

VA



U.S. Department
of Veterans Affairs

CHARTING THE COURSE: Maintaining Continuous Services to Veterans while Supporting a COVID-19 Safe Workplace

Updated November 19, 2021

On January 21, 2022, a Federal court issued a nationwide injunction on Executive Order (EO) 14043 *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees*. The injunction does not impact the Department of Veterans Affairs' (VA) authority to require and enforce that Veterans Health Administration (VHA) health care personnel be fully vaccinated or have an approved exception. For employees who are not VHA health care personnel, VA will pause implementing and enforcing EO 14043. Safer Federal Workforce Task Force guidance on other agency safety protocols based on vaccination status – including guidance on protocols related to masking, distancing, travel, testing and quarantine – remain in effect at VA.

Table of Contents

| | |
|--|----|
| Summary of Revisions | 2 |
| Introduction | 3 |
| Purpose, Applicability and Scope | 3 |
| Objectives..... | 4 |
| Planning Assumptions and Challenges | 4 |
| Communications with Workforce and Key Stakeholders..... | 5 |
| VA COVID-19 Response and Preparedness Efforts | 5 |
| Risk Assessments: Data and Other Considerations | 6 |
| Levels of Community Transmission | 6 |
| Other Key Considerations | 7 |
| Essential Workplace Standards and Principles | 8 |
| VA Health and Safety | 8 |
| <i>Information about Vaccination</i> | 8 |
| <i>Telework and Workplace Flexibilities</i> | 11 |
| <i>Face Masks and Physical Distancing Requirements</i> | 12 |
| <i>Testing Program</i> | 14 |
| <i>Symptom Monitoring and Contact Tracing</i> | 14 |
| <i>Quarantine, Isolation and Exposure</i> | 15 |
| <i>Travel, Meetings, Events and Conferences</i> | 15 |
| <i>Fair and Inclusive Workplaces</i> | 16 |
| VA Workplace Operations | 17 |
| <i>Occupancy, Shared Spaces and Elevators</i> | 17 |
| <i>Entry into VA Facilities</i> | 18 |
| <i>Environmental Cleaning and Hygiene</i> | 18 |
| <i>Ventilation and Air Filtration</i> | 19 |

Summary of Revisions

| Version | Version Date | Description of Major Revisions |
|---------|-------------------|--|
| 1.0 | May 7, 2020 | First version of document released publicly. |
| 2.0 | March 3, 2021 | Aligned with new guidance in Office of Management and Budget Memorandum M-21-15. Updated scope and applicability to include VA contractors, buildings and land. Added timeline for VA Administrations and selected Staff Offices to develop/update Annexes, plans and policies. Included reference to VA's "Fourth Mission" and COVID-19 vaccine efforts. Added information about VA's COVID-19 Coordination Team. Emphasized mask requirements as a Federal mandate. Incorporated additional guidance for contact tracing, testing, symptom screening, quarantine and occupancy rates. Added travel restrictions guidance. Elaborated on guidance for enhanced cleaning and ventilation protocols. Included references to available guidance from other Federal agencies. |
| 3.0 | November 19, 2021 | Updated to incorporate M-21-25, Centers for Disease Control and Prevention guidance for fully vaccinated people, President's Path out of the Pandemic: COVID-19 Action Plan, Executive Orders 14042 and 14043 and updated Safer Federal Workforce Task Force COVID-19 Workplace Safety: Agency Model Safety Principles and implementation guidance/frequently asked questions. |

Introduction

The Department of Veterans Affairs' (VA) mission is to take care of our Veterans and their families. VA employees across the Nation are dedicated to serving Veterans, Servicemembers, caregivers and their families, as well as the larger public, with healthcare, benefits and memorial services. In the face of the historic coronavirus disease 2019 (COVID-19) pandemic, VA is committed to protecting its workforce and those interacting with the workforce while ensuring continuity of mission-critical and essential services as part of the Nation's overall response and preparedness efforts.

Purpose, Applicability and Scope

This document provides a framework for VA to protect its workforce and safely maintain continuous services to Veterans in accordance with:

- White House "[National Strategy](#) for the COVID-19 Response and Pandemic Preparedness" (January 21, 2021).
- [Executive Order \(EO\) 13991](#), "Protecting the Federal Workforce and Requiring Mask-Wearing" (January 21, 2021).
- Office of Management and Budget (OMB) Memorandum [M-21-15](#), "COVID-19 Safe Federal Workplace: Agency Model Safety Principles" (January 24, 2021).
- OMB Memorandum [M-21-25](#), "Integrating Planning for Safe Increased Return of Federal Employees and Contractors to Physical Workplaces with Post-Reentry Personnel Policies and Work Environment" (June 10, 2021).
- President's "[Path out of the Pandemic: COVID-19 Action Plan](#)" (September 9, 2021).
- [EO 14042](#), "Ensuring Adequate COVID Safety Protocols for Federal Contractors" (September 9, 2021).
- [EO 14043](#), "Requiring Coronavirus Disease 2019 Vaccination for Federal Employees" (September 9, 2021).
- Safer Federal Workforce Task Force "[COVID-19 Workplace Safety: Agency Model Safety Principles](#)" (July 29 and September 13, 2021).
- Task Force [Frequently Asked Questions \(FAQs\)](#) (August 6, 18, 25, September 3, 16 and 24 and October 4, 21, and 29, 2021).

