Recovery & Wellness - COVID-19

Operating Considerations for US Based International NGOs

May 2020

Overview

The events of the past several months have presented a wide range of challenges to the International NGO (INGO) community as COVID-19 has spread rapidly around the world. The operational realities of COVID-19 are causing organizations to create and adapt processes and procedures, reassess organizational customs and norms and establish new ways of working. Organizations are dedicating significant energy to projecting forward and making operational changes to uphold their duty of care and provide staff with a work environment that considers this new reality.

Recognizing this effort, the INGO community came together to produce **Recovery & Wellness, COVID-19** which convenes subject matter experts and practitioners from the fields of **Human Resources**, **Insurances and Benefits**, **Staff Wellbeing**, **Security and Risk Management** and **Non-profit Law and Compliance**. Each module seeks to provide guidance, suggestions for internal communications and an action list organized by Highly Recommended, Recommended and Beneficial actions. These are general recommendations which may not apply uniformly to all organizations and were specifically designed for small to midsized organizations.

Each INGO will have varying levels of risk of exposure to COVID-19, depending on factors such as the location, type of services provided, frequency of travel, and level of close contact with people known or suspected of being exposed to the virus. If staff are working where health or security services may be limited, or in health care facilities, long-term care institutions, morgues or other pandemic high-risk environments, enhanced protections should be assessed by each organization in addition to the recommendations provided.

A such, organizations should consider their specific mission, mandates, legal environment, operational contexts, and risk thresholds, and it is intended that this document assist in that process. Scenarios are provided to help INGOs think through these considerations in the context of their organization. Additionally, various annexes include template forms and tables created to assist in COVID-19 planning.

It is the intent of the organizations who contributed to this endeavor is to make these recommendations available to the INGO community to support the deployment and fulfillment of an organization's duty of care to staff during COVID-19. This document should be used as a reference, guide and framework to structure internal conversations and organizational actions around re-entry and continued operations. This document is not intended to direct or mandate any organizational action.

Recovery & Wellness, COVID-19 is created for INGOs based in the United States but can be used as a reference for organizations based elsewhere. Please note that laws vary by location and some countries impose more obligations and greater penalties than those imposed within the United States. Additionally, the guidance provided is informed by our current knowledge of COVID-19 based on information from the US Centers for Disease Control, US Departments of Labor and State, and the World Health Organization.

Authors

Recovery & Wellness, COVID-19 was created with the technical expertise, input, and knowledge of:

Michael O'Neill is the current Chair of the International INGO Safety and Security Association (INSSA). He is a highly respected global thought leader and strategist in the development and professionalization of international NGO safety and security risk management. Michael is the President and CEO of O'Neill Paragon Solutions, LLC providing full crisis management, risk management and duty of care support to NGO clients.

Carolyn Klamp is the founder of Klamp & Associates and has represented non-profit and humanitarian organizations for almost thirty years. She regularly writes and speaks about the legal duty of care of international NGOs. Klamp & Associates assists NGOs with issues related to risk management, insurance, duty of care, audits, governance, tax-exempt compliance, human resources, grants, loans, and contracts.

Lynne Cripe is CEO of The **KonTerra Group**, a leading provider of staff care and organizational resilience services to the international humanitarian and development community and other high stress/high risk occupations. **Kate Allan** is Director of Account Manager with expertise providing strategic consultations on global benefits to INGOs. **Tim Calvey** is Director of Resilience Services and a clinical psychologist specializing in providing clinical services, training, crisis management and programmatic consultation to international humanitarian and development organizations. **Lisa McKay** is an Austrlalian psychologist who specializes in stress, trauma, and resilience and more than 15 years' experience providing psychological support services to humanitarian workers worldwide.

Lisa Reilly, the Executive Director of GISF, has many years' experience in the development and humanitarian response sector, as well as in delivering evaluations and cutting-edge training. She exercises overall strategic responsibility for GISF, an NGO-led forum with more than 110 members, which is committed to achieving sustainable access to populations in need and keeping aid workers safe. GISF drives positive change in humanitarian security risk management through original research, collaboration, networking and events.

Heather Hughes is the Deputy Director of GISF. She has worked with INGOs for over 20 years on strategic and operational security risk management including policy and practice, learning and development, and managing serious incidents and crises.

Reagan Kirsten is the current Senior Director of Human Resources for Internews, an international NGO working in 60+ countries with an annual operating budget over $70M. As the head of global HR, with over fifteen years of experience in human resources, she manages her organization's people operations with a careful focus on duty of care issues and risk management in challenging implementation environments.

Shoshanna Boothroyd is the current Senior Human Resources Manager for Internews. With over eighteen years of human resources experience she currently manages over fifty insurance contracts and benefits programs with a fringe budget of over $5.5MM. Pushing underwriters and brokers to increase coverage and stabilize costs, she manages the portfolio with an eye toward mitigation of risk and a high duty of care for Internews staff around the globe.

Acknowledgements

Project management, content design and editorial assistance was provided by:

Contents

Module 1: Human Resources

The most important resource in any organization is arguably its people. Supporting staff and mitigating risk, particularly during times of crisis, is fundamental to their success as individuals and to the organizational team. It is critical that organizations invest in and develop strong human resources services in order to advance supportive relationships and culture within the organization. This ensures when an emergency arises, the lines of communication, trust, and necessary expertise are in place to help the staff and the organization navigate the changing dynamics in the workplace. In the event of an emergency or a pandemic situation such as COVID-19, the role of HR will be particularly important in acting as an important source of communications to the various staff groups about how the organization is responding, what staff can expect, what the financial impacts might look like and if their jobs are secure, how their benefits might be changing, what the organization is doing to help mitigate risk to staff, and what types of flexibility the organization is offering to staff under challenging circumstances. Tensions will naturally be heightened due to the circumstances, and the HR team should help to serve as a trusted source of reassurance and information for staff.

Ideally, the human resources team offers kindness and assistance to staff during times of crisis, and acts as a key bridge between staff and management and ensures that the needs of both are considered as the situation develops and important decisions are made. HR is a critical player in the development of a strong duty of care program that includes staff benefits and insurances, staff wellbeing programs, crucial communications, and organizational risk management. Members of human resources should also be integrated into the emergency management team, so that when a health, safety, or security issue arises, they can offer support, perspective, and advice.

Duty of Care

Human Resources has an overarching responsibility that spans many of the areas that are covered in additional modules throughout this guide. A successful and compassionate duty of care model that both protects the organization and supports staff on multiple levels - physical, psychological, emotional, financial, and legal – takes all these areas into consideration. A high-functioning duty of care model also involves close coordination and trust between the human resources, legal, and security staff and senior management team.

Legally, the "duty of care" is the responsibility to provide all staff members with a reasonably safe work environment, free from recognized hazards, and to warn of any reasonably foreseeable risks. The law imposes the obligation to maintain a standard of care that is at least as good as the care provided by similar organizations. One way to understand the standard is to review guidance from relevant authorities, such as the laws of the country in which an INGO is operating, the US Centers for Disease Control, and the World Health Organization. Any organization that fails to meet this community standard may be vulnerable to lawsuits. Please note that laws vary from location to location and some countries impose more obligations and greater penalties than those imposed by others.

Subject matter experts have offered key guidance in each of these areas to consider as an organization responds and adjusts to changing circumstances during this pandemic – however, much of what is communicated in this guide outlines key aspects of establishing a duty of care program that is responsive to any kind of incident or emergency.

COVID-19: Specific Considerations

The needs of staff and managers will change throughout different stages of the pandemic, and they will vary based upon the staff type, their location, and the laws and guidance that are being issued locally in their country of operation. These changes will be wide ranging. In addition to monitoring legal changes and the on-the-ground situation at the level of each office and to some degree the health or leave situation of various staff members, HR will need to focus on a variety of additional staff concerns, which will most likely include preparing for and supporting staff issues during remote work, closing offices to reassess office space, and readjusting long-standing organizational customs and work patterns.

During times of crisis or pandemic, the human resources team may be called on to:

- Act as a liaison to staff members, helping them to access the benefits and care that they need;
- Stay abreast of critical laws and law changes that may impact organizational obligations to staff;
- Support managing broker and vendor relationships with insurance carriers as well as the claims process to ensure that the organization and its people are adequately covered;
- Act as a liaison with staff family members when needed to support staff care;
- Develop and adjusts hiring and onboarding processes in dynamic situations;
- Work closely with security staff to support staff travel, develop and distribute risk acknowledgements and information about post location conditions and support systems that may be in place;
- Ensure that staff receive regular, clear communications from the HR team or other senior management team members that help them to understand what they can expect within a fluid and changing environment;
- Manage staff leave needs for health or personal reasons, checking in with staff in key situations that may be away from home or located in a high-risk area or those that have personal circumstances that require additional support;
- Manage concerns about staff who are either underperforming or unable to perform their work tasks under the new circumstances;
- Have strong staff tracking mechanisms in place to ensure that the organization is aware of where staff are at all times (i.e. – at post location, at home, in transit, etc.) so they can be kept informed of the conditions and risks in their location;
- Act as a trusted sounding board for staff who may struggle with new challenges, and coach supervisors on how to manage under new circumstances.

Office Re-Opening: Decision Making and Preparations

In addition to considering the local and health authority guidance that is being issued in every country of operation, the Human Resources and Security teams will need to work with senior management to evaluate some important considerations in order to determine the most appropriate time and method for re-opening an office that has been closed due to COVID-19. Important changes may also be necessary at the facilities level before any given office is prepared to re-open.

Overall, what level of risk is your organization prepared to take with regard to the health and safety of your staff?

- Does your organization and/or board of directors have a conservative or more liberal stance when it comes to risk management and security?

- Do you have a strong duty of care program and journey management tracking system in place?

- Are your staff benefits and insurances as well as overhead insurances adequate to cover the organization and its people?

- How does your organization's culture and mission as well as your level of emergency preparedness impact your decision?

- Does some of the work in your organizational portfolio inherently carry more risk than other programmatic activities – is this work classified differently and communicated differently to the assigned staff?

> More about 'Defining Risk Attitudes' can be found on the **GISF Guide: Security Risk Management: a basic guide for smaller NGOs, page 10**

How necessary or essential to the mission is it for staff to return to the office or a post location prior to there being a vaccine or therapy in place?

- Is it imperative that staff return to the office in order to perform their work, or can their essential work be completed from a remote location?

- Have you evaluated which jobs can be performed effectively (even if not ideally) from a remote location for a period of time?

- Is it possible for managers to identify roles that can be permanently selected for remote work so office space can be freed up to support renovations for physical distancing etc.?

- Do you have clear policies in place that outline your organizational approach to remote work; how to request, deny and reevaluate remote work arrangements?

> See Annex 5 for an **Example Remote Working Policy**.

- Have you implemented any new allowances or reimbursements to help offset personal remote work costs for your staff? Note that this is required in some US states.

- How comfortable are your staff, both culturally as a whole and as individuals, with the prospect of traveling, returning to post locations away from their homes or families, or resuming in-office operations in the near and long term?

Are there adequate measures in place to protect the health of your staff within your offices?

