

Attachment 3: Coronavirus Disease 2019 (COVID-19)

1. **Introduction.** Continuity of operations planning for the North Carolina Department of Labor (NCDOL) requires preparing for the full range of threats facing the state and NCDOL employees and their families. The department has ample experience in planning and responding to significant events including chemical disasters, adverse weather and equipment failure. In the event of a COVID-19 outbreak, planning by NCDOL leaders will be critical to protecting employees' health and ensuring the continued delivery of essential services to the citizens of North Carolina.

The information in this attachment is based on [available information](#) from the Centers for Disease Control and Prevention (CDC) and will be updated as additional information becomes available. The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. COVID-19 preparedness is a public health priority. State agencies like NCDOL that provide critical services have a special responsibility to plan for continued operation in a crisis and this plan fulfills part of that requirement.

2. **Purpose.** The intent of this plan is to provide guidelines for NCDOL to prepare and respond to a COVID-19 outbreak. The plan outlines preparedness actions to strengthen capabilities for an effective response to an outbreak and to minimize the risk to NCDOL personnel. In the state, the Department of Health and Human Services (DHHS), Division of Public Health (DPH) will coordinate the state's response to a COVID-19 outbreak and NCDOL leadership will act to protect NCDOL personnel in accordance with DPH guidelines.
3. **What is COVID-19?** Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.
4. **North Carolina COVID-19 Planning, Surveillance, Evaluation and Response.** The North Carolina Division of Public Health's Communicable Disease Branch is taking proactive steps to be prepared for potential cases in North Carolina, including following the latest CDC recommendations related to surveillance, evaluation and response. The Division of Public Health will also be working with local health departments and hospitals statewide to provide updates on surveillance and response plans. The North Carolina Division of Public Health has established a call line at 1-866-462-3821 to address general questions about coronavirus from the public.
5. **How will a COVID-19 outbreak impact NCDOL?** The threat of a contagious disease outbreak to NCDOL operations deserves careful consideration. No one knows exactly how widespread or severe an impact will be. However, concerns for state agencies will be many. It will not be business as usual.

Unlike many threats that are localized, an outbreak has the potential to impact operations simultaneously across the state and throughout North America. It will affect employees and the availability of resources and services the department depends upon.

A COVID-19 outbreak could severely disrupt operations. Some level of fear would spread through the population prior to the actual outbreak. The large number of sick and incapacitated people may include a significant segment of NCDOL personnel. In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Absenteeism may spike from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Limitations on public gathering and fear among healthy employees could limit the number of customers who may be able to access NCDOL facilities and services. Key supply and distribution networks could be significantly impacted. Close quarters and large gatherings (such as tight office spaces or large meetings) may encourage person-to-person spread of the disease.

Mortality rates vary significantly worldwide. Even a low-end mortality rate would cause severe disruption for employees who lose family members and friends. NCDOL leadership must recognize and address the anxiety levels employees will experience during a pandemic by providing empathy and support.

6. Assumptions.

- NCDOL will be operational during a COVID-19 outbreak.
- Mission-essential functions and support requirements will continue to be people-dependent. These activities require human interactions to be carried out, however many interactions may not require face-to-face contact or can be conducted with precautionary measures.
- Travel restrictions, such as limitations on mass transit, implemented at federal, state, local and/or tribal levels will affect the ability of staff to get to work.
- Susceptibility to COVID-19 will be universal.
- Rates of absenteeism will depend on the severity of the outbreak. In a severe outbreak, absenteeism attributable to illness, the need to care for ill family members, those who must stay home to watch their children dismissed from school, and fear of infection may reach large numbers during the peak weeks of a community outbreak, with lower weeks of absenteeism during the weeks before and after the peak.
- The typical incubation period (interval between infection and onset of symptoms) for COVID-19 is approximately two to 14 days.
- People are thought to be most contagious when they are most symptomatic. Some spread might be possible before people show symptoms; there have been reports of this with this new coronavirus, but this is not thought to be the main way the virus spreads.