This document applies to all VA employees, contractors, patients and visitors in VA's buildings and on VA's lands. VA also works closely with the General Services Administration (GSA) and building owners to apply this framework at leased properties. Due to the rapidly evolving nature of the COVID-19 pandemic, this document is dynamic and is not meant to be comprehensive. Additional implementing guidance for VA staff and contractors will follow as necessary and be posted on the [Charting the Course intranet site](#).

To ensure the safety of the workforce, VA Administrations and selected Staff Offices are required to develop and/or update cascading guidance and protocols in the form of Annexes to include return-to-work plans, bulletins and policy documents within one month of major revisions to the Charting the Course framework. All Annexes can be found on the [Charting the Course intranet site](#).

Objectives

The overall objective of this framework is to provide Department-level guidelines for supporting a safe workplace while maintaining mission-critical services and activities. Specific framework objectives include:

- Aligning VA activities with national and Federal guidance.
- Providing an executable roadmap for safe operations as the situation evolves.
- Clearly communicating guidance and criteria to the VA workforce, Veterans, patients, visitors and stakeholders.
- Mitigating risk of resurgence and spread and protecting the most vulnerable populations.
- Utilizing the best available data and science-based public health measures to drive decision-making to assure mission readiness.
- Protecting the VA workforce and employees interacting with the workforce.

Planning Assumptions and Challenges

COVID-19 response and preparedness present VA with unprecedented challenges due to variances amongst Department mission areas supporting Veterans, workforce demographics, geographic locations, occupations, facilities and available resources. As such, this framework is based on the following planning assumptions:

- Pandemic is ongoing, and VA continues to provide response and preparedness efforts.
- Duration and severity can vary depending on the characteristics of the virus and the public health response.
- Resources required to mitigate identified risk may be limited.
- Occupancy and staffing in VA workplaces will vary due to mission needs and differing rates of community transmission across localities.
- Active engagement with key stakeholders will occur throughout planning efforts at the national and local levels.
- All applicable safety measures will continue as COVID-19 vaccines are administered throughout the Department and local communities.

Communications with Workforce and Key Stakeholders

Successful implementation of this framework will require frequent messaging to VA employees, contractors, visitors and key stakeholders, both nationally and locally. VA Administrations and Staff Offices should consult the VA Charting the Course Communications Plan on the [Charting the Course intranet site](#) to develop business-line specific communications toolkits, as needed, to provide quick and direct updates to the workforce. VA will provide employees and the appropriate union representatives with advance notice and guidance before returning to the physical workplace. VA Administrations and Staff Offices should coordinate any such communications with appropriate HR, equal employment opportunity and general counsel officials to address compliance questions including Department requirements pursuant to collective bargaining agreements and employee requirements regarding return-to-work directives.

VA Administrations and Staff Offices should plan for proactive and iterative union engagement and continue to be transparent with information provided to labor organizations as practicable. Organizational changes that trigger labor obligations will require those obligations be met at the appropriate organizational level. Any references within this document found to conflict with existing bargaining agreements shall defer to those labor agreements. VA will follow existing collective bargaining agreements, as appropriate, with respect to safety, personal protective equipment (PPE), union participation on local safety committees and testing of employees who have a reasonable belief that they were exposed to COVID-19.

VA COVID-19 Response and Preparedness Efforts

VA implemented an aggressive public health response to protect and care for Veterans, their families, healthcare providers and staff in the face of the COVID-19 pandemic. During the early onset of the pandemic, VA quickly realigned various activities and operations around the country while continuing its core missions. With approximately 90% of the workforce engaged in providing health care to Veterans, most employees have remained in their daily work environments. The remaining workforce have ensured that cemeteries remain open for visitation and interment of Veterans and eligible individuals, and sustained Veterans benefits claims processing operations. Moreover, VA Staff Offices and headquarters components of the VA Administrations have successfully maximized telework and digital processes to continue providing seamless mission support services.

The Department also established the VA COVID-19 Coordination Team (CCT) to include representatives from the executive leadership team and working level staff from VA Administrations, Staff Offices and experts from HR, occupational safety and health, general counsel and public health fields. The CCT is responsible for sharing information and developing coordinated Department-wide workplace safety guidance in collaboration with the [Safer Federal Workforce Task Force](#), Office of Personnel

Management (OPM), Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA) and GSA. The CCT meets regularly to review compliance with COVID-19 workplace safety plans and protocols, and evaluates any operational needs related to COVID-19 workplace safety. The CCT also coordinates all decisions with VA's Chief Acquisition Officer, the Facility Security Committees, GSA and private lessor's designated representative where appropriate. Additional CCT information can be found on the [Charting the Course intranet site](#).

Risk Assessments: Data and Other Considerations

VA carefully assesses the risks (and identifies potential mitigations and opportunities) before returning employees to workplaces. Not all facilities, work units or functions have the same threats, risks, hazards and mitigation opportunities. While VA Administrations and Staff Offices may tailor risk assessments to meet business-line specific needs and weigh the criticality of certain face-to-face Veteran services, workforce safety is a key priority in meeting mission requirements.

