MANAGING THE RETURN TO THE OFFICE IN THE AGE OF COVID-19

Updated June 29, 2021
Summary

This document is a compilation of information from across government and industry. It can be used as a framework for agencies’ consideration as they continue to manage and expand their on-site operations during this time while reducing the risk of COVID-19 transmission.

Even as restrictions begin to be lifted, this guidance continues to be grounded in the NYC Department of Health and Mental Hygiene’s (DOHMH or NYC Health Department) key actions for preventing COVID-19 transmission:

- Get vaccinated.
- Stay home if you are sick or test positive for COVID-19.
- Keep physical distance if you are not fully vaccinated.
- Keep your hands clean.
- Wear a face covering.
- Get tested.

The document is divided into four sections:

1. **Prepare the Building**: provides guidance on risk mitigation strategies related to building infrastructure and public areas in buildings managed by City agencies.
2. **Prepare the Workspace**: provides guidance on risk mitigation strategies related to an agency’s physical workspaces, including workplace best practices, physical distancing, occupancy planning, and cleaning.
3. **Prepare the Workforce**: provides guidance on risk mitigation strategies related to the City’s workforce, including alternative work schedules; face coverings and health screening requirements; personal hygiene best practices; testing and vaccination recommendations and resources. It also includes COVID-specific personnel policies, accessibility considerations, and employee support resources.
4. **Communication**: provides guidance on establishing and maintaining centralized, two-way, multi-channel communications with the staff and the public.

This guidance was prepared by the Department of Citywide Administrative Services (DCAS) in partnership with the Mayor’s Office, the NYC Health Department, New York City Office of Labor Relations (OLR), and the New York City Law Department. Recommendations are advisory and should be used for planning purposes only; agencies are encouraged to make their own decisions based on their unique workspaces and workforces. Please be advised that the information contained herein represents current guidance as of the date of release, and agencies should reference the primary resources included throughout this document when establishing their policies and protocols.

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PREPARE THE BUILDING

This section provides guidance on risk mitigation strategies related to building infrastructure and public areas in buildings. It is intended for agencies that manage buildings. Agencies in buildings either managed by another agency or a private landlord should work with their building management to address the measures described in this section.

BUILDING SYSTEMS

This section provides high-level guidance only. See the government and industry resources referenced within this section and the Resources section at the end of this document for more details.

Vacant Buildings

- Verify mechanical systems’ operation and restore all sequences, setpoints, and schedules modified during the rollback of operations.
- Evaluate the building and its mechanical and life safety systems to determine if the building is ready for occupancy. Check for hazards associated with a prolonged facility shutdown such as mold growth, rodents or pests, or issues with stagnant water in building systems, and take appropriate remedial actions.
- For building heating, ventilation, and air conditioning (HVAC) systems that have been shut down or have been operated on a reduced schedule, review Standard Practice for Inspection and Maintenance of Commercial Building from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE).

HVAC Systems

The potential for the airborne transmission of COVID-19, in addition to close contact transmission, has led to an increased focus on ventilation and filtration to mitigate the risk of transmission in indoor settings (see Resources section for references on this topic).

The Centers for Disease Control & Prevention (CDC) recommends the following ventilation guidance based on guidance from ASHRAE:

- Increase outdoor air ventilation, using caution in highly polluted areas.
- When weather or building conditions allow, increase fresh outdoor air by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to occupants in the building.
- Use fans to increase the effectiveness of open windows. To safely achieve this, fan placement is important and will vary based on room configuration. Avoid placing fans in a way that could potentially cause contaminated air to flow directly from one person to another. One helpful strategy is to use a window fan, placed safely and securely in a window, to exhaust room air to the outdoors. This will help draw fresh air into the room via other open windows and doors without generating strong room air currents.
- Decrease occupancy in areas where outdoor ventilation cannot be increased.
- Ensure ventilation systems operate properly and provide acceptable indoor air quality for each space’s current occupancy level.
- Increase airflow to occupied spaces when possible.
- Turn off any demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature during occupied hours. In homes and buildings where the HVAC
fan operation can be controlled at the thermostat, set the fan to the “on” position instead of “auto,” which will operate the fan continuously, even when heating or air-conditioning is not required.

- Open outdoor air dampers beyond minimum settings to reduce or eliminate HVAC air recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold, hot, or humid weather.
- Increase air filtration, where practicable, to a Minimum Efficiency Reporting Value (MERV) rating of 13 or higher, or as high as possible without significantly reducing design airflow.
- Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Check filters to ensure they are within their service life and appropriately installed.
- Ensure restroom exhaust fans are functional and operating at full capacity when the building is occupied.
- Inspect and maintain local exhaust ventilation in areas such as kitchens, cooking areas, etc. Operate these systems any time these spaces are occupied. Consider operating these systems, even when the specific space is not occupied, to increase overall ventilation within the occupied building.
- Consider portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning.
- Generate clean-to-less-clean air movement by re-evaluating the positioning of supply and exhaust air diffusers and dampers (especially in higher-risk areas).
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplement to help inactivate SARS-CoV-2, especially if options for increasing room ventilation are limited. Upper-room UVGI systems can provide air cleaning within occupied spaces, and in-duct UVGI systems can help enhance air cleaning inside central ventilation systems.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the building is occupied.
- Update building management system (BMS) programming to incorporate HVAC strategies to reduce virus transmission.
- Automate the control sequences applied as “Epidemic Mode” operation that the operator can manually select. If automation is not possible, develop manual procedures.
- For buildings that do not have fully functional building management systems, operators should manually override existing control systems and sequences to increase ventilation, where feasible.

**Water Systems**

- Review and implement NYC Health Department’s Guidance for Returning Building Water Systems to Service After Prolonged Shutdown.
- Work with water treatment service provider to ensure chemical levels are within defined ranges for cooling towers, closed water systems, water features, etc.
- Ensure drinking water systems are current with maintenance schedules.
- Post reminders for proper hand hygiene at water fountains and sinks.
- Consider replacing manually operated systems with motion-sensor drinking water systems.
Restrooms

- Ensure restrooms are supplied with soap at all times.
- Limit occupancy of restrooms and block off every other sink to ensure physical distancing.
- Ensure restrooms are under negative pressure.
- Run toilet exhaust systems continuously during occupancy periods and a minimum of two hours before and after occupancy.

CLEANING

See the Prepare the Workspace section for more information on cleaning and personal hygiene within the workspace.