- Does the location of your office(s) lend itself to the possibility of more or less reasonable re-opening circumstances? What are the legal and health authorities advising in the operating location?

- Does the physical layout of your office(s) allow for social distancing and operation in compliance with local laws and current guidance from trusted healthcare sources such as the World Health Organization?

- Will traffic flow patterns, building access issues, limits on the number of staff in an office or room, or personal work-space distancing need to be addressed? Will you need to add additional physical barriers or signage to your space?

- Are there clear protocols about hygiene and the disinfecting/cleaning of community spaces and surfaces, and use of shared equipment such as telephones and printers?

- Will you require staff to wear face masks or other PPE while in the office? If so, will your organization provide those? What are the local laws and regulations regarding use of PPE?

> For more considerations about facilities in regards to re-entry, see the Re-Entry Workflow Tables included in **Module 5: Operational Security**.

Do you have clear and adequate leave policies and processes in place to support staff who may need leave to address their own sickness, or care for sick family members or children whose schools may be impacted by closures?

- Do your leave policies encourage and support sick employees to stay at home if they think they may be sick or have had close contact with persons who are sick?

- Do you have clear leave policies in place that outline what additional sick leave, Family and Medical Leave Act (FMLA), or other country specific benefits may be available to staff, and how to access those if needed?

- Have you considered that some staff may be members of a vulnerable population, or may co-habitat with members of a particularly vulnerable population, and are there measures you will want to put in place to support them?

Does your Duty of Care Program include all of the necessary components of preparing and informing staff of risks, keeping staff informing while traveling, assisting staff to return home in an urgent situation, providing follow up care and support and reviewing, assessing and amending policies procedures and practices?

- Have you developed and published information about possible risks to your staff?
- Have you adequately informed them about risks, and given them the opportunity to ask questions or responded to concerns?
- Have you developed and implemented the procedures necessary to keep staff informed about any changes to office, travel or work protocols?

Internal Communications

In times of change and stress naturally brought on by a protracted emergency or significant changes in organizational common customs or practices, it is imperative to communicate regularly with staff on issues including: how leadership is arriving at decisions, current office status, procedures for accessing the office if necessary, any changes to their benefits, reminders about new or pertinent resources, etc. Reassuring staff that your organization has strong and caring procedures and services in place to support staff during critical times is important. Generally, consider informing staff of your current thinking as you are developing new guidance or procedures during a protracted emergency. If done properly it will enhance your final decision, can assist in employee buy-in and also increase transparently with staff about how leadership are approaching critical decisions.

When you begin to communicate with staff about the process for re-opening offices or re-entering a country or location, it is important to communicate about the ways in which you have changed operations to minimize the impact from COVID-19. Explain new protocols, any new legal rules requiring employers to protect staff and what you have done to comply with these rules, as well as any systems you have in place to regularly review the guidance from the WHO, CDC, OSHA, state governments and other local authorities. Remind staff about your duty of care program and encourage them to ask questions if they have concerns. Remember that your primary responsibility is for their care and protection, which also protects your organization.

Encourage staff to follow proper hygiene practices, appropriate social distancing, contact with others, rules about coughing/sneezing, and other controls. Provide appropriate third-party education/information (for example, see the CDC's **Stop the Spread of Germs Poster**).

Human Resources Action List

Highly Recommended

- ✓ Be aware of guidance and legislation to mitigate the impact of COVID-19, such as those published by **Center for Disease Control (CDC)**, **Occupational Safety and Health Administration (OSHA)**, the **US Department of State**, the **World Health Organization (WHO)**, local governments, and other relevant agencies, as well as activities of similar organizations;
- ✓ Ensure your sick policy and staff communications actively encourage or require sick persons to remain home;
- ✓ Clearly communicate any organizational level policies about quarantine expectations for staff who may have been exposed to the virus, whether through work travel, workplace contact, or personal circumstances;
- ✓ Regularly review new laws from state governments/other countries regarding return to work requirements and ensure that the organization's policies comply with these rules;
- ✓ Develop staff notification and operational protocols for handling known infections in staff members that may have been in contact with other staff while contagious.
- ✓ Follow the Americans with Disabilities Act (ADA) and Genetic information Nondiscrimination Act (GINA) guidelines with respect to staff health issues and privacy. You must also follow Health Insurance Portability and Accountability Action (HIPAA) requirements if you are a "covered entity" which is typically an organization operating in the healthcare industry, or you are any employer with a self-insured health plan. Country specific regulations and guidelines must also be followed.
- ✓ Provide any required COVID-19 specific sick leave based upon the laws in the country of operation.

> 📄 Note that the U.S. requires such leave for staff in the U.S.; See **Annex 2** for a template US COVID-19 Leave Policy including FAQs.

Recommended

- ✓ Clearly communicate with your staff – helping them to understand the resources that are available to them through your organization's benefit programs to assist them during difficult times;
- ✓ Provide flexible leave policies for staff who are sick or caring for others who are sick;
- ✓ Provide guidance and protocols to staff regarding remote work expectations during any periods of office closure, required stay-at-home orders or self-quarantine periods;
- ✓ Be prepared to compensate staff for required self-quarantine periods after travel to other countries, and check in advance of travel that they will have an adequate location to do so;
- ✓ Provide staff with psychosocial support resources (see **Module 3: Staff Wellness**);

- ✓ Encourage staff to reach out to HR with any concerns or questions about their own personal situation, how leaves might apply to them, or if they need additional support or resources while working from home or when re-entering the workplace;
- ✓ Anticipate increased requests for leaves and possible decreased HR capacity to respond and implement any changes in procedure needed to maintain compliance and provide staff with services.
- ✓ Consider requesting that staff complete a questionnaire before they return to work to indicate whether they are currently experiencing any known symptoms of COVID-19 including a fever, shortness of breath, sore throat, or cough;
- ✓ Consider staggering staff schedules in the workplace to minimize crowding;
- ✓ Work with any self-identified vulnerable staff (those over 65 and with certain pre-existing health conditions) as needed to determine if there is a reasonable accommodation that can be provided that will provide them with the extra protection they may need;
- ✓ Ensure that up to date emergency contact and beneficiary information is on file for every staff member.

Beneficial

- ✓ Encourage telecommuting or other flexible worksites, when possible;
- ✓ Ensure that your organization has a policy that addresses expectations regarding remote work or work from home conditions;
- ✓ Be as clear as possible about future planning around remote work status and office closures so that staff can make personal plans that take into consideration your organization's position;
- ✓ Encourage staff to report health or safety concerns or to check in with HR if they have personally challenging circumstances that may require additional support of flexibility;
- ✓ Establish business contingency planning with regard to the positions of key staff members, in the event that they are impacted by the virus or need to be away from work for a period of time.
- ✓ Consider providing staff with a contact point that they can share with family or loved ones within the organization, such as an HR email address, in the event that the staff member becomes sick or otherwise incapacitated;
- ✓ Determine what quarantine measures the organization will fund if/when travel resumes.

Facilities Action List

Highly Recommended:

✓ Be aware of guidance and legislation reduce the spread of COVID-19 in the workplace, such as those published by **Center for Disease Control (CDC)**, **Occupational Safety and Health Administration (OSHA)**, the **US Department of State**, the **World Health Organization (WHO)**, local governments, and other relevant agencies, as well as activities of similar organizations;

✓ Assess the risk level of your workplace and facilities and create appropriate safeguards for that risk level;

✓ Provide a place and supplies to wash/disinfect hands;

✓ Establish cleaning and hygiene standards for offices, warehouses, organizational housing and other facilities and share those with all staff, including any enhanced temporary additional disinfecting requirements or protocols.

Recommended:

✓ Develop an infection control plan for work locations (see recommended elements in the **Department of Labor Guidance for Preparing for COVID-19**);

✓ Consider strategies to minimize face-to-face contact and increase physical distancing;

✓ Limit offices to only essential personnel, beneficiaries and visitors;

✓ Assess your physical workspace to determine whether furniture placement, traffic flow, access points and shared-space areas need to be altered in order to maintain appropriate levels of physical distancing;

✓ Limit or restrict large gatherings and sharing of food;

✓ Implement a visitor policy that prohibits visits from persons who have tested positive for COVID-19 and not recovered to the point that they have a negative test, show symptoms of the disease and/or have direct contact with confirmed or suspected infected persons;

✓ Provide workers with PPE that may be needed to mitigate transmission or exposure while performing their jobs, such as face masks or coverings, gloves, gown, face shield or goggles, depending on work task, hazard assessment, types of potential exposure and in accordance with local regulations;

✓ Provide soap, sanitizer, tissues, trash cans, thermometers and/or pulse oximeters, and a protocol to sanitize the latter two in between use;

✓ Maintain regular cleaning and disinfecting of surfaces within the work environment; if you have employees or visitors who had confirmed positive tests for COVID-19, ensure that a deep clean is conducted (see the **CDC Guidance on Cleaning and Disinfecting Facilities**);

✓ Install physical barriers such as clear plastic sneeze guards where feasible and necessary.

Beneficial

- ✓ Discourage sharing of phones, desks, work tools or other equipment, when possible;
- ✓ Temporarily prohibit the use of hot desks or shared work spaces.
- ✓ Increase ventilation in office spaces where possible;
- ✓ Provide staff with a single point of contact for concerns about workplace health and safety (typically a member of the HR or facilities team).

Module 2: Staff Benefits and Insurances

Staff benefits and employee and commercial insurances should be considered in general with regard to duty of care and organizational risk management. A strong benefits package and insurance portfolio will provide support for both employees and management at any time, but particularly during an emergency. Not every organization will have the same approach to coverage. The lines of coverage you put in place, the limits to your coverage, and how you choose to structure that coverage will be informed by your budget, your risk profile, and your risk tolerance. Those criteria may have changed during the COVID-19 pandemic, and this is an opportunity to re-think how those changes might impact your benefits package and insurances portfolio.

Your organization may not use a broker to purchase the lines of coverage discussed here, or your organization may use a broker for some and not for others. Your organization may be self-insured for some of the lines of coverage, and pay claims out of pocket, rather than purchasing insurance policies that pay claims. Regardless of your approach, before beginning re-entry that would require travel or potentially put staff at additional risk, it is important to evaluate your coverage and any changes in your legal obligations. This section will provide guidance on relevant benefits programs and insurances which might be activated during COVID-19 and provide recommendations for evaluating possible gaps in coverage.

Using an insurance broker can be a resource in evaluating your organization's needs and provide you with the details necessary to enhance or change your strategy. If you work with a broker, it is strongly recommended that you work with one who has a strong INGO client base and understands the complexity of the insurance needs of organizations operating in our sector.

> If you do not have a broker or are unsure where to seek out insurance consultation, consider consulting the **Humentum Industry Partners Page**.

Collect the following information to help create a clear picture of what coverages your organization has and identify if you have any gaps in coverage:

- **Commercial Insurances:** A detailed matrix of insurance policies including coverage by geographic location along with a detailed gap analysis based on your broker's expertise in the INGO sector.
- **Employee Insurances:** A detailed matrix of insurance policies including coverage by employee population type and geographic location along with a detailed gap analysis based upon your broker's expertise in the INGO sector.
- **Employee Benefits:** A comparison of your organization's non-insurance benefits as compared to others in the INGO sector.