VA utilizes risk mitigation strategies consistent with OSHA's occupational risk [pyramid](#) that classifies workers risk exposure to the virus and CDC's [risk mitigation strategies](#), such as vaccinations, masking, physical distancing, contact tracing and testing, aimed at reducing the rate at which infected employees or contractors come into facilities to slow the spread of the virus and protect others. Mitigation efforts may be scaled up or down depending on the evolving local situation.

Levels of Community Transmission

In determining when to apply safety measures and mitigation strategies, **all VA organizations must reference CDC's [COVID Data Tracker County View](#) to check the level of community transmission.** The CDC tracker provides four levels of community transmission: High, Substantial, Moderate and Low. **Any facility in a county with substantial or high levels must implement additional safety measures, such as wearing masks (regardless of vaccination status).**

VA Administrations and Staff Offices may use discretion in determining the counties relevant to the determination of the level of community transmission in a given area for a given Federal facility and should assess transmission rates in each area at least weekly to determine proper mask-wearing requirements. VA Administrations and Staff Offices should follow guidance from the Safer Federal Workforce Task Force (see [FAQs on Local Conditions](#)) for a given facility when there are changes in the level of transmission.

When a locality imposes more protective pandemic-related safety requirements, VA employees and contractors should follow those requirements in Federal buildings, in Federally controlled indoor worksites and on Federal lands (Federal premises) within that locality.

Table 1. Summary of Actions for Levels of Community Transmission

| Transmission Level* | Duration at Level | VA Action Required |
|---------------------|--|--|
| High | Increases in as little as 1 day (do not wait for multi-day or multi-week trend to be established). | Must implement additional protective safety protocols (i.e., mask-wearing among individuals who are fully vaccinated) as soon as operationally feasible. |
| Substantial | | |
| Moderate | Remains at lower level for <u>at least two consecutive weeks</u> until there is a consistent decrease in the transmission rate. | May utilize protocols recommended for areas of moderate or low transmission. |
| Low | | |

*VA organizations should review these levels at least weekly and may consider the county in which the facility is located, the transmission levels of surrounding local counties from which employees and visitors travel to the facility and transmission levels in counties through which employees based at a given facility regularly travel over the course of their work in the field and between various work sites.

Source: Adapted from the Safer Federal Workforce Task Force FAQs

Other Key Considerations

In addition to available CDC data, VA considers several factors, including, but not limited to:

- Availability of PPE and face masks.
- Capabilities and availability of testing for COVID-19.
- Availability of hand sanitizer and disinfecting wipes for employees' use.
- Ability to safely store hand sanitizer in accordance with OSHA quantity and storage requirements.
- Availability of facility cleaning and disinfecting supplies.
- Status of schools and daycares.
- Functionality of mass transit and availability of parking.
- Required office space alterations needed to ensure appropriate physical distancing.
- Specific VA business line requirements.
- Additional community characteristics (e.g., state-wide directives, county-wide/city directives, etc.).

Essential Workplace Standards and Principles

VA is committed to addressing essential work requirements consistent with best public health practices. The Department's paramount concern is the health and safety of all its employees, onsite contractors and individuals interacting with the VA workforce. VA Administrations and Staff Offices must adhere to the latest [CDC guidance](#) and established public health best practices, based on evolving understanding of the pandemic.

VA Health and Safety

VA prioritizes the safety of its workforce in accordance with [all OPM guidance](#) while considering any staffing shortages and assessing the criticality of certain positions for implementing COVID-19 response efforts. VA also takes steps to promote privacy and information technology (IT) security, while providing the relevant information to VA officials with the need to know to implement safety protocols. VA organizations must closely consult with VA's Records Officer, Chief Information Officer, Chief Medical Officer, Senior Official for Privacy and General Counsel to determine appropriate information management protocols.

All medical information collected from employees, including vaccination information, test results and any other information obtained because of testing and symptom monitoring, will be treated in accordance with applicable laws and policies on confidentiality and privacy, including requirements under the Privacy Act and the Paperwork Reduction Act, and will be accessible only to those with a need to know. VA's points of contact for all matters related to the handling of personally identifiable information and questions relating to personal medical data are listed on the [Charting the Course intranet site](#).

Information about Vaccination

COVID-19 vaccines are widely available in the United States with millions of doses administered since their emergency use authorization by the Food and Drug Administration (FDA). They provide protection against COVID-19 infection and have been proven to lessen the severity of illness in those who do contract COVID-19. **In accordance with EOs 14042 and 14043 and to ensure the safety of the workforce, all VA employees and covered contractors must be fully vaccinated, except in limited circumstances where an individual is legally entitled to an exception for medical or religious reasons.**

In accordance with guidance from the [CDC](#), people are considered fully vaccinated for COVID-19 two weeks after receipt of the requisite number of doses of a COVID-19 vaccine approved by or authorized for emergency use by the FDA or listed for emergency use by the World Health Organization. For Pfizer-BioNTech, Moderna, or AstraZeneca/Oxford, that is two weeks after receipt of the second dose in a two-dose

series. For Johnson & Johnson [J&J]/Janssen, that is two weeks after receipt of a single dose.¹ There is currently no post-vaccination time limit on fully vaccinated status.

