1. PURPOSE

The purpose of this document is to provide implementation guidance for the Department's three-phased plan to return to normal operations. This implementation guidance applies HHS-wide and puts the health and safety of employees and their families at the center. This guidance mirrors the President's "Opening Up America Again" guidelines at https://www.whitehouse.gov/openingamerica/; the Office of Management and Budget (OMB) and Office of Personnel Management (OPM) Memo-20-23, "Aligning Federal Agency Operations with the National Guidelines for Opening Up America Again," https://www.whitehouse.gov/wp-content/uploads/2020/04/M-20-23.pdf; and considers the U.S. Centers for Disease Control and Prevention's Guidelines at https://www.cdc.gov/coronavirus/2019-ncov/index.html. This guidance also incorporates Occupational Safety and Health Administration's guidance on preparing workplaces for COVID-19 at https://www.osha.gov/Publications/OSHA3990.pdf.

2. BACKGROUND

The Department of Health and Human Services shifted to maximum telework on March 16, 2020, in response to the COVID-19 pandemic. On April 20, 2020, OMB/OPM directed Federal organizations to draft plans to return to normal operations, and to submit weekly telework and facilities reports by geographic locations. While the impact of COVID-19 varies across the United States, many regions remain susceptible to the pandemic driving a deliberate and measured approach to return to normal operations. This guidance is intended to provide HHS Operating and Staff Divisions (Divisions) guidelines for returning to normal operations.

3. REQUIRED GATING CRITERIA

HHS Divisions are required to follow the three phases described below after meeting gating criteria. The national gating criteria must be met in a state or county (in addition to core preparedness responsibilities) before a local jurisdiction may proceed to a phased return to normal operations:

1) Illness: Influenza-like illnesses and COVID-like cases of illness must trend downward for 14 days;

2) Cases: Documented COVID-19 cases and prevalence of positive tests must trend downward for 14 days (while not decreasing the overall number of tests); and

3) Capacity: Local hospitals must have the capacity to treat all patients without crisis care and jurisdictions must have a robust healthcare worker testing program and plan in place.

4. CURRENT STATE

Currently, HHS Divisions are monitoring local health and operational conditions and considering regional, state, and local guidance to determine if they have any workplaces that have met the gating criteria. Additionally, they are planning and preparing their phased return to normal operations. While HHS has implemented a maximum telework posture for a majority of the workforce, Divisions are planning how best to prepare workplaces for the safe return of staff. Divisions continue to conduct critical functions in the workplace where deemed necessary but limit their onsite presence to only the amount of time required to carry out these functions.

Once a local reporting jurisdiction (state or county as described in Section 3) meets the three national gating criteria above, Divisions may begin their phased return to normal operations in that location. The Workplace Health and Safety Checklist below is intended to guide how Divisions return to normal operations. The

timeline for moving through the phased return to normal operations is dependent on each work location meeting the required gating criteria, and the various criteria outlined for each phase.

5. THREE PHASED RETURN

Divisions will develop specific plans based on their local workplace(s) conditions and business operations, but may not deviate from meeting the gating criteria required by the National Guidelines for Opening Up America Again or OMB/OPM Guidance. Division leadership will plan to return to normal operations in three phases in a work location *after meeting gating criteria* and after additional local criteria has been met, as outlined below.[1] Divisions will consider local health and operational conditions and the Workplace Health and Safety Checklist below as they begin planning to return to normal operations. Divisions will communicate initial plans, and any updates as they plan to move from one phase to the next, using the reporting instructions in Appendix C: Division Reporting Requirements. The HHS three phases include:

Maximum Telework and Prepare Workplaces for Re-entry	Protect the Vulnerable, Ensure a Safe Workplace, and Restore On-site Critical Functions	Normal Operations
Phase I	Phase II	Phase III

Phase I – Maximum Telework and Prepare Workplaces for Re-entry

Phase I begins when Divisions have met gating criteria in designated work locations. In Phase I, Division Leaders prepare workplaces for re-entry. Divisions maintain maximum telework for the majority of workforce and shelter-in-place for vulnerable personnel. Vulnerable personnel are those individuals that the CDC has identified as people who need to take extra precautions (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/). Divisions conduct critical functions that must be performed in the workplace as deemed necessary and limit onsite presence to only the amount of time required.

