



CSOSA

Safety Plan for COVID-19 and Other Respiratory Viruses

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Introduction

In January 2021, the President issued Executive Order (EO) 13991 of January 20, 2021, on *Protecting the Federal Workforce and Requiring Mask-Wearing* in response to Covid-19 pandemic. Among other things, EO 13991 established the Safer Federal Workforce Task Force (Task Force), which developed and issued Model Agency Safety Principles informed by Centers for Disease Control and Prevention (“CDC”) recommendations and required federal agencies to develop and issue Agency COVID-19 Safety Plans. The Court Services and Offender Supervision Agency (CSOSA) developed our COVID-19 Safety Plan (“Plan”) and issued it on October 30, 2021. We have communicated updates as conditions and guidance evolved.

The CDC and the World Health Organization (WHO) declared the end of the COVID-19 public health emergency of international concern on May 11, 2023, as a result of efforts from and collaboration between governments, health workers, scientists, and communities in containing and preventing the spread of the virus.

On April 12, 2024, the President issued Executive Order 14122 on *Covid-19 Public Health Preparedness and Response*¹, which revoked EO 13991. As a result, the Task Force no longer exists, and Task Force-issued guidance and requirements are no longer in effect. Instead, federal agency workplace safety plans are now informed by guidance from the CDC.

The CDC now includes Covid-19-related information and guidance within its [Respiratory Virus Guidance](#), which includes influenza and respiratory syncytial virus (RSV), among others. In its explanation for the shift in approach, the CDC explains:

The 2023-2024 fall and winter virus season, four years since the start of the COVID-19 pandemic, provided ongoing evidence of the changing face of respiratory diseases. COVID-19 remains an important public health threat, but it

¹ [Federal Register :: COVID-19 and Public Health Preparedness and Response](#)

is no longer the emergency that it once was, and its health impacts increasingly resemble those of other respiratory viral illnesses, including influenza and RSV. This reality enables the CDC to provide updated guidance proportionate to the current level of risk COVID-19 poses while balancing other critical health and societal needs. Key drivers and indicators of the reduction in threat from COVID-19 include:

- **Due to the effectiveness of protective tools and high degree of population immunity, there are now fewer hospitalizations and deaths due to COVID-19.** Weekly hospital admissions for COVID-19 have decreased by more than 75% and deaths by more than 90% compared to January 2022, the peak of the initial Omicron wave. Complications like multisystem inflammatory syndrome in children (MIS-C) are now also less common, and prevalence of Long COVID also appears to be decreasing. These reductions in disease severity and death have **persisted through a full respiratory virus season** following the expiration of the federal Public Health Emergency for COVID-19 and its associated special measures on May 11, 2023.
- **Protective tools, like vaccines and treatments, that decrease risk of COVID-19 disease (particularly severe disease) are now widely available.** COVID-19 vaccination reduces the risk of symptomatic disease and hospitalization by about 50% compared to people not up to date on vaccination. Over 95% of adults hospitalized in 2023-2024 due to COVID-19 had no record of receiving the latest vaccine. Treatment with nirmatrelvir-ritonavir (Paxlovid) in persons at high risk of severe disease has been shown to decrease risk of hospitalization by 75% and death by 60% in recent studies.
- **There is a high degree of population immunity against COVID-19.** More than 98% of the U.S. population now has some degree of protective immunity against COVID-19 from vaccination, prior infection, or both.
- **As the threat from COVID-19 becomes more similar to that of other common respiratory viruses, CDC is issuing Respiratory Virus Guidance, rather than additional virus-specific guidance.** This brings a unified, practical approach to addressing risk from a range of common respiratory viral illnesses, such as influenza and RSV, that have similar routes of transmission and symptoms and similar prevention strategies. The updated guidance on steps to prevent spread when you are sick particularly reflects the key reality that many people with respiratory virus symptoms do not know the specific virus they are infected with. Importantly, states and countries that have already shortened recommended isolation times have not seen increased hospitalizations or deaths related to COVID-19. Although increasingly similar to other

respiratory viruses, some differences remain, such as the risk of post-COVID conditions.²

This updated CSOSA Workplace Safety Plan reflects updates in CDC recommendations and supersedes the October 30, 2021, Plan and supplemental guidance issued to date. Measures and protocols contained in the 2021 Plan that are not included or addressed in this updated Plan are discontinued in accordance with EO 14122. Failure to adhere to the instructions in this Plan may result in discipline up to and including removal from federal service.

