



U.S. Department of Transportation

COVID-19 Workplace Safety Plan



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1 Purpose

On May 9, 2023, President Biden issued an Executive Order (EO) on *Moving Beyond COVID-19 Vaccination Requirements for Federal Workers*, which effective May 12, 2023, 1) revoked Executive Order 14042, which had required certain parties contracting with the Federal government to provide COVID-19 safeguards to their workers; and 2) revoked Executive Order 14043, which had required vaccination for Federal civilian employees. The Safer Federal Workforce Task Force also revoked all prior guidance implementing Executive Orders 14042 and 14043.

Although the prior vaccination requirements in Executive Orders 14042 and 14043 have been rescinded, Executive Order 13991 currently remains in effect, which directs Federal agencies to require compliance with Centers for Disease Control and Prevention (CDC) guidance regarding COVID-19 workplace safety protocols.

This document provides updated implementation guidance for the Department of Transportation's (DOT) COVID-19 Workplace Safety Plan. This implementation guidance applies DOT-wide and puts the health and safety of all Federal employees, on-site contractor employees, visitors, and their families at the center. This plan is built upon taking a safe, data-driven approach, and replaces previously published DOT guidance. This document adheres to and follows guidance from:

- [EO 13991 on Protecting the Federal Workforce and Requiring Mask-Wearing](#);
- Safer Federal Workforce Task Force (Task Force) [COVID-19 Workplace Safety: Agency Model Safety Principles](#) (September 15, 2022); and

2 COVID-19 Coordination Team

To be consistent with Safer Federal Workforce Task Force guidance and OMB Memorandum M-21-15, DOT will maintain its COVID-19 Coordination Team.

DOT's COVID-19 Coordination Team consists of:

- Operating Administration: The Associate Administrator for Administration in each Operating Administration
- Human Resources: Director, Departmental Office of Human Resource Management (DOHRM)
- Occupational Safety and Health Officer: Office of Facilities
- Executive leadership: Chief of Staff; Deputy Chief of Staff; Deputy Assistant Secretary for Budget and Programs; Assistant Secretary for Administration and Deputy Chief Acquisition Officer; Deputy Assistant Secretary for Administration; and Special Assistant, Office of Administration
- Office of the General Counsel: Acting General Counsel; Deputy General Counsel

Role of the COVID-19 Coordination Team:

The team will meet as needed to: review compliance with agency COVID-19 Workplace Safety Plan, protocols, and policies; consider and—following consultation with the Task Force—implement potential revisions to agency COVID-19 Workplace Safety Plan, protocols, and policies consistent with Task Force and CDC guidance; ensure the agency COVID-19 Workforce Safety Plan, protocols, and policies are broadly communicated to agency employees and, as appropriate, onsite contractor employees, visitors to agency facilities, and in-person attendees at agency-hosted meetings, events, and conferences; and evaluate any other operational needs related to COVID-19 workplace safety.

The team will coordinate all decisions with Facility Security Committees, as appropriate. For privately owned facilities leased by the General Services Administration (GSA), the team will coordinate with GSA, where appropriate, and the lessor’s designated representative.

The COVID-19 Coordination Team will consult as needed the agency’s Senior Agency Official for Privacy.

DOT Operating Administrations will:

- a. Ensure the alignment of their workplace safety plans to this plan/implementation guidance.
- b. Send confirmation to the Office of the Assistant Secretary for Administration that they have communicated this guidance to employees.
- c. Send any updates to their Operating Administration workplace safety plans or reentry plans to the Office of the Assistant Secretary for Administration for clearance.

3 COVID-19 Hospital Admission Levels

CDC has set recommendations related to COVID-19 Hospital Admission Levels, which measure the impact of COVID-19 illness on health and healthcare systems and inform the appropriate prevention strategies to utilize at a given time. The CDC updates the COVID-19 Hospital Admission Levels for each county weekly to determine any changes that should be made to the COVID-19 safety protocols for the upcoming week. To determine the COVID-19 Hospital Admission Level for a given area, supervisors and employees should check the CDC COVID-19 Hospital Admission Levels page weekly. If an area’s COVID-19 Hospital Admission Level changes from one week to the next, the COVID-19 workplace safety protocols will be adjusted for the following week. If staff are engaged in field work, they can check the COVID-19 Hospital Admission Level for that county on the CDC website. Check the COVID-19 Hospital Admission Level for that county on the CDC website.