7. **North Carolina Department of Labor Actions.** The commissioner is responsible for the overall response to a crisis that affects NCDOL personnel and will determine the nature and scope of NCDOL actions in response to a COVID-19 outbreak.

The commissioner in consultation with the chief of staff, division directors and assistant directors, will determine the severity of the outbreak and implement the COOP plan as warranted. The commissioner will notify division heads, who will notify each bureau chief and administrator. Bureau chiefs and administrators will notify their staff.

In response to a COVID-19, outbreak the commissioner, in consultation with staff and public health officials. will implement the following measures in NCDOL:

a. Chief of Staff.

COVID-19 Outbreak Responsibilities.

- i. Recommend activation of COOP to the commissioner.
- ii. Consider closing affected NCDOL facilities to the public to prevent spreading the disease.
- iii. Immediately draft policy restricting NCDOL personnel from traveling to affected North Carolina areas.
- iv. Ensure resources are allocated to protect employees and customers during an outbreak: facial tissue, alcohol-based hand sanitizer and regular household cleaning spray or wipes for frequently touched objects and surfaces. N95 disposable masks may be recommended at some point in the outbreak depending on employee exposure. Currently, the CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19. However, facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. Additionally, the use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- v. Encourage employee use of the infection control procedures measures listed below in Section 8 – Infection Control Measures, such as cough etiquette and respiratory hygiene, preventative methods, social distancing and workplace cleaning.
- vi. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- vii. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- viii. Do not require employees to see a physician in order to return to work. Consult with legal counsel prior to implementation.
 - CDC Recommendation: Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as

healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

- CDC Recommendation: Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are:
 - Free of fever (100.4° F [37.8° C] or greater using an oral thermometer),
 - Have no signs of a fever, or
 - Any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
- ix. Encourage employees who are well but who have a sick family member at home with COVID-19 to notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- x. Ensure division directors work with the Human Resources Division to draft a sick leave policy that will be implemented in times of outbreak.
- xi. The chief of staff will work with Communications to send out the following guidelines, or the latest CDC guidelines to help keep NCDOL employees from contracting COVID-19 while traveling:
 - Avoid unnecessary travel where there are COVID-19 outbreaks.
 - Avoid traveling when ill. Employees should check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
 - Employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
 - NCDOL employees are encouraged to frequently hand wash or use alcohol-based hand sanitizer.
 - Cover your nose and mouth with a tissue when coughing or sneezing.
 - Place used facial tissue into garbage immediately.
 - Avoid touching your eyes, nose or mouth.
 - Practice good health habits – get plenty of sleep, eat well, and exercise.

b. Deputy Commissioners.

COVID-19 Outbreak Responsibilities.

- i. Encourage employee use of the infection control procedures measures listed below in Section 8 – Infection Control Measures, such as cough etiquette and respiratory hygiene, preventative methods, social distancing and workplace cleaning.
- ii. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- iii. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- iv. Do not require employees to see a physician in order to return to work. Consult with legal counsel prior to implementation.
 - CDC Recommendation: Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - CDC Recommendation: Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are:
 - Free of fever (100.4° F [37.8° C] or greater using an oral thermometer),
 - Have no signs of a fever, or
 - Any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
- v. Encourage employees who are well but who have a sick family member at home with COVID-19 to notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- vi. Work with the Human Resources Division to draft a sick leave policy that will be implemented in times of a COVID-19 outbreak.
- vii. Contact the North Carolina Division of Public Health has established a call line at 1-866-462-3821 to address general questions about coronavirus from the public.
- viii. Immediately draft policy restricting NCDOL personnel from traveling to affected North Carolina areas.
- ix. Plan for mental health support. Coordinate with human resources to provide counseling services for employees during a COVID-19 outbreak.
- x. OSH deputy commissioner: Coordinate with OSHA for available resource sharing.

c. Bureau Chiefs and Administrators.