PHASE II – Protect the Vulnerable, Ensure a Safe Workplace, and Restore On-site Critical Functions

Phase II begins after Divisions have continued to meet the criteria while sustaining Phase I operations. Divisions may also consider other factors when deciding to move phases. Staff return to the workplace in a methodical, phased approach as directed by Division leadership considering safest occupancy levels based on social distancing and other safety guidelines. In this phase, Divisions consider flexible work schedules (FWS) that allow federal employees to vary their work schedule within the limits set by the agency. For example, during the flexible hours, employees can vary their arrival and departure times, hours worked each day, and days worked each week. The FWS options (flexitour, gliding, variable day, variable week, and maxi-flex schedules) have different degrees of flexibility. Division should allow maximum telework for vulnerable personnel as defined above. During this phase, Divisions will prioritize returning critical functions to the workplace first (such as public facing functions) and must coordinate their approach at shared facilities[2] to continue to mitigate the spread of the virus and will work collectively with building management, safety, and security to ensure a safe workplace as they phase in additional personnel.

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[1] There may be unique circumstances, e.g., in hospitals, clinical, or lab environments, that require exceptions or alternate measures.
[2] Additional guidance will be forthcoming on coordination at shared facilities.

PHASE III – Normal Operations

Phase III begins after Divisions have continued to meet the criteria while sustaining Phase II operations. Divisions may also consider other factors when deciding to transition staff back to designated work locations. In this phase, all staff are returned to the workplace as appropriate, and routine telework is re-established in accordance with the HHS Telework Policy.

6. WORKPLACE HEALTH AND SAFETY CHECKLIST

Workplace health and safety involves multiple stakeholders including Division leadership, Facility Security Committees and Designated Officials (in the case of multiple federal agency involvement), building facility managers, HHS policy authorities, medical officers, public health experts, and the staff of the Office of the Assistant Secretary for Administration.

Divisions must consider how to minimize and control the impact of COVID-19 in their workplace as they conduct their phased return to normal operations. This includes a focus on reducing transmission among staff, maintaining healthy operations, maintaining a healthy work environment, and additional considerations such as availability of childcare/eldercare, status of metropolitan area mass transit systems, requirements for official travel, and receiving visitors to HHS workspaces. Divisions must ensure that contractors with onsite staff comply with these requirements. Additionally, Contracting Officers and Contracting Officer Representatives must coordinate to determine if contracts require modifications to implement these requirements. This implementation guidance is not intended to limit Division leadership from establishing additional division level guidance for their staff and area of responsibility.

WORKPLACE HEALTH AND SAFETY CHECKLIST
Reducing Transmission Among Staff
❑ Divisions will assess for sustained downward trend of COVID-19 activity for previous 14 days in workplace locations[3]. (In the event an employee's home of record differs from the geographic location of the workplace, employees should not return to the workplace until there has been a sustained downward trend of COVID-19 activity for previous 14 days in their local area.)
❑ Upon entering any HHS work location (regardless of a lesser standard in a non-HHS building[4]) employees, contractors, and visitors must wear a personal cloth face covering that complies with CDC guidelines in all common areas where social distancing may be difficult to maintain. Face coverings must be consistent with the professional environment of the workplace.
❑ Initially, individuals may be required to supply their own cloth face covering. Divisions will obtain at least one personal cloth face covering for every staff member (federal staff and contractor) and will determine appropriate means of distribution prior to staff entry into any HHS work location. Divisions may also supply face coverings for visitors, as necessary.