- For buildings (or areas) that have been vacant, conduct a comprehensive top-to-bottom and perimeter cleaning.
- Follow CDC’s Cleaning and Disinfecting Your Facility to develop, follow, and maintain a cleaning plan. Use NYC Health Department’s Cleaning and Disinfection Log Template to keep track of actions taken.
- Inventory cleaning supplies and check for compliance with the EPA’s List N: Disinfectants for Coronavirus (COVID-19); procure supplies as needed.
- Establish protocols for cleaning after a suspected or confirmed case of COVID-19 following the CDC’s guidance. See also the Remedial Cleaning section of the Managing COVID-19 Cases for more details.
- For agencies that manage multi-tenant buildings (the “managing agency”), establish and communicate procedures for how a tenant should notify the managing agency after a tenant learns that an individual with a positive COVID-19 test result has been in the building. See New York State’s Interim Guidance for Office-Based Work During the COVID-19 Public Health Emergency for more details.
- Install hand sanitizer in high traffic and public areas.
- Ensure cleaning equipment and tools are in working condition.
- Ensure that cleaning staff are trained on the proper use and limitations of personal protective equipment (PPE), personal hygiene protocols, mixing/applying and disposal of approved cleaning and disinfecting agents (following OSHA Hazard Communication Standard) and are appropriately supervised to promote ongoing quality control.
- Establish protocols for proper disposal of PPE used by building staff following government regulatory requirements.

ACCESS CONTROL AND CIRCULATION

Controlling access to the building is critical in minimizing the spread of COVID-19 and reassuring workers and visitors that actions are being taken to help protect them. The level of control will depend on both the nature of the business being conducted in the building, the building owner and the number of tenants in the building.
This section is intended for agencies that control the entrance to their buildings only. Agencies should refer to the Prepare the Workforce section for guidance related to health screenings and face coverings for the agency’s employees, visitors, and clients.

**Face Coverings**

- Establish a face covering protocol that:
  - Enforces the requirement that everyone able to medically tolerate a face covering wear a face covering that covers their mouth and nose at all times (except when eating or drinking) when entering the building or when in a shared indoor City workspace and
  - Allows employees and visitors who have been fully vaccinated to remove their face covering when in a shared workspace, provided the person is not interacting with the public indoors or present in a pre-kindergarten to twelfth grade school, public transit, homeless shelter, correctional facility, nursing home, or health care setting, through attestation via the health screening tool (see Health Screenings section).
  - Includes a process for providing services to a client that is not medically able to tolerate a face covering.
  - Includes a process for providing a face covering to an individual entering the building who does not have a face covering.
  - For a sample protocol, see DCAS Building Policies & Procedures During COVID-19.
- Procure a supply of face coverings to supply to individuals entering the building who do not have a face covering.
- Post requirements at the entrances of the building and throughout the building as appropriate.
- See DOHMH’s COVID-19 Face Coverings: Frequently Asked Questions for more information.

**Health Screenings**

- Establish protocols and procedures for conducting building health screenings for employees, visitors, and clients. For a sample health screening protocol, see DCAS Building Policies & Procedures During COVID-19.
  - Employees and visitors:
    - Follow the NYC Agency Employee COVID-19 Screening Tool distributed by AgencyRestart.

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1 “Visitors” are prescheduled or expected guests who the agency anticipates will have a prolonged visit and will interact closely with agency employees (e.g., a court reporter coming for a deposition), but who are not seeking services from the agency. Visitors also include, but are not limited to, maintenance workers, consultants, and individuals coming from other entities for conferences and meetings.

2 “Clients” are members of the public who are seeking services from City agencies as walk-ins or by appointment.

3 A shared indoor City workspace is a space in which an individual is physically present with at least one other individual and the individuals cannot be separated by a closed door.

4 An individual is considered fully vaccinated two or more weeks following receipt of second dose in a 2-dose series of a COVID-19 vaccine, or 2 or more weeks following receipt of one dose of a single-dose COVID-19 vaccine.

5 A link to the NYC Agency Employee COVID-19 Screening Tool and the NYC Agency COVID-19 Screening Tool for Clients is intentionally omitted as the screening tool is regularly updated. Agencies should consult with their General Counsel or Agency Chief Restart Officer (ACRO) for the latest version and guidance.
If an Agency manages a building with tenants, coordinate with tenants on entry protocols for their employees and visitors. Keep a log confirming review of confirmatory questions of all employees and visitors screened for purposes of entering the building (i.e., the log should only include confirmation that (1) the health screen questionnaire was completed and (2) that the person was cleared to enter the building).

- Clients:
  - The Mayoral Restart Taskforce leaves it to each agency's discretion to implement a responsible health screening policy for clients that accounts for its services and needs.
  - Agencies are strongly encouraged, however, to employ the most stringent health screening process feasible to equally protect the health and safety of their employees and all members of the public.
  - Agencies that elect to screen clients should follow the NYC Agency COVID-19 Screening Tool for Clients distributed by AgencyRestart.

- Train screeners to ensure effective, non-discriminatory application of screening protocols; and on maintaining confidential information.
- At all entrances, post requirements for health screenings, as well as on agency websites where appropriate. Ensure all signage meets the Mayor’s Office for People with Disabilities (MOPD) standards.
- Communicate all screening policies to tenants.
- Consider accessibility (review Accessibility Considerations for a Return to the Office Plan) when developing, communicating, and deploying policies and protocols.

### Elevators & Stairs

- Post elevator etiquette and requirements. Per CDC recommendations, face coverings must be worn by all individuals while in an elevator, regardless of vaccination status. Further, the CDC recommends individuals avoid speaking, minimize surface touching, and use an object or knuckle to push the elevator button.
- Limit the number of people in an elevator and post maximum occupancy at all elevator banks and within each elevator.
- Use floor markings in lobbies and near the entrance to escalators and stairwells to reinforce physical distancing.
- Post allowable occupancy per elevator; and, where beneficial, indicate where to stand and which direction to face in the elevator.
- Open stairways, additional access doors, and freight elevators for travel where possible.
- Post reminders or signage near elevators for the option of using open stairways.
- Encourage occupants to take stairs when possible, especially when elevator lobbies are crowded or only walking a few flights.
- Where feasible, designate certain stairwells or sides of stairwells as “up” and “down” to promote physical distancing.
- Ensure regular cleaning schedule of all surfaces.
- Cover buttons with anti-microbial plastic to protect the electronic components from being damaged by cleaning supplies.
• Consider adding supplemental air ventilation or local air treatment devices in frequently used elevator cars if feasible.