The CARES Act & the Families First Coronavirus Response Act (FFCRA)

In the United States the CARES Act was enacted March 27th 2020 and was designed to provide support in response to the COVID-19 pandemic. Families First Coronavirus Response Act (FFCRA) which was enacted on April 1st 2020 and will be in effect through December 31st 2020. The CARES Act is employer focused and provides economic support to businesses impacted by COVID-19 and FFCRA is employee focused and provides guidance for tracking paid sick leave related to COVID-19. The two acts impact a wide range of employment issues related to employee benefits and insurances with strong interconnections with one another.

> Please refer to the **DOL FFCRA FAQ and the DOL Coronavirus Resource Page** for more information.

Understanding Population Types

Some of your coverage may be limited by the nature of your employment relationship with an individual, their citizenship as it relates to their geographic location and may also be impacted by geography alone. It is critical to understand these limitations and accurately describe the limits of coverage to your organization and to covered individuals. In the lists below, any relationship type can have any citizenship type.

Relationship Types
Defined by the nature of their agreement

- **Employees:** paid through payroll and receive a regular paycheck
- **Contractors:** paid through invoice and are paid on a variable schedule
- **Volunteers:** not paid but perform services for the organization
- **Board Members:** Persons with the responsibility for directing organization activities
- **Dependents:** not paid and do not work with your organization in any capacity
- **Visitors/beneficiaries:** participate in organization activities or visit organization sites.

Citizenship Types
Defined by their citizenship as it relates to their location.

- **US Based:** A citizen or legal resident of the United States who is also working in the United States;
- **US Expatriates:** A citizen of the United States who is working in another country;
- **Third Country Nationals:** Someone who is working in a country that is neither their home country nor the headquarters location of your organization;
- **Key Local Nationals:** Someone who is working in the country of their citizenship but who may be in a regional or leadership role and might be on a headquarters agreement.
- **Local Nationals:** Someone who is working in the country of their citizenship and typically on a local agreement.

- **Dual Nationals:** Someone who may be counted under more than one of the above categories, for example someone who holds both a US and French citizenship.

Policy and Program Categories

Not every plan will be a stand-alone policy. Some coverage may be embedded in one or more of your existing policies or programs and your broker or organizational lead can identify the existing coverages in your contracts.

Commercial Insurances
Highly Recommended
- General Liability Insurance
- Property Insurance
- Directors & Officers Insurances
- Employment Practices & Liability Insurance
- Data Breach Insurance
- Crime Insurance
- Special Insurances

Employee Insurances
Highly Recommended
- Primary Medical Insurance
- Travel Health Insurance *(typically for emergencies and may cover more relationship types than just employees)*
- Disability Insurance
- Life and/or Accidental Death & Dismemberment Insurances, Death Benefits
- Workers' Compensation including Defense Base Act (DBA) insurances under USG projects and Foreign Voluntary Workers Compensation (FVWC)

Recommended
- Repatriation of Mortal Remains
- Travel Accident Insurance

Beneficial
- Other Health Insurances

Employee Non-Insurance Benefits
Highly Recommended
- Medical and Security Evacuation Assistance Programs *(typically for business travelers and may cover more relationship types than just employees)*
- Employee Assistance Programs

Recommended
- Other Employee Resilience Programs that include psychosocial, mental health, and/or counseling services
- Paid and Unpaid Leaves
- Retirement Program

Beneficial
- Tax Advantaged Programs (such as flexible spending accounts in the US)
- Wellness Programs

Evaluating Insurance Policies:

The insurance industry is reacting to COVID-19 and underwriters will likely be making changes based on revised risk tolerances in the coming months and years. Ensure that you are aware of how your policies and availability of coverage may change as we move through and beyond this event, including policies held by HQ, as well as those held directly by Country offices. Based on your budget, risk profile, and risk tolerance your organization may have more or fewer lines of coverage than are outlined here. The list below is representative of the types of coverage that are common in our sector. For the lines of coverage you have included in your strategy, consider asking the following questions as you compile your gap analysis, either with the help of a broker or on your own:

Questions to Ask About each Insurance Policy
Who is covered?

- Which relationship types and citizenship types are covered? Are volunteers, dependents, or other non-staff individuals also covered?
- Which geographic locations are covered/excluded?
- If you have subsidiaries or partner organizations, are they and their staff and other individuals covered?
- Will there be coverage for events occurring during leisure or sojourn time, during work time, while on a medical leave of absence, at an organization's facilities, or at a remote location, in a home country or abroad?

How will policy benefits be paid?

- What are the limits for each incident or covered individual?
- If you have overlapping coverage for specific events in more than one policy what is the aggregate coverage and is there coordination of benefits?
- Will there be any local banking or social concerns with benefit payouts from US based insurance policies paid to individuals in other countries?

Are there limiting clauses?

- Are there any restrictions due to pandemic illnesses, diseases, viruses, bacteria, pollutants and/or contaminants, war or terror, event location, or staff citizenship type, which can lead to unforeseen uncovered events. Can those restrictions be waived?
- Are there any geographic location limits, such as sanctioned countries or jurisdictions and can those exclusions be waived? .

Additional Questions to Ask by Policy Category

Property Insurance

- Is there any limit to coverage if an office facility is not occupied during times when there are work from home mandates?
- Are assets covered if affected whilst not in organizational premises (i.e. laptops or printers being used by staff at their home)?

General Liability Insurance; Directors & Officers Insurance; Employment Practices & Liability Insurance

- Do you have sufficient coverage for your current organizational size and to compensate for increased risk?

Data Breach Insurance and Crime Insurance

- Is there any limit to coverage if work is being done remotely and the organization does not have the same controls as pre-COVID-19?

Primary Medical Insurance; Other Health Insurances

- Have there been any changes mandated by law or otherwise, that have impacted coverage or access in response to COVID-19?
- Is there coverage and access for remote medical assessment and prescriptions through online video conferencing?
- Is there sufficient coverage for diagnosis, treatment, and follow-up care without substantial out of pocket costs for your covered individuals?

Medical and Security Evacuation Assistance Programs; Travel Health Insurance; Travel Accident Insurance

- Is there a synergistic relationship between your evacuation provider and your insurance policies covering medical emergencies or accidents while on business travel? *Consider asking your insurance provider to indemnify the recommendation to evacuate made by your evacuation assistance program.*
- Does the security evacuation coverage include unforeseeable natural disasters such as earthquakes? Political unrest?
- Does your provider have a plan for evacuations or field care in cases where commercial flights or medical resources are limited or unavailable?
- Will employees have to pay out of pocket when seeking covered medical or accident support or will the carrier be able to place a guarantee of payment covering all costs up front for our employees?
- Are dependents or other non-staff covered, and are there any limits to that coverage?

Disability Insurance

- Coverage may exist in multiple policies – which ones?
- Will your covered individuals receive pay replacement coverage for an illness lasting a few weeks?

- How long is the waiting period before benefits begin? *Short term and long-term disability policies might have individual unpaid waiting periods. Understand how long they are and how they apply to a single individual who might transition from short to long term disability claims.*

Life and/or AD&D Insurances, Death Benefits

- Coverage may exist in multiple policies – which ones?
- Do we have double indemnity for our staff so that they are covered for accidental death? *In the US AD&D (accidental death and dismemberment) insurance will generally not cover death from an epidemic illness, however AD&D could provide coverage for staff experiencing secondary impacts such as death through violence or accidents unable to be treated by medical resources.*

Repatriation of Mortal Remains

- Coverage typically exists in multiple policies – which ones?
- What time limits exist should immediate repatriation be impossible?

Workers' Compensation including Defense Base Act (DBA); Foreign Voluntary Workers Compensation (FVWC)

- If you have staff working remotely have you updated your carrier about new work locations? *For US-based staff, Domestic Workers' Compensation is purchased on a per state basis, so consider whether it is necessary to declare any additional states where staff are working (including their homes if working remotely).*
- General Liability Insurance, Directors & Officers / Employment Practices & Liability Insurance, Kidnap & Detention Insurance
- See general questions above

Employee Assistance Programs or Counseling

- Are services available worldwide and for all staff?
- How quickly can sessions be established?
- Are there counselors available to speak to covered individuals in their native language?
- Are sessions available by video conferencing AND telephone?
- Does your plan offer enough sessions to provide support through a sustained experience like lockdown? Can you add sessions if needed on a per hour basis and do you understand those costs?
- Does your plan offer trauma specialists?

Paid and Unpaid Leaves

- Have you updated your FMLA and sick leave programs in line with recent US laws including the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid Relief, and Economic Security Act (CARES Act), and in line with other country regulations and legislation?
- After your offices re-open do your staff have sufficient paid leave available so that they will stay home when symptomatic?

Retirement Program and Educational Assistance

- Do you understand the new CARES Act options to support staff who may need financial options such as expanding 401(k) distribution and loans and/or providing tax-free educational assistance for student loan payments?

Wellness Programs

- Does your wellness plan offer opportunities to earn incentives to stay active during lockdown or while formal classes are unavailable?

Internal Communications

Due to an increased focus on health and sickness organizations should strongly consider informing or re-informing staff on the following topics:

- What insurances and leave programs are in place to them and how to access additional information;
- How to access routine and emergency medical care while at home and while traveling;
- How to access medical and security evacuation provider resources and support;
- Mandated or optional changes to coverage or programs in response to COVID-19 such as: changes to 401k fund access, changes to mandated paid and unpaid leaves, changes to H.S.A. funds, free qualified COVID-19 testing, etc.
- Who to contact if they need to file a claim or need a leave from work;
- Reminders about psychosocial support programs during times of crisis;
- Links to any internal or external online resources;
- Supplementary resources such as country specific email alerts, healthcare guidance, or emotional health webinars;
- Reminders for those enrolled in pre-tax savings programs such as dependent care FSAs and Commuter Benefits, of their options to make election adjustments due to changed needs as a result of COVID-19.

Insurance Action List

Highly Recommended

- ✓ Staff should not be required to travel to other countries without adequate insurance for medical evacuation and medical care if they become sick, injured, or die while traveling;
- ✓ Medical evacuation providers should be consulted regularly to update your organization on their ability to manage security and medical evacuations for your staff;
- ✓ Ensure your employee benefit plans are compliant with the FFCRA and US CARES Act and other country specific legislation and regulations;
- ✓ Follow ADA and GINA guidelines with respect to staff health issues and privacy. You must also follow HIPAA requirements if you are a "covered entity" which is typically an organization operating in the healthcare industry, or you are an employer with a self-insured health plan.
- ✓ Evaluate laws passed at the US federal or state level, or in each country in which you operate, for impacts to your benefits packages and insurance policies. Some examples of mandated changes under the US CARES Act and FFCRA are:
  - o 401K COVID-19 related distributions and loans.
  - o Changes to single employer defined benefit pension plan funding timelines.
  - o Revised Student Loan Assistance limits.
  - o Expanded use of H.S.A.s.
  - o Changes to FMLA for current and re-hired employees.
  - o Mandated emergency sick leave and mandated paid FMLA for defined COVID-19 related reasons.
  - o Postponement of ERISA filing deadlines.
  - o Unemployment eligible for staff who were previously not eligible, such as contractors.

