

# Gem County Policy: 2019 Coronavirus (COVID-19)

## Contents

General Workforce Guidance .....	1
Considerations for Facility Closures.....	3
Telecommuting .....	3
Paid Leave Options.....	4
FMLA/ADA Considerations.....	5
Travel Guidance .....	5
ADDENDUM A: EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT .....	6
ADDENDUM B: EMERGENCY PAID SICK LEAVE ACT.....	8
ADDENDUM C: EMERGENCY PAID SICK LEAVE ACT REQUEST FORM.....	10
ADDENDUM D: PAID ADMINISTRATIVE LEAVE REQUEST FORM .....	11
ADDENDUM E: GEM COUNTY TELECOMMUTING AGREEMENT.....	12

## General Workforce Guidance

## **Restrictions from Working**

All employees should use their best judgment to stay home if they feel ill in general and exploring telecommute options is encouraged.

A department should not prohibit any employee from reporting to work unless:

- A public health official, medical provider, or other regulatory entity has determined their presence in the workplace poses a risk of infection to others.

If a public health official, medical provider, or other regulatory entity has not made such a determination but there is evidence or a reasonable concern that an employee is physically unable to perform his or her job (for example, an employee has returned from an affected region, event or indirect contact with exposure), the supervisor should express general concern regarding the employee's health and remind the employee of his or her leave options for seeking medical attention. If an employee does not elect to go home, supervisors should consult with their human resources and legal counsel to determine appropriate steps.

Supervisors should refer to [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#) for tips on how to handle employees showing symptoms of illness.

According to guidance, signs and symptoms are similar to flu-like symptoms: fever of 100.4 degree or higher, body aches, and/or respiratory infection symptoms including cough and shortness of breath.

## **Communicating a Confirmed Diagnosis**

Please use trusted sources such as <https://coronavirus.idaho.gov/> or <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

An infected employee's privacy must be protected to the greatest extent possible and their identity should not be disclosed. In an outbreak of communicable disease such as COVID-19 where isolation is warranted, management should share only that information determined to be necessary to protect the health of the employees in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assess-manage-risk.html>.

The Emergency Family and Medical Leave Expansion Act was adopted and goes into effect April 1, 2020. To determine whether the Family Medical Leave Act is applicable, please refer to Addendum A and contact HR for assistance.

### **Returning to the Worksite After COVID-19 Leave:**

Before an employee returns to work, the employee's supervisor should consult with HR and legal counsel regarding procedures for requesting administratively acceptable medical documentation in accordance with applicable policies and laws.

## Considerations for Facility Closures

To ensure continuity of operations, consider the following:

- Allow employees to work from home if possible
- Request employees to change shifts to cover employee's assigned shift
- Request employees to work extra shifts
- Reassign employees in higher staffed locations to locations in need of additional staffing
- Allow use of overtime
- Provide cross-training of employees to cover other positions as appropriate

In considering whether to close an office, departments should consider several factors, including but not limited to:

- Impact to the public
- Risk to employees and public of remaining open
- Alternatives to continue effective operations
- Ability to conduct a partial closure of an office
- CDC and OSHA guidelines
- Other potential legal considerations

**Department Heads must consult with the Commissioners and legal counsel prior to any closure.**

## Telecommuting

Telecommuting should be utilized wherever possible in lieu of other leave options and tracked on the employee time sheet.

Telecommuting arrangements can be used to promote social distancing and can be an alternative to the use of accrued leave for an employee who is asymptomatic or caring for a family member who is asymptomatic. A written agreement may be required by the Supervisor or Elected Official (see Addendum E.). Telecommuting agreements are temporary and subject to change as the COVID-19 situation develops.

## Paid Leave Options

### **Accrued Leave**

If an employee or a family member stays home because they choose to self-monitor due to potential exposure in accordance with CDC guidance or because of school or daycare closures, the employee must first request to telecommute; if telecommuting is not an available option, they may be eligible for emergency sick leave as provided in the Emergency Paid Sick Leave Act effective April 2, 2020.

### **Emergency Sick Leave**

Emergency Sick Leave is a new leave option under the Emergency Paid Sick Leave Act that is available to both benefited and non-benefited County employees and specifically due to COVID-19. Emergency Sick Leave may provide up to 80 hours of sick leave to eligible employees.