Physical Distancing

• Establish a one-directional flow of movement at entrances, hallways, and exits, and post accordingly.
• Install 6-foot markers at entrances, elevators, and areas where people may congregate to enforce physical distancing.
• Install hygienic barriers at reception desks, service counters, and other public engagement areas.
• Review shipping and receiving protocols and modify as needed. Consider separating shipping and receiving areas from the general population, requiring personnel handling mail and parcels to wear PPE to receive parcels, correspondence, and other deliveries, and encouraging contactless delivery.
• Develop fire drill and evacuation protocols that allow for physical distancing (see DCAS' Fire and Life Safety Evacuation Drill Demonstration example).
PREPARE THE WORKSPACE

This section provides guidance on risk mitigation strategies related to an agency’s physical workspaces, including workspace best practices, physical distancing, occupancy planning, and cleaning. It applies to agencies that operate in both city-owned and leased buildings.

PHYSICAL DISTANCING

Physical distancing is an important risk mitigation strategy. Workspaces can be used and reconfigured to enable staff to maintain at least 6 feet distance from each other when working and moving about the space.

Workspaces:

No-or Low-Cost Strategies:

- Use alternating desks.
- Use workspaces that allow 6-foot separation from main corridors and adjacent workstations.
- Ensure access in and out of secondary aisles does not infringe on the clearance of workstations.
- Block off non-compliant areas.
- Consider removing desks, monitors, or chairs at desks, tables, and seating that will not be used.

Strategies with Costs:

- Installing physical barriers (e.g., plexiglass or similar materials) at reception and security desks.
- Consider adding screens (plexiglass or other solid material) in front of, beside, and behind people.
- Consider reconfiguring the placement of workstations:
  - Reduce sitting face to face without a barrier.
  - Increase the distances between workstations and desks.
  - Turning workstations to 90-degree angles to prevent workers from working directly across or behind one another.

Reception Areas

- Install physical barriers (e.g., plexiglass or similar materials) at reception and security desks.
- Rearrange or take away seating in the reception area to manage physical distancing.
- Remove pens and paper sign-in and have receptionists log guests. If this is not feasible, require a visitor to use their own pen or request a single-use pen if needed; or set out separate holders for clean pens and used pens and sanitize the used pens before moving them back to the clean holder.
- Keep the hand sanitizer dispensers in plain view or if a dispenser is not located in a reception area, set out bottles of hand sanitizer.

Shared Spaces

- Provide hand sanitizer dispensers in public engagement areas.
- Limit the use of shared workstations to the extent practicable.
• Limit occupancy for shared spaces to allow individuals to maintain 6 feet physical distancing based on vaccination status (e.g., conference rooms, huddle spaces, pantries, break rooms, and copy rooms). This may result in occupancy limitations that change based on the users of the space; and that are greater than what would have been allowed if 6 feet were provided for every person, if some people in the room are vaccinated. See the Workforce Physical Distancing section for more information.

• Ensure meeting rooms have appropriate technology to allow for conference calls and video conferencing where possible to allow individuals who wish to work from their desks or are telecommuting to join in person meetings.

• Agencies may continue to post maximum occupancy for shared spaces to provide guidance to individuals who are practicing physical distancing.

• Re-adjust the spacing of ancillary furniture in public areas, shared spaces, and break-out areas.

• Mark furniture such as sofas and bench seating for single usage unless 6-foot distancing is possible.

• Establish protocols for break rooms, vending machine access, and eating. Minimize touchpoints by removing coffee pots and similar shared equipment.

Office Circulation & Reducing Touch Points

• Establish a one-directional path for movement through entrances, hallways, and exits; post signage accordingly. DCAS has prepared signs that can be printed if needed.

• Consider designating specific routes for primary circulation to limit exposure to individual workstations.
• Install 6-foot markers at entrances, elevators, and areas where people may congregate to encourage physical distancing.
• Use visual cues to remind employees of high-touch areas such as light switches, water fountains, printers, etc.
• Encourage a printer-free office to reduce lines and handling of printers; disable or move shared equipment that is less than 6 feet from a workstation or consider removing workstations within 6 feet of a shared printer, as may be appropriate.
• Post reminders or signage near elevators indicating the option of using open stairways (if available).
• As allowed by FDNY, building codes, and building operating procedures, keep doors open where possible to promote air circulation, and reduce door handle touching, and disable door access keypads.

**Occupancy Planning**

**General Guidance for Occupancy Planning**

• Both physical distancing and HVAC-related factors must be considered when determining workspace occupancy limitations.
• Plans must ensure individuals are able to maintain at least 6 feet distance from others.
• The total number of occupants of a space should not exceed 50% of the maximum occupancy allowed per the NYC Building Code.

**Physical Distancing Occupancy Planning**

• Evaluate the workspace to determine which seats can be used to ensure physical distancing.
• How seats are assigned or designated as usable will depend on the agency’s needs and whether staff will share seats. Even if different seats are used on different days, and the work schedule manages physical distancing rather than space, the exercise of assigning seats, as shown below, allows an agency to establish a Physical Distancing Occupancy Number.
• The simplest model is to designate seats as usable without modifying the layout or the furniture.
In the models below, adjacent seats and seats immediately across from one another are not assigned.

- Review traffic flow and how pathways may impact seating assignments. Adjust usable seats accordingly.
- After reviewing the traffic routes, an agency may need to revisit their initial seat assignments to ensure 6 feet between seats and high traffic areas. The use of individual seats in high trafficked areas may need to be eliminated.
- Consider installing 6-foot floor markers along traffic routes and where people may congregate to enforce physical distancing, such as entrances, reception desks, pantries, and copy rooms.

In this example, seats A, B, C, and D could be designated as useable when considering 6-foot distancing requirements, but due to the proximity to the high traffic corridors, only seat D can be used. In this example, the Physical Distancing Occupancy Number would be reduced by 3.
• As an alternative to eliminating seats, an agency can add protective barriers to increase separation in high traffic areas. Though the occupancy numbers may be increased using screens, there is a cost for materials, installation, and cleaning, and there may be a long lead time for materials.

In the example below, plexiglass screens (shown as red lines) are added to the existing furniture, creating a 6-foot protective barrier between the individuals sitting and those walking by. This additional layer of protection allows seats A, B, C and D to be utilized, increasing the Physical Distancing Occupancy Number by 4.

• Count the usable seats to establish the **Physical Distancing Occupancy Number**.

**HVAC-Related Occupancy Planning**

The previous section focuses on 6 feet physical distancing when determining the occupancy of a space. Most transmission is through close contact; however, there is evidence that “airborne” transmission may occur at distances greater than 6 feet under some circumstances, indicating a need to consider ventilation and filtration when planning for occupancy (see **Resources** Section for references).