Recommended

- ✓ Consider adding or enhancing data breach policies to protect against data security risks increased by remote work;
- ✓ Consider purchase of Foreign Voluntary Workers' Compensation insurance for expatriates traveling or working outside of U.S. without adequate Defense Base Act, state workers' compensation or similar local coverage;
- ✓ Review current policies, including General Liability, Employer Practices, Foreign Voluntary Workers Compensation, and Business Travel, to see if exclusions include viruses, communicable diseases, contaminants or pollutant; if possible, negotiate out such exclusions in critical policies;
- ✓ Fully document any losses related to COVID-19 and discuss possible claims with your broker.

Beneficial

- ✓ Consider enhancing existing services providing stress and trauma counseling to staff.
- ✓ For US based staff taking paid leave under the FFCRA, ensure you are gathering the information required by both the DOL and IRS needed for tax purposes at the time of the request for leave. Please see the **IRS FAQ**.

> 📄 See Annex 3 for a **Sample Leave Request Form**.

Module 3: Staff Wellness

In times of crises employers have a duty of care to help prepare and support staff – national and international -- to face known challenges and risks that will affect their physical and psychological wellbeing. The COVID-19 pandemic is generating an increased need for, and interest in, staff wellness resources and INGOs have a responsibility to thoughtfully address these issues. In addition to legal and moral obligations INGOs bear to protect the wellbeing of their staff, there are acute risks associated with not supporting the health and safety of individuals during this time. Organizations have a responsibility to take reasonable steps to mitigate foreseeable risks to their organizations and their personnel.

This section breaks down the key factors to consider when regarding health and wellness throughout the employment lifecycle including **Pre-Assignment** and **On Assignment**. Additionally, specific guidance has been included for concerns related to **Work from Home**, **Support to Managers** and **Frontline Personnel**.

Prior to Assignment and Travel

Prior to assignment and travel, it is important that staff understand their psychological readiness, personal vulnerabilities, and strengths to manage the realities of working during a pandemic. Employers should help staff fully understand these risks to obtain risk acknowledgement for employment. Ensure that staff are well informed about the risks and obtain a realistic security briefing prior to travel.

While Employed and/or on Assignment

An organization begins to cultivate a culture of care from the moment an employee joins it. Consequently, staff wellness considerations should be integrated into the onboarding process and well as continued throughout an employee's tenure with the organization.

As organizations consider the staff wellness needs of their employees, they should consider the needs of their entire staff regardless of their direct or indirect contact with the virus, their race/ethnicity, age, gender, vocation, or affiliation. The needs of family members of employed staff are also an important group to consider. Therefore, employers should think about what family support services they can provide, especially in the event of re-imposed travel restrictions and for unaccompanied staff.

Work from Home

Some organizations may designate that some or all their personnel continue to work from home even if government restrictions on movement are lifted. Organizations need to consider the level of support they provide to employees while working from home, particularly in situations when employees are working from home at the direction of their employer rather than the government. The human experience of living in isolation from loved ones or coexisting with others in confined living quarters with less freedom than typical can raise issues or exacerbate existing vulnerabilities.

Support to Managers

As a focal point for overseeing and supporting staff, managers hold an important responsibility in attending to the wellbeing needs of staff. Consequently, managers are likely to encounter complicated situations that are difficult to navigate. Employers must support managers and leadership in order to prepare them for these situations.

Support to Frontline Personnel

The mental health and wellbeing of frontline workers (e.g., nurses, doctors, ambulance drivers, contact tracers, those involved in dead body management) needs to be addressed and supported. People in these roles need to be provided with ongoing resilience and psychosocial support both during and after the outbreak.

Internal Communications

Many of the other recommendations on internal communications in this document also serve to promote the psychological health and wellbeing of staff, particularly those communications that provide specific, concrete information that support employees in feeling safe and in control.

In addition:
- Clearly communicate that their physical and emotional safety is a top priority for the organization;
- Acknowledge the complex and difficult emotions that people are likely experiencing, the difficult decisions they may be making, and the multiple caregiving demands they may be facing;
- Integrate positive mental health/resilience messaging into "regular" communications;
- Thank staff and their family members for their efforts and acknowledge risks they may be taking;
- Frequently remind staff about support resources available to them; this might include organization-specific resources such as an Employee Assistance Program or community resources such as a crisis hotline. During an event such as a pandemic these providers may produce specialized materials such as hand-outs and webinars which should be made available;
- Encourage staff to take care of themselves and their loved ones. Remind them of core messages related to good hygiene and the efficacy of social distancing. Remind them to look out for one another and the most vulnerable.

Staff Wellness Action List

Highly Recommended
Prior to Employment or Travel

✓ Staff should be provided thorough information about the physical and psychological risks of a job or assignment. Discussions should include explicit discussion of the following risks and their potential psychological impacts:

- o Quarantine requirements on the front and back end of any travel.
- o If staff are infected with COVID-19, or another pandemic illness, they may be confined at their post/duty station for the duration of their illness. A medevac may not be possible.
- o In the event of border closures, airline groundings, and other events, staff may find themselves needing to stay in location for far longer than initially planned. An explicit discussion of what contractual obligations the organization has to support the staff member, and for how long, should be included.

✓ Ensure that your Human Resources team has accurate emergency contact information for each staff member.

✓ Encourage each employee to establish a will, financial power of attorney, and durable power of attorney to include clear and detailed health directives.

While Employed or on Assignment

✓ Every employee should receive educational information about stress and resilience and resources the organization provides to support the wellbeing of their personnel. Educational resources should be supplemented by COVID-19-specific information, including mental health and resilience dimensions of the pandemic.

✓ Information should be provided in appropriate languages.

✓ Every organization should have some form of counseling/individual support in place for employees, in appropriate languages. This might be through an Employee Assistance Program (EAP), an in-house mental health counselor or specialized service.

✓ Identify a main point of contact (e.g. Family Liaison) to provide a direct line of support and a channel of communication between the family/emergency contact and the organization when an employee is unable to communicate due to a health emergency, limited access to a reliable means of communication, or in the event of a fatality.

> GISF '**Family First; Liaison and support during a crisis**' provides generic guidance on the planning and provision of family liaison and support in a crisis. Although not designed for a pandemic, the guidance and tools can be adapted for any situation.

Work from Home

✓ Provide educational information about emotional health and relational concerns that may surface or be exacerbated under current conditions (e.g., depressed or anxious mood, grief/loss, burnout, substance misuse/abuse, parenting, suicide, intimate partner violence).

Support to Managers

✓ Leadership must manage their own stress and model good self-care. Modeling is a powerful managerial tool. In periods of high stress, it is important for managers to "practice what they preach" in terms of practicing self-care and a healthy work-life balance.

✓ Managers should know what resilience and mental health care resources are available, how to access them, and how to communicate this information accurately to staff.

> Examples of resources for managers include: ***Manager Guidance for Supporting Staff*** Tip Sheet from The KonTerra Group; **Staff Care for Managers** online class from DisasterReady.org or ***Wellness and Resilience for Frontline Workers and Managers*** online class from Humanitarian Leadership Academy.

Support to Frontline Personnel

✓ All staff working as frontline personnel should have access to confidential pre- and post-assignment resilience consultations.

> A resilience consultation is a confidential conversation with a trained mental health provider to enhance your strength and vitality before or after a challenging assignment.
>
> A **pre-assignment resilience consultation** is an opportunity to discuss psychological preparedness for an assignment. It may include discussion of experience in similar environments, coping strategies and resources, assignment-specific risks, and how to maintain resilience during the assignment.
>
> A **post-assignment resilience consultation** provides the opportunity to reflect on the challenging and growth-promoting experience during the experience and transition plans. Ideally, resilience consultations are provided to individuals, they could be conducted in small groups by a trained facilitator.

✓ All staff working as frontline personnel or in emergency response teams should have access to individual, confidential consultations/counseling.
✓ Provide regular opportunities for social support and collective reflection among affected staff.

Recommended

Prior to Employment or Travel

- ✓ Offer employees in high-stress roles or assignments an individual, resilience consultation to help them evaluate their psychological readiness for the assignment.

While Employed and/or on Assignment

- ✓ Identify roles that expose specific staff to higher levels of stress and risk of burnout; determine what resources (e.g. training, psycho-educational materials) you can provide to these specific groups during the onboarding process.
- ✓ Provide family liaison services, especially when/if travel restrictions begin to be re-imposed and for staff who are unaccompanied. The Family Liaison serves as a point of information between the family and organization. More robust Family Liaison support may include proactive check-ins with family members and practical and emotional support. For example, consider what unique needs the family may have in light of these circumstances related to childcare, elder care, food security, and financial stability. What resources/benefits can be leveraged or enhanced by the organization?

Work from Home

- ✓ Provide opportunities for staff to offer input into policies that directly affect their work experience.
- ✓ Consider ways to allow staff to structure their days to manage energy, other commitments, such as childcare, and work within their home or remote environment.
- ✓ Develop a protocol for response to reports of employees who are struggling to cope.

Support to Managers

- ✓ Provide a brief and regular forum to allow employees to express their concerns and ask questions and encourage peer-support amongst colleagues. Without breaking confidentiality, pay particular attention to any staff who you may be aware are experiencing difficulties in their personal life, who previously experienced a mental health crisis, or who are lacking social support (this is especially salient for those in frontline roles as they may experience community ostracization). What resources can you encourage staff to access?
- ✓ In the event of an employee's death, think about how to establish opportunities for the bereaved colleagues and family members to mourn in a way that does not compromise public health strategies to reduce the spread of COVID-19, but reflects the traditions and rituals of the community.

Support to Frontline Personnel
- ✓ When applicable, the Rest and Relaxation (R&R) and compensatory leave policies for frontline personnel should be reviewed to ensure that frequency and length are appropriate to bolster psychological health and renewal.
- ✓ Provide dedicated post-crisis/assignment support to help staff members reflect on the issues and possible risks associated with returning to a new "normal" and share resources available to support them.
- ✓ Engage and partner with community leaders to counteract any negative misconceptions or narratives promoted within the community that may endanger the health and wellbeing of frontline and specialized workforce members.

Beneficial

Prior to Employment or Travel
- ✓ Offer every employee an individual, confidential consultation to help them evaluate their psychological readiness for the new assignment or for continuing their work. Depending on available resources, this may not be possible. Other alternatives that would support staff to reflect on their psychological readiness include:
  - ✓ Small group discussions facilitated by an outside expert.
  - ✓ Written information that includes reflective questions for staff to consider prior to accepting an assignment.

While Employed and/or on Assignment
- ✓ For individuals who may be quarantined, consider providing customized self-care resources and access to individual and family confidential support.
- ✓ Introduce/expand a mental health resource (e.g. organization's EAP) to include family members.

Work from Home
- ✓ Employers should have discussions with EAP partners to see what programming is available that could benefit the workforce.
- ✓ Develop a list of community mental health resources in each location the organization has operations.

Support to Managers
- ✓ Organizations should provide training to managers on how to recognize and respond to staff who are exhibiting signs of struggling to cope (e.g. concerning behaviors, observable changes in mood or physical wellbeing, and/or significant decreased work performance).