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[3] Additional guidance will be forthcoming on sources for this data.

[4] If a joint use federal or commercial building does not require the use of cloth face coverings, employees, contractors, and visitors are required to have wear face masks in HHS common space(s). [4] The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance. Cloth face masks are encouraged given the critical shortage of medical supplies, but if individuals enter HHS locations with surgical masks or N-95 respirators, those are also acceptable.

❑ All staff are encouraged to voluntarily notify their immediate supervisor as soon as possible if they test positive for COVID-19. The identity of any staff member who tests positive for COVID-19 must be kept strictly confidential and not further disclosed except as required or permitted by applicable law, or local collective bargaining agreement(s).

❑ Upon learning of a COVID positive case in a work location, Divisions will inform potentially affected staff within their own Division, and leadership of other Divisions in the same building (and in neighboring buildings that share common spaces, as appropriate), and local Union officials, consistent with HHS guidance[5] and Division-specific protocols on communications and notifications.

❑ Staff who become ill or symptomatic in the workplace will notify their supervisor, must immediately depart the work location, and are encouraged to contact their healthcare provider. Management has the right to require a symptomatic person to depart the work location.

Maintaining Healthy Operations

❑ Staff who are feeling ill or who have been in close contact with someone who is sick should not come into the workplace. They should contact their supervisor to determine all available leave and telework flexibilities.

❑ Pre-screen questions and temperature screenings may be considered at facility entrances based on number of personnel entering the building, availability of trained personnel, and equipment[6].

❑ Building management will ensure custodial staff are available and trained on [CDC guidelines on COVID-19 related facility cleaning and disinfecting procedures](#).

❑ Adequate cleaning and disinfecting supplies should be on hand for staff to provide daily wipe-down of equipment and frequently touched surfaces in common areas[7].

❑ Services available during the regular operating posture may not be available upon the return of staff to the office. This includes cafeteria and other food or beverage services, IT onsite support, and shared services.

Maintaining a Healthy Environment

❑ Divisions will, in coordination with building management and health and safety staff, determine the appropriate number or percentage of staff per space is maintained (e.g., elevators, meeting rooms, and office spaces) and signage will be posted to inform employees, contractors, and visitors[8].

❑ Divisions will mark common areas (building-wide or in designated HHS workspaces within a shared building) to remind staff to maintain social distancing *(including elevators, hallways, stairwells, cafeterias or kitchens, restrooms, and other facility-specific shared spaces).*

❑ Divisions will address any COVID positive results in the workforce with the utmost respect to privacy, while taking swift measures in coordination with building management and custodial services to mitigate the spread of the virus in the workplace.

Additional Considerations

❑ Divisions should consider whether or not childcare or elder care is available for federal employees with dependents who rely on dependent care services while at the workplace. Divisions may continue

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[5] Additional guidance will be forthcoming on communication and notification protocols.
[6] Additional guidance will be forthcoming on screening.
[7] Additional guidance will be forthcoming regarding supplies.
[8] Additional guidance will be forthcoming regarding space occupancy and signage.

to allow workplace flexibilities to employees who are caregivers due to school, camp, and other care facility closures.

❏ Divisions should consider whether or not metropolitan area mass transit is available for employees who rely on mass transit to travel to work. Divisions may continue to allow workplace flexibilities to employees who require mass transit to travel to work or where adequate parking is not available.

❏ Divisions should assess local health and operational conditions for potential official travel to lesser-impacted areas; and otherwise continue limited official travel posture unless mission-critical or response-related.

❏ Divisions should assess local health and operational conditions for potential visitors, continue to utilize virtual meetings where possible, and otherwise continue to limit visitors unless mission-critical or response-related. Visitors will also be required to wear face masks in all HHS common areas upon entry into HHS space.

❏ Divisions should continue to message Employee Assistance Program (EAP) services since returning to the workplace may increase levels of anxiety among staff.