Studies have indicated that reducing density may mitigate risks in certain indoor settings. As such, agencies may want to consider reducing density where ventilation capacity and filtration efficiency are low. The following is a simple methodology that DCAS has shared with its tenants (see **Case Study** for an example):

• Collect the following information from the building manager:
  - The number of HVAC systems or “zones” that service the agency’s space.

  *If an agency’s space has more than one zone, the information listed below should be collected for each zone, and an HVAC-Related Occupancy Number should be determined for each zone.*

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6 A zone is an area served by an individual HVAC system or ventilation source and may include an entire floor, multiple floors, or a section of a floor. Areas that have no HVAC system other than window units are considered one zone for the purposes of this exercise.
- Square feet of each zone
- Ventilation Capacity for each zone:
  - HIGH: Can deliver 100% outside air
  - MEDIUM: Cannot deliver 100% outside air, but can deliver minimum as per building code
  - LOW: Can deliver minimal amounts of outside air or purify recycled air
  - NONE: No ability to supply outside air
- Filtration of each zone:
  - MERV Rating ≥13
  - MERV Rating <13
  - No Rating
- Windows operability of each zone:
  - Can be opened
  - No ability to open windows (either cannot be opened or nonexistent)

- Apply the following square foot per person ratio to the space to establish the **HVAC-Related Occupancy Number**.

<table>
<thead>
<tr>
<th>Ventilation Capacity</th>
<th>Filtration</th>
<th>Windows</th>
<th>SF/Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>Any Rating</td>
<td>NA</td>
<td>200</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>MERV≥13</td>
<td>NA</td>
<td>300</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>MERV&lt;13</td>
<td>NA</td>
<td>400</td>
</tr>
<tr>
<td>LOW</td>
<td>Any Rating</td>
<td>Windows Can Open</td>
<td>400</td>
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<tr>
<td>LOW</td>
<td>Any Rating</td>
<td>No Ability to Open Windows</td>
<td>None</td>
</tr>
<tr>
<td>NONE</td>
<td>Any Rating</td>
<td>NA</td>
<td>None</td>
</tr>
</tbody>
</table>

- Agencies may use DCAS’ [Workspace Occupancy Planning Worksheet](#) to calculate occupancy.
- Where the Ventilation Capacity is Low or None and windows are nonexistent, or existing windows cannot be opened due to inoperability or inclement weather, consider discussing options with the building manager to reduce risk.
- Consider using the **HVAC-Related Occupancy Number** rather than the **Physical Distancing Number** established in the prior section if the **HVAC-Related Occupancy Number** is lower or introduce additional risk-mitigating strategies.
- Consider how many visitors and clients are expected. These people need to be counted when aligning operational needs and occupancy limitations.
- Seats considered “unassignable” for planning purposes may be used during off-hours (when occupancy is reduced).

## CLEANING

While cleaning predominately falls within the [Prepare the Building](#) section, some measures can be taken within the workspace to facilitate and augment cleaning. Also, see the [Managing COVID-19 Cases](#) section for guidance on cleaning after an individual receives a positive COVID-19 test result after having been in a DCAS managed building or exhibits COVID-19 symptoms.

- Refer to the CDC’s [Cleaning and Disinfecting Your Facility](#) for detailed guidance, additional information, and recommendations.
- Routinely clean all frequently touched surfaces in the workspace, such as workstations, keyboards, telephones, handrails, printer/copiers, drinking fountains, and doorknobs.
- Clean and disinfect shared workstations before and after use.
- Make cleaning wipes and sanitizer accessible; post signage requiring employees to clean workspace surfaces and equipment before and after use.
- For agencies that manage buildings, review the tenants’ occupancy plans to ensure building services meet the tenant agencies' needs.
- For agencies that are tenants, review building cleaning protocols and request changes to cleaning scope or additional services, if necessary.
- Make cleaning highly visible to assure employees that spaces are being cleaned.
- Institute a clean desk policy that requires employees to remove all items from their desks at the end of the day to facilitate regular cleaning of work surfaces.
- Where possible, consider installing contact-free motion sensor-controlled hand sanitizer dispensers.
- Place hand sanitizer in all areas with shared surfaces and equipment, in break rooms, conference rooms, elevator lobbies, and other high traffic and common areas where hand sanitizer dispensers have not been installed.
- Ensure bathroom cleaning and trash removal align with employee schedules.
- Keep all bathrooms well stocked with soap and paper towels.
- Increase frequency of cleaning appliances, such as refrigerators and microwaves.
- Remove shared items and equipment from common rooms.
- Use no-touch waste receptacles when possible.
- Disable touch screens on shared devices.
PREPARE THE WORKFORCE

This section provides guidance on employees' risk mitigation strategies, including alternative work schedules, face coverings, and health screenings requirements; personal hygiene best practices; and testing and vaccinations recommendations and resources. It also includes COVID-specific personnel and leave policies, accessibility considerations, and employee support resources.

SCHEDULING

Alternative work schedules (AWS) should continue to be considered based on the agency's specific needs and capabilities and the limitations of the building and workspace.

AWS Considerations:

- Occupancy limitations (see the Prepare the Workspace section for more information).
- Business needs and how service levels will be maintained.
- Logistics and how schedules will be coordinated amongst staff.
- Employee preferences.
- Employee productivity.
- Supervisory and management requirements (see Guidelines for Managing Remotely).
- Fairness and equity.
- How effective communications will be maintained.
- Impact on overtime.

AWS Guidance

- Staff should document the alternative work schedule (see Alternative Work Arrangement Form for a sample template) to ensure the employee and their supervisor understand duties and scheduling.
- Ensure work schedules are consistent yet flexible, account for high travel periods and days, maintain physical distancing, and comply with occupancy limitations within the workspace and building congestion.
- Align alternative work schedules with business needs.
- An employee’s responsibilities should be evaluated before determining if an alternative work schedule is appropriate.
- Work that must be performed at specific times of the day may not be appropriate for an alternative work schedule.
- Ensure work schedules do not contravene negotiated collective bargaining agreements. Implementation of a new alternative work schedule for represented employees should be coordinated with the Office of Labor Relations.
AWS Options

- Teleworking:
  - Continue to allow teleworking as a scheduling option even as employees return to the office.
  - Refer to DCAS’ telework guidelines (see PSB 600-3 Temporary Citywide Telework Policy for City Employees During the COVID-19 Outbreak) for additional guidance on allowing work to be performed outside of the worksite.
  - Review telework procedures periodically for updates and to re-evaluate implementation as appropriate.
  - Ensure employees working from a remote work location (e.g., home) report the hours they work remotely in Citytime. See Recording Work from a Remote Work Location in CityTime Labor Allocation.