Support to Frontline Personnel
- ✓ Offer a peer support group focused on maintaining resilience and managing stress during an emergency response.
- ✓ Provide training in psychological first aid, especially for managers, so that team members have the skills to provide support to colleagues.

Module 4: Travel & Journey Management

INGOs should be cautious in authorizing travel and returning to work during the COVID-19 pandemic. It is important to note that it will be the organization's responsibility to address problems which arise during this period. If you have expatriates unable to access medical or security evacuation options in a particular location either because of government imposed travel restrictions or an inability to obtain transportation, you may be responsible for arranging unexpected emergency support, including accommodations, meals, medical care, financial assistance, travel arrangements, security/or and family support.

Once you have decided to authorize international travel and/or work, it is important to ensure that the efforts of Human Resources, Insurances, Staff Wellness and Security and Risk Mitigation are well coordinated. All these elements are needed to effectively meet the duty of care.

The **acknowledgment of risk document**, attached as **Annex 4**, provides a mechanism for your organization to document that it has foreseen certain risks and warned staff of those risks relevant to them, and that the staff member's decision to travel is knowing and voluntary. It is important that this document be customized for your organization and circumstance -- and the risks are regularly reviewed and updated as required.

The **supplemental risk acknowledgment**, attached in **Annex 4**, is intended to document the specific briefing given to a staff member before an overseas assignment.

Warning of the relevant risks is only the first step. Your organization will have an ongoing obligation to provide a reasonably safe work environment. Because knowledge about COVID-19 is continually evolving, identifying a point person or team in your organization should be strongly considered as remaining informed about the new risks, recommendations over time will become considerably more challenging. More information about travel risks are included in **Risk Assessments** section of Module 5.

It is not recommended that an INGO rely upon a waiver of a right to sue. Courts will not enforce waivers from employees, and promises not to sue by family members, consultants and volunteers are not always legally effective.

Most importantly, employers should have a policy in place that protects against pressuring staff to travel if it is beyond an individual's acceptable level of risk. The personal, household, and familial health risks that inform an employee's decision are impossible for an employer to know, and unnecessary for the employee to disclose. Thus, employers must be careful to avoid overt and implicit pressure to travel or even to work in a physical office space.

Internal Communications

A fundamental aspect of duty of care is the responsibility of the organization to communicate to an employee the foreseeable risks of employment/assignment and the intention of the organization to manage and mitigate these known risks. Any communication prior to travel needs to include a worst-case scenario discussion. Even a well-managed situation can still meet unforeseeable and unmitigable challenges. For example, rapid border closures, airline and air bridge shutdowns and limits to mobility can quickly change circumstances on the ground.

Staff, whether they are in another country or in another region of their home country, need to accept the risk that they may need to remain in that location. They cannot accept those risks in an informed manner until they are provided the most up-to-date information about the evolution of the pandemic. Because this is a novel virus, information will be incomplete and constantly changing; this should also be clearly communicated.

Travel & Journey Management Action List

Highly Recommended:

✓ INGOs should seek and rely upon expert guidance and the relevant community good practice. In addition to reviewing the information in this document, seek up-to-date guidance from relevant government and multinational authorities, compare notes with your peers and listen to your staff. Remember that INGOs will be required to provide more protection for higher risk staff and higher risk environments;

> GISF '**Security Risk Management: a basic guide for smaller NGOs**', outlines good practice in Module 6: Travel management and support.

✓ Confirm that staff are making the decision to travel without coercion. Assure that staff decisions are voluntary, and that continued employment is not dependent on the willingness to travel during this time of heightened risk. In addition, provide staff with necessary resources to adequately consider the risks associated with travel and the impact these risks may have on their health, life, future and ability to be with their loved ones;

✓ Limit unnecessary travel; in general, avoid non-essential travel to any place the CDC listed in a level 3 travel warning;

✓ Develop a journey management plan which specifically outlines the criteria for essential and non-essential travel and the criteria for approving/denying travel during the COVID-19 pandemic;

✓ Prohibit staff who are sick from traveling outside their country of residence;

✓ Provide staff with warnings of any risks that can be reasonably predicted to assure their consent to travel is informed. Risks of travel during COVID-19 may include the following:

- As conditions change, travel into or out of a country may not be possible, safe, or medically advisable;
- Governments may respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, implementing mandatory quarantines, closing borders, and/or prohibiting non-citizens from entry with little advance notice; there may also be widespread work shutdowns, mass terminations, furloughs, and local travel restrictions;
- The US government may not be able to assist its citizens in returning home, providing supplies or medical treatment during the pandemic; other countries will likely be similarly constrained in assisting their citizens abroad;
- At the time of this publication, the CDC is advising against all non-essential travel to other countries;
- The already increased risk to staff who are sick or have underlying health conditions may be even greater if they travel or are posted away from home;
- Staff members may face delays or not be able to travel home to care for loved ones who may become sick or need help during the pandemic;

- Adequate medical tests, medicines, treatment and facilities may not be available in travel or post locations and medical evacuation to other areas may not be possible;
- Access to food, water, hygiene supplies, personal protective equipment, and other supplies and services may be severely restricted;
- The pandemic may stress existing local systems and result in an increase in crime, public disorder, looting, robberies, unrest, attacks, arrests, and other harsh government responses;
- If outsiders are held responsible for bringing COVID-19 to specific locations and countries, there could be an increase in violent and targeted attacks on all U.S. citizens and other expatriates;
- Program activities may be suspended or terminated;
- Staff may be forced to remain outside of the United States or their home country for an indefinite period;
- Other risks described by **CDC Travelers Health**, **US Department of State** and the **World Health Organization**.

Recommended:

- ✓ Provide all traveling staff with an in-person briefing of the risks and obtain a signed document acknowledging that they understand the relevant risks (for a template see **Annex 4**)
- ✓ Ask traveling staff to confirm they have taken sufficient time to adequately assess their personal risks, understand the available resources to help them with this decision, and are comfortable with the decision to travel (this can be done through the Risk Acknowledgment form. For a template see **Annex 4**).
- ✓ Assess whether the risks inherent in opening offices and authorizing travel are offset by the provision of essential services to beneficiaries;
- ✓ Ensure that you have adequate resources to respond to COVID-19 emergencies;
- ✓ Document how your organization is responding to the key actions described in this document, including regularly updated written risk assessments;
- ✓ Ensure that your organization can coordinate a location specific effective emergency response should a problem arise;
- ✓ Obtain insurance coverage to mitigate the risks of operating in this environment (see above, **Module 2: Staff Benefits and Insurances**);
- ✓ Do not send staff to other countries without adequate PPE for travel, insurance for medical evacuation and medical care if they become sick while traveling;
- ✓ Consider specifically communicating your organization's position on business-leisure travel during the COVID-19 pandemic.

Beneficial:

- ✓ Obtain waiver and release of liability from any accompanying family members, volunteer, and consultants. Note that these may not be legally effective and that waivers from employees are not legally enforceable.

Module 5: Operational Security

Once the acute phase of COVID-19 has passed and the world settles into a period of 'new normal', there are likely to be longer term Global security implications, as countries grapple with containment and management. With INGOs exploring new programmatic responses to areas affected by COVID-19, it is important to assess the far-reaching and complex changes in the operational environment and how these affect risk to INGO staff, assets, and operations.

Already the economic hardships wrought by the responses to COVID-19 are being felt. Business bankruptcies, high unemployment, and a likely global recession will put pressure on government assistance programs that would ordinarily mitigate the economic impact. Coupled with rising frustration (with forced isolation and the limits of government services) and spurred on by unrestrained social media commentary, INGOs should anticipate increased levels of insecurity, crime, travel restrictions, and limits to government support.

The perception of who you are, both as an organization and the individuals within the organization, may well have changed due to Covid-19. Existing acceptance strategies and community engagement processes should be reviewed, as well as changes to external threats. This may also lead to an increase in internal threats.

As INGOs consider recovery strategies, the significant impact that the COVID-19 virus and the respective government measures imposed to fight the virus will have on staff and the operational environment should be formally considered. To assist in framing these considerations the Operational Security section addresses both COVID-19 Risk Assessment considerations and Security and Re-Entry recommendations.

Risk Assessments

The purpose of a risk assessment is to enable the development of appropriate mitigating measures for implementing safe and sustainable programs. Although COVID 19 will affect INGO staff, assets and operations, the risk assessment methodology generally used by INGOs does not need to change, it simply needs to consider this new threat and the associated risks that COVID 19 will pose to staff, operations and programs.

Risk assessments should consider the broad range of potential health, safety, and security threats to staff, operations, and programs. As such the assessment should engage INGO staff representing: safety & security, human resources, facilities management, programs, and operations. Other stakeholders include: legal, local partners, travel management companies, insurance providers, risk managers, and others. Among the areas to be assessed are Travel, Economic Fallout, Political Fallout, Anti-Foreigner Sentiment, Crime, Terrorism, Safeguarding, and Digital Security.

GISF 'Security to Go: A Risk Management Toolkit for Humanitarian Aid' provides tools on creating and conducting Risk Assessments in Module 3.

Travel

As travel restrictions are eased and INGO staff begin international travel the COVID-19 norms will need to be fully understood. It is likely that medical verification (WHO immunization card) and health screenings will be widely instituted. Maintaining social distancing and wearing PPE throughout travel will likely become the norm. International travelers will likely encounter delays and missed flights and should maintain flexibility in making travel plans. Additionally, airport screenings and country-level protocols may result in international travelers being quarantined or placed in self-isolation.

When considering having staff return to work in the office, likely the greatest exposure to the COVID-19 will occur during the daily commute, especially for those staff that rely on public transportation. Currently, government and industry regulations and procedures to address the practicalities of social distancing and use of PPE on public transport are being developed and rolled out.

For field travel, anticipate increased scrutiny at checkpoints where temperature checks may be administered, and travel document/mission orders may be challenged. Additionally, depending on local perceptions of INGOs, traveling staff may face harassment or targeted assault. National staff may also be at risk while undertaking road travel between regions where ethnic tensions and fear of "outsides" has increased.

Economic Fallout

The economic fallout will very likely expand and have a wider global impact in the months ahead. Many countries will very likely fall into recession with limited capacity in global financial systems to mitigate the impact by reducing interest rates and employing quantitative easing or mass stimulus. Increasingly high levels of personal, corporate, and government debt will compound the impact.

The economic constriction will very likely lead to vast and rapid increases in unemployment; this will be a significant issue for the many casual or gig economy workers, and will only increase as small businesses are forced to close and companies, unable to maintain liquidity, cease operations. As the economic impact expands across the globe, economic social safety nets will very likely be overwhelmed, resulting in personal economic hardship on a global scale. The financial hardships and disaffection with government limitations to mitigate the impact may lead to social unrest and increased criminality.

