Brookhaven National Laboratory
COVID-19 Workplace Safety and Reentry Plan
Revision 4

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BNL COVID-19 Workplace Safety and Reentry Plan

Purpose

The health and safety of the Brookhaven Laboratory workforce, including our employees and on-site guests, users, and collaborators, is our highest priority. The Federal Government and the U.S. Department of Energy (Department or DOE) are committed to addressing essential work requirements consistent with best public health practices. The Department’s paramount concern is the health and safety of all Federal employees, on-site contractors, and individuals interacting with the Federal workforce.


On February 25, 2022, the CDC set recommendations related to COVID-19 Community Levels, which measure the impact of COVID-19 illness on health and healthcare systems. Layered prevention strategies—like staying up to date on vaccines, screening testing, ventilation, and wearing masks—can help limit severe disease and reduce the potential for strain on the healthcare system.

Pursuant to Executive Order 13991, Federal agencies follow CDC guidelines for mask-wearing and other public health measures. This Plan provides BNL with initial implementation guidance they should follow in utilizing the CDC’s COVID-19 Community Levels to determine the appropriate mask-wearing and screening testing requirements.
Introduction

The Brookhaven National Laboratory (BNL) COVID-19 Workplace Safety and Reentry Plan (Plan) has been written to meet the requirements established in the DOE Framework and the BNL Prime Contract. The DOE Framework outlines the requirements to protect the health and safety of the workforce for a safe reentry to DOE Federal facilities as well as the reentry schedule for the safe accomplishment of the DOE mission in a COVID-19 environment. The DOE Framework is a living document that will be updated as needed to account for changing COVID-19 conditions, Safer Federal Workforce Task Force guidance and CDC guidelines.

The BNL site has been affected by COVID-19 since March 2020, and through the implementation of the comprehensive Resumption of Operations Plan (ROOP) BNL has been able to mitigate the impact on the Laboratory workforce and the Lab’s science mission. The ability to conduct limited operations during the pandemic was essential so that our world-class user facilities could contribute to the fight against COVID-19. The principles of administrative and engineering controls reduced on-site density, and adequate cleaning supplies and Personal Protective Equipment (PPE) all contributed to a workplace infection rate significantly less than what has been experienced in the local area.

The following provides a timeline for the BNL response to the pandemic:

On March 23, 2020, BNL transitioned to a minimal operating status (Essential Mission Critical Operations) because of the national and regional effects of the pandemic. During that period (aka Phase ‘0’), greater than 90 percent of Laboratory staff remained off site, with most of those individuals working remotely from home.

On June 4, 2020, BNL successfully transitioned to Phase ‘1’ of its recovery in accordance with the BNL ROOP. On-site maximum staffing density gradually increased from ~250 staff members to ~700 staff members. The primary goal of Phase 1 activities was to prepare the conventional and scientific infrastructure for the future re-entry of additional staff members.

On July 6, 2020, BNL successfully transitioned to Phase ‘2’ of its recovery in accordance with the ROOP. On-site maximum staffing density was authorized to increase to 1,200 staff members. The primary goal of Phase 2 activities has been to maintain and operate (in a limited status) BNL’s scientific facilities and user facilities.

During the summer of 2020, the regional COVID-19 conditions on Long Island were very good. On September 22, 2020, a “Refined Phase 2” plan was approved, which was envisioned to gradually increase on-site staffing by 200 to a new level of 1,400 individuals. However, in early October 2020, Laboratory management noticed an uptick in regional conditions.

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1 We were not expecting that 1,400 would be a continuous on-site staffing plan. It was a peak staffing, primarily during simultaneous operational activities at both RHIC and NSLS-II. At many times, staffing was envisioned to typically still be ~1,000.
cases. As a result, BNL did not increase on-site staffing, but pulled back to about 900 staff members on site. In hindsight, October 2020 through April 2021 marked the ‘second wave’ of COVID-19 cases for NY and Long Island.

In July 2021, the rate of COVID-19 transmission across the country began to increase again. On July 28, 2021, DOE issued “Revised Requirement for Mask Wearing in DOE Buildings and Leased Spaces”. This was followed with guidance provided by the Safer Federal Workforce Task Force on July 29, 2021, titled “COVID-19 Workplace Safety: Agency Model Safety Principles”. And lastly, DOE issued additional COVID-19 guidelines on August 4, 2021, aligned with the expectations outlined by the Safer Federal Workplace Task Force. The requirements within these communications are now captured in the DOE Framework.

Recovery planning is being coordinated through the BNL Office of Emergency Management (OEM). Detailed Directorate-level recovery plans have been grounded in restoration of the science mission in a graded, incremental approach over time.

The BNL approach is agile and has been informed by:

- The DOE Framework;
- Federal guidelines (e.g., from the White House, and the Centers for Disease Control and Prevention [CDC]);
- State and regional guidelines (from Executive Orders and NYS Department of Health, Suffolk County Department of Health Services); and
- Consideration of local conditions at BNL (determined by the Occupational Medicine Clinic [OMC]).