7. POINTS OF CONTACT: All questions regarding the HHS three-phased return to normal operations and implementation guidance may be addressed to Lisa Griffin, Director, Strategic Initiatives Group, Office of Human Resources, at lisa.griffin@hhs.gov or (202) 731-4724; and the HHS Workforce Operations Center at COVID19@hhs.gov.

Additional Information for Division Leadership to Consider:

Appendix A: Execution Matrix
Appendix B: Additional Resources/Web Links
Appendix C: Reporting Requirements

APPENDIX A:

HHS PHASED RETURN TO NORMAL OPERATIONS – EXECUTION MATRIX			
National Level Guidance	States or Regions follow gating criteria guidelines from "Opening Up America Again": (1) downward trajectory of flu-like/COVID symptoms within 14-day period (2) downward trajectory of positive COVID cases within 14-day period and (3) hospitals treat all patients without crisis care and robust testing on place for at-risk healthcare workers.		
OMB/OPM Guidance	Per OMB Memo M-20-23, dated April 20, 2020, *the following gating criteria must be met in a state or county (in addition to core preparedness responsibilities) before a jurisdiction may proceed to a phased return to normal operations:* 1) Influenza-like illnesses and COVID-like cases of illness must trend downward for 14 days; 2) Documented COVID-19 cases and prevalence of positive tests must trend downward for 14 days (while not decreasing the overall number of tests); and 3) Local hospitals must have the capacity to treat all patients without crisis care and jurisdictions must have a robust healthcare worker testing program and plan in place.		
HHS PHASED RETURN TO NORMAL OPERATIONS[9]	**Maximum Telework and Prepare Workplaces for Re-entry**	**Protect the Vulnerable, Ensure a Safe Workplace, and Restore Onsite Critical Functions**	**Normal Operations**
	Phase I	**Phase II**	**Phase III**
Phase Overview (by work location)	Divisions monitor local health and operational conditions and consider regional, state, and local guidance[10]. Divisions conduct critical functions that must be performed in the workplace where deemed necessary and limit onsite presence to only the time required. The majority of the workforce continues maximum telework and vulnerable personnel shelter-in-place as leaders prepare workplaces for re-entry. Personnel in the workplace	Divisions continue to monitor local health and operational conditions and consider regional, state, and local guidance. Staff have prepared buildings to receive personnel. Staff return to the workplace in a methodical, phased approach as directed by Division leadership considering safest occupancy levels based on social distancing and other safety guidelines. Leaders will phase-in critical	Divisions monitor local health and operational conditions and consider regional, state, and local guidance. Local work locations continue to meet required gating criteria, and staff have returned to designated work locations, as appropriate. In this phase, staff return to normal telework posture in accordance with the HHS Telework Policy. Local support systems

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[9] Divisions must communicate initial plans for return to normal operations, as well as intent to move into each phase following the reporting instructions in Appendix C: Division Reporting Requirements.

[10] Additional guidance will be forthcoming on sources for this data.