Political Fallout

The COVID-19 pandemic will very likely undermine political stability in many countries around the world. Local and national governments have already imposed restrictions on religious gatherings; personal and community events; sporting events; and, imposed neighborhood lockdowns, business closures, curfews, and quarantines to control the spread of the virus, that may generate resentment toward authority and those empowered to enforce these measures. Some leaders are already taking advantage of the situation to implement authoritarian practices or restrict freedoms. Anti-government sentiment is highly likely to be

increase by the economic fallout from the pandemic, which is set to be catastrophic on a global scale.

It is likely that governments will postpone key elections in the months ahead, to limit the spread of the disease via campaign events and rallies. In locations where there is already disaffection with unpopular leaders, or resistance to incumbents attempting to hold onto power beyond constitutional limits, political dissent and demonstrations may result in service disruptions and violence.

Anti-foreigner Sentiment

Xenophobic sentiment has been reported with Chinese nationals – or those of Asian descent more generally – targeted for intimidation, threats, and even violence. In addition, there are reports of social media provocation that COVID-19 was introduced to a number of countries by foreigners, including aid workers. Incidents against foreigners at international road borders have also been reported, in particular truck drivers, which could affect the supply chain. The accuracy surrounding these events is irrelevant, as fear can spread very rapidly in this context – particularly occurring in a digital age and with such global reach – where it will be perpetuated by social and other media.

In the case of recent Ebola outbreaks this has resulted in attacks against aid workers, a development that is likely to recur in several locations where INGOs are seeking to scale-up COVID-19 programming. Program staff could become targets in this context, while also facing challenges in getting messaging across that this is a virus that affects everyone. This will likely be a particular concern in Africa where the virus was slower to spread during the initial pandemic, though this could largely be to underreporting and lack of testing, which may foster the sentiment that COVID-19 is a 'foreign' disease; communities may focus on attempting to evict foreign nationals rather than adopting infection control measures.

Crime

The economic pressures cited above and related social impact will create an environment for an increase in opportunistic crime and exploitation compounded by the preoccupation of law enforcement with COVID-19 containment and management measures. While crime rates temporarily decline as a result of restricted movement and visible police presence, we may be seeing the first signs of increase in violent crime (Kenya, Uganda, South Africa) that serves as an indicator of a possible trend. This will be an issue globally, not only in locations already known for high crime rates. An increase in crimes of opportunity is anticipated due to limited police presence, crimes of need due to unemployment and breakdown of services, and crimes of frustration linked to the shortage of goods and/or resentment over restrictions and political measures. As just one of many examples, in Kenya there have been reports of criminals posing as Ministry of Health workers to conduct home invasions.

More subtle criminal activities such as online scamming and information security issues have already increased. Criminals will likely attempt to exploit fear and uncertainty by using misinformation and anxiety to encourage unwise online browsing, clicking on malware links in emails, or the purchase of crank remedies to 'cure' or prevent COVID-19. With so many

people spending more time online amid movement restrictions and work from home requirements, this risk has increased.

Resistance to drastic disease-control measures is already evident. Rising infection rates and mortality, coupled with scientific uncertainty about COVID-19, will likely increase disaffection with mandated restrictions and closures, public unrest will eventually become more common.

Terrorism

There exists a likelihood that armed opposition groups (AOGs) and transnational terrorist organizations may exploit the pre-occupation of governments and security forces with COVID-19 response measures to conduct major attacks or further objectives. Several countries are reporting that various AOGs are filling the void left by governments to provide security and social services. This tactic has proven successful for groups (Hamas, Hezbollah, Al Shabaab) to gain legitimacy and consolidate power among marginalized, underserved populations. In most of the areas where major AOGs are present – including south-west Asia, the Middle East, the Sahel, and the Horn of Africa – restrictions on movement and activity that might be imposed on major population centers, will have little effect in curbing terrorist activity. As with crime, it is likely that pre-occupation with COVID-19 containment will distract the existing counter-terrorism efforts of national governments, allowing space for increased operations by AOGs.

Safeguarding

Public health outbreaks have a distinct gendered impact on women and girls. Women and girls' roles in their homes and communities -- such as domestic and unpaid care responsibilities and as frontline health and social sector responder roles -- increase their exposure to COVID-19. Furthermore, women, girls and vulnerable groups are at increased risk of GBV during public health outbreaks due to limited input and control in decision-making on a household's response, and shifts in social safety nets, mobility and access to information/services. COVID-19 preparedness and response efforts must be responsive to these unique needs. Increased cases in domestic violence in middle income and high income countries have already been reported, with a likely increase in cases and potential impacts in emergency settings with displaced and mobile populations, as well as in overcrowded peri-urban settlements in many cities throughout the world. Potential impacts are likely to be exacerbated in contexts with overwhelmed health systems, weak rule of law, and existing high levels of domestic violence and gender inequality. Domestic violence organizations have observed increased household tension and domestic violence due to forced coexistence, economic stress, and fears about the virus. The COVID-19 outbreak has also curtailed access to support services for survivors, particularly in the health, police and justice sector. Disease control measures that do not consider the gender-specific needs and vulnerabilities of women and girls may also increase their protection risks and lead to negative coping mechanisms.

Recent studies indicate that movement restrictions aimed to stop the spread of the virus may be making violence in homes more frequent, more severe and more dangerous. While data are scarce, reports from China, the United Kingdom, the United States, and other countries

suggest an increase in domestic violence cases since the COVID-19 outbreak. The health impacts of violence, particularly intimate partner/domestic violence, on women and children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. Institutions that are supposed to protect women from domestic violence, many weak and underfunded to begin with, are now straining to respond to the increased demand.

Infectious diseases like COVID-19 can disrupt the environments in which children grow and develop. Disruptions to families, friendships, daily routines and the wider community can have negative consequences for children's well-being, development and protection. In addition, measures used to prevent and control the spread of COVID-19 can expose children to protection risks. COVID-19 can quickly change the context in which children live. Quarantine measures such as school closures and restrictions on movements disrupt children's routine and social support while also placing new stressors on parents and caregivers who may have to find new childcare options or forgo work. Stigma and discrimination related to COVID-19 may make children more vulnerable to violence and psychosocial distress. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk.

Health

Already countries will have put in place public health messaging, social distancing requirements, restrictive measures, and provided guidance/requirements on the use of PPE. COVID-19 infection / mortality rates will vary by country and even by regions within a country and as governments respond opportunities for limited INGO program re-engagement may be possible. However, given the nature of the virus, INGOs should anticipate periodic peaks in infection / mortality rates and remain flexible to adjust programs, facility access, and staff support accordingly. Once staff are working from the office and/or traveling to the field, the likelihood of exposure to COVID-19 will increase (despite measures instituted to reduce the risk). Given the likelihood that the local health systems will have limited capacity to effectively respond, and that medevac options may be limited or difficult to access in a timely manner, the impact on infected staff may be significant. In addition, the determination/belief that INGO staff may have become infected with COVID-19 in the performance of their duties may result in government sanctions, program suspensions, office closure, and legal liability.

Digital Security

Now, more than ever, it is important to stay vigilant in safeguarding the digital workspace, just as organizations are staying vigilant in safeguarding their physical one. The COVID-19 Pandemic has resulted in a major increase in phishing operations around the globe, mainly cybercriminals. Emerging threats include fake apps to donation scams to more exploitations of common teleconferencing tools. Some researchers have also gathered evidence that nation states are also leveraging COVID-19 themed operations including spyware masquerading as legitimate apps to phishing campaigns. Additionally, the shift to working from home has exposed the use of potentially vulnerable services, (e.g. remote working solutions, virtual private networks solutions, and video conferencing).

- Social Engineering & Phishing: continue to educate and communicate to employees about these new risks. Make sure employees are aware of new scams and how to report issues they identify to security teams with the use of things like the "Report Phish" button in their email.
- Working at Home Risks: validate that protection software is deployed to devices and issues are reported to IT. Continue to be vigilant about good corporate hygiene by deploying patches and update applications.

More information on digital security can be found in Module 4 of GISF '**Security to Go: A Risk Management Toolkit for Humanitarian Aid**'.

Digital Security Tips

Keep your software and operating system up-to-date! Foundational digital hygiene practices like this exponentially improve our security for all our devices, both personal and work-related.

When using your work or personal email, carefully review the entire email of the Sender. Suspicious emails may include those claiming to have COVID-19 updates or information that link to websites or include attachments.

Check emails with embedded links leading to unexpected destinations. You can do this by holding your mouse over the link (DO NOT CLICK) to see where the URL is taking you. Be aware of lookalike domains, or websites of common services which contain typos, etc.

Do not click on links. Clicking on links is the quickest way to inadvertently initiate a download of a malicious file or malware. We request that you stay vigilant and right click, copy, and paste the link into your browser. Review the URL before going to the website. Good practice is to share full links with your colleagues, rather than embedding them in a hyperlink.

Do not open files sent from unknown senders or untrusted sources. This includes URLs sent over mobile devices such as phones or tablets.

Do not visit websites that are untrusted. Use browsers like Chrome or Firefox which add additional browser warnings when trying to visit websites that are known to be malicious or suspicious.

Only download apps from the App store (Google Play or App Store). Be intentional about which applications you download. Check your privacy settings and ensure the app is legitimate or approved by a trusted source.

Security & Re-Entry

This section provides actions for INGOs to consider while creating their re-entry plans. These recommendations are framed by a re-entry structure of Preparation, Limited Implementation and Full Implementation. Each of these phases should be considered flexible. At each stage, the COVID-19 context in the office location should be continually monitored, informal frequent risk assessments should be completed, and the phase status should be changed accordingly. **Re-Entry Workflow Tables** are also included in this document to provide recommended actions for each stage.

Keep in mind that situations will vary between office locations. Developing a phased approach with clear criteria allows offices to have consistent re-entry plans and safety standards while creating the flexibility for offices to be in different phases according to the context of their location. Additionally, INGOs must adhere to local governance and rule of law. Accordingly, all re-entry plans should follow local regulations.

For additional guidelines, consider reviewing the World Food Program's **Common Services Plan**, a platform designed for health and humanitarian community.

Key Assumptions

Throughout the re-entry process, organizations should keep in mind the following assumptions:

1. Office reopening should be gradual and follow best practices for physical distancing and other risk mitigation measures following a thorough and ongoing risk assessment.

2. Each field project/office should conduct location specific risk assessments and develop mitigation plans.

3. Decisions to open offices and the creation of resources and policies should have clear approval protocol.

4. When offices are reopened, employees should be able continue working from home if possible.

5. Staff who exhibit symptoms or test positive should not be allowed in the offices until advisable by **CDC guidelines**.

Preparation

The Preparation phase is where most of the planning and long-term re-structuring should take place. Organizations should consider the below indicators when deciding to keep or move an office to the Preparation phase:

Increased and sustained transmission to general populations as defined by WHO and local Ministry of Health (MoH).	Rumors of large numbers of unexpected deaths, mass graves being built or significant uncharacteristic absences of key public, religious or political figures	Public health authorities limit business operations to 'essential' businesses only, enforce social distancing, and require wearing of face masks in public.
Canceled public activities and closure of schools.	Limited medical capacity and testing capabilities	Lack of available PPE and other critical supplies
Medical evacuation unavailable or limited	International travel restrictions	Lack of availability and acceptability of public transport options for staff

Risk Assessment Questions to Consider Regarding Office Re-Opening in a COVID-19 Operating Environment

Before moving an office from Preparation to Limited Implementation, organizations should conduct a risk assessment of the office location. The **Risk Assessment Section** provides large trends and topics to consider during a risk assessment. While specifically considering re-opening to Limited Implementation, organizations should also ask themselves the following questions.