VA Employees

As directed in [VA Notice 22-01](#), “Mandatory Coronavirus Disease 2019 (COVID-19) Vaccination Program for VA Employees,”² all VA Administrations and Staff Offices must implement a mandatory COVID-19 vaccination program by requiring all employees, including Veterans Health Administration (VHA) health care personnel, to be fully vaccinated with a complete COVID-19 vaccination series or obtain a legally required exception for medical or religious reasons. This policy applies to all VA employees, to include remote employees, virtual employees, employees on maximum telework and employees who have had a prior COVID-19 infection. VA employees’ compliance with this policy is a requirement. Employees in violation of this policy may face disciplinary action up to and including removal from Federal service. For more information on the vaccination requirements, refer to additional resources on the [VA Insider site](#).

Documentation. Employees must provide acceptable proof of vaccination status and certify, under penalty of perjury, that documentation submitted is true and correct using the [VA LEAF Vaccination Portal](#) (Portal) to show they are fully vaccinated. Employees who do not have regular, routine access to a VA computer and network can complete a paper copy of the form ([VA Form 10230](#)) and submit it to their supervisor, who will upload the form into the [Portal](#) for them. Employees vaccinated by Employee Occupational Health or as Veteran patients also have the option to sign a release of information via the Portal or VA Form 10230 to allow VA to provide appropriate proof of vaccination documentation. Refer to [Office of the Chief Human Capital Officer \(OCHCO\) Bulletin](#), “Mandatory Coronavirus Disease 2019 (COVID-19) Vaccination Program for VA Employees” for documentation requirements and instructions for using the Portal.

Exceptions. If an employee is seeking an exception to being fully vaccinated for medical or religious reasons, they must complete the required information in the [Portal](#) or VA Form 10230 requesting an exception. Requests for exceptions are routed to the employee’s supervisor to initiate the reasonable accommodation process. Additional information on medical exceptions can be found in [VA Handbook 5975.1](#), “Processing Requests for Reasonable Accommodation from Employees and Applicants with

¹ Clinical trial participants from a United States 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, are considered fully vaccinated two weeks after they complete the vaccine series. Currently, the U.S.-based AstraZeneca and Novavax COVID-19 vaccines meet these criteria.

² This notice revises VA Handbook 5019, “Employee Occupational Health Service, Part IV, Paragraph 2, Vaccinations” and is applicable to all VA employees, including employees of the Veterans Health Administration (VHA) previously covered by VHA Directive 1193, “Coronavirus Disease 2019 Vaccination Program for Veterans Health Administration Health Care Personnel.”

Disabilities.” Information on religious exceptions can be found in [VA Directive 5975](#), “Diversity and Inclusion” and [OCHCO Bulletin](#), “Processing Exception Requests under the Mandatory Coronavirus (COVID-19) Vaccination Program.” If an employee is not fully vaccinated due to a medical and/or religious exception, they need to follow applicable masking, physical distancing and Government-wide travel restrictions and comply with all other mitigation and safety strategies deemed necessary and appropriate for the circumstances, such as testing.

New Hires. Individuals who start their government service after November 22, 2021 must be fully vaccinated prior to their start date, except in limited circumstances where an accommodation is legally required. Human Resources (HR) must notify prospective employees of the mandatory vaccination program in job opportunity announcements and tentative and final offer letters. Prospective employees will be asked to provide a statement identifying their vaccination status when responding to the tentative job offer. Failure to respond with their vaccination status will result in rescission of the tentative offer. Unless prospective employees are requesting a legally required exception, they must show evidence of vaccination status prior to receiving a final offer and attending a New Employee Orientation. Refer to [OCHCO Bulletin](#), “Applying COVID-19 Vaccination Requirements to New Hires – Executive Order 14043,” for more information.

When there is an urgent mission-critical hiring need in limited emergency situations to onboard new employees prior to those individuals being fully vaccinated, an exception to the vaccination requirement may be approved by the Secretary of VA (SECVA) or designee. When such exceptions are approved, the newly hired employee must be fully vaccinated within 60 calendar days of their start date and follow safety protocols for unvaccinated individuals until they are fully vaccinated (see sections on [Face Masks and Physical Distancing Requirements](#) and [Travel, Meetings, Events and Conferences](#) in this document).

Hours of Duty and Leave. To receive a dose required to meet the definition of fully vaccinated, employees who receive the COVID-19 vaccine during duty time remain in duty status for the time it takes to receive the vaccine (including travel and wait time), not to exceed four hours, per dose. In the rare circumstance that an employee is not able to get vaccinated during duty time, they **must** receive supervisory approval prior to requesting overtime. Employees may receive up to four hours of administrative leave to receive any authorized COVID-19 vaccine booster shot or additional dose of COVID-19 vaccine, if they are eligible to receive such a booster shot or additional dose. Employees who experience severe, adverse reactions to the vaccine are eligible for up to two days of authorized absence (AA) to recover. Employees may also take up to four hours of administrative leave per dose to accompany a family member (as defined in OPM’s leave regulations, see 5 Code of Federal Regulations 630.201) who is receiving any COVID-19 vaccination dose. For more information, refer to [OCHCO Bulletin](#),

“Authorized Absence for Individuals and Family Members who Receive the COVID-19 Vaccine.”