	may be subject to temperature screenings depending on availability of personnel and equipment[11]; must wear cloth face coverings in HHS common spaces; and are reminded to practice good hygiene and follow social distancing guidelines. HHS leaders monitor local support systems for changes including, but not limited to, mass transit and availability of childcare/eldercare.	functions and prioritize public facing functions, however, they must ensure a coordinated approach at shared facilities[12]. HHS allows flexible work schedules (FWS) for employees while continuing to allow maximum telework for vulnerable members of the workforce. Leaders will monitor changes to local support systems including, but not limited to, mass transit and availability of childcare/eldercare.	such as mass transit and childcare/eldercare have returned to full operation.
Division Reporting Requirements	Divisions report in accordance with Appendix C: Division Reporting Requirements.	Divisions report in accordance with Appendix C: Division Reporting Requirements.	Divisions report in accordance with Appendix C: Division Reporting Requirements.
FOCUS AREAS			
Facilities Access	PSC develops shared facilities access guidance based on Federal Occupational Health (FOH) and public health guidance to ensure a safe workplace. Divisions that manage their own buildings remain appraised of PSC access guidance and follow guidance unless there is a mission critical reason to do something different. HHS employees in GSA managed, multi-tenant buildings, remain at maximum telework for HHS employees.	PSC manages shared facilities access based on Federal occupational health (FOH) and public health guidance to ensure a safe workplace. Divisions that manage their own buildings consider PSC access guidance unless there is a mission critical reason to do something different. HHS employees in GSA managed, multi-tenant buildings, utilize workforce flexibilities as phased returns begin.	PSC returns shared facilities access to normal operations. Divisions that manage their own buildings consider PSC access guidance. HHS employees in GSA managed, multi-tenant buildings, return to normal workplace operations.
Cleaning	Building managers will verify cleaning staff are trained and adequate supplies are available for frequent cleaning	Conduct frequent cleaning/disinfection as areas are re-occupied. Ensure onsite cleaning	Routine cleaning and disinfection resumes and emergency cleaning

[11] Additional guidance will be forthcoming on screening.
[12] Additional guidance will be forthcoming on coordination at shared facilities.

	and disinfection of all areas that are currently closed.[13]	teams and supplies are readily available in the event of a COVID positive case in the workplace.	materials are available on demand.
Cloth Face Coverings	Require cloth face coverings in HHS facilities, in common spaces where social distancing is not possible. Use robust signage and digital reminders.	Reassess the use of cloth face coverings while in HHS facilities.	Assess the use of cloth face coverings while in HHS facilities.
Common Areas and Services	Common areas – i.e., areas that are open or enclosed that are frequently used by staff during a business day – are generally closed. Examples may include building or floor lobbies; breakrooms; library spaces; telephone rooms; fitness centers; food venues (food venues may offer take-out only). Onsite customer-facing service functions are available on a limited basis and by appointment only. Use robust signage and digital reminders to keep staff informed.[14]	Reassess common areas and services.	Cafeterias, fitness centers, and other common gathering areas are opened with robust cleaning routines if conditions allow. Onsite customer-facing service functions are restored as needed.
Communications	Develop guidance for communications and notifications of COVID-19 in the workplace when a staff member is symptomatic in the workplace, when a staff member is in contact with a symptomatic individual, or when a staff member reports a COVID-19 positive report.[15]	Ensure divisions know how to communicate and notify COVID-19 related incidents in the workplace when a staff member is symptomatic in the workplace, when a staff member is in contact with a symptomatic individual, or when a staff member reports a COVID-19 positive report.	Return to routine staffing levels.

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[13] Additional guidance will be forthcoming regarding supplies.

[14] Additional guidance will be forthcoming regarding space occupancy and signage.

[15] Additional guidance will be forthcoming on communication and notification protocols.

Social Distancing	Restrict number of people in elevators, private offices, conference rooms, meeting spaces, and other enclosed spaces ensuring social distancing of at least 6' at all times. Post robust signage as reminders to staff.[16]	Review restrictions on number of people in elevators, private offices, conference rooms, and other enclosed spaces and consider easing restrictions as conditions allow.	Review restrictions and consider easing restrictions as conditions allow.
Telework	Retain maximum telework posture for majority of workforce; provide leaders and planners more access, as needed, to set the conditions for a safe workplace.	Allow for flexible work schedules and review telework policies as phased return begins.	Restore and/or optimize telework options.
Facility Screenings	Pre-screen questions are available at all entrances to work site, building managers may limit # of entrances, and instruct staff to self-screen for symptoms.[17]	Reassess facility screening policy.	Assess the need for temperature screenings if conditions allow and staff continues to self-screen for symptoms.
Travel	Assess local health and operational conditions and otherwise continue limited official travel posture unless mission-critical or response-related.	Reassess travel policy.	Travel restrictions may be reduced/removed.
Visitors	Assess local health and operational conditions and otherwise continue to limit in-person engagements unless mission-critical or response-related.	Reassess visitor policy.	Visitor restrictions may be reduced/removed.
WORKFORCE OPERATIONS CENTER; EMAIL: COVID19@HHS.GOV; OHR: 202-260-6211; PSC: 202-260-6212; OCIO: 202-260-6213			

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[16] Additional guidance will be forthcoming regarding space occupancy and signage.