Health and Safety Principles

Prevention

The CDC recommends Core Prevention Strategies for everyone to use to protect themselves and others. It also provides [Additional Prevention Strategies](#) individuals can choose to further protect themselves and others from respiratory viruses. Respiratory viruses commonly cause illnesses such as [flu](#), [COVID-19](#), and [respiratory syncytial virus \(RSV\)](#), especially in the fall and winter. Prevention strategies are especially helpful in reducing risk when:

- Respiratory viruses are causing a lot of [illness in your community](#).
- You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering.
- You or the people around you have [risk factors for severe illness](#).
 - [Many factors](#) can make it more likely for someone to become very sick from a respiratory virus. In addition to this guidance, there are several specific considerations for people with certain [risk factors for severe illness](#) ([young children](#), [older adults](#), people with [weakened immune systems](#), people who are [pregnant](#), and people with [disabilities](#)).
- You may not be aware of the things that can make others more vulnerable to serious illness. Using the core prevention strategies will provide a degree of protection regardless. If you are unsure about the health condition or risk status of those around you, the most protective option is choosing to use additional prevention strategies, like masking, physical distancing, and testing.

² [Background for CDC's Updated Respiratory Virus Guidance | Respiratory Illnesses | CDC](#)

Core Prevention Strategies

- Stay up to date with [immunizations](#).
- Practice good [hygiene](#) (practices that improve cleanliness).
- Take [steps for cleaner air](#).
- When you may have a respiratory virus:
 - Use [precautions to prevent spread](#)
 - Seek health care promptly for testing and/or treatment if you have [risk factors for severe illness](#); [treatment](#) may help lower your risk of severe illness.

Additional prevention strategies include wearing [masks](#), maintaining [physical distance](#), and getting [tested](#).

Immunizations

Immunizations help prepare your body to defend itself from viruses and severe illness. Some immunizations teach your immune system what the virus looks like so it can prepare to protect against it. Other immunizations directly provide you with antibodies to protect you from the virus. Getting vaccinated can reduce your chances of getting infected to some degree, but its main strength is preventing severe illness and death. More and more evidence suggests that the COVID-19 vaccine can also lower your chances of developing Long COVID.

To remain consistent with CDC recommendations, employees should:

- Review the [vaccine schedule](#) to become familiar with the immunizations recommended for you and when you should get them.
- Visit www.vaccines.gov to locate flu and COVID-19 vaccines near you.
- Learn more about [how vaccine recommendations](#) are made.
- Talk to your friends and family about the benefits of getting vaccinated.

Consistent with the Office of Personnel Management's (OPM) policy of encouraging employees to get updated COVID-19 vaccines, CSOSA will grant administrative leave to employees who choose to be vaccinated during their tour of duty hours, consistent with the following guidance:

- You may be granted **up to 4 hours** of administrative leave to receive an updated COVID-19 vaccine dose, as recommended by the CDC. This leave can be used to cover travel to and from the vaccination site. If you need to spend less time getting the vaccination, only the needed amount of administrative leave should be granted.

- You must obtain advance approval from your supervisor before using administrative leave for purposes of getting a COVID-19 vaccine. A supervisor retains the ability to approve leave during a time period that will not unduly interfere with work requirements.
- You may not be credited with administrative leave or overtime work for time spent outside your tour of duty getting a COVID-19 vaccine.

Per OPM, administrative leave will no longer be provided when an employee:

- Is assisting a family member in getting a COVID-19 vaccine.
- Has an adverse reaction to a COVID-19 vaccine.
- Has COVID-19 symptoms and is isolating while actively seeking to be tested.