COVID-19 Outbreak Responsibilities.

- i. Proactive measure: Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
- ii. Encourage employee use of the infection control procedures measures listed below in Section 8 – Infection Control Measures, such as cough etiquette and respiratory hygiene, preventative methods, social distancing and workplace cleaning.
- iii. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- iv. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- v. Do not require employees to see a physician in order to return to work. Consult with legal counsel prior to implementation.
 - CDC Recommendation: Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - CDC Recommendation: Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are:
 - Free of fever (100.4° F [37.8° C] or greater using an oral thermometer),
 - Have no signs of a fever, or
 - Any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
- vi. Encourage employees who are well but who have a sick family member at home with COVID-19 to notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
- vii. Evaluate the need for an expanded work-at home policy for employees whose responsibilities can be completed away from the office environment. This could be due to employee illness, family illness, facility closures or other situations found in the CDC Recommendations for Social Distancing.
- viii. Prepare to provide supplementary staffing to sections consistent with mission requirements and COOP plan. Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
- ix. Plan for mental health support. Work with human resources to provide counseling services for employees during a COVID-19 outbreak.

d. Supervisors.

COVID-19 Outbreak Responsibilities.

- i. Encourage employee use of the infection control procedures measures listed below in Section 8 – Infection Control Measures, such as cough etiquette and respiratory hygiene, preventative methods, social distancing and workplace cleaning.
- ii. Encourage ill employees to stay home and keep in contact via e-mail or phone.
- vii. Encourage employees to go home if symptoms develop at work. Allow employees to work from home if work is available, can be done from home, and employee is well enough to work.
- iv. Do not require employees to see a physician in order to return to work. Consult with legal counsel prior to implementation.
 - CDC Recommendation: Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - CDC Recommendation: Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are:
 - Free of fever (100.4° F [37.8° C] or greater using an oral thermometer),
 - Have no signs of a fever, or
 - Any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
- v. Supply each workstation and public area with facial tissue, alcohol-based hand sanitizer and regular cleaning solutions or wipes for cleaning frequently touched surfaces or objects.
- vi. Ensure that plenty of waste receptacles are available throughout the workplace.
- vii. For employees that must travel, assemble a travel health kit containing basic first aid and medical supplies. Be sure to include alcohol-based hand gel for hand hygiene.
- viii. Discontinue use of community candy dishes.
- ix. Maintain lists of employees who are isolated, quarantined and/or homebound due to COVID-19 outbreak and provide list to human resources.

e. Communications.

Pandemic Responsibilities.

- i. Review this plan and draft a memorandum for the commissioner that can be used to introduce the NCDOL infection control plan.

Example: “With the threat of a COVID-19 outbreak upon us we would like to take a proactive approach to keeping NCDOL employees healthy. Later this week, we are going to

provide facial tissue, alcohol-based hand sanitizer and cleaning wipes to each workstation and office in NCDOL facilities. Please leave these items at each work station and do not take them with you. Remember to dispose of tissue immediately after use and use hand sanitizer liberally. The cleaning wipes are provided to disinfect keyboards, phones, workstations and other frequently touched surfaces or objects.

Please wipe down your workstation and all of its components daily both at the beginning and end of your shift.”

- ii. Initiate media contacts in conjunction with the governor’s office to announce facts surrounding current situation and where NCDOL employees are to report for treatment.
- iii. Manage media requests for information related to COVID-19 outbreak and NCDOL operations.
- iv. Develop and disseminate materials covering outbreak fundamentals (e.g., signs and symptoms of COVID-19, modes of transmission, personal and family protection.)
- v. Provide information for home care of ill employees and family members. Information can be obtained from the Centers for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>. And the North Carolina Department of Health and Human Services, Division of Public Health at <https://epi.dph.ncdhhs.gov/cd/diseases/COVID19.html> or 1-866-462-3821.

f. Human Resources.

COVID-19 Responsibilities.