- Flexible workdays:
  - Flexible workdays provide for a work schedule where employees have flexible days off (e.g., granting Mondays and Tuesdays off instead of the weekend) to handle responsibilities that may have changed since the beginning of the crisis. Most titles allow for work to be performed any day of the week.
  - Consider using flexible workdays to alleviate crowding in offices while allowing office space to be utilized, minimize congestion at entrance points, lobbies, and elevators, and assist families with childcare and dependent care needs.

- Flexible arrivals:
  - Flexible arrivals provide a wider window for staff to begin their workday (e.g., allowing for an arrival between 7 am and 10 am).
  - Consider using flexible arrival times to allow employees to commute to work at different times, resulting in less congestion on public transport, entrance points, lobbies, and elevators.
  - If a flexible arrival is not appropriate, consider allowing at least a 30-minute flexible band to allow employees to pass through COVID-19 related entry procedures such as health screening assessments and reduced occupancy in elevators and allow the additional time needed for commuting on public transit systems.
  - Agencies are encouraged to allow managers to use discretion in adjusting employees' reporting times in CityTime to account for delays or lines while entering a building.

- Compressed workweek:
  - A compressed workweek may be used for certain staff based on operational needs. The Office of Labor Relations must be consulted.
  - A compressed workweek provides for a work schedule where an employee works a traditional 5-day work week in less than 5 days.

Time and Leave

The City has set forth the following policies that are applicable during the outbreak of COVID-19.

• Time off and rewarding of compensatory time for receiving a COVID vaccine: (PSB 600-4: Temporary Citywide Policy for Vaccination of City Employees against SARS-CoV-2).

• Employees working from a remote work location (e.g., home) must report the hours they work remotely in Citytime. See Recording Work from a Remote Work Location in CityTime Labor Allocation.

FACE COVERINGS

• Implement a face covering policy that:
  - Requires every City employee able to medically tolerate a face covering wear a face covering that covers the employee’s mouth and nose at all times (except when eating or drinking) when in a shared indoor City workspace.7 (see DCAS Commissioner’s Directive 2020-1).
  - Requires that a visitor8 able to medically tolerate a face covering wear a face covering that covers the visitor’s mouth and nose at all times (except when eating or drinking) when in a shared indoor City workspace.
  - Requires that a City employee or visitor conducting City business outside, who is able to medically tolerate a face covering, wear a face covering at all times (except when eating and drinking) when interacting with members of the public and other City employees, and when they cannot maintain six feet of distance from other individuals.
  - Allows for an City employee or visitor who is fully vaccinated9 against COVID-19 to remove their face covering in the workplace (indoors or outside), if they wish to do so, provided the person is not interacting with the public indoors or present in a pre-kindergarten to twelfth grade school, public transit, homeless shelter, correctional facility, nursing home, or health care setting.
  - Requires that a client10 able to medically tolerate a face covering wear a face covering that covers their mouth and nose at all times (except when eating or drinking). Note: clients are required to wear a face covering at all times, regardless of vaccination status.
  - Strongly encourages that face coverings fit snugly against the sides of the face and fully covers the nose and mouth without slipping, and (a) is made of two or three layers of tightly woven, breathable cloth material, or (b) consists of a cloth face covering worn over a disposable mask.
  - Includes a process for providing face coverings to employees, visitors, and clients at no cost to them.

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7 A shared indoor City workspace is a space in which an individual is physically present with at least one other individual and the individuals cannot be separated by a closed door.

8 “Visitors” are prescheduled or expected guests who the agency anticipates will have a prolonged visit and will interact closely with agency employees (e.g., a court reporter coming for a deposition), but who are not seeking services from the agency. Visitors also include, but are not limited to, maintenance workers, consultants, and individuals coming from other entities for conferences and meetings.

9 An individual is considered fully vaccinated two or more weeks following receipt of second dose in a 2-dose series of a COVID-19 vaccine, or 2 or more weeks following receipt of one dose of a single-dose COVID-19 vaccine.

10 “Clients” are members of the public who are seeking services from City agencies as walk-ins or by appointment.
- Includes a process for providing services to clients that are not medically able to tolerate a face covering.
- Includes the process by which an employee may request a reasonable accommodation if they are unable to wear or have difficulty wearing face coverings due to a disability.
- Includes actions that will be taken by an agency if an employee is not wearing a face-covering or is wearing a non-compliant face covering.

- Require employees and visitors to affirm their understanding and compliance with the City’s face covering policy using the Health Screening Tool.
- Procure a supply of face coverings to provide to employees, visitors, and clients.

- Employees working in a privately-managed office building are required to comply with the City’s face covering policy (see DCAS Commissioner’s Directive 2020-1) while in that building, regardless of the policy of building management.

- See DOHMH’s COVID-19 Face Coverings: Frequently Asked Questions for general information related to face coverings.

**Physical Distancing**

- Implement a physical distancing policy that:
  - Requires employees, visitors, and clients to stay at least 6 feet (about 2 arm lengths) from other people in both indoor and outdoor workspaces, where feasible; and
  - Exempts employees and visitors who are fully vaccinated from the policy, provided they are not interacting with the public indoors or present in a pre-kindergarten to twelfth grade school, public transit, homeless shelter, correctional facility, nursing home, or health care setting.

- Require employees and visitors to affirm their understanding and compliance with the City’s physical distancing policy using the Health Screening Tool.

- Make appropriate arrangements to ensure that unvaccinated employees can continue to physically distance.

- Ensure meeting rooms have appropriate technology to allow for conference calls and video conferencing where possible to allow individuals who wish to work from their desks or are telecommuting to join in person meetings.

**Health Screenings**

Agencies must implement a health screening assessment for employees and visitors and may implement a health screening assessment for clients.

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11 “Visitors” are prescheduled or expected guests who the agency anticipates will have a prolonged visit and will interact closely with agency employees (e.g., a court reporter coming for a deposition), but who are not seeking services from the agency. Visitors also include, but are not limited to, maintenance workers, consultants, and individuals coming from other entities for conferences and meetings.