As Federal/DOE or Local/ NYS guidelines are updated they will be reflected at the BNL Resumption of Operations and Coronavirus Resources website: https://www.bnl.gov/COVID19/.

This Plan will guide operational status and response and is sustainable for as long as needed to protect BNL staff. Key guiding principles, across all operational phases, include the following:

- Maintaining low risk of COVID-19 transmission at BNL by providing reasonable assurance of a low probability of staff being infected with COVID-19 while on site, and that staff returning on site are not actively infected with COVID-19.
- Enabling optimal BNL productivity.

**Scope and Applicability**

This plan applies to the BNL site, facilities, DOE (except where noted), Brookhaven Science Associates (BSA) employees, subcontractors, and guests/users performing work on site. This
plan builds upon the ROOP, and its development resulted in a comprehensive review of the mission-critical work being performed in person or on site.

This plan supersedes BNL’s COVID-19 Workplace Safety Plan.

This document is primarily focused on application of U.S. Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidelines to the Federal workplace. The principles presented here establish a minimum level for workplace safety and are aligned with the CDC guidance and established public health best practices, based on evolving understanding of the pandemic. Principles will be reassessed over time as conditions warrant. This document is not meant to be exhaustive, and additional program or site/facility controls will be developed as needed. The BNL Plan builds upon these principles and will be adjusted as appropriate for mission requirements.

**Principles**

- The health and safety of BSA employees, subcontractors, and guests/users are of paramount importance and guide all actions at BNL facilities.
- The Plan aligns with the DOE Framework and will be revised as necessary to account for any superseding or additional guidance.
- A structured, orderly process will be used for employees to safely reenter DOE facilities, based on the needs the Laboratory and the health and safety of the workforce. The Laboratory will utilize telework and flexible work schedules for reentry and post-reentry.
- CDC-recommended and optional practices, including enhanced entrance screening, social distancing, and workplace protocols will be used, as practical and appropriate, to lower risk.
- Plans and protocols will consider contingencies to prepare for potential new developments. The Laboratory will use CDC guidelines to reassess and inform decisions as conditions warrant.
- COVID-19 vaccines are designed to save lives and prevent illness and are integral to dramatically reducing the number of cases and helping to defeat COVID-19. Vaccines will be required for BSA staff, specific information on this requirement is included in this Plan.
- This Plan continues to leverage the advantages of teleworking to help reduce onsite staffing density as one of the risk mitigation tools for the BNL workforce.
Operating Status

BNL continues to maximize the use of telework until the reentry of each work category. During this period, those individuals whose key duties or work activities are required to be performed on site will be allowed physical access to BNL. Individuals who are in work categories not yet directed to return to the physical workplace should continue to telework until they are notified of their work category and the date by which their work category is to return.

BNL is currently in “Limited Operations with Maximum Telework” and will commence actions required to enter into “Normal Operations with Telework” in accordance with the timeline included in this Plan. BSA Position Categories are described later in this Plan.

<table>
<thead>
<tr>
<th>Operational Status</th>
<th>Approximate Daily Number of Personnel Onsite</th>
<th>BSA Position Categories Onsite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Operations</td>
<td>2000+</td>
<td>Site-based, Telework, Remote (as needed)</td>
</tr>
<tr>
<td>Normal Operations with Telework</td>
<td>1250 - 2000</td>
<td>Site-based, Telework</td>
</tr>
<tr>
<td>Limited Operations with Maximum Telework</td>
<td>450 - 1250</td>
<td>Site-based, Telework</td>
</tr>
<tr>
<td>Essential Mission-Critical Operations</td>
<td>250 - 450</td>
<td>Site-based</td>
</tr>
<tr>
<td>Min-Safe Standby Status</td>
<td>~200</td>
<td>Site-based</td>
</tr>
</tbody>
</table>

Approach to Reentry

In addition to ensuring the health and safety of BSA and contractor employees, BNL’s approach to reentry and the post-reentry work environment is focused on mission accomplishment and sustainability. Since the beginning of the pandemic, BNL’s portfolio of risk mitigation controls (e.g., social distancing, masking, hygiene, vaccination, and staff density control) has been very effective. Less than 1% of the COVID-19 cases experienced by BNL staff have involved the possibility of a workplace transmission. The BNL risk mitigation approach incorporates values to shape a future workplace that achieves a reduced carbon footprint, improves recruitment and retention, reduces facility costs, and creates a better work - life balance without negatively impacting mission delivery. BNL is committed to creating a flexible and agile workforce that is better able to respond to local and world events and that highlights DOE’s core values and principles of diversity, equity, inclusion, and accessibility. BNL’s decisions will consider the impact on local communities.

BNL will conduct an orderly reentry to the workplace through a phased return to the physical workplace. To facilitate this process, this Plan outlines the timeframes for employees to reenter the physical workplace based on the work category and key duties of an employee’s position as defined below.
The COVID-19 pandemic forced changes to our work environment. Many BNL employees and contractors have learned how to perform the functions of their job in a new way during a difficult time, meeting the challenges head-on. BNL has demonstrated that we have been able to carry out our missions effectively. Accordingly, we now have an opportunity to revisit how we were operating prior to the pandemic and leverage lessons learned during the pandemic to integrate telework and remote work into our workforce plans.