Non-Compliance. If employees are not in compliance with the requirements in VA Notice 22-01, they may be subject to disciplinary action, up to and including removal from Federal service. In accordance with [OPM guidance](#), the first action supervisors should take is to issue a written counseling and provide employees with educational information regarding the [benefits of vaccination](#) and [ways to obtain the vaccine](#). If an employee does not make a good faith effort to get vaccinated or request an exception after being issued a written counseling, VA may engage in progressive discipline, which could include a 14-calendar-day or less suspension without pay. Refer to [OCHCO employee relations guidance](#) on “Administrative Action for Noncompliance with Mandatory COVID-19 Vaccination Program for VA Employees” for more information.

Covered Contractors

As directed in EO 14042 and subsequent [guidance](#) from the Task Force and Federal Acquisitions Regulation (FAR) Council, all covered contractors, unless legally entitled to an exception, must be fully vaccinated. All VA contracting officers shall comply with the [“Class Deviation from the FAR Regarding Implementation of EO 14042”](#) to include the new clause in applicable contracts requiring contractors and subcontractors at any tier to comply with all guidance for contractor workplace locations as published by the Task Force. For further information, refer to [Acquisition Policy Flash! 22-02](#) (October 1, 2021). Contractors who are not fully vaccinated must follow protocols in the [Entry into VA Facilities](#) section of this document until they are required to be vaccinated by their contract.

Veterans Service Organizations

In accordance with EO 14043, members of Veterans Service Organizations (VSOs) who provide services to Veterans other than assistance with benefits claims (i.e., Volunteer Transportation Network) under 38 U.S.C. § 513 or § 740 are required to be fully vaccinated or seek an exception. Members of VSOs recognized under 38 U.S.C. § 5902 to assist claimants in the preparation, presentation and prosecution of claims for VA benefits (“representative VSOs”), who routinely access VA facilities, are also required to be fully vaccinated or have an approved exception under the terms of the revocable licenses granting the VSO’s access to VA space. VA will provide additional guidance on the [Charting the Course intranet site](#).

Telework and Workplace Flexibilities

The Federal government’s nationwide operating status remains at “open with maximum telework flexibilities to all current telework eligible employees pursuant to direction from agency heads.” VA continues to maximize telework whenever possible to meet mission requirements and during widespread community transmission, regardless of location, in

accordance with [VA Handbook 5011](#), “Hours of Duty and Leave” (see Part II, Chapter 4). VA also provides telework flexibilities to all eligible employees with family care challenges due to COVID-19 (including challenges such as school and daycare closures) and those within populations that the CDC has identified as being at higher risk for serious complications from COVID-19.³ VA Administrations and Staff Offices do not require certification by a medical professional and accept self-identification by employees who are in one of these populations. Telework guidance and resources are available on VA’s [telework intranet site](#).

In addition to telework, VA utilizes other HR flexibilities in accordance with OPM guidance, such as Weather and Safety Leave, approval of other paid leave, flexible work schedules (e.g., maxi-flex) and new work arrangements to support mission-critical services, while balancing the health and safety of the workforce. HR guidance, FAQs and other resources are available on VA’s [HR Emergency Resource Center intranet site](#). VA also continues to maintain IT capacity to assure access to, and the security of, VA’s systems supporting telework.

Face Masks and Physical Distancing Requirements

In accordance with guidance from the [CDC](#) and the Safer Federal Workforce Task Force and subject to any applicable labor relations obligations, all individuals on Federal premises, regardless of vaccination status, are required to wear masks and maintain physical distance:

- **When working in or visiting VHA buildings providing healthcare.**
- **In areas of substantial or high community transmission** (refer to the [COVID Data Tracker County View](#)).
- **Where required for by Federal, State, local tribal or territorial laws.**

In areas of low or moderate transmission, in most settings, fully vaccinated people generally do not need to wear a mask or physically distance on VA premises except as noted above. Fully vaccinated people may choose to wear masks and maintain physical distance regardless of the level of transmission, particularly if they or someone in their household is immunocompromised, at [increased risk of severe disease](#), or if someone in their house is unvaccinated.

VA facilities should post signage conspicuously at each public entrance clearly stating what masking and physical distancing requirements apply at that location. Facilities should also install visual markers and signage to promote physical distancing within common spaces, as applicable. This information should also be communicated regularly to the workforce and visitors through other channels, such as on VA websites.

³ Vulnerable populations include adults 65 and older and people of any age who have serious underlying medical conditions. Other at-risk populations include pregnant people, people experiencing homelessness and people with disabilities. Refer to the [CDC website](#) for additional guidance.

Requirements

When required, masks must cover the nose and mouth, fit snugly around the nose and chin with no large gaps around the sides of the face and adhere to [CDC](#) and [OSHA](#) guidance. Novelty/non-protective masks, masks with exhalation valves or vents, or face shields worn without a face mask are not substitutes for masks.