> See Annex 1 for an **Office Assessment Form** that organizations can use as a tool to assess the readiness of an office to re-open.

Government Restrictions
- Is there a government lockdown?
- Are non-essential businesses open or closed?
    - If closed, what is the timing of non-essential businesses re-opening?
- Are schools or childcare (if applicable) services closed?
- Is PPE required?
- If so, what is and where is it required?
- Movement restrictions
- What impact will these have on commute and is safe transport possible?
- Can people access essential services?

Disease Prevalence and Reliability of Data
- Has there been a downward trajectory of documented cases? If so, for how many days?
- Location(s) of the cases reported – are there active outbreaks in areas where we have offices and/or staff living?

Critical Programmatic Requirements
- Is there a critical business need that the organization should consider when thinking about the timeline for re-opening an environment?
- Based upon those needs, which staff member(s) will be critical in achieving those goals, keeping in mind that the organization may want to limit its headcount as much as possible in the early re-opening phases.

Medical Capacity and Testing
- Are there medical facilities in country equipped to treat critical cases of COVID-19?
- If so, how far do staff need to travel to access medical care and is that travel feasible?
- What type(s) of testing is available in country? Is any of that testing mandatory?
- Availability of testing – do staff, partners, family members, etc. have access?
- Is medical evacuation available in country?

Community Response and Adherence to Restrictions
- Is the community adhering to social distancing?
- Is the community adhering to government restrictions, if applicable?
- Is the community wearing masks/washing hands/avoiding physical greetings?
- Is there evidence of COVID-19 restriction fatigue in the community?
- Are there signs of stigma against anyone who has a confirmed case of COVID-19 and/or against health workers?
- What is the staff opinion and/or feedback?   Have staff expressed that they would be willing to seek treatment at facilities, etc.?

Security Situation in Country
- Has the organization and any partners (if applicable) conducted an updated risk assessment (frequency to be determined by re-opening phase)?
- Are there plans in place to mitigate unacceptably high risks and/or new risks associated with COVID-19?
- Have donor offices re-opened, if applicable?
- Examples of criminality trends in country to be considered (not exhaustive):
    - Economic situation
    - Unrest, disregarding of social distancing
    - Crimes related to increased food insecurity
    - Terrorism

Limited Implementation

There is a MODERATE risk to staff, and program participants. The project activities can be reinstated with limited activities which can be performed with a modicum of preventive and response measures to reduce risk. This level enhances the safety of staff by limiting staff exposure through restrictions on travel to the field or areas designated as highly affected.

The **Limited Implementation Phase** should be used as an intermediary step for organizations to implement the new policies and procedures they created in the **Preparation Phase** with a reduced number of staff operating out of the office. Organizations should ensure opening offices adheres to local laws.

Organizations should consider keeping or moving an office to the Limited Implementation phase if some or all the following indicators are present in the office location:

Easing of governmental or local authority restrictions designed to slow the transmission of COVID-19	Small more managed localized clusters with limited community transmission	International travel restrictions eased and consistent air transport options become available for emergency use

Official public health data indicate that within the proposed operational area there is a demonstrable downward trajectory of:
- COVID-19-like syndromic cases reported within a 14-day period;
- documented cases within a 14-day period;
- positive tests as a percent of total tests within a 14-day period.

Full Implementation

The Full Implementation Phase should only be entered if a moderate to low risk for contracting or spreading COVID-19 to staff has been determined based on recent risk assessment. This phase will consist of a return to full operations with new conditions in place to ensure appropriate precautions and risk mitigation. Organizations should consider keeping or moving an office to the Full Implementation phase if some or all the following indicators are present in the office location:

Few confirmed cases in operational area that are effectively managed by local health/medical systems	No restrictions to international or in-country travel	Unrestricted access to local partners and program locations

Internal Communications

Once the organization has determined that staff will be permitted to work from the office, travel internationally, and/or resume program operations, all staff should be informed of the following:

- How were decision(s) regarding working from the office, recommencing international travel, and restarting field programs arrived at? Which criteria were applied?
- The assessed risks for each activity going forward and the mitigation measures that have been put in place for each.
- Description of changed policies, standards, procedures, and guidance.
- Expectations of staff behavior.
- How to access security resources, training, and support
- Access to additional resources/tools
- Procedures for reporting concerns, issues, feedback

When planning return of international staff to field locations, it is important to open dialogue with national staff beforehand who may feel they were 'abandoned'. This can be common in any crisis when international staff are evacuated, and national staff are left behind.

Re-Entry Workflow Tables

The following tables are included to assist in creating and implementing a re-entry plan. These recommendations should be modified, added to, and tailored to fit the specific context of each organization. These suggestions are made with the current knowledge of COVID-19. As knowledge about the virus grows, the suggestions should be modified accordingly.

Phase 1: Preparation

	Recommendations	Lead Personnel	Status
Highly Recommended	Maintain work from home and essential functions. Continue to communicate with staff and offer appropriate levels of support.		
	Monitor progression of disease, medical capacity, government response, access to services in proposed operational areas.		
	Develop policies and protocols for resuming travel (domestic and international) to proposed operational areas and guidance for staff or traveling to affected areas (see Module 4)		
	Monitor media/social media re: public response to government restrictions, levels of compliance, anti-foreigner sentiments in proposed operational areas.		
	Establish objectively verifiable indicators to inform possible re-entry decisions: • Disease prevalence and infection rates • Medical capacity • Government restrictions • Access to essential services • Public attitudes • Movement restrictions (commute) • Access to emergency air travel		
	Assess risks resulting from increased exposure to COVID-19 that measures the likelihood and impact of possible infection. Likelihood in this case means the probability that restarting operations/programs and traveling internationally may cause increased opportunity for exposure. Consequence is the impact that increased exposure could have on individuals or communities if operations/programs are restarted international travel restrictions are lifted.		

	Recommendations	Lead Personnel	Status
Recommended	Conduct preliminary risk assessment specific to the proposed operational area considering the topics outlined in the Risk Assessment section.		
	Consider how COVID 19 may impact on the existing acceptance strategy of the organization, and what changes and additions may be necessary.		
	Identify essential employees and other critical inputs required to restart operations/programs in each operational location		
	Conduct staff survey to determine willingness and ability to return to work/ travel and to express any concerns staff may have prior to returning to the office;		
	Determine how returning staff are to be welcomed and re-orientated to the reconfigured workplace.		

Phase 2: Limited Implementation

	Recommendations	Lead Personnel	Status
Highly Recommended	Identify the circumstances and internal procedures under which the restarted operations/programs may need to suspend or reduce		
	Continue to monitor the status of the disease as reported through the World Health Organization (WHO), and other official sources		
	Train employees on any new health and safety procedures implemented to curb the spread of COVID 19		
	Review local and national health policies and plans regarding possible quarantines, border closures, airport closures, school closures, and transportation restrictions		
	Conduct stakeholder analysis: ✓ Identify who has a stake in the success of the restarted operations/program. Who benefits? Who does not benefit? Who are key allies? Who might obstruct or target operations/programs? ✓ Determine the level of support that can reasonably be expected from various individuals/institutions.		

✓ Leverage supportive stakeholders to reduce impact of negative stakeholders 📄 An actor mapping and context analysis framework can be found in Module 2 of GISF's **Security to Go: A Risk Management Toolkit for Humanitarian Aid Agencies**		
Establish PPE requirements that will be mandated as a precautionary measure Determine whether the organization will provide the PPE/masks	**If so:** How many per employee? • Single use masks • Reusable masks • Face coverings How will PPE/masks be distributed? • Security/HR/Operations • "Care package" ahead of the re-entry • Other way (specify) ✓ Train staff on the use, removal, and disposal of PPE; ✓ Post signage reminding employees of revised health and safety requirements; ✓ Establish PPE inventory requirements at a minimum week by week basis; ✓ Establish a purchasing schedule to maintain minimum numbers. **If not:** Consider requiring staff to purchase or make their own PPE.	
Establish Return to Work Procedures: ✓ Determine if the organization will require health risk screening, in line with local regulations and who will monitor and conduct this work; ✓ Establish monitoring system and record keeping procedure for tracking health evaluations & ensure employee confidentiality ✓ Decide if your organization will Implement an employee daily screening protocol when staff enter the office.		

Develop a response plan for symptomatic or confirmed COVID-19 cases: ✓ Ensure the plan maintains employee confidentiality ✓ Identify local health agency notification requirements and directives ✓ Include procedures managing a symptomatic employee Provide notifications to SMT ✓ Develop and implement procedures for contact tracing ✓ Protect other office staff (isolating area, sending employees who may have been in close contact for self-isolation) ✓ Implement cleaning procedures for potentially contaminated areas ✓ Develop communication protocol for informing other staff 📄 See Annex 6 for an **Example Communication Protocol in the Event of COVID-19 Exposure**.	
Create a plan for isolation of ill persons and how to limit contact with other staff ✓ Identify isolation location (individual's car or first aid room if not available or other appropriate isolation room) ✓ Identify person responsible to verify stock of PPE room ✓ Create notification plan for person in isolation ✓ Contact local public health authorities before allowing the affected individual to travel home and consider means of transport. ✓ Thoroughly clean isolation area after use. ✓ Post notifications that area has been cleaned with a date and time stamp	
Develop and implement facility access control: ✓ Limit entry points to help ensure people who access your facility do so according to your polices and enhanced procedures. ✓ Limit or prohibit non-essential visitors ✓ Limit entry of truck drivers / delivery personnel ✓ Ensure workers who have been ill follow the return to work procedures specific to your organization's policy; when safe for others and appropriate	

	Develop and implement enhanced facility management procedures: ✓ Conduct a workplace layout review and implement procedures designed to enhance physical distancing ✓ Consider installing barriers and modify layout where needed ✓ Consider installing visual reminders, signage, and floor markings ✓ Adjust work and break schedules to reduce crowding ✓ Review hours of work and shift structures to minimize potential overlaps of workers ✓ Review meeting requirements and replace with virtual methods to limit face to face		
	Develop enhanced disinfectant guidelines based on expert guidance ✓ Establish strict disinfecting practices and timelines for offices, conference rooms, common areas, bathrooms and production areas (daily pre and post shift). See the Center for Disease Control guidelines for **Cleaning and Disinfecting Work Facilities**. ✓ Routine cleaning and disinfection of all frequently touched surfaces such as workstations, keyboards, telephones, handrails, and doorknobs ✓ Provide 75% (minimum 60%) alcohol wipes or hand sanitizer at locations such as vestibules, reception, break areas ✓ Post when the area has been cleaned ✓ Revise cleaning service contracts and expectations to ensure any additional requests are documented and agreed upon for enhanced cleaning ✓ Ensure capacity for deep clean/decontamination requirements or identify alternative company if required ✓ Ensure proper PPE & proper cleaning chemicals are used by company for cleaning and disinfecting		
	Disseminate revised security plan to all staff and conduct induction exercise to familiarize them with enhanced practices and their respective roles and responsibilities.		