**Reentry and Position Work Categories**

BNL’s approach to reentry will be aligned with the principles set forth in the DOE Framework. BNL will conduct an orderly reentry to the workplace, where BSA employees will return in a staged manner to the physical workplace. Our approach allows management and supervisors to determine the right mix of onsite and telework work for their offices based on their mission needs and in accordance with DOE’s values. While this plan focuses on reentry to the workplace, we recognize that many employees will be authorized to telework a greater percentage of their time post-reentry than they did before the COVID-19 outbreak based on the experience gained during this pandemic. In addition, directorates are encouraged to evaluate workspaces (cubicles, offices, etc.) and utilize telework where appropriate when levels of community transmission are above “Low”. Laboratory leadership will provide adequate advance notice to BSA employees before they are directed to return to the physical workplace.

To implement this reentry approach, supervisors will inform staff of their directed reentry date. We expect that telework and remote work will continue for some employees, and that will be executed in accordance with the Revised Telework Policy. BNL will update employees regarding reentry once additional information is available.

At this time, positions are divided into three main work categories:

- **Site-based Employee**: Most or all key duties must be performed onsite (e.g., regular access to secure information, site operations, project oversight, site safety and security activities), including onsite mission essential scientific research and national security activities (e.g., Primary Mission Essential Function activities).

- **Telework Employee**: Some key duties or work activities are required to be performed onsite (e.g., intermittent access to secure information, onsite inspections, improved efficiency of mission essential work). Must have an approved Telework agreement.

- **Remote Work Employee**: Most or all key duties can be performed effectively and efficiently from a remote location. Must have an approved Remote Work Agreement.

These work categories have been further refined and expanded for purposes of reentry planning and timelines, as explained below.
Reentry Timeline

BSA will provide a minimum of 30 calendar days advance notice to employees before they are directed to return to the physical workplace\(^2\). On or before an employee’s directed return date, employees must resume a pre-COVID-19 work schedule or establish a new work schedule that has been reviewed and approved by their supervisor.

Return dates for BSA staff are approximately 30 days after the return dates for DOE staff in similar work categories. A timeline specific reentry is outlined below.

See the Reentry Timeline Table below.

<table>
<thead>
<tr>
<th>Position Category</th>
<th>Return Date Category Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site-based</td>
<td>For those not currently working onsite, Monday March 7, 2022</td>
</tr>
<tr>
<td>Telework Employee</td>
<td>Monday, March 14, 2022, for their onsite work</td>
</tr>
<tr>
<td>Remote Work Employee</td>
<td>Any time after March 28, 2022, as required by the directorate</td>
</tr>
</tbody>
</table>

Health and Safety Requirements

**Vaccinations**

To meet our Laboratory’s critical mission requirements we must protect the entire workforce from the spread of this potentially severe disease. The best tool we have is vaccines. Effective November 17, 2021, BSA employees were required to be fully vaccinated. This requirement applies to all employees working on site, those teleworking (full time and hybrid), remote workers (except those on foreign assignment), and all new hires. Employees with a legally recognized basis for an exception to the requirement, such as a medical condition that prevents them from having the vaccine, will be considered. A specific protocol has been established and is administered by Human Resources for this exception process. Those with an approved exception were required to enroll in a weekly testing program administered by the Occupational Medicine Clinic (OMC). As outlined in the following section, when the Suffolk County Community Level dropped to the LOW category, the weekly testing program became optional\(^3\).

The BNL Resumption of Operations and Coronavirus Resources web page provides information on where to get a vaccine. BSA employees may receive up to four hours of administrative leave (per dose) to accompany a family member receiving the COVID-19 vaccine. This administrative leave is in addition to the administrative leave BSA currently authorizes to receive the COVID-19 vaccine (up to four hours per dose) and if they experience any side effects (up to two workdays).

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\(^2\) The 30-day period is provided to employees who may need time to transition from a work-at-home setting. If employees request to return to the Lab sooner, and with supervisor concurrence, they do not have to wait for the entire 30 days to return to the workplace.

\(^3\) March 11, 2022. See the section on “BSA’s COVID-19 Screening Program for further details.”
Levels of Community Transmission

In applying COVID-19 workplace safety protocols connected to levels of community transmission in Suffolk County, BNL must reference the COVID-19 Community Levels | CDC.

BNL assesses community levels in Suffolk County at least weekly to determine proper mask-wearing requirements. When the community level of increases from “LOW” or “MEDIUM” to “HIGH,” BNL will implement more protective safety protocols consistent with CDC guidelines and guidance from the Safer Federal Workforce Task Force as soon as operationally feasible.