When required, masks must be worn in common areas and shared workspaces (including open floorplan office space, cubicle embankments, conference rooms and while in VA vehicles). Masks should also be worn in outdoor shared spaces when physical distancing cannot be maintained. Consistent with [CDC guidelines](#), when masking is required, an individual who is alone in an office with floor to ceiling walls and a closed door or for a limited time when eating or drinking and maintaining distancing does not need to wear a mask. Requests for exceptions to the mask requirement must be submitted, using the Task Force: Agency Exception Request Form (accessible to CCT members on the [intranet site](#)), signed by the responsible Under Secretary, Assistant Secretary or Other Key Official. All exceptions must be approved by the SECVA in consultation with the VA CCT.

When required, individuals, to the extent practicable, should physically distance, consistent with [CDC guidelines](#), including in offices, conference rooms and all other communal spaces.

Compliance

VA ensures masks are available for employees, contractors and visitors at work sites and follows [CDC guidance](#) on the design, use and maintenance of such masks. When appropriate, VA also provides PPE for specific frontline workers in a central location depending on the risk of exposure. VA will continue to follow related guidance in place for healthcare settings. Masks do not provide the same level of protection as medical face masks or respirators and should not replace specific PPE requirements. Facilities may prohibit entry of persons who are not in compliance of mask requirements. For more information on entry protocols, refer to the [Entry into VA Facilities](#) section of this document.

If an employee requests a medical or religious exception as the reason for not wearing a mask or undergoing testing, they should follow [VA's process](#) for reasonable accommodations in accordance with existing [EEOC guidance](#). If an employee is not eligible for a reasonable accommodation and does not comply with the mask requirement, supervisors should remind the employee of the Federal government-wide policy. If an employee does not comply, they may be denied entry into the facility and their supervisor may pursue appropriate disciplinary action in consultation with local HR servicing offices and general counsel officials.

Testing Program

In accordance with Safer Federal Workforce Task Force [guidance](#) and VA Notice 22-01, VA is establishing a testing program for employees with approved exceptions to the vaccination requirement. VA currently provides diagnostic testing for all employees after a workplace exposure and for employees who are not fully vaccinated. VA will publish further guidance on the [VA Charting the Course intranet site](#) and in associated Annexes. Testing must be conducted during the employee's basic tour of duty hours and only for the time necessary to obtain the test.

Employees who refuse to comply with testing requirements may be subject to administrative action, up to and including removal (unless employees raise a disability or religious issue, then supervisors should refer to the [Information about Vaccination](#) and [Fair and Inclusive Workplaces](#) sections in this document). If a supervisor is considering taking an administrative action due to an employee's refusal to be tested, the supervisor should first consult with their HR staff and District Counsel to review legal requirements, agency policy and collective bargaining agreements and provisions. See the [HR Emergency Preparedness FAQs](#), Employee Relations section for further information.

In accordance with [OSHA's recordkeeping requirements](#), VA organizations must record on the OSHA Illness and Injury Log if each of the following conditions are met: (1) the case is a confirmed case of COVID-19; (2) the case is work-related (as defined by 29 CFR 1904.5) and (3) the case involves one or more relevant recording criteria, e.g., medical treatment beyond first aid, days away from work (set forth in 29 CFR 1904.7). VA organizations must also comply with all applicable laws in accordance with VA's records management policies and relevant privacy and IT security protocols.

Symptom Monitoring and Contact Tracing

All VA facilities must have a process in place to screen for signs/symptoms (see [CDC's Symptoms of Coronavirus](#)) of COVID-19 that includes applicable reporting and HR requirements for supervisors. In collaboration with GSA, VA will continue to encourage commercial lessors to implement the same screening requirements implemented in buildings in the National Capital Region. Symptom screening may vary by facility with further guidance provided in VA Administration and Staff Office Annexes. VA is currently using [screening applications](#) in clinical settings and building signage at non-clinical locations. Facilities using screening questionnaire signage, must post signage at the main entrance with a statement not to enter the facility if they answer "yes" to any of the questions posted on the signage. VA Administrations and Staff Offices may pursue screening applications similar to the [CDC screening tool](#). Employees exposed to patients or other employees with a confirmed case of COVID-19 will undergo screening according to [CDC guidelines](#).

All VA Administrations and Staff Offices must develop procedures to support contact tracing and identify, track and manage COVID-19 cases. These procedures must include how an organization will disclose cases to impacted individuals in a transparent manner consistent with applicable privacy and confidentiality laws and regulations. If COVID-19 cases occur within a specific building or work setting, it is the responsibility of the appropriate local designees to determine next steps in consultation with local public health officials. VA will issue additional guidance in associated Annexes for developing protocols to ensure appropriate public health authorities are notified of positive cases (refer to CDC's [Health Department Directories](#) and National Association of County and City Health Officials [Directory of Local Health Departments](#)).

Quarantine, Isolation and Exposure

If VA employees, onsite contractors or visitors are not feeling well, they should not enter the workplace. **Any individual who develops any [symptoms](#) consistent with COVID-19 during the workday must immediately isolate, wear a mask, notify their supervisor and promptly leave the workplace.** Supervisors should work with their local HR Servicing Office and refer to VA's [HR Emergency Resource Center intranet site](#) for additional guidance and advice.