4 Mask-Wearing

4.1 Mask-Wearing When COVID-19 Hospital Admission Level is HIGH

When the COVID-19 Hospital Admission Level is HIGH in a county where a DOT facility is located, pursuant to EO 13991 and consistent with CDC guidance, DOT and its OAs will require individuals—including employees, contractor employees, and visitors—who are 2 years or older, to wear a high-quality mask or respirator (such as an N95) indoors in the facility, regardless of their vaccination status. This includes when DOT employees are interacting with members of the public as part of their official responsibilities.

4.2 Optional Mask-Wearing When COVID-19 Hospital Admission Level is LOW or MEDIUM

Nothing in CDC or Task Force guidance precludes an individual from wearing a mask, if the individual so chooses when the COVID-19 Hospital Admission is LOW or MEDIUM. When the COVID-19 Hospital Admission is LOW or MEDIUM in a county where a DOT facility is located, in most settings, to be consistent with Task Force guidance, DOT will inform individuals, such as through signage, that mask-wearing is optional, and should not otherwise require individuals to wear a mask, except where required by Federal, State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements.

4.3 Types of High-Quality Mask and Respirators

DOT will require that individuals wear a “high-quality” mask or respirator when COVID-19 Hospital Admission Levels are HIGH and will instruct individuals to wear a “high-quality” mask or respirator for post-exposure and post-isolation precautions, to be consistent with Task Force guidance. High-quality masks or respirators include respirators that meet U.S. or international standards (e.g., N95, KN95, KF94), masks that meet a standard (e.g., ASTM), or “procedure” or “surgical”-style masks.

4.4 Protocols When Mask-Wearing is Required

Masking is a critical public health tool, and it is important to remember that any mask is better than no mask. Wearing a high-quality mask along with vaccination, self-testing, and physical distancing, helps protect you and others by reducing the chance of spreading COVID-19. All masks must fit properly and be worn snugly around the nose and chin with no large gaps around the sides of the face. Non-protective masks, masks with ventilation valves, novelty masks, or face shields are not permitted.

[CDC guidance on masks](#) recommends certain types of masks, and [has a helpful tool to find free N95 Respirators](#).

When individuals are required to wear a high-quality mask or respirator (such as an N95) in DOT facilities, agency mask-wearing protocols should reflect that:

- Masks and respirators should be well-fitting and worn consistently and correctly (over mouth and nose).
- Masks or respirators should be worn in any common areas or shared workspaces (including open floorplan office space, cubicle embankments, and conference rooms).
- Individuals do not need to wear masks or respirators when outdoors.
- DOT may provide for limited exceptions to mask-wearing, such as when an individual is alone in an office with floor to ceiling walls and a closed door, or for a limited time when an individual is eating or drinking and maintaining distance from others.
- Masked individuals may be asked to lower their masks briefly for identification purposes in compliance with agency safety and security requirements.

4.5 Note on Signage and Notice for Mask Wearing

To be consistent with Task Force guidance, DOT and its Operating Administrations will post and update physical signs and post information on DOT's website making clear what mask-wearing requirements apply in each DOT facility.

- When the COVID-19 Hospital Admission Level is HIGH in a county where a DOT facility is located, DOT will post physical signs providing notice of the requirement for all individuals to wear a high-quality mask or respirator (such as N95) indoors in the facility pursuant to EO 13991.
- When the COVID-19 Hospital Admission Level is LOW or MEDIUM in a county where a DOT facility is located, DOT may post physical signs providing notice that mask-wearing is optional.

FAQs regarding mask-wearing can be found on SaferFederalWorkforce.gov [here](#).

5 Screening Testing

To be consistent with Task Force guidance, DOT is not implementing COVID-19 serial or point-in-time [screening testing](#) for DOT facilities, or for other settings, roles, and functions within our facilities.