Face Masks

CDC has provided county-level data showing the COVID-19 Community Level for each county in the United States. For Federal facilities in the United States, agencies should utilize that data in determining the COVID-19 Community Level for a given facility by looking to the COVID-19 Community Level for the county in which the facility is located. Where a locality imposes more protective pandemic-related safety requirements, those requirements should be followed in Federal facilities within that locality.

When the COVID-19 Community Level is LOW or MEDIUM in Suffolk County

Masks are not required on the BNL site or within BNL facilities, regardless of vaccination status. Staff have the option to wear a mask when it is not required.

The OMC Manager may require masks at the OMC if the number of cases on the BNL site warrant extra protection for staff and visitors to the OMC.

When the COVID-19 Community Level is HIGH in Suffolk County

Masks are required on the BNL site and within BNL facilities, regardless of vaccination status.

General Mask Requirements

Individuals who are required to wear a mask must wear a mask that covers the nose and mouth and is in accordance with current CDC and OSHA guidance. The Lab Hierarchy of Face Coverings (in order from most effective to least effective) is:

1. KF94 and KN95 Masks (Not N95)
2. Surgical Masks that are at least 3-ply.
3. Cloth masks (including gaiters) over a disposable surgical-type mask to enhance their fit and provide multi-layer protection.

KF94 and KN95 masks provide the best protection against COVID-19. These masks are not respirators, but provide superior protection as compared to cloth masks and surgical masks.

When KF94 or KN95 masks are not available for use, the next best option is a surgical mask. Surgical masks are multilayered masks, typically with ear loops. For these surgical masks to be effective, you must follow the Centers for Disease Control (CDC) recommendation to tie knots in
the ear loops and fold down the corners of the mask to eliminate gaps between the mask and cheeks.

Cloth face coverings, including gaiters, will no longer be acceptable as face coverings for use on the Lab site unless used in conjunction with a surgical mask (i.e., "double-masking," with a surgical mask worn underneath the cloth face covering).

As mask guidance evolves, BSA may modify the list of approved masks.

When an individual is required to wear a face mask, masks must be worn in any indoor spaces, including common areas or shared workspaces (e.g., open floorplan office space, cubicle embankments, hallways, garages, conference rooms, or other workspaces) even when physically distant. Masks must also be worn outdoors in crowded settings or during outdoor activities that involve close contact with other people. When required, face masks must be worn in all in-person meetings and are required at staffed security checkpoints. Security Police Officers may direct individuals to lower or temporarily remove their masks to verify identity. Masks, when required, must be worn inside government-owned vehicles.

Exceptions to wearing a mask for non-vaccinated or vaccinated employees, when required, may include:

1) Mask removal when alone in an office with floor-to-ceiling walls and the door shut (Note – cubicles with partial walls are considered public spaces and require masking);
2) Mask removal when the individual is the sole occupant in a government-owned vehicle.
3) Intermittent removal when eating/drinking -- masks may be removed for a limited time if one is at least six feet from another individual.
4) Conducting work utilizing controls and/or personal protective equipment identified in a job hazards analysis or similar evaluation as long as the COVID-19 risk is factored into the analysis and the controls identified as part of that analysis are implemented.
5) Conducting work where the hazards associated with wearing the mask (e.g., straps getting caught in machinery, heat stroke, etc.) are greater than the risks with not wearing a mask if the COVID-19 risk is factored into the job hazards analysis and the controls identified as part of that analysis are implemented; and
6) Individuals who have a medical or religious reason why they cannot wear masks. Exemptions to the face mask policy will be considered in accordance with existing Equal Employment Opportunity Commission (EEOC) guidance. BSA staff should work with their Human Resources Manager to request an exemption.

Mask Protection Guidance

- Choose a mask with a nose wire.
- Use a fitter or brace to improve the seal of your face covering.
• Check that it fits snugly over your nose, mouth, and chin by cupping your hands around the outside edges of the mask and feeling for air flow.

• Add layers of material
  o Use a cloth mask that has multiple layers of fabric.
  o Wear a disposable mask underneath a cloth mask – but DO NOT combine two disposable masks.
  o The cloth mask should push the edges of the disposable mask against the face.

• Knot and tuck ear loops of three-ply disposable masks.
  o Knot the ear loops of a three-ply face mask where they join the edge of the mask.
  o Fold and tuck the unneeded material under the edges.
  o Video instructions are available https://youtu.be/UANi8Cc71A0

Respiratory Protection

We remind BNL personnel that face coverings are not respirators or PPE. They are also not the kind of masks worn by health care workers (e.g., N-95). OSHA guidance states that for low-exposure risk, such as workers whose jobs do not require contact with people known to have or suspected of having COVID-19, or do not have frequent close contact (i.e., within six feet for a total of 15 minutes or more over a 24-hour period) with the general public or other workers, a multi-layer face covering provides adequate protection.

For employees who must work in medium, high, or very high exposure risk settings, where it is not possible to maintain social distancing and the hierarchy of controls (i.e., elimination, substitution, engineering, and administrative) do not reduce the risk of exposure, respiratory protection may be used.