Upon your request, supervisors may approve use of sick leave for the above consistent with any of the purposes for which sick leave may be approved. You may also choose to seek approval to use other paid or unpaid time off in lieu of sick leave or choose to use various work scheduling flexibilities, consistent with agency policies.

Because current CDC guidance no longer recommends quarantine based on COVID-19 exposure, OPM determined that it is no longer necessary or appropriate to grant weather and safety leave in COVID-19-related circumstances.³ As a result, weather and safety leave will not be used when an employee has suspected or confirmed COVID-19. Instead, these employees may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), request leave through the Voluntary Annual Leave Transfer Program (VALTP), or use unpaid leave, as appropriate.

Hygiene

The CDC advises that covering your coughs and sneezes limits the spread of germs to protect others. Cover your mouth and nose with a tissue. If you don't have a tissue, cough or sneeze into your elbow, not your hands.

Handwashing with soap removes germs from your hands, making them less likely to infect your respiratory system when you touch your eyes, nose, or mouth. If soap and water are not available, using a hand sanitizer with at least 60 percent alcohol can kill these germs. To remove germs and dirt on surfaces, use household cleaners that contain soap or detergent. **Note:** Employees are not permitted to use aerosols in the workplace.

³ See OPM's April 12, 2024, memorandum on [Leave policies related to COVID-19 Vaccinations and Boosters for Federal Employees \(chcoc.gov\)](https://www.chcoc.gov).

CSOSA will:

- Ensure facilities are equipped with soap, water, and a way to dry hands (for example, paper towels or a hand dryer).
- Provide hand sanitizer with at least 60 percent alcohol in dispensers near elevators. Note: We will continue to provide hand sanitizer and disinfectant wipes for use in the Illegal Substances Collection Units (ISCU).
- Clean agency facilities daily in accordance with the General Services Administration (GSA) requirements.

Steps for Cleaner Air

Some germs spread in the air between people. This happens more easily in indoor, crowded spaces with poor airflow. To reduce the risk of exposure, it helps to improve air quality by increasing airflow, cleaning the air, or opting to gather outdoors.

The Office of Facilities continues to inspect onsite heating, ventilation, and air conditioning (HVAC) systems to ensure levels are appropriate for normal, full workday operations. Building systems have been adjusted to maximize fresh air intake and air filtration at all CSOSA locations.

Preventing Spread When You Are Sick

The CDC advises staying home and away from others (including people you live with who are not sick) if you have respiratory virus symptoms that are not better explained by another cause. These symptoms can include fever, chills, fatigue, cough, runny nose, and headache, chest discomfort, chills, cough, decrease in appetite, diarrhea, fatigue (tiredness), fever or feeling feverish, headache, muscle or body aches, new loss of taste or smell, runny or stuffy nose, sneezing, sore throat, vomiting, weakness, and wheezing. As with any circumstances under which you are unable to report as scheduled, you **must** contact your supervisor.

When you have a respiratory virus infection, you can spread it to others. How long someone can spread the virus depends on different factors, including how sick they are (severity) and how long their illness lasts (duration). This is not the same for everyone.

According to the CDC, when, for at least 24 hours, your symptoms are getting better overall and you have not had a fever (and are not using fever-reducing medication), you are typically less contagious, but it still takes more time for your body to fully get rid of the virus. During this time, you may still be able to spread the virus to others. Taking precautions for the next five (5) days can help reduce this risk. After this 5-day period, you are typically much less likely to be contagious. However, some people, especially people with weakened immune

systems, can continue to spread the virus for a longer period of time. For COVID-19, taking an [antigen](#) test can help you know how likely you are to spread the virus. Please note the agency no longer provides testing or reimbursement for expenses related to testing.

A positive test tends to mean it is more likely that you can spread the virus to others. You can go back to your normal activities when, for at least 24 hours, both are true:

- Your symptoms are getting better overall, and
- You have not had a fever (and are not using fever-reducing medication).