Employees are eligible to use Emergency Sick Leave related to COVID-19 when an employee is unable to work or telework due to a need for leave because of the following conditions:

1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis.
4. The employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).
5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

For further information regarding Emergency Sick Leave see Addendum B and contact HR for assistance.

An employee requesting Emergency Paid Sick Leave must complete and submit a request form. (See Addendum C.)

### **Paid Administrative Leave for COVID-19**

Departments may authorize up to 80 hours of Paid Administrative Leave for employees or a family member who are subject to self-isolation due to significant risk exposure to COVID-19 or infection control procedures outlined by a public health official AND are unable to work in a different capacity within their department and/or telecommute.

Supervisors should not place an employee on Paid Administrative Leave without first consulting with human resources and legal counsel.

An employee requesting Paid Administrative Leave must complete and submit a request form. (See Addendum D.)

### **Timesheets**

An updated timesheet will be provided to allow for tracking of Emergency Sick Leave as well as Paid Administrative Leave.

## **FMLA/ADA Considerations**

Departments and employees should consult with HR and legal counsel to determine if the Family and Medical Leave Act (FMLA) or the Americans with Disabilities Act (ADA) apply when addressing concerns related to COVID-19.

## **Travel Guidance**

Elected Officials will approve their employees travel to events and meetings. County Commissioners will approve travel for Department Heads and for those in their department. Meeting and event attendance will be in accordance with current CDC guidelines. (subject to change) Currently with the Coronavirus the recommendation is to avoid gatherings in groups of

more than 10 people. With more cases appearing daily, our concern for our employees and the public is paramount.

## ADDENDUM A: EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT

This contains a summary of the Emergency Family and Medical Leave Expansion Act. The US Department of Labor has published resources available to both employees and employers which can be found on the US Department of Labor websites.

### (a) PUBLIC HEALTH EMERGENCY LEAVE

(1) IN GENERAL – Section 102(a)(1) of the Family and Medical Leave act of 1993 is amended by adding at the end the following:

“(F) During the period beginning on the date the Emergency Family and Medical Leave Expansion Act takes effect, and ending on December 31, 2020, because of qualifying need related to a public health emergency in accordance with section 110.”

ELIGIBLE EMPLOYEE – The term ‘eligible employee’ means an employee who has been employed for at least 30 calendar days by the employer with respect to whom leave is requested.

EMPLOYER THRESHOLD- 50 or more employees for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year.

QUALIFYING NEED RELATED TO A PUBLIC HEALTH EMERGENCY – The term ‘qualifying need related to a public health emergency’, means the employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency.

PUBLIC HEALTH EMERGENCY – The term ‘public health emergency’ means an emergency with respect to COVID-19 declared by a Federal, State, or local authority.

(b) RELATIONSHIP TO PAID LEAVE –

(1) UNPAID LEAVE FOR INITIAL 10 DAYS –

- A. The first 10 days for which an employee takes leave may consist of unpaid leave.
- B. EMPLOYEE ELECTION – An employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for unpaid leave.

(2) PAID LEAVE FOR SUBSEQUENT DAYS –

- A. An employer shall provide paid leave for each day of leave that an employee takes after taking leave for 10 days.
- B. CALCULATION - Paid leave for an employee shall be calculated based on
  - i. An amount that is not less than two-thirds of an employee’s regular rate of pay
  - ii. The number of hours the employee would otherwise be normally scheduled to work
  - iii. In no event shall such paid leave exceed \$200 per day and \$10,000 in the aggregate.

NOTICE – In any case where the necessity for leave is foreseeable, an employee shall provide the employer with such notice of leave as practicable.

CONTACT PERIOD – The 1-year period beginning on the earlier of –

- A. The date on which the qualifying need related to a public health emergency concludes;  
or
- B. The date that is 12 weeks after the date on which the employee's leave commences.

## ADDENDUM B: EMERGENCY PAID SICK LEAVE ACT

This contains a summary of the Emergency Paid Sick Leave Act. The US Department of Labor has published resources available to both employees and employers which can be found on the US Department of Labor websites.

- (a) An employer shall provide to each employee employed by the employer paid sick time to the extent that the employee is unable to work (or telework) due to a need for leave because:
  - 1. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.