A hazard assessment of the work must be performed as required by the BNL Respiratory Protection Program - Program Description. If a respirator is required for the work, the requirements of the BNL Personal Protective Equipment and Respirator Subject Area must be followed, including training, medical evaluation, and fit testing. The Environment, Safety & Health Representative (ESHR) can be contacted to assist with the hazard assessment.

This guidance does not replace the need for PPE in medical, radiological areas, or other settings, as determined by work planning and control.

It is advised to wash or replace face coverings regularly. Guidance on making, wearing, and washing face coverings can be found on the CDC website at:


For any questions about these requirements, contact the ESHR or the Safety & Health Services Division at Ext. 4056.

BSA’s COVID-19 Screening Program

When the COVID-19 Community Level is LOW in Suffolk County
The BSA screening program as outlined below is not required.

*When the COVID-19 Community Level is MEDIUM or HIGH in Suffolk County*

The BSA screening Program as outlined below is required.

BSA established a COVID-19 screening program to test BSA employees who have an approved exception. For those individuals, enrollment in BSA’s COVID-19 screening program is mandatory, and they must be tested at least once a week. BSA may use any COVID-19 viral test, such as a PCR or antigen test, that has been [authorized by the Food and Drug Administration](https://www.fda.gov) to detect current infection. The test will include a report that documents the test result and can be provided to the BSA employee.

At times, BSA may offer voluntary testing to staff/guests working onsite. Details will be shared with staff/guests when the onsite testing is made available.

COVID-19 screening tests are intended to identify asymptomatic or pre-symptomatic individuals without known or suspected exposure to COVID-19. BSA employees, subcontractors, and guests/users who are unvaccinated with an approved exception will not need to be tested unless they report on site to BNL.

The OMC is developing the implementation procedures for the testing program for unvaccinated personnel who have an approved exception, and they will be posted to the BNL Resumption of Operations and Coronavirus Resources web page prior to implementation.

**Contact Tracing**

The OMC’s medical staff takes the lead in the process of case identification, contact tracing, and all required reporting of cases and contacts. OMC staff perform contact tracing by warning these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.

In case investigation, once informed of a case of COVID-19, OMC staff will work with the affected individual to help identify everyone who has had close contact during the timeframe of potential infectiousness. OMC staff performing contact tracing works with managers and supervisors to verbally notify coworkers who may have been in contact with an individual diagnosed with COVID-19 to provide these individuals with more information to help in monitoring themselves for signs or symptoms and quarantining themselves, if appropriate.

OMC contact tracers collaborate with and support the contact tracing programs of local health departments to help identify, track, and manage contacts of COVID-19 cases, in accordance with local public health mandates.

To promote transparency and safety, BNL notifies line management by providing a COVID-19 Task Force Situation Report (typically weekly) about confirmed COVID-19 cases, consistent with local and Federal privacy and confidentiality regulations and laws. Line management then shares this information with their workforce.

Effective March 14, 2022, DOE modified its requirements for reporting (to DOE) of COVID-19 confirmed cases. Cases that need to be reported and tracked now include:
• Cases where employees test positive for COVID-19 and the individual has been in the office/DOE property in the last ten days. This may still include some community-acquired transmission but require a determination if the case is or could be work-related. Contact tracing and cleaning may be required if the employee has been in the office 48 hours before onset of symptoms or testing positive.

• Cases where employees test positive for COVID-19 and the individual has been in the office/DOE property within the 5 days after onset of symptoms or testing positive. Note: According to the current CDC guidance, individuals may return after 5 days if symptoms have resolved and the individual has been fever free for 24 hours without the aid of medication. They still need to wear a mask for the full 10 days and practice safety protocols. If an individual returns between days 5 and 10 after testing positive or onset of symptoms and other individuals begin to exhibit symptoms, then it would make sense to report the individual who was sick/positive and who returned to the office/property as a case.

• Cases where employee tests positive for COVID-19 and it is determined that the case is work-related according to the OSHA and/or DOE requirements. Note: These cases also need to be reported into CAIRS.

Only those cases that are potentially work-related or onsite work is impacted in some way need to be reported on the Weekly CSM Report (weekly report of Total Population, Total Confirmed Cases, Average Number of Individuals on-Site, etc.). If a person contracts COVID-19 and they have not been onsite, the case does not need to be reported.

**Travel**

At this time, official domestic and international travel remains limited to mission-critical trips and will be conducted in accordance with applicable CDC guidance and the January 21, 2021, Executive Order [Promoting COVID-19 Safety in Domestic and International Travel](https://www.whitehouse.gov/presidential-actions/executive-order-promoting-covid-19-safety-domestic-and-international-travel/).

Effective March 14, 2022, fully vaccinated staff may resume regular, pre-pandemic official business travel. Official domestic and international travel for employees who are not fully vaccinated will remain limited to mission critical trips.

For BSA staff on official business travel, the traveler and line management approval authority will take into consideration the COVID-19 case transmission rate at the destination as well as the COVID-19 controls in place at the destination (e.g., controls at a workshop, conference, etc.).