See the Task Force FAQs regarding testing on SaferFederalWorkforce.gov [here](#) for more information about screening testing programs/requirements for high-risk settings.

6 Official Travel

Instructions for Traveling Individuals DOT employees will adhere to DOT's [travel policy](#) in regard to official travel. There are no government-wide COVID-19 related restrictions on official travel for DOT employees.

7 Meetings, Events, and Conferences

7.1 Attendees Comply with Relevant COVID-19 Safety Protocols

All in-person attendees at any meetings, conferences, or events hosted by DOT or its Operating Administrations must comply with relevant COVID-19 safety protocols, including as it relates to any mask-wearing when COVID-19 Hospital Admission Levels are HIGH, pursuant to EO 13991 and consistent with CDC guidance or where required by Federal, State, Tribal, territorial, or local laws, rules, regulations, or existing collective bargaining agreements.

7.2 Note on No Government-Wide Restrictions on Meetings, Events, and Conferences

For DOT-hosted meetings, events, and conferences, there are no Government-wide restrictions, and OST offices and Operating Administrations do not need to first seek approval from the Secretary or designee, regardless of the expected number of in-person participants or local COVID-19 Hospital Admission Levels.

7.3 Proof of Vaccination Information for Attendees

To be consistent with Safer Federal Workforce Task Force guidance, DOT and its Operating Administration will not ask in-person attendees at DOT-hosted meetings, events, and conferences to provide information about their COVID-19 vaccination status. This is true regardless of COVID-19 Hospital Admission Levels.

7.4 Testing Related to Meetings, Events, and Conferences:

DOT and its Operating Administration will not require that in-person attendees at DOT-hosted meetings, events, and conferences provide proof of a negative COVID-19 test based on their vaccination status.

FAQs regarding meetings, events, and conferences can be found on [SaferFederalWorkforce.gov](https://www.SaferFederalWorkforce.gov) [here](#).

8 Symptom Screening

8.1 No Entry for Individuals with COVID-19 Symptoms or Suspected COVID-19

If a DOT employee, contractor employee, or visitor has fever or chills, or if they have other new or unexplained symptoms consistent with COVID-19, such as new or unexplained onset of cough, shortness of breath, or difficulty breathing, new or unexplained loss of taste or smell, or new or unexplained muscle aches, they should not enter a DOT workplace. If an individual suspects that they have COVID-19, such as because they have new or unexplained COVID-19

symptoms, but they do not yet have test results, they should not enter a DOT workplace and should get tested if they have not already done so.

8.2 Symptom Screening Before Entering DOT Facilities

All employees share in the responsibility for limiting the spread of COVID-19. One of the best ways to limit the transmission of the virus is to stay home if you are sick. If federal employees, onsite contractor employees, or visitors have fever or chills, or if they have other new or unexplained symptoms consistent with COVID-19 such as new or unexplained onset of cough, shortness of breath, or difficulty breathing, new or unexplained loss of taste or smell, or new or unexplained muscle aches, they should not enter a DOT facility. If an individual suspects that they have COVID-19, such as because they have new or unexplained COVID-19 symptoms, but they do not yet have test results, they should not enter a DOT facility and should get tested if they have not already done so.

8.3 Developing COVID-19 Symptoms While Onsite

Pursuant to EO 13991, DOT requires that any individual, regardless of vaccination status, who develops fever, chills, or other new or unexplained symptoms consistent with COVID-19 or who tests positive for COVID-19 while onsite during the workday immediately wear a high-quality mask or respirator (such as an N95) and promptly leave the workplace.

FAQs regarding symptom screening can be found on SaferFederalWorkforce.gov [here](#).