12 “Clients” are members of the public who are seeking services from City agencies as walk-ins or by appointment.
Employees and Visitors

- Agencies must implement a protocol that follows the NYC Agency Employee COVID-19 Screening Tool\(^ {13}\) for employees and visitors.
  - Health screenings for employees and visitors can be conducted via a mobile health screen application, secure webform, paper form, or verbally.\(^ {14}\)
  - If screenings are conducted verbally:
    - Make every effort to ensure others do not hear the individual’s responses to the confirmatory questions.
    - Ask the questions in a private area and at a volume that minimizes the risk of overhearing.
  - Whenever possible, health screenings should be conducted before an individual arrives at the workplace.
  - Health screenings must be conducted on the day the individual is entering the workplace.
  - Health screenings need only be conducted once a day.
- Employees and visitors must affirm understanding and compliance with the City’s face covering and physical distancing policies using the Health Screening Tool.
- See Essential Worker section below for more information on essential workers related to health screenings.
- Guidance on information management:
  - Do not retain the actual responses to the health screen questionnaire. Only collect and retain the following information:
    - Name and agency they work for or are visiting.
    - Confirmation from the employee or visitor that they completed the health screen questionnaire.
    - Whether, based on the completed health screen questionnaire, the employee or visitor is cleared to enter the building.
  - Only share information collected with the agency’s Human Resources department or designated agency employees trained to maintain confidential information.
  - Store information securely and treat it as confidential medical information; maintain it in a separate confidential medical file.
  - The above information must be retained for four (4) years and then deleted as required by the New York City Department of Records and Information Services (DORIS).
- Refer to the Updated Guidance for City Agencies on Leave Policy Applicable During the Outbreak of Coronavirus Disease 2019 (COVID-19) for how leave should be processed for an employee who does not pass the health screening.

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\(^{13}\) A link to the NYC Agency Employee COVID-19 Screening Tool is intentionally omitted as the screening tool is regularly updated. Agencies should check with their General Counsel or Agency Chief Restart Officer (ACRO) for the latest version and guidance; or email, RTOGuidance@dcas.nyc.gov or agencyrestart@cityhall.nyc.gov.

\(^{14}\) If done verbally, the agency must still collect written confirmation from the employee or visitor that (1) the health screen questionnaire was completed and (2) that the person was cleared to enter the building.
• If an agency elects to conduct temperature screenings, it must consult with its General Counsel before implementing a temperature screening policy.

Clients

• Establish a policy for clients and health screenings.
  - The Mayoral Task Force on Restart leaves it to each agency’s discretion to implement a responsible health screening policy for clients that accounts for its services and needs.
  - However, agencies are strongly encouraged to employ the most stringent health screen process feasible to equally protect the health and safety of their employees and all members of the public, whether they are visitors, clients, or customers.
  - If screening clients, follow the NYC Agency COVID-19 Screening Tool for Clients.  

• Only ask clients for the following information verbally:
  - Confirmation that the client read the health screen questionnaire.
  - Confirmation that the client, based on their health screen questionnaire responses, is cleared to enter the workspace.

• Do not retain any information or written documentation from clients.

• Train screeners to ensure effective, non-discriminatory application of screening protocols.

COVID-19 Diagnostic Testing

• The NYC Health Department recommends that New Yorkers get tested periodically if they are unvaccinated, regardless of whether they have symptoms. Fully vaccinated people should get tested if they are symptomatic with COVID-like symptoms.

• Testing is not mandatory for City employees.

• Information on testing and testing locations can be found at nyc.gov/covidtest.

Vaccinations

The City’s Vaccine Command Center is coordinating access to vaccination for eligible City employees. Please contact your Agency Vaccination Lead for the latest information and resources on vaccinations for employees.

• Everyone 12 years of age and older is eligible to be vaccinated and the City strongly encourages all City employees to be get vaccinated.

• Walk-in vaccinations are available at all City-run sites. Employees may also register online to schedule a vaccination appointment.

• There are vaccination sites dedicated to City employees. When you register as a City employee when scheduling an appointment at the link above, sites dedicated to City employees will be included.

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15 A link to the NYC Agency COVID-19 Screening Tool for Clients is intentionally omitted as the screening tool is regularly updated. Agencies should check with their General Counsel or Agency Chief Restart Officer (ACRO) for the latest version and guidance.

16 Testing is required for excused COVID-19 leave, see Updated Guidance for City Agencies on Leave Policy Applicable During the Outbreak of Coronavirus Disease 2019 (COVID-19).
• Alternatively, employees can also use the City’s [vaccine finder website](https://www.nyc.gov/vaccinefinder) to find vaccination locations.
• Vaccinations are not mandatory for City employees.
• The City has implemented a time and leave policy for employees to allow time off for vaccination.
  - The policy provides up to two hours of excused leave during work hours for travel (to and from) and administration of the vaccine.
  - Upon successful completion of the vaccination, the employee is eligible for three hours of comp time.
• Vaccine resources:
  - Information about vaccines: [nyc.gov/covidvaccine](https://www1.nyc.gov/site/health/coronavirus/index.page)
  - Vaccination site locator: [nyc.gov/vaccinefinder](https://www1.nyc.gov/site/health/coronavirus/vaccines/index.page)
  - Vaccination site scheduler: [COVID-19 Vaccine Hubs Appointment Scheduler](https://www1.nyc.gov/site/health/coronavirus/vaccines/index.page)

**MANAGING COVID-19 CASES**

Agencies must implement procedures to take action when an individual who tests positive for COVID-19 has been in the workplace or develops symptoms while in the workplace. The information provided in this section is general guidance only; agencies should consult with their Human Resources Department, General Counsel Office, EEO Officer, Safety and Health Coordinator, and Agency Chief Privacy Officer when developing procedures.

If an employee tests positive for COVID-19, they will be contacted by the [NYC Test and Trace Corps (T2)](https://www1.nyc.gov/site/health/coronavirus/about-us/test-trace-corps.page), a public health program to fight the threat of COVID-19 through free diagnostic testing, safe isolation and quarantine, and specialized contact tracing. T2 also closely monitored a safe return to school in NYC.

• T2 conducts a tracing investigation for any positive case in NYC, including City employees. If an employee tests positive, T2 will contact and support the employee through their isolation and case investigation.
• T2 will contact the positive case and identify any close contacts outside of the agency and, as necessary, close contacts inside the agency.
• The T2 tracing investigation will run in parallel to the Rapid Response Team and each positive case will be treated as any non-City employee positive case in NYC.

Additionally, agencies should take the below steps. Similar steps, as applicable, should be taken if a visitor or client tests positive for COVID-19.