- i. Use the most current revision of the North Carolina Office of State Personnel Communicable Disease Emergency policy for reference when advising the commissioner and chief of staff.
- ii. Develop a sick leave policy that will be implemented in times of pandemic.
- iii. Develop procedures for informing fellow employees of their possible exposure to COVID-19 in the workplace, while maintaining confidentiality as required by the Americans with Disabilities Act (ADA), if an employee is confirmed to have COVID-19 infection. 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
- iv. Establish policies for employee compensation unique to a pandemic.
- v. Encourage teleconference or web-based meetings among employees and between employees and customers.
- vi. Plan for mental health support. Assist and provide counseling services for employees during a pandemic.
- vii. Analyze absentee rates.

viii. Maintain master lists of employees who are isolated, quarantined and/or homebound due to COVID-19 outbreak. Brief the commissioner on their status. Essential services may be needed such as water, food, medical care, and financial support.

g. Homeland Security/Emergency Response Coordinator.

COVID-19 Outbreak Responsibilities.

- i. Coordinate with other state agencies and partners on COVID-19 outbreak planning and preparedness (i.e., North Carolina Department of Public Safety, North Carolina Department of Health and Human Services).
- ii. Along with other NCDOL representatives from the State Emergency Response Team (SERT), respond to State Emergency Operations Center (SEOC) upon activation.
- iii. Keep chief of staff and deputy commissioners informed of on-going infection control measures to include mandatory quarantine.
- iv. Monitor SEOC and CDC bulletins and alerts about outbreak-related alerts.

8. **Infection Control Measures.** Current understanding about how the virus spreads is largely based on what is known about similar coronaviruses. The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Via respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes; but this is not thought to be the main way the virus spreads.

NCDOL seeks to ensure a healthy work environment by educating employees on cough etiquette and respiratory hygiene; providing infection control supplies; and encouraging ill employees to stay home and seek medical care.

a. **Cough Etiquette and Respiratory Hygiene.** Respiratory virus infections, such as COVID-19 and the common cold, are spread through the air (called droplet transmission). Whenever an infected person coughs, sneezes or talks, the individual releases small droplets containing the virus. The droplets pass through the air and may contact other people's eyes, nose or mouth leading to infection.

Because the droplets are heavier than air, they settle on surfaces. It may be possible that a person can get COVID-19 by contact with contaminated surfaces. Virus transmission can be prevented

or minimized by respiratory hygiene and cough etiquette. These simple methods can protect NCDOL employees and their family from infection:

- Cover the mouth or nose while coughing or sneezing.
- Promptly dispose of the used tissues.
- Wash hand frequently with warm soapy water or use of an alcohol-based hand sanitizer.

b. Preventive Methods. These precautions should be followed to help prevent the spread of COVID-19:

- Avoid close contact with people who are sick. When you are sick, keep your distance to keep others from getting sick too.
- If possible, stay home from work, school or avoid errands when you are sick. This will keep others from catching your illness.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Wash your hands often to protect yourself.
- Avoid touching your eyes, nose or mouth. Germs are spread when a person contacts a contaminated object or surface and then touches his or her eyes, nose or mouth.

c. Social Distancing. Social distancing reduces the spread of the virus between people and may be recommended during an outbreak; for example, postponing conferences, conducting meetings over the phone, or working from home.

Education on social distancing should be distributed to all NCDOL employees. Social distancing strategies may include:

- When one shift goes off duty, there should be an interval before the next shift begins so that the work area can be thoroughly ventilated and cleaned (either opening all doors and windows or turning up air conditioning/heating systems).
- Avoid meeting people face to face – use the telephone, video conferencing and the internet to conduct business as much as possible even when participants are in the same building.
- Avoid any unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops and training sessions.
- If possible, arrange for employees to work from home or work flex hours to avoid crowding at the workplace.
- If public transportation is used, ensure good ventilation within the vehicle, wash hands often and ensure that everyone covers coughs and sneezes.

