention of occupational exposure to COVID-19:
 - OSHA's Personal Protective Equipment (PPE) standard requires certain employees to use protective equipment such as gloves, eye and face protection, and respiratory protection to prevent occupational exposures to potential hazards.
 - OSHA's Bloodborne Pathogens standard applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions).

10. Where can I locate additional resources about COVID-19?

For additional information, please visit:

- <https://coronavirus.dc.gov> which provides comprehensive information about COVID-19 in the District.
- The [Centers for Disease Control and Prevention](https://www.cdc.gov) has a comprehensive website that provides guidelines preventing COVID-19 spread in various communities.

Travel and Quarantine

1. I traveled to or through China, South Korea, Italy, or Iran in the last 14 days, what should I do?

Notify your supervisor by telephone or email immediately. Agencies will require employees who have traveled to one of these countries to telework for at least 14 days from the date of such travel, if feasible. For employees for whom telework is not reasonable, agencies will exercise appropriate leave options for the same period.

2. What if I traveled outside of the United States to or through a country where COVID-19 was widespread?

You must notify your immediate supervisor of any foreign travel in the past 14 days to China, Iran, South Korea, Italy, Japan, or any other country designated by the Centers for Disease Control and Prevention (CDC) as Level 2 or above. You will be required to self-quarantine for 14 days. Self-quarantine can include telework (if possible). For employees for whom telework is not possible, agencies shall exercise reasonable leave options for the same period.

3. I was asked by a physician or health official to self-quarantine. What do I do?

Notify DC Health at coronavirus@dc.gov, then notify your supervisor and provide as much documentation as you can. Comply with the recommendation of the health professional to self-quarantine for 14 days. Your manager may require you to telework during a period of self-quarantine.

4. I had close contact with someone who tested positive for COVID-19 in the last 14 days. What should I do?

Notify DC Health at coronavirus@dc.gov, contact your physician, and then notify your supervisor. Agencies will require employees who have had known exposure to an identifiable person who tested positive for COVID-19 to telework for at least 14 days from the date of the exposure; provided that employees for whom telework is not reasonable, agencies will exercise appropriate leave options for the same period of time.

5. What do I need to return to work after 14 days?

If you are quarantined or self-quarantined, you must obtain medical certification to return to work. If you were in isolation or hospitalized, you must obtain medical certification to return to work.

Leave

1. A health official recommends that I self-quarantine for 14 days. Will I be paid? What type of leave need to use?

Employees who are advised to self-quarantine will receive Administrative Leave with Pay with proper medical documentation. Please note that leave must be approved.

2. Both my spouse and I have to self-quarantine based on the recommendation of a health official. I understand I will receive Administrative Leave with Pay once I return to work and provide medical documentation; however, my spouse works for a private company and will not be paid. What are my options?

Employees who participate in the 457(b) Deferred Compensation Plan (Plan) may be eligible for withdrawal from the Plan due to unforeseen emergencies that result in severe financial hardship. You can work with our Plan Administrator, ICMA-RC, to determine if all the needed conditions for withdrawal are met. You can contact an ICMA-RC representative to specifically discuss withdrawals at 1-800-669-7400 and select option 1.

3. If I feel sick, how do I request leave?

You must first inform your immediate supervisor or another supervisor within your chain of command of your need to take leave. To the greatest extent possible, you must

contact your supervisor no later than two hours prior to the start of your scheduled tour of duty.

However, if you cannot report for duty due to COVID-19, you will be granted available leave options regardless of whether you sought pre-approval for such leave. Agencies will make the appropriate adjustments to your time and attendance following your return to work. Please note that administrative leave must be approved.

4. What are the various leave categories available to me if I am sick?

- [Sick Leave](#) - An employee is entitled to use an unlimited amount of their accrued sick leave when they are unable to perform their duties due to physical or mental illness or are symptomatic due to a communicable disease. Employees are entitled to use sick leave to care for family members who are symptomatic due to a quarantinable communicable disease. Please refer to the [District personnel regulations](#) for other permissible uses of sick leave. For absence over three workdays, or for a lesser period when determined necessary by an agency, the agency may require a medical note or other administratively acceptable evidence as to the reason for the absence.
- [Leave Without Pay \(LWOP\)](#) is a temporary non-pay status and absence from duty granted at the employee's request or as otherwise authorized by regulations. The permissive nature of LWOP distinguishes it from absences without leave, which is unauthorized leave that may subject an employee to corrective or adverse action. Agencies may approve a maximum of 52 calendar weeks of LWOP. Except as provided by D.C. FMLA, authorizing LWOP is at the discretion of the agency director.
- [Administrative Leave](#) - Agencies shall grant employees who are quarantined or who have a legitimate basis to self-quarantine 14 calendars days of leave without loss of pay or charge to leave balances. For any days such employees would otherwise be scheduled to work, they shall be placed on administrative leave. Upon their return to duty, employees granted administrative leave under this paragraph must provide official documentation establishing that the quarantine or self-quarantine was advised by a health care provider or governmental agency and documentation clearing such employees to return to work. Please note that administrative leave must be approved.
- [Federal FMLA, DCFMLA, and Paid Family Leave](#) - Eligible employees are entitled to federal FMLA, DCFMLA, and Paid Family (PFL) leave consistent with applicable laws and regulations. For example, an eligible employee who contracts COVID-19 may be entitled to medical leave under federal FMLA, DCFMLA, or both. Similarly, an eligible employee with a family member requiring the employee's care due to a qualifying medical condition may be eligible for family leave under federal FMLA, DCFMLA, and/or PFL to provide care for their family member.

- Advanced Sick leave and Annual Leave - If an employee exhausts their accrued annual leave, sick leave, or both, agencies may advance leave to the employee. Agencies may advance annual leave to eligible employees up to the amount of annual leave expected to be earned during the balance of the current leave year or the remainder of the employee's time-limited appointment, whichever is sooner. In cases of serious disability or ailments, agencies may advance up to a maximum of 240 hours of sick leave to employees who have exhausted all their accumulated sick leave except when the agency has reason to believe that the employee may not be able to repay the advanced leave. For term and temporary employees, agencies may advance only up to the total sick leave the employee would earn during the remainder of the time-limited appointment.

Telework

5. What are my telework options in response to COVID-19?

Employees should consult their agencies concerning any telework options.

6. What happens if my agency workplace closes due to COVID-19, but my position is not telework eligible, and I am healthy and able to work?

Employees whose positions are telework ineligible and are healthy and able to work, but may not report to work due to an agency closure, shall receive administrative leave for the duration of the closure.