When you go back to your normal activities, take added precautions over the next 5 days, such as taking additional [steps for cleaner air, hygiene, masks, physical distancing](#), and/or [testing when you](#) will be around other people indoors.

- Keep in mind that you may still be able to spread the virus that made you sick, even if you are feeling better. You are likely to be less contagious at this time, depending on factors like how long you were sick or how sick you were.
- If you develop a fever or you start to feel worse after you have gone back to normal activities, stay home and away from others again until, for at least 24 hours, both are true: your symptoms are improving overall, and you have not had a fever (and are not using fever-reducing medication). Then take added precautions for the next 5 days.

Masks

Generally, masks can help act as a filter to reduce the number of germs you breathe in or out. Their effectiveness can vary against different viruses, for example, based on the size of the virus. When worn by a person who has a virus, masks can reduce the chances they spread it to others. Masks can also protect wearers from inhaling germs; this type of protection typically comes from better-fitting masks (for example, N95 or KN95 respirators).

There are many [different types of masks](#) that have varying abilities to block viruses depending on their design and how well they fit against your face. Cloth masks generally offer lower levels of protection to wearers, surgical/disposable masks usually offer more protection, international filtering facepiece respirators (like KN95 respirators) offer even more, and the most protective respirators are NIOSH Approved® filtering facepiece respirators (like N95® respirators).

Physical Distancing

Generally, infectious droplets and particles build up closer to the person who is releasing them. The closer you are to someone who has a respiratory virus, the more likely you are to catch it.

We encourage employees to:

- Avoid being near someone who has respiratory virus symptoms.
- Avoid crowded areas where you may be unable to maintain physical distance.
- Stay home when you are sick.

Employees may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), apply to the VALTP, or use unpaid leave, as appropriate.

Tests

Testing for respiratory viruses can help you decide what to do next, like getting [treatment](#) to reduce your risk of severe illness and taking steps to lower your chances of spreading a virus to others. There are various types of tests for respiratory virus infections. Antigen tests (“self-tests” or “rapid tests”) usually return results quickly (around 15 minutes). PCR tests are normally conducted by a healthcare provider. Although antigen tests are usually faster, they are not as good at detecting viruses as PCR tests. This means that you might get a negative result with an antigen test, but actually be infected with the virus.

Tests can help you find out if you are currently infected with a certain respiratory virus. While testing does not change how likely you are to catch or spread respiratory viruses, or how severe your illness might be, it can provide useful information to help you make prevention or treatment choices.

The CDC recommends that you plan in advance of any illness so you can be ready to get tested quickly, particularly if you are someone who could benefit from treatment for respiratory viruses.

Antigen tests can be used for screening before gathering with others, especially to help protect people in your life who have [risk factors for severe illness](#). However, false negatives are possible; false positives are uncommon.

As noted above, the agency no longer provides testing or reimbursement for expenses related to testing. Additionally, weather and safety leave is not authorized for suspected or confirmed COVID-19. Instead, employees may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), request leave through the

Voluntary Annual Leave Transfer Program (VALTP), or use unpaid leave, as appropriate.

Treatment

Seek health care right away for [testing](#) and/or treatment if you believe you may have a respiratory virus (if you feel sick or tested positive for one) and you [have risk factors for severe illness](#). If you have flu or COVID-19, treatment may be an option to make your symptoms less severe and shorten the time you are sick. Treatment needs to be started within a few days of when your symptoms begin.

Treatments for COVID-19 and for flu can lessen symptoms and shorten the time you are sick. They also may reduce the risk of complications, including those that can result in hospitalization. For people with risk factors for severe illness early treatment can mean having milder illness.

As noted above, weather and safety leave is not authorized for suspected or confirmed COVID-19. Instead, these employees may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), access a voluntary leave bank, or use unpaid leave, as appropriate.

Conclusion

We remain committed to promoting the health and safety of the agency's workforce and stakeholders from the effects of respiratory viruses while preserving the agency's ability to complete its mission. We will update this information as appropriate.

You may direct any questions to CSOSAworkplacesafety@csosa.gov.