**BNL will use the following definitions for mission-critical travel.** Failure to embark on such travel will result in serious impact on the mission of the Laboratory or DOE/NNSA. Essential/mission critical business travel will typically have one or more of the following characteristics:

- Necessary to perform essential duties related to the protection of life and property.
- Specifically required by statute or prime contract.
- Required for the inspection of systems or equipment if those systems or equipment are integral to security, safety, or proper functioning of the mission.
• Travel related to safety/security related training and development.
• Travel to training to meet certification or licensing requirements or to maintain critical functional or occupational competencies (when such cannot be done through virtual means).
• Travel for activities essential to national security.
• Travel that supports the National Essential Functions, Primary Mission Essential Functions, and Mission Essential Functions as defined in DOE O 150.1A, Continuity Programs.

BSA employees who are fully vaccinated do not need to get tested before or after official domestic travel or self-quarantine after domestic travel, unless required by their destination. However, vaccinated individuals must wear a mask over nose and mouth on planes, buses, and other forms of public transportation during travel into, within, or out of the United States, and while indoors in U.S. transportation hubs such as airports and train/subway/bus stations. Vaccinated individuals must follow other state, federal, and local requirements during travel. They must also monitor their symptoms for 14 days after travel. If symptoms develop, they must isolate themselves and notify the OMC.

For international travel, prior to arrival in the United States, all air passengers coming to the United States, including U.S. citizens and fully vaccinated people, are required to have a negative COVID-19 test result no more than three days before travel or documentation of recovery from COVID-19 in the past three months before they board a flight to the United States. Fully vaccinated BSA staff and contractors are not required to get tested before leaving the United States unless required by their destination. After official international travel, BSA employees, regardless of vaccination status, must get tested with a viral test 3-5 days after travel; self-monitor for COVID-19 symptoms; and isolate and get tested if symptoms develop.

BSA employees who are not fully vaccinated must follow all applicable CDC guidance for unvaccinated travelers while on official travel. BSA employees who are not fully vaccinated will be required to telework (if able) upon return from official travel for the duration of the CDC quarantine period, as well as follow any applicable testing guidance.

**Symptom Monitoring**

As part of BNL’s effort to prevent or reduce the spread of COVID-19 on site, we have implemented the following controls:

**Screening**

People with COVID-19 have reported a wide range of symptoms – ranging from mild symptoms to severe illness. Symptoms may appear two to 14 days after exposure to the virus. Anyone can have mild to severe symptoms. BNL recommends that all employees and visitors planning to work on site conduct a daily pre-entry screening for COVID-19. Individuals with any of the following symptoms may have COVID-19, and must not report to work. Instead, they should consult with their personal physician and must inform the OMC if they test positive for COVID-19:

• Fever or chills
• Cough
• Shortness of breath or difficulty breathing
• Fatigue
• Muscle or body aches
• Headache
• New loss of taste or smell
• Sore throat
• Congestion or runny nose
• Nausea or vomiting
• Diarrhea

**Quarantine and Isolation**

BNL has site entry quarantine and isolation restrictions following applicable guidance from state and local health departments. Individuals who are scheduled to be on site require a daily pre-entry screening. Individuals who are presumed or positive for COVID-19 will be interviewed by OMC staff as part of case investigation with determination of workspace restrictions, cleaning, and disinfection with BNL Facilities and Operations personnel. Individuals with presumed or confirmed COVID-19 will isolate off site until medically cleared to return to work by OMC staff.

Non-vaccinated individuals who have been identified through contract tracing by OMC staff as having had exposure to a presumed or positive COVID-19 case will be placed under quarantine. Individuals who have been under self-quarantine due to exposure to an individual with a laboratory-documented or presumptive COVID-19 case (based upon signs and symptoms) may be medically cleared for return to work if they meet the CDC/NY State Dept. of Health criteria for release from self-quarantine and have been medically cleared by OMC staff. Quarantine travel requirements will follow applicable guidance from federal, state, and local authorities.

**Confidentiality**

BNL medical and support personnel involved in the process of case identification, contact tracing and all required reporting of cases and contacts take care to assure the confidentiality of cases and of their medical information. The nursing and medical staff of the OMC take the lead in this process. In identifying and interviewing contacts, the name of the case is not identified except where the case has given their express permission to do so when needed as an aid in determining who is a case. Records of staff’s test results become a part of their confidential health record. In notifying building occupants, departments, or the workforce in general of the occurrence of a case, care is taken not to divulge any details that would serve to identify an individual.

Identifiable case information is transmitted to BNL’s local health department, the Suffolk County Department of Health Services (SCDHS), as per public health regulations in order to facilitate contact tracing and assurance of isolation and quarantine. Case information is transmitted directly via secure fax from OMC medical personnel to public health personnel at the SCDHS’s Communicable Diseases unit.