Any employee or contractor, regardless of vaccination status, with a suspected or confirmed case of COVID-19 is advised to isolate, in accordance with [CDC guidelines](#), and in compliance with local laws/regulations. Unvaccinated individuals who have had close contact with someone who has tested positive for COVID-19 are instructed to report their status to their supervisor and follow [CDC](#) and local guidance for quarantine practices. Supervisors should refer to the VA's [HR Emergency Resource Center intranet site for additional information](#).

Fully vaccinated individuals that have been exposed to someone with confirmed or suspected COVID-19, should get tested five to seven days following a known exposure and wear a mask in indoor settings for 14 days after exposure or until a negative result. Fully vaccinated individuals are not required to quarantine, if they do not develop symptoms, but should continue to follow other safety measures including social distancing, hand hygiene, cleaning and disinfection, wearing masks and wearing PPE (if applicable to job duties).

Travel, Meetings, Events and Conferences

VA Administrations and Staff Offices should consider the safety of the workforce and impact on care and benefits to Veterans when coordinating travel, meetings, events and conferences. For more guidance and specific information about testing related to official travel, refer to [OCHCO Bulletin](#), "Revised Travel Restrictions and Guidance for In-Person Attendance at Meetings, Conferences or Events Hosted by VA."

Travel

VA employees should check the CDC [website](#) regularly to review updated general public health measures and guidance for traveling. CDC's travel guidance will supersede [VA's guidance](#). There are no government-wide limits on official travel for Federal employees who are fully vaccinated. Approval of travel requests should be made by the employee's supervisory chain of command, in accordance with procedures established by Administration or Staff Office heads. Official domestic and international travel for VA employees who are not fully vaccinated is limited to only necessary mission-critical trips. Employees should be aware that they may be required to stay at home after official or personal travel before they are allowed to return to the workplace. Employees should consult with their supervisor to determine whether they may telework or request leave.

Meetings, Events and Conferences

VA Administrations and Staff Offices should limit in-person conferences and events to the maximum extent possible and review them on a case-by-case basis through each VA organization's chain of command to determine whether to cancel or proceed. In-person attendees at any meeting, conference and event hosted by a VA facility must be asked to provide information about vaccination status. In requesting this information, VA complies with any applicable Federal Laws, including requirements under the Privacy Act and the Paperwork Reduction Act. In-person attendees who are not fully vaccinated must provide proof of a negative COVID-19 test completed no more than three days prior to the event and comply with masking and physical distancing requirements. In person attendees in areas of high or substantial transmission must wear a mask in public indoor settings regardless of vaccination status.

If a VA facility intends to host an **in-person meeting, conference or event that will be attended by more than 50 participants** – regardless of whether participants include members of the public – the facility must first seek the approval of the SECVA, in consultation with the VA CCT. For more guidance, refer to [OCHCO Bulletin](#), "Guidance on the Approval Process for VA Hosted In-Person Events with More than Fifty (50) Attendees." The SECVA may delegate the authority to approve these events as needed.

Fair and Inclusive Workplaces

VA is committed to providing a safe, inclusive and equitable environment for VA staff, contractors and visitors. Managers and supervisors are accountable for reviewing and enforcing the SECVA's Equal Opportunity, Diversity and Inclusion, No FEAR and Whistleblower Rights and Protection [Policy Statement](#). These protections guide all management practices, including those related to workplace safety. VA Administrations and Staff Offices must also follow [guidance](#) from the Equal Employment Opportunity Commission when implementing workplace safety protections and procedures. If an employee has concerns related to workplace safety, they should first raise them with

their supervisor to discuss appropriate actions, such as moving to a different work area, taking annual leave or teleworking.

Administrations and Staff Offices should also take all appropriate steps to ensure that these documents do not exhibit or contribute to racism, xenophobia and intolerance against Asian American and Pacific Islanders in accordance with [Presidential Memorandum](#), “Condemning and Combating Racism, Xenophobia, and Intolerance Against Asian Americans and Pacific Islanders in the United States” (January 26, 2021).

VA Workplace Operations

All VA Administrations and Staff Offices are responsible for ensuring they have procedures for supplying hygiene supplies, maintaining facility cleanliness, ensuring proper building airflow/ventilation, displaying consistent signage and maintaining physical distancing in accordance with [VA Directive 7700](#), "Occupational Safety and Health," and [VA's Occupational Safety and Health Program](#). These procedures must be included in related Annexes and guides. VA's Designated Agency Safety and Health Official, in consultation with the VA CCT, will review and promulgate additional Department-level guidance and strategy as needed.

Occupancy, Shared Spaces and Elevators

In accordance with [M-21-25](#) and updated Task Force guidance, the occupancy requirements set forth in M-21-15 are no longer in effect. However, VA Administrations and Staff Offices may establish occupancy limits for specific workplaces as a means of ensuring physical distancing between unvaccinated individuals and during periods of high or substantial community transmission when it does not interfere with the provision of direct services to Veterans.