**Rapid Response Teams**

Each agency must establish a Rapid Response Team (“RRT”) to manage COVID-19 cases in the workplace, composed of the agency’s Agency Chief Restart Officer (ACRO), Safety and Health Coordinator, and HR appointee; and trained by DOHMH, Test and Trace Corp (“T2”), the Law Department, and DCAS.
Notifications

- An employee must notify HR if they develop symptoms of COVID-19 while in the office.
- An employee who tests positive for COVID-19 and was in the office during their infectious period\(^\text{17}\) must notify HR of their positive test.
- HR must notify the HR representative on the Rapid Response Team.
- The HR representative on the Rapid Response Team must immediately:
  - Engage the Rapid Response Team to:
    - Establish if cleaning is required (time dependent, see Remedial Cleaning section below).
    - If cleaning is required,
      - Close off the area that needs to be cleaned such that the identity of the individual is not revealed (e.g., include multiple workstations in addition to the one assigned to the individual who tested positive).
      - Designate with signage that the area is closed for cleaning.
      - Notify building management or cleaning vendor to provide remedial cleaning.
    - Establish whether the case was confirmed positive with a diagnostic test.
    - If a confirmed positive case, interview staff and compile a list of “close contacts”\(^\text{18}\) ensuring not to disclose any information that identifies the employee without the employee’s consent.
- The Rapid Response Team can call DOHMH’s dedicated hotline for additional guidance. This number will be provided directly to Rapid Response Teams.
- The Rapid Response Team (or designee) must:
  - Direct the employee and any close contacts who have not been fully vaccinated within the agency not to return to the workplace until such time as their return can be made in a manner consistent with DCAS’ return to work policies. Refer to the Updated Guidance for City Agencies on Leave Policy Applicable During the Outbreak of Coronavirus Disease 2019 (COVID-19) for additional guidance.
  - Enter the names of close contacts who have not been fully vaccinated into the secure webform for recording close contacts. This website will be provided directly to Rapid Response Teams.
  - If the employee who tested positive had close contact with someone who works at a different agency, notify the human resources department of the agency for which the close contact works to notify them that one of their employees has been identified as a close contact.

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\(^\text{17}\) For symptomatic employees, the infectious period starts 2 days before symptom onset and ends 10 days after symptom onset.

For asymptomatic employees, the infectious period starts 2 days before collection of the test specimen (2 days before the employee was tested) and ends 10 days after the collection of the test specimen (10 days after the employee as tested).

\(^\text{18}\) A “close contact” is defined as someone who was within 6 feet of an infected person, for at least 10 minutes over a 24-hour period, starting from 2 days before illness onset (or, for asymptomatic person, 2 days prior to test specimen collection) and continuing 10 days after onset. See https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-understanding-quarantine-and-isolation.pdf
• An employee’s name or any information that may reveal their identity may not be disclosed without the employee’s consent. Supervisors and managers may be informed regarding necessary restrictions on the work or duties of the employee and necessary accommodations.

Remedial Cleaning

If an employee develops symptoms or has been in the workplace prior to testing positive for COVID-19, the following remedial cleaning requirements apply:

• If it has been less than 4 days since the employee was last in the workplace:
  - To the greatest extent practicable, close off the area around the employee’s office or workstation in a manner that will not reveal the identity of the employee. For example, the area to be closed may include an office and workstations nearby, or the workstation that the positive employee used and workstations proximate to it. Signage should be used to indicate no one should enter the blocked-off area during the remedial cleaning process.
  - Where possible, also close off areas visited by the employee for longer than 10 minutes. As with the employee’s workstation, any areas that are closed off must be done so in a manner so as not to reveal the identity of the employee.
  - Clean and disinfect all areas blocked off (as indicated above), bathrooms, common areas, and shared electronic equipment used by the employee following the CDC’s guidance on cleaning and disinfecting. See the Cleaning section for more information.
  - Employees who can affirm clearance as per the health screening assessment may resume using their workstations as soon as cleaning is completed.
  - If the employee showed symptoms while at work, notify the building management on generally where the employee has been throughout the building and that the employee has tested positive. Do not disclose the employee’s name or specific work locations unless the employee has expressly authorized it, preferably obtained in writing.
• If it has been more than 3 days since the employee was last in the workplace, no remedial cleaning is needed.

Quarantine

Note that quarantine guidelines continue to be updated frequently as new information emerges. Contact your General Counsel and your Human Resources Departments for the most current information pertaining to City agencies, and visit COVID-19: Understanding Quarantine and Isolation.

Essential Workers

• Like all other employees, essential workers exhibiting symptoms of COVID-19 or who have tested positive for COVID-19 are not permitted to go to work.

• An essential worker who is deemed a close contact may return to work without completing the requisite quarantine if all the following conditions are met:
  - The employee’s physical presence in the workplace is deemed critical for the operation or safety of such workplace, pursuant to a written determination by a
human resources representative made at the time the employee seeks to return to work after COVID-19 exposure;
- The employee has no COVID-19 symptoms and has no positive COVID-19 diagnostic test results; and
- The employee affirms they reviewed and understand certain precautions.

- Not all essential employees should be deemed critical for the operation or safety of the workplace; rather, upon notification that an employee has been exposed to COVID-19, the employer’s human resource department must undertake an individual assessment of current workplace circumstances.
- When an employee is designated critical and permitted to work, efforts must be made to minimize the potential for disease transmission.
- In addition, before being allowed to physically return to the workplace, employees deemed critical must acknowledge in writing that they have reviewed and understand the required “workplace safety practices.”
- Contact your General Counsel’s Office or Agency Chief Restart Officer for additional protocols for essential workers returning to work following COVID-19 exposure.

**PERSONAL HYGIENE BEST PRACTICES**

- Remind employees to clean and disinfect individual workspaces and surfaces, and equipment before and after use.
- Encourage employees to wash their hands with soap and water for at least 20 seconds.
- Make hand sanitizer containing at least 60% alcohol readily available.

**CHILD CARE AND DEPENDENT CARE GUIDANCE**

- If an employee is having difficulty securing care for a child under the age of 18 whose school or daycare facility is closed due to COVID-19 restrictions and the employee is unable to telework, they may be eligible for leave under the Emergency Family and Medical Leave Expansion Act (Division C of the Families First Coronavirus Response Act (FFCRA)).
- The employee should contact their agency’s human resources department for additional information pertaining to FFCRA.