9 Post-Exposure Precautions

9.1 Individuals with Known Exposure

Pursuant to EO 13991 and consistent with CDC guidance on [post-exposure precautions](#), DOT will instruct individuals who are known to have been exposed to someone with COVID-19, regardless of their vaccination status, to:

- Wear a [high-quality mask or respirator](#) (such as an N95) while indoors at an agency workplace or interacting indoors with members of the public in person as part of their official responsibilities as soon as possible after notification of exposure and continue to do so for 10 full days from the date they were last known to have been exposed;
- Take [extra precautions](#), such as avoiding crowding, and physically distancing from others, when they know they are around people who are [more likely to get very sick](#) from COVID-19 while onsite at a DOT workplace or interacting with members of the public in person as part of their official responsibilities, for 10 full days from the date they were last known to have been exposed (for purposes of calculating the 10 full days, day 0 is the day of their last known exposure to someone with COVID-19, and day 1 is the first full day after their last known exposure); and
- Watch for [COVID-19 symptoms](#) for 10 full days from the date they were last known to have been exposed (for purposes of calculating the 10 full days, day 0 is the day of

their last known exposure to someone with COVID-19, and day 1 is the first full day after their last known exposure).

9.2 Testing for Those with Known Exposure

As part of DOT's testing protocols, pursuant to EO 13991 and consistent with CDC guidance, DOT recommends that employees and contractor employees who are known to have been exposed to COVID-19 and are onsite at a DOT workplace or interacting with members of the public in person as part of their official responsibilities be tested for current infection with a [viral test](#) at least 5 full days after their last known exposure (ideally, on or after day 6).

- The test can be both self-administered and self-read by the employee if the employee certifies as to when they took the test and that they received a negative result.
- If the individual tests negative, then pursuant to EO 13991 and consistent with CDC guidance, DOT will inform the individual to continue to follow the above precautions for 10 full days from the date they were last known to have been exposed. If they test positive, or if they at any time develop COVID-19 symptoms, then the individual must follow DOT's protocols on [isolation](#).
- If the individual that has been known to be exposed to COVID-19 is not working onsite at a DOT workplace or interacting with members of the public in person as part of their official responsibilities within 10 days of the known exposure, then DOT will not require them to be tested.
- If the individual that has been known to be exposed to COVID-19 had tested positive for COVID-19 with a viral test within the previous 30 days and subsequently recovered and remains without COVID-19 symptoms, then they do not need to get tested after a known exposure. If the individual that had been known to be exposed to COVID-19 had tested positive for COVID-19 with a viral test within the previous 31-90 days and subsequently recovered and remains without COVID-19 symptoms, then they should be tested using a viral antigen test. See also [CDC guidance](#).

9.3 No Quarantine Following Known Exposure

If an asymptomatic individual has a [known exposure to someone with COVID-19](#), CDC does not recommend quarantine at home, and so DOT will not prevent the individual from entering a DOT facility or interacting with members of the public in person as part of their official responsibilities due to quarantine protocols.

FAQs regarding post-exposure precautions can be found on SaferFederalWorkforce.gov [here](#).

10 Isolation and Post-Isolation Precautions

10.1 Isolation for Individuals with Probable or Confirmed COVID-19

Any individual with probable or confirmed COVID-19, regardless of their vaccination status, must not enter a DOT facility or interact with members of the public in person as part of their official responsibilities, consistent with CDC guidance on [isolation](#) and the workplace safety

protocols set forth by DOT, and must monitor their symptoms. This includes people who have an initial positive diagnostic [viral test](#) for COVID-19, regardless of whether or not they have symptoms, and people with symptoms of COVID-19, including people who are awaiting test results or have not been tested.

10.2 Returning to Working Onsite After Isolation

- DOT will allow individuals who tested positive for COVID-19 and never developed symptoms to return to working onsite at an agency workplace or interacting with members of the public as part of their official responsibilities after 5 full days following their positive COVID-19 test (day 0 being the day the individual was tested).
- DOT will allow individuals who tested positive for COVID-19 and had symptoms to return to working onsite at an agency workplace or interacting with members of the public as part of their official responsibilities after 5 full days from the onset of symptoms (day 0 being the day of symptom onset), once they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms are improving. Note that loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.
- If an individual had moderate illness (if they experienced shortness of breath or had difficulty breathing) or severe illness (they were hospitalized) due to COVID-19, or they have a weakened immune system, DOT will advise the individual to delay returning to working onsite at an agency workplace or interacting with members of the public as part of their official responsibilities for a full 10 days. If an individual had severe illness or has a weakened immune system, they should consult their healthcare provider before ending isolation. If an individual is unsure if their symptoms are moderate or severe or if they have a weakened immune system, DOT will advise the individual to talk to a healthcare provider for further guidance.