- Bring lunch and eat at desk or away from others (avoid crowded eating areas).
- Introduce staggered lunchtimes to reduce the numbers of people in the break room.
- Minimize face-to-face interactions.
- Telephones should not be shared.
- If face-to-face meetings are unavoidable, minimize the meeting time. Choose a large, well ventilated meeting room, and do not sit close to each other if possible; avoid shaking hands or hugging.
- Set up systems where customers can pre-order/request information via phone, mail, fax and have order or information ready for pick-up or delivery.
- Encourage employees to practice social distancing outside of the workplace.

d. Workplace Cleaning. Office cleaning of shared work areas, counters, railings, door knobs and stairwells, should be performed more frequently during the COVID-19 outbreak.

9. **Terminate Outbreak Response.**

The decision to terminate the response portion of this plan and begin recovery operations will also be made by the commissioner. The criteria for termination may include:

- The outbreak is contained and effective control measures are in place;
- The imminent public health threat has diminished, and/or
- The outbreak did not materialize.

Teleworkers will be notified by respective supervisors that the outbreak no longer exists and will be provided instructions for the resumption of normal operations.

COVID-19 Outbreak Checklist

Tasks	Not Started	In Progress	Completed	✓
1. Identify a COVID-19 outbreak coordinator and/or team with defined roles and responsibilities for preparedness and response planning.				
2. Identify essential employees required to maintain mission-essential functions during an outbreak.				
3. Find up-to-date, reliable COVID-19 outbreak information from public health, emergency management, and other sources and disseminate to employees.				
4. Allow for employee absences during an outbreak due to factors such as personal illness, family member illness, community containment measures and quarantines, school and/or business closures, and public transportation closures.				
5. Implement guidelines to modify the frequency and type of face-to-face contact (e.g., handshaking, seating in meetings, office layout, shared workstations) among NCDOL employees and between NCDOL employees and customers (refer to CDC recommendations).				
6. Have supervisors identify employees with special needs and incorporate the requirements of such persons into their protective measures.				
7. Establish policies for employee compensation and sick-leave absences unique to an outbreak (e.g., non-punitive, liberal leave), including policies on when a previously ill person is no longer infectious and can return to work after illness.				
8. Establish policies for flexible worksite (e.g., telecommuting) and flexible work hours (e.g., staggered shifts).				
9. Establish policies for preventing COVID-19 spread at the worksite (e.g., promoting respiratory hygiene/ cough etiquette, and prompt exclusion of people with symptoms).				
10. Establish policies for employees who have been exposed to COVID-19, are suspected to be ill, or become ill at the worksite (e.g., infection control response, immediate mandatory sick leave).				

Tasks	Not Started	In Progress	Completed ✓
11. Establish policies for restricting travel to affected geographic areas (consider both domestic and international sites), evacuating employees working in or near an affected area when an outbreak begins, and guidance for employees returning from affected areas (refer to CDC travel recommendations).			
12. Provide sufficient and accessible infection control supplies (e.g., hand-hygiene products, tissues, cleaning wipes and receptacles for their disposal) in all workstations.			
13. Enhance communications and information technology infrastructures as needed to support employee telecommuting.			
14. Develop and disseminate programs and materials covering COVID-19 outbreak fundamentals (e.g., signs and symptoms, modes of transmission), personal and family protection and response strategies (e.g., hand hygiene, coughing/sneezing etiquette, social distancing, contingency plans).			
15. Anticipate employee fear and anxiety, rumors and misinformation and plan communications accordingly.			
16. Identify community sources for timely and accurate outbreak information (domestic and international) and resources for obtaining countermeasures (e.g., vaccines and antivirals).			
17. Evaluate employee access to and availability of mental health and social services during an outbreak, including community, and faith-based resources			
18. Develop platforms (e.g., hotlines, dedicated websites) for communicating outbreak status and actions to NCDOL employees, vendors, suppliers, and customers in a consistent and timely way.			