**CITY VEHICLE OPERATORS AND PASSENGERS**

- All individuals operating or riding in a city vehicle, regardless of vaccination status, must wear a face covering that complies with the City’s guidance on face coverings.
- Get tested for COVID-19 frequently if not vaccinated. While a key action for all, this is especially important for those that cannot maintain 6 feet of distance.
  - Clean and disinfect the vehicle routinely.
  - Pay special attention to surfaces and objects often touched by passengers, such as door handles, window buttons, locks, payment machines, armrests, seat cushions, buckles, and seatbelts.
- Wipe down surfaces frequently touched, such as the steering wheels, radio buttons, turn indicators, and cup holders.
- Remove visible dirt and grime first with water and soap or detergent. Use a regular disinfectant product (for example, bleach, peroxide, or alcohol-based multi-purpose products) that is effective against the virus that causes COVID-19 and is appropriate for the surface to remove germs. Disinfectants are the most effective on clean surfaces. Read and follow the labels on the cleaning and disinfectant products.
- Wear disposable gloves and any other appropriate protective gear when cleaning and disinfecting. Throw gloves in the trash after use, wash hands with soap and water, or use an alcohol-based hand sanitizer if soap and water are not available.
- Keep the vehicle doors open while cleaning and disinfecting.
- Wait until all surfaces have dried before accepting passengers.

For additional information about cleaning and disinfecting, see the NYC Health Department’s [General Guidance for Cleaning and Disinfection for Non-Health Care Settings](#).

### ACCESSIBILITY CONSIDERATIONS

- See [Accessibility Considerations for a Return to the Office Plan](#) for more information and FAQ’s.
- The [Reasonable Accommodations at a Glance](#) flowchart can be included in messaging to remind employees of the process for requesting a reasonable accommodation.

### SUPPORT FOR EMPLOYEES

- Share and make easily accessible all employee resources the City offers to promote health and wellness.
- In addition to sharing information regarding the [Employee Assistance Program](#), agency personnel representatives should also familiarize themselves with the citywide and agency-specific programs offered by [Work Well NYC](#) and [Thrive NYC](#).
- There are also generally available resources from NYC Well:
  - [COVID-19 Digital Mental Health Resources](#)
  - 24/7 counseling and referrals to care:
    - Call: 888-NYC-WELL (888-692-9355).
    - Text “WELL” to 65173.
    - Chat online at [nyc.gov/nycwell](#)
COMMUNICATION

Communication is key to keeping the workforce informed and engaged. Timely and consistent communication will also support the agency’s efforts to address employee concerns as they arise effectively. All measures taken in the areas of the building, the workspace, and the workforce need to be communicated across various mediums. It is recommended that communications be centralized to ensure all individuals receive the same message.

- Consider hosting staff orientations and Q&A sessions with Human Resources and Offices of Safety and Health via video conferencing before staff return to work.
- Establish centralized, two-way communication to ensure a trusting and transparent culture for the workforce, visitors, tenants, and vendors.
- Use a wide range of communication channels and materials—email, employee portals, text messages, video, virtual live events, posters/digital displays, and others.
- Post signs and reminders at entrances and in strategic places providing instruction on hand hygiene, COVID-19 symptoms, cough, and sneeze etiquette. CDC, NYC Health Department, and DCAS have print materials available to download, some of which are translated into different languages.
- Develop and distribute an employee return to office handbook (see a sample, The DCAS Office in the Age of COVID-19).
- Provide information on what actions have been taken, new policies and protocols that have been put in place, and future changes to expect.
- Make messaging accessible to all by providing alternate formats, including braille, and ensuring that videos or online materials meet ADA standards and are available in American Sign Language (ASL).
- Provide employee training and information on COVID-19 risk factors, protective measures, cleaning, and disinfection products used in the workplace.
- Post the actions and measures that have been taken for each building in the lobby to alleviate concerns.
- If the office’s return is phased, communicate what units/services are coming back first and why; and what the longer-term plan is.
- Remind employees that City resources are available to them, including leave options, union benefits (including financial planning), confidential discussions with the agency’s equal employment opportunity (EEO) officer for reasonable accommodations, health and wellness services provided by the WorkWell NYC and the Employee Assistance Program, and benefits offered by their health care providers.
- Provide resources and information to facilitate commuting.
- Create and test communication systems for employees for self-reporting and notification of exposures and closures.
- If contractors are employed in the workplace, develop plans to communicate with the contracting company regarding modifications to work processes and requirements for the contractors to prevent transmission of COVID-19.
RESOURCES

NEW YORK CITY AGENCY AND EMPLOYEE RESOURCES

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PUBLIC RESOURCES

General

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## Airborne Transmission & Ventilation

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## Can HVAC systems help prevent transmission of COVID-19?

McKinsey & Company


## Building Management (General)

### New York City Department of Health and Mental Hygiene (DOHMH)

Guidance for Returning Building Water Systems to Service After Prolonged Shutdown


06/08/20

### American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)

Guidance for Building Operations During the COVID-19 Pandemic


May 2020

ASHRAE Offers COVID-19 Building Readiness/Reopening Guidance


05/07/20


06/11/18

### Building Owners & Managers Association International (BOMA)

Getting Back to Work: Preparing Buildings for Re-Entry Amid COVID-19

https://boma.informz.net/BOMA/data/images/Getting%20Back%20To%20Work%20Preparing%20Buildings%20for%20Re%20Entry.pdf

05/01/20

### International Facility Management Association (IFMA)

Health and Safety Resources to Safeguard Against Infection


01/29/21

### Buildings.com

Smarter Facility Management 3 Tips for Managing an Empty Building During COVID-19


04/06/20
### Workspace Design

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### General Personnel Management

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<td><a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html</a></td>
<td>03/12/21</td>
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<tr>
<td>Occupational Safety and Health Administration (OSHA)</td>
<td>Using Leading Indicators to Improve Safety and Health Outcomes</td>
<td><a href="https://www.osha.gov/leadingindicators/docs/OSHA_Learning_Indicators.pdf">https://www.osha.gov/leadingindicators/docs/OSHA_Learning_Indicators.pdf</a></td>
<td>Web Page</td>
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**Face Coverings & Health Screenings**

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<tr>
<th>Source</th>
<th>Title</th>
<th>Weblink</th>
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<td>New York City Department of Health and Mental Hygiene (DOHMH)</td>
<td>NYC Face Coverings</td>
<td><a href="https://www1.nyc.gov/site/coronavirus/resources/facecoverings.page">https://www1.nyc.gov/site/coronavirus/resources/facecoverings.page</a></td>
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<td></td>
<td>The Basics About Face Coverings</td>
<td><a href="https://www1.nyc.gov/assets/doh/downloads/pdf/covid/basics-about-face-coverings.pdf">https://www1.nyc.gov/assets/doh/downloads/pdf/covid/basics-about-face-coverings.pdf</a></td>
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**Testing & Vaccines**

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**ADA**

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