

Updated Guidance for City Agencies on Leave Policy Applicable to Employees at Risk for Coronavirus Disease 2019 (COVID-19)

This document sets forth City leave policy with respect to City employees who are isolated, quarantined, or who are home self-monitoring in accordance with CDC recommendations.

A. CDC Guidance

The CDC Guidance defines four categories of risk to guide public health management of people following potential COVID-19 exposure. The recommendations apply until 14 days after the exposure event:

- High Risk

- A person who lives in the same household as, or is an intimate partner of, or who has been providing care in a nonhealthcare setting for a person with symptomatic, laboratory-confirmed COVID-19 infection without using CDC recommended precautions for home care and home isolation; and
- A person who has traveled from Hubei Province, China.

On February 3, 2020, the Centers for Disease Control and Prevention (CDC) issued an “Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings”, which was updated on February 8, 2020 (see <https://www.cdc.gov/coronavirus/2019-nCoV/php/risk-assessment.html>.)

- Medium Risk

- The employee has arrived from a country designated by the CDC as a Level 3 on their Travel Guidance, (as of March 4, 2020, this covers Iran, Italy, and South Korea) or from Japan (designated Level 2 as of the date of this Updated Guidance) and is asymptomatic.
- A person having close contact¹ with a person with symptomatic, laboratory-confirmed COVID-19 infection, other than exposures that meet the high-risk definition.
- A person who lives in the same household as, or is an intimate partner of, or has been providing care in a nonhealthcare setting for a person with symptomatic, laboratory-confirmed COVID-19 infection while consistently using CDC recommended precautions for home care and home isolation.
- A person seated on an aircraft within 6 feet of a traveler with symptomatic, laboratory-confirmed COVID-19 infection.

¹ Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case – or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

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- Low Risk
 - A person having been in an indoor environment (e.g., a classroom, hospital waiting room) with a person with symptomatic, laboratory-confirmed COVID-19 infection for a prolonged period of time but not meeting the definition of close contact.
 - A person seated on an aircraft of a traveler with symptomatic, laboratory-confirmed COVID-19 infection but not within 6 feet.
- No Identifiable Risk
 - Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

The CDC recommends that persons in the high-risk and medium-risk categories who are symptomatic be immediately isolated and medically evaluated. The New York City Department of Health and Mental Hygiene may recommend that other persons who present a risk similarly be isolated and medically evaluated.

The CDC recommends that persons in the high-risk category who are asymptomatic be quarantined for a period of 14 days. To implement this recommendation, the New York City Commissioner of Health and Mental Hygiene issued orders requiring that individual travelers and certain contacts of such travelers be quarantined.

The CDC recommends that persons in the medium-risk category, arriving from a country designated by the CDC as a Level 3 on their Travel Guidance, or arriving from Japan (designated Level 2 as of the date of this Updated Guidance) and who are asymptomatic to voluntarily self-monitor for 14 days after their arrival by remaining home or in a comparable setting, avoiding congregate settings, and limiting public activities. Further guidance from New York State directs that individuals in this category do not attend work or school.

B. Guidance on Applicable Leave Policies City Employees under Quarantine

Leave regulations applicable to employees under the Pay Plan for Management Employees and employees under the Career and Salary Pay Plan provides that the absence of employees shall be excusable without charge to sick leave or annual leave balances when the absence is required because of a Health Department ruling with respect to quarantine.² It is the policy of the City to provide employees who are isolated or quarantined or who self-monitor at home in accordance with the CDC recommendations with time off with pay without charge to leave balances. Employees should provide proof that they meet the conditions for isolation, quarantine, or home self-monitoring:

² The same excused absence provisions generally apply to employees whose pay is determined in accordance with Section 220 of the New York Labor Law, with exceptions for a small number of units. Agencies should consult OLR or DCAS if any cases arise.

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- The employee in the Medium-Risk or High-Risk category is asymptomatic and is home self-monitoring.
- The employee is symptomatic and either under investigation for COVID-19 infection or confirmed as a case of COVID-19 and required to remain absent because of isolation directed by the NYC DOHMH.
- The employee arrived in the United States from Hubei Province, China on or after February 2, 2020, at 5 pm EST, is asymptomatic and is quarantined in accordance with DOHMH directions.

Managers should notify the agency's Human Resources (HR) office of any employees who have returned from countries at CDC's Level 3 or from Japan (designated Level 2 as of the date of this Updated Guidance), Travel Guidance recently (<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>). HR should contact those employees and explain this guidance to them. Further guidance is available on the DOHMH website at <https://www1.nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page>

C. Employees who have been diagnosed with COVID-19

Information that an employee has the coronavirus must be held confidential. The Americans with Disabilities Act prohibits the disclosure of confidential medical information unless a supervisor must implement work restrictions for public health and safety reasons.

Employees who have been diagnosed as infected by COVID-19 will receive time off with pay and without charge to leave balances for the workdays that fall within the period that they are symptomatic and 10 calendar days after resolution of their symptoms or another number of days after the resolution of their symptoms as determined by the Department of Health and Mental Hygiene. Thereafter, time off will be charged against leave balances. If an employee has exhausted his/her leave balances, City agencies can either advance or grant sick leave to a permanent competitive employee who has ten or more years of service. If the COVID-19 virus outbreak evolves, the City may temporarily modify this policy to include non-competitive and provisional employees with ten or more years of City service, as well as permanent, competitive employees with less than ten years of service.

D. Employees Exhibiting Flu-like Symptoms

If an employee is exhibiting cold and flu-like symptoms and you reasonably determine that the employee's health condition may threaten the safety of other employees, agencies can instruct the employee to go home and require the employee to provide a health care provider/doctor's note stating that the employee is cleared to return to work.

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There is no special obligation beyond the standard sick leave policy to pay a sick employee who is instructed to stay home or who is sent home, except for those employees who are isolated or quarantined or self-monitoring as described in Part B above and those employees who have been diagnosed with COVID-19 as described in Part C above.