10.3 Post-Isolation Precautions

Once an employee or contractor employee has returned to working onsite at a DOT workplace or interacting with members of the public as part of their official responsibilities after having tested positive for COVID-19 and isolated consistent with [CDC guidance on isolation](#), then pursuant to EO 13991 and consistent with CDC guidance, DOT will instruct the individual to continue to take precautions consistent with CDC guidance for at least 10 full days after their first day of symptoms, or after the date of a positive viral test for asymptomatic individuals, including wearing a [high-quality mask or respirator](#) (such as an N95) when around others, avoiding eating and drinking around others, avoiding environments such as dining facilities, gyms, or other places where they may need to be unmasked around others, and avoiding being around people who they know are at [high risk for severe disease from COVID-19](#).

- As it relates to mask-wearing after returning from isolation, DOT will inform individuals that they can opt to take two viral antigen tests authorized by the FDA to detect current COVID-19 infection, starting on day 6. With two sequential negative tests 48 hours apart, the individual may remove their mask sooner than day 10. If either of their antigen test results are positive, the individual should continue taking

antigen tests at least 48 hours apart until they have two sequential negative results. This may mean that the individual would continue wearing a mask and testing beyond day 10.

- If at any point their COVID-19 symptoms recur or worsen, DOT will instruct the individual to again not enter a DOT facility or interact with members of the public as part of their official responsibilities, restarting at day 0, consistent with EO 13991 and CDC recommendations on [isolation](#) and the protocols set forth by DOT.

11 Confidentiality and Privacy

All medical information collected from individuals, including vaccination information, test results, and any other information obtained as a result of testing and symptom monitoring, will be treated confidentially in accordance with applicable laws on confidentiality and privacy, and will be accessible only by those with a need to know. DOT consulted with our Senior Agency Official for Privacy on matters related to the handling of personally identifiable information.

12 Workplace Operations

12.1 Ventilation and Air Filtration

DOT will make and maintain improvements to indoor ventilation and air filtration throughout our facilities to the maximum extent feasible, regardless of COVID-19 Hospital Admission Levels. Additional modifications may be considered in accordance with CDC guidance. To the maximum extent feasible, indoor ventilation will be optimized to increase the proportion of outdoor ventilation, improve filtration, and reduce or eliminate recirculation.

The CDC [COVID-19 Employer Information for Office Buildings](#) calls for office buildings to have ventilation system filtration that meets the [standards established by the American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\) with a Minimum Efficiency Reporting Value \(MERV\) of MERV 13 or higher](#).

12.2 Facilitating Physical Distancing and Avoiding Crowding

When COVID-19 Hospital Admission Levels are MEDIUM or HIGH, DOT will post signage encouraging individuals, regardless of vaccination status, to consider avoiding crowding and physically distancing themselves from others in indoor common areas, meeting rooms, and high-risk settings in DOT facilities.

13 Collective Bargaining Agreements with DOT Workforce

Communication and collaboration with DOT's many labor unions is important. OA Labor Relations (LR) Officers should maintain strong lines of communication, reach out to their respective unions to share the recent safety guidance/direction, advise that new safety plans or procedures are forthcoming, and to emphasize that the safety of DOT employees is the absolute

priority. OAs may have or create collective bargaining obligations in instances where safety directives differ from or affect the conditions of employment outlined in their collective bargaining agreements (CBAs). CBAs that establish safety standards higher than the minimum outlined in the OMB COVID-19 guidance or this safety plan should still be maintained. OAs should coordinate any such communications with their respective labor relations office and counsel office to address compliance questions including agency requirements pursuant to collective bargaining agreements and employee requirements regarding safety directives. OAs should strive for proactive and iterative engagement with unions on draft policies and on policy implementation, per EO 13991 and when appropriate.