As required, cases are reported to DOE HQ’s COVID-19 tracking unit in de-identified fashion through a secure portal to the eDARs database.
Workplace Operations

Physical Distancing

In accordance with the CDC’s Interim Public Health Recommendations for Fully Vaccinated People, and consistent with guidance from the Safer Federal Workforce Task Force, fully vaccinated BSA staff, Federal employees, contractors, guests/users, and visitors entering or working inside or on the grounds of BNL are not required to physically distance in DOE buildings.

BSA staff, Federal employees, contractors, guests/users, and visitors entering or working at BNL who are not fully vaccinated should maintain a distance of at least six feet from others, including in offices, conference rooms, and all other indoor communal areas and workspaces. To support physical distancing efforts, BNL has implemented the use of telework and virtual options to reduce the population density on-site.

The Lab has taken the following steps to help staff implement social distancing in their workplace when required:

- Implemented flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time);
- Increased physical space between employees at the worksite by modifying the workspace (e.g., use spare offices and install barriers);
- Physical barriers (e.g., plexiglass shields) have been installed in areas across site where personnel interact on a regular basis. Examples include, but are not limited to, the Guest, User and Visitor (GUV) Center, the Housing Office, the Main Gate Trailer, and the Badging Office. Additional partitions will continue to be installed where appropriate. Installed signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed at least six feet apart, to indicate where to stand when physical barriers are not possible.
- Implemented flexible meeting and travel options (e.g., postpone in-person non-essential meetings or events in accordance with state and local regulations and guidance);
- Closed or limited access to common areas where employees are likely to congregate and interact.
- Required that during work planning for tasks that involve multiple staff the hierarchy of controls are used to limit the time staff must be within six feet of each other.
- When possible, limited vehicle use to one person.

Everyone at the Lab is responsible for carrying out and complying with these requirements. Employees are reminded to practice social distancing when required and supervisors are asked to ensure implementations. Work Planning and Control requirements might dictate where workers need to work in close proximity, additional administrative controls or PPE may be prescribed to mitigate the hazard.

Environmental Cleaning

BNL Custodial Staff performs routine cleaning of common spaces in occupied buildings in accordance with CDC guidelines. This includes common/high use/high touch spaces such as
kitchens, rest rooms, door handles, lobbies, stairwells, etc. In addition, all staff are encouraged to performed additional cleaning of common areas between custodial visits. Staff are also expected to regularly clean their office spaces, tools, vehicles, equipment, and personal property used on site. Cleaning supplies and protective equipment (e.g., wipes, gloves, and EPA-approved disinfectants) are made available to all staff. Guidance documents for proper use of cleaning/disinfection products are made available to all staff.

In response to a suspected or confirmed COVID-19 case on-site, Custodial staff work with the OMC, Line Management, and Facility Management to determine cleaning/disinfection needs. In accordance with CDC and General Services Administration guidelines, if a person who has been sick or tested positive for COVID-19 has been in a facility within the last 24 hours, the spaces occupied by that person should be cleaned and disinfected. If more than 24 hours has passed since the person has been in the space, cleaning is sufficient. If more than three days have passed since the person was in the space, no additional cleaning is necessary. Judgement should be used in identifying the appropriate scope of the cleaning and in cleaning industrial and radiological work areas. Each case is evaluated separately for operational impact, access concerns, equipment type, and health and safety concerns. The appropriate cleaning/disinfection processes and procedures are then initiated.

**Hygiene**

Wall-mounted hand sanitizer stations have been placed throughout the site in the high traffic common areas (e.g., main entrances, lobbies) of occupied buildings. In addition, portable hand sanitizers (e.g., hand pumps, travel-sized bottles) have been placed throughout workspaces and made available to all staff. All provided hand sanitizer is FDA-approved, with at least 60 percent ethanol.

Personnel are encouraged to wash their hands with soap and water or use hand sanitizer or alcohol-based hand rubs frequently. Signs reinforcing the importance of hygiene have been posted in buildings/building entrances throughout the site.

Staff are also required to clean shared tools, vehicles, equipment, workspaces, and common work surfaces (e.g., computers, tables, desks, workbenches, etc.). Cleaning supplies and protective equipment (e.g., wipes, gloves, and EPA-approved disinfectants) are made available to all staff. Guidance documents for proper use of cleaning/disinfection products are made available to all staff.