[17] Additional guidance will be forthcoming on screening.

APPENDIX B:

ADDITIONAL RESOURCES

The following provides additional resources for Divisions to inform their return to normal operations:

Cleaning	https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html; https://www.epa.gov/coronavirus/guidance-cleaning-and-disinfecting-public-spaces-workplaces-businesses-schools-and-homes; and https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html.
Cloth Face Coverings	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
Common Areas and Services	https://www.cdc.gov/coronavirus/2019-ncov/community/large-events/index.html
Communications	https://www.cdc.gov/workplacehealthpromotion/planning/communications.html
Social Distancing	https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html
Telework:	https://www.opm.gov/policy-data-oversight/covid-19/opm-frequently-asked-questions-regarding-the-resumption-of-normal-workforce-operations/ https://www.opm.gov/policy-data-oversight/pay-leave/reference-materials/handbooks/alternative-work-schedules/
Temperature Screenings	https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
Travel	https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
Visitors	https://www.chcoc.gov/content/preliminary-guidance-agencies-during-coronavirus-disease-2019-covid-19

APPENDIX C:
Division Reporting Requirements

REPORTING INITIAL RETURN TO NORMAL OPERATIONS PLANS AND UPDATES

Divisions must send all initial plans for a return to normal operations in a work location – as well as updates to the plans, particularly as Divisions intend to transition from one phase to the next - to Blair Duncan at blair.duncan@hhs.gov and Bahar Niakan at bahar.niakan@hhs.gov for awareness.

COVID-19 REPORTING

Divisions will report all Federal employee COVID-19 positive cases; COVID-19 workers compensation; and any _**onsite**_ (Federal or Contractor) potential or confirmed COVID-19 exposures to the Workforce Operations Center. The Workforce Operations Center is comprised of OBMT, OCIO, PSC, and OHR staff. The COVID-19 Information Portal is used to track COVID-19 positive cases and COVID-19 related worker's compensation. Questions regarding this reporting may be sent to Lisa Griffin in OHR at lisa.griffin@hhs.gov or 202-731-4724.

OFFICE OF MANAGEMENT AND BUDGET (OMB) REQUIRED REPORTING:

To comply with OMB reporting requirements, Divisions will also report statuses for telework, facilities, and travel weekly to the SA using the following template. POC for any questions regarding OMB reporting is Shalley Kim, Office of Business Management Transformation (OBMT) at shalley.kim@hhs.gov or 202-260-6229.

1. Telework

Mandatory:	Employees in telework-eligible positions must telework.
Maximum:	Employees in telework-eligible positions are teleworking to the extent practicable.
Flexible:	Employees in telework-eligible positions are able to telework, in conjunction with flexible work schedules and other measures to support employees.
Normal:	Agencies return to telework policies and practices considered to be "normal." Agencies have implemented optimized operations and new work arrangements.
N/A:	Not applicable

2. Facilities

Fully Open:	All Federal buildings, facilities, and services are open.
Partially Open:	At least 50% of Federal buildings, facilities, and services are fully open.
Closed:	Less than 50% of Federal buildings, facilities, and services are fully open.
N/A:	Not applicable

3. Travel

Restricted:	Employee travel to/from this location is restricted to mission-critical travel, as deemed necessary by the Agency head or designee.
Normal:	Employee travel to/from this location is not restricted to mission-critical travel.
N/A:	No special considerations for this location