2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking medical diagnosis.
4. The employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).
5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

Except that an employer of an employee who is a health care provider or an emergency responder may elect to exclude such employee from the application of this subsection.

(b) Duration of paid sick time

1. An employee shall be entitled to paid sick time for an amount of hours determined under paragraph (2).

(2) Amount of Hours – The amount of hours of paid sick time to which an employee is entitled shall be as follows:

- A. For full-time employees, 80 hours
- B. For part-time employees, a number of hours equal to the number of hours that such employee works, on average, over a 2-week period

(3) Carryover – Paid sick time under this section shall not carry over from one year to the next.

(c) Employer’s Termination of Paid Sick Time- Paid sick time provided to an employee under this Act shall cease beginning with the employee’s next scheduled work shift immediately following the termination of the need for paid sick time under subsection (a).

(d) Prohibition – An employer may not require, as a condition of providing paid sick time under this act, that the employee involved search for or find a replacement employee to cover the hours during which the employee is using paid sick time.

(e) Use of Paid Sick Time –

(1) In General – The paid sick time under subsection (a) shall be available for immediate use by the employee for the purposes described in such subsection, regardless of how long the employee has been employed by the employer.

(2) Sequencing –

(A) In General – An employee may first use the paid sick time under subsection (a) for the purposes described in such subsection.

(B) Prohibition – An employer may not require an employee to use other paid leave provided by the employer to the employee before the employee uses the paid sick tie under subsection (a).

ADDENDUM C: EMERGENCY PAID SICK LEAVE ACT REQUEST FORM

**EMERGENCY PAID SICK LEAVE ACT  
REQUEST FORM**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for request:

- the employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19
- the employee has been advised by a health care provider to self-quarantine because of COVID-19
- the employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis
- the employee is caring for an individual subject or advised to quarantine or isolation
- the employee is caring for a son or daughter whose school or place of care is closed, or child care provider is unavailable, due to COVID-19 precautions; or
- the employee is experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

*Please submit form to HR at [lroutree@co.gem.id.us](mailto:lroutree@co.gem.id.us)*

## ADDENDUM D: PAID ADMINISTRATIVE LEAVE REQUEST FORM

### PAID ADMINISTRATIVE LEAVE FOR COVID-19 REQUEST FORM

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for extenuating circumstances that does not qualify under the Emergency Paid Sick Leave Act:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Paid Administrative Leave requested (not to exceed 80 hours): \_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**Please submit form to HR at [lroutree@co.gem.id.us](mailto:lroutree@co.gem.id.us)**

## ADDENDUM E: GEM COUNTY TELECOMMUTING AGREEMENT

I, understand and agree that my employment with Gem County will be temporarily adjusted to reflect a flexible work arrangement by providing me the opportunity to telecommute for purposes of completing my current job duties.

I agree that I am responsible for establishing specific telecommuting work hours, furnishing and maintaining a dedicated remote workspace in a safe manner, employing appropriate telecommuting security measures and protecting Gem County assets, information, trade secrets, and systems.

I understand that telecommuting is voluntary and that I may stop telecommuting at any time. I also understand that Gem County may, at any time, change some or all of the conditions under which I am permitted to telecommute, or withdraw permission to telecommute entirely.

In addition, I understand that regardless of the type of arrangement under which I am working, County requirements may necessitate my being in the office at times when I would normally be away from County premises. In such circumstances, I will adjust my hours and schedule to accommodate Gem County. If I am working on less than a full-time schedule, I understand that my compensation and benefits may be adjusted accordingly

Further, I understand that I am subject to the guidelines set forth in Gem County's Personnel Policy, which I acknowledge may change from time to time at Gem County's discretion. I acknowledge that I have read the Gem County Personnel Policy and *that my participation in the program* does not alter my status as an at-will employee.

I understand that any hardware or software provided by Gem County for telecommuting purposes remains the sole property of Gem County, and that this hardware and software must be returned to Gem County immediately upon request. I understand that only hardware and software supplied by Gem County have been approved for telecommuting, and that I may not install any hardware or software not furnished by Gem County on my telecommuting workstation. I also understand that the telecommuting workstation should only be used for business purposes.

I agree to maintain a safe and secure work environment, and to report work-related injuries to the supervisor at the earliest reasonable opportunity.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

***Submit Signed Telecommuting Agreement to Human Resources***