**Ventilation and Air Filtration**

To the maximum extent feasible, and with consideration of current guidance from the CDC, OSHA, and the American Society of Heating, Refrigerating and Air-Conditioning Engineers, BNL has addressed indoor ventilation to increase the proportion of outdoor ventilation, improve filtration, and reduce or eliminate recirculation. When Community Levels are LOW or MEDIUM, F&O staff can operate the building ventilation systems as designed for maximum efficiency. When Community Levels are HIGH, the building ventilation systems will be operated using the following steps:
• Increased building overall ventilation rates in selected buildings to the capacity allowable by the system to facilitate additional and quicker air exchanges.
• Evaluated and modified building HVAC schedules in selected buildings to accommodate modified schedules and allow the system to provide adequate air exchanges before and after daily occupancy.
• Changed air filtration systems to higher rated Minimum Efficiency Reporting Value (MERV) filters (where system design allows).
  o We evaluated all buildings on-site for expected maximum occupancy and feasibility of changing filters to MERV-13. We changed all buildings to MERV-13 that met the following conditions:
    ▪ they were not on 100 percent outside air.
    ▪ the occupancy was greater than five.
    ▪ they could accept MERV-13 filters.
    ▪ they didn’t already have filters that were equal or greater than MERV-13.
    ▪ they weren’t occupied by transient staff (e.g., machine shops).
• Filter racks were evaluated for deficiencies which would allow unwanted bypass air during the initial evaluation and evaluated during each subsequence filter change-out.
• Increased the amount of outdoor air and minimizing the recirculation of indoor air.
  o Buildings that can be operated at 100 percent outside air have been switched over and air flow has been maximized. MERV 13 filter changes have been completed during Phase 2 in these buildings since inside air recirculation is currently near zero. High occupancy buildings in this category include 490, 555, 535, and 801.
  o Staff continue to monitor indoor air conditions via remote monitoring to ensure the indoor environmental conditions (temperature/humidity) are not being negatively impacted by these adjustments.
  o Science facilities currently in operations are operating with maximized air flow with pre-existing filtration in excess of MERV-13 requirements.
  o Communications have been provided to occupants of building spaces that cannot meet these requirements, and supervisors are required to limit the quantity of occupants in these spaces if these occupants could not be relocated, while also being provided with local HEPA filter fans.

**Guests and Users**

On-site scientific guests and users are vitally important contributors to the research mission of BNL. They are typically indistinguishable from BSA employees and work alongside BSA employees on a routine basis. The manner in which these requirements (e.g., vaccination, testing, etc.) will be implemented will be addressed in specific guidance issued to guests and users at the time they apply for on-site access to BNL. BSA reserves the right to impose facility-specific access controls for any individuals who are not vaccinated. These access controls may need to be imposed based on the nature of work involving individuals that must be performed in close proximity where physical distancing is not feasible, and vaccination becomes essential.
**Visitors**

Transient visitors coming to the Laboratory for short duration visits (e.g., food delivery, package delivery, taxi-service, etc.) will not be subject to vaccination or surveillance requirements. Such individuals will be instructed to minimize their stay time at the Laboratory, not enter any facility, as well as to be masked for their entire visit when community levels require masking.

**Meetings, Events, and Conferences**

When Community Levels are MEDIUM or LOW, no approval is required for in-person meetings, conferences, or events that will be attended by more than 50 participants. When Community Levels are HIGH, any in-person meeting, conference, or event that will be attended by more than 50 participants—regardless of whether participants include members of the public—must seek approval of the DDO in order to coordinate approvals with the DOE.

When Community Levels are HIGH, in-person attendees at any meetings, conferences, or events hosted by DOE, regardless of size, must be asked to provide information about vaccination status. For indoor meetings, meeting location needs to be considered to ensure social distancing, when required. In addition, when the Community Level in Suffolk County is MEDIUM or HIGH, BNL-hosted in-person workshops, conferences, or events will require additional controls. This can include, but not be limited to: face masks, social distancing, requiring attendees to provide information of their vaccination status, or proof of a negative COVID-19 test no later than the previous 3 days prior to site entry.

**Elevators**

Signage has been installed in every elevator lobby near the elevator buttons and within the elevator cab indicating current COVID-19 usage restrictions and maximum occupancy of one person per trip, unless six feet social distancing can be maintained. In the cases where more than one person can be within the elevator, the spacing is marked on the elevator floor. This shall include all passenger and freight elevators. In our Lab-wide communications we shall indicate our official policy and continue to recommend utilizing stairs in lieu of elevators when feasible. Existing signage throughout the buildings and elevator lobbies reinforces our existing COVID-19 policies.

Our current custodial program includes regular cleaning and disinfecting of elevator touch points daily or on a modified building service schedule based on occupancy, or lack thereof. This includes cleaning of brightwork, lass, and fingerprints inside and out. Additional cleaning utilizing electrostatic spraying equipment is carried out on an as needed basis.

**Shared Spaces**

BNL Custodial Staff performs routine cleaning of common spaces in occupied buildings in accordance with CDC guidelines. This includes common/high use/high touch spaces such as kitchens, rest rooms, door handles, lobbies, stairwells, etc. In addition, all staff are encouraged to performed additional cleaning of common areas between custodial visits. Staff are also expected to regularly clean their office spaces, tools, vehicles, equipment, and personal property used on-site. Shared tools and equipment are expected to be disinfected by users anytime the
equipment is used by, or transferred to, a new person cleaning supplies and protective equipment (e.g., wipes, gloves, and EPA-approved disinfectants) are made available to all staff. Guidance documents for proper use of cleaning/disinfection products are made available to all staff.

When possible, official Lab vehicles should be used by one person so that there is only a single occupant. Before and after each use the user will sanitize the vehicle using cleaning supplies provided by the Laboratory. Sanitation will focus on high-touch areas including steering wheel, door handles and armrests, and buttons/knobs.