The decision to open or close a Federally owned or leased building under GSA's authority are, by regulation, made by the building's Designated Official (the chair of the building's Facility Security Council), in consultation with the building manager and law enforcement organization responsible for protecting the facility. Beyond the “open or close” determinations, VA may also make decisions concerning utilization of specific space (e.g., floor, office, suite, etc.) within any multi-occupant facility that it inhabits.

In shared spaces, VA facilities should install plexiglass shields, standing dividers or other barriers where appropriate. Facilities may also implement one-way walkways where practicable, reconfiguration of workspaces, assigned workstations or office assignments and other mitigation strategies to minimize interactions. VA occupational health professionals must assess elevators to determine safe occupancy and post-occupancy limits. VA strongly encourages the use of stairs by those who are physically able. Signage and risk assessment charts must be posted to explain current procedures.

Entry into VA Facilities

All VA facilities must develop entry procedures for employees, onsite contractors and visitors, and include them in associated Annexes, in accordance with guidance from the Safer Federal Workforce Task Force, GSA and the Federal Protective Service (FPS). Prior to allowing entry into a facility, VA may ask employees, onsite contractors and visitors to self-screen for symptoms or other risk factors of COVID-19 daily. Masked individuals may be asked to lower their masks briefly for identification purposes in compliance with safety and security requirements. In general, contract guards or FPS Protective Security Officers may prohibit entry of persons who are not in compliance with mask requirements at entry control points.

Given the [different safety protocols](#) for individuals who are fully vaccinated and those who are not fully vaccinated, VA organizations must ask about the vaccination status of visitors to VA premises and onsite contractors who are not yet contractually required to be vaccinated. Visitors and onsite contractors must complete the [Certification of Vaccination form](#) prior to entry and provide the form when they enter VA premises (and keep it with them during their time on VA premises). VA organizations should **not** maintain the forms from contractors and visitors.

When a visitor discloses that they are not fully vaccinated or declines to provide information on their vaccination status, they must provide proof of a negative COVID-19 test⁴ from no more than three days prior to entry into a VA building and follow [protocols](#) for those who are not fully vaccinated. All VA facilities must have protocols for checking the vaccination status of visitors and proof of a negative COVID-19 test, when applicable. If they are not fully vaccinated, these visitors must comply with all relevant CDC guidance, including wearing a mask and physically distancing from other people. The vaccination status and testing requirements do not apply to members of the public entering VA premises to obtain a public service or benefit.

The SECVA has general authority to protect VA property, in accordance with 38 U.S.C § 901 and 38 C.F.R. § 1.218(a), and to protect the health and safety of Veteran patients, VA staff and others. This authority may be exercised by prohibiting individuals from entering the grounds or premises in certain circumstances. If an individual refuses a test for COVID-19, VA facilities can deny them access to the worksite, provided that, when making a decision to do so, the facility does not fail to provide a reasonable accommodation and does not engage in unlawful disparate treatment based on a protected characteristic.

Environmental Cleaning and Hygiene

VA facilities must implement enhanced cleaning and disinfection services in common use/high touch/high density spaces, such as lobbies, restrooms, elevators and stairwells

⁴ Must be a proctored test that provides formal results of a negative test whether it be on a mobile application or on a piece of paper.

in accordance with [CDC](#), [GSA](#) and [DOL](#) guidance. Refer to the Environmental Protection Agency's [List N: Disinfectants to Coronavirus \(COVID-19\)](#) for a list of products that kill COVID-19 when used according to the label directions.

Office space in regular use should be cleaned regularly and in accordance with CDC guidelines. VA provides wipes and gloves to clean workstations and related personal property. VA prioritizes the availability of supplies and cleaning services to services that are the most public-facing, as well as those most critical to implementing COVID-19 response efforts. VA provides hand sanitizer stations at building entrances and throughout workspaces with FDA approved hand sanitizer (see [CDC's guidance on how to select and use hand sanitizer](#)). Employees and contractors are encouraged to exercise proper hand hygiene by washing hands with soap and water or using hand sanitizer with at least 60 percent alcohol.

As employees and contractors return to worksites to a greater degree, VA employees and contractors should disinfect shared tools and equipment after each use or anytime the equipment is used by or transferred to a new person. This includes phones, computers, other communication devices, printers, kitchen equipment and other office equipment.

In the event of a suspected or confirmed case of COVID-19 in the workplace, VA facilities must ensure enhanced environmental cleaning of the spaces that the individual occupied or accessed in accordance with [CDC](#) and, where applicable, [GSA](#) guidance:

- If fewer than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.
- If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough.
- If more than three days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

If enhanced cleaning is required, close off the impacted area(s) and wait as long as possible (at least several hours) before cleaning and disinfecting. Extended wait periods allow increased opportunity for viral deactivation to occur naturally, while also allowing time for aerosols to settle, prior to surface disinfection.

Ventilation and Air Filtration

To the maximum extent feasible, VA optimizes indoor ventilation to increase the proportion of outdoor ventilation, improve filtration and reduce or eliminate air recirculation. VA facilities should identify and implement improvements in accordance with [CDC](#) guidance and in consultation with building management staff and/or GSA as supplies or equipment is available. Deployment of portable high-efficiency particulate air cleaners should be considered for higher-risk spaces (e.g., health care settings).