	Recommendations	Lead Personnel	Status
Recommended	Share best practices with other implementing partners/organizations to maintain awareness of changing realities.		
	Test 'second wave' contingency plans through regular exercises and revise plan on a as needed basis		
	Conduct benchmarking study among other INGOs to calibrate procedures, guidance and tools;		
	All returning staff complete Health Risk Questionnaire upon initial return following office closure, travel, vacation or quarantine;		
	Require returning staff to complete training re: proper hygiene (hand washing, gloves, PPE care, etc.) before reissuing access cards.		
	Avoid shared use of employee phones, headsets, desks, offices, or other work tools and equipment, when possible; if necessary, clean and disinfect before and after each use.		
	Post reminders in appropriate languages and illustrations (CDC/WHO has downloadable posters		

Phase 3: Full Implementation

	Recommendations	Lead Personnel	Status
Highly Recommended	Continue to monitor disease infection rates and government's ability to respond and control spread.		
	Understand national and local governments' policies and the potential impact they may have on the project's operations.		
	Test contingency plans for COVID-19 resurgence through regular scenario exercises and revise plan on an as needed basis		
	Maintain capacity for alternate or flexible work modalities (e.g., videoconferencing and telecommuting) and work hours		
	Maintain current contact information for staff, ancillary personnel, clients, and other stakeholders		

Scenarios

Scenario 1

You receive a call from a Country Director (CD) to report that an international staff adviser expected to be picked-up at the airport had not appeared. The CD was able to contact the staff member (a US citizen) who reported that she had been detained under the airport health screening regulations and would soon be transferred to a government COVID-19 quarantine facility. The staff member was quite upset as she had not had any symptoms related to COVID-19 but feared that being quarantined with others may expose her to the virus. The Security Director activates the Emergency Management Team.

1. What actions would you take to address:
   o Duty of care responsibilities
   o Staff health and safety
   o Staff well-being
2. Who would you notify?
3. How might this situation have been avoided?

Scenario 2

Your organization has recently re-opened your country office after having deep cleaned the facility, reconfigured the office space to ensure social distancing, provided PPE, and established new protocols for safe and healthy operations. Over the course of a few weeks, your local Human Resources manager reports that staff, including local and international staff, starting to code time to sick days. Upon review, it is clear that these staff work in the same section of the office.

The facilities manager reports that one of the sick staff lives in a multi-generational home with many family members. Since they believe they became exposed to COVID-19 in the office, they are asking for money to self-quarantine at a hotel.

Other staff are concerned that the new facility standards are not robust enough and that the organization is not doing enough to protect their health. There is an expatriate staff in the office who is now uncomfortable continuing to work in that location. However, they are concerned that if they are repatriated, they will lose their job.

1. What are the immediate concerns of the Emergency Management Team?
2. What are the immediate concerns of the Country Management Team?
3. What actions would you take to address:
   o Duty of care responsibilities
   o Staff health and safety
   o Staff well-being
4. Who would you notify?
5. How might this situation have been avoided?

Annexes

Annex 1: Office Assessment Tool

This tool provides a framework to assess the readiness of an office space in relation to COVID-19 precautions. These tables and checklist items should be evaluated in addition to existing office assessments and should be modified to appropriately fit the situation of each organization.

Local Context				
Checklist Items	**Y**	**N**	**N/A**	**Comments**
Local laws and regulations permit the opening of this office	☐	☐	☐	
Reduced community transmission, disease prevalence and infection rates	☐	☐	☐	
Completed risk assessment of the local security environment	☐	☐	☐	
Assessed transportation available for staff to commute to work	☐	☐	☐	
Access to emergency air travel if needed	☐	☐	☐	
Insert additional list items based on country context	☐	☐	☐	
Insert additional list items based on country context	☐	☐	☐	
Insert additional list items based on country context	☐	☐	☐	
Additional Observations:				

Facilities				
Checklist Items	**Y**	**N**	**N/A**	**Comments**
Completed a space planning exercise to ensure appropriate physical distancing is maintained	☐	☐	☐	
Developed PPE Protocol	☐	☐	☐	
If the organization is providing PPE, appropriate supplies are bought in accordance with the PPE Protocol	☐	☐	☐	
Establish cleaning, disinfecting and hygiene standards	☐	☐	☐	
Provided a place and supplies to wash/disinfect hands	☐	☐	☐	
Provided signage to assist staff	☐	☐	☐	
Created communication to update staff about changes	☐	☐	☐	
Installed physical barriers such as clear plastic sneeze guards where feasible and necessary	☐	☐	☐	
Increase ventilation in office spaces where possible	☐	☐	☐	
Designated a single point of contact for concerns about workplace health and safety (typically a member of the HR or facilities team)				
Insert additional list items based on country context				
Additional Observations:				

Annex 2:Template COVID-19 Leave Policies for US Based Staff

[Organization's] COVID-19 Leave Policies for US based staff

In light of the COVID-19 pandemic and the recently implemented federal Families First Coronavirus Response Act ("Act") [Organization] ("[__]") has adopted these temporary Coronavirus Sick Leave Policies ("Policies").

Employees are entitled to leave if they are unable to work, including unable to telework, due to any of the qualifying reasons listed in the table below. The duration and amount of paid leave that an employee may receive depends upon the qualifying reason. Please see the following table for details:

	Qualifying Reasons for Leave	Duration of Paid Leave	Calculation of Pay
1.	The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19	Two (2) weeks of paid leave.	Employees are paid at their regular rate, up to $511/day and no more than $5,110 total.
2.	The employee has been advised by a health care provider to self-quarantine related to COVID-19	Two (2) weeks of paid leave.	Employees are paid at their regular rate, up to $511/day and no more than $5,110 total.
3.	The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis	Two (2) weeks of paid leave.	Employees are paid at their regular rate, up to $511/day and no more than $5,110 total.
4.	The employee is caring for an individual subject to an order described in 1. above, or self-quarantine described in 2. above	Two (2) weeks of paid leave.	Employees are paid at 2/3 their regular rate, up to $200 per day and no more than $2,000 total.
5.	The employee is caring for a child whose school, place of care, or childcare provider, is closed for reasons related to COVID-19	Twelve (12) weeks of paid leave in total (*see question 12 below for more information*).	Employees are paid at 2/3 their regular rate, up to $200 per day and no more than $12,000 total.
6.	The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services	Two (2) weeks of paid leave.	Employees are paid at 2/3 their regular rate, up to $200 per day and no more than $2,000 total.

FAQ Regarding COVID-19 Leave Policies

1. When do these policies take effect and when do they expire?
These policies take effect on April 1, 2020 and shall expire on December 31, 2020. These policies may be ended earlier or extended longer upon notice given by [Organization].

2. **What laws govern this leave**?
The Families First Coronavirus Response Act has two provisions: the Emergency Paid Sick Leave Act (EPSLA) and the Emergency and Family Medical Leave Expansion Act ("Expanded FMLA"). The EPSLA provides for an initial two weeks of paid leave for all of the qualifying reasons listed in the table above. Expanded FMLA only applies to the childcare leave described in category 5, above. See question 12, below for further explanation on how these two provisions interact for employees under category 5.

3. Who is eligible for paid leave?
You are eligible for two weeks of paid leave if you are unable to work for any of the qualifying reasons outlined in the table above and you are a current [Organization] employee. If you have been employed with us for at least 30 days, you are eligible for additional leave described in Category 5 (Expanded FMLA leave for childcare).

4. What does it mean to be unable to work?
You are unable to work, for purposes of this policy, if one of the qualifying reasons listed in the table above prevents you from being able to perform your regular work duties either at the office or by means of telework.

5. Are part-time employees eligible?
Yes. Part-time employees are entitled to paid sick leave for the number of hours they normally would have worked during the time they are on leave.

6. How are the number of hours I would normally work calculated if I am a part-time employee?
The number of hours of paid leave you are entitled to is based on the number of hours you would normally be scheduled to work during the duration of the leave. If you work a variable number of hours per week, [Organization] will use a six-month average to calculate your average daily hours. If you were on any type of leave during the past six-month period, such time shall be excluded for purposes of calculating the average daily hours.

7. What documentation am I required to provide under these leave policies?
It is very important that you document your reasons for taking leave under these policies. All employees seeking to take leave under these polices must fill out and sign a COVID-19 Leave Request Form. Additionally, if you request leave because you are subject to a quarantine or isolation order (category 1 above) or to care for an individual subject to such order, you must provide the name of the government entity that issued the order. If you request leave to self-quarantine based on the advice of a health care provider (category 2 above) or to care for an individual who is self-quarantining based on such advice, you must provide the name of the health care provider who gave the advice. If you request leave to care for a child whose school or place of care is closed, you must provide (a) the name of the child being cared for; (b) the name of the school, place of care, or child care provider that has closed or become unavailable; and (c) your affirmation that no other suitable person is available to care for the child. All of this information should be included in the COVID-19 Leave Request Form. You may be required to provide further documentation as new guidance is released.

8. May I take leave under these policies intermittently?

Yes. If you are unable to telework your normal number of hours due to one of the qualifying reasons in the table above, you will be able to take leave intermittently. If you are not working remotely, you cannot take intermittent leave for any reason other than to care for children.

You may take intermittent leave in any increment, provided you have completed the required COVID-19 Leave Request Form and have discussed such an arrangement with your supervisor and other affected colleagues. If you take intermittent leave, you are encouraged to maintain as consistent of a work schedule as possible to maintain client confidence and support your colleagues.

9. Must I provide notice before going on leave?

Where leave is foreseeable, you should provide notice of leave by completing the COVID-19 Leave Request Form as soon as practicable. In some circumstances it may not be possible for you to provide advance notice of the need for leave. In such a case, you should notify [Organization] as soon as you are able to do so.

10. What is the policy if I think I have COVID-19?

You should focus on taking care of yourself and regaining your health. [Organization] aims to help you accomplish this by alleviating economic strain you might feel while you recover. In accordance with the Act, you will be paid sick leave equal to the normal amount of pay you would have received in two workweeks — with a daily maximum pay of $511 per day. Please see categories 1, 2, or 3 above.

11. What is the policy for taking care of others who may have COVID-19?

If you must take time off to care for someone else who is ill or under quarantine, you fall into category 4 in the table above. You will be entitled to two weeks of paid leave, however, please note that you will be compensated at 2/3 your regular rate of pay.

12. What is the policy for taking care of children?

If you must take time off to care for a child whose school or childcare provider is closed due to COVID-19, you are eligible for leave under both EPSLA and Expanded FMLA (category 5 above).

EPSLA provides for an initial two weeks of pay at 2/3 your regular rate (subject to the $200 per day limit). This covers the first two weeks of Expanded FMLA, which would otherwise be unpaid unless you choose to substitute paid vacation, personal or sick leave under existing K&A policies.

After the first two weeks have elapsed, you will continue to receive 2/3 your regular pay in the subsequent ten weeks under Expanded FMLA.

In total, you are entitled to twelve weeks paid leave at 2/3 your regular rate if you cannot work because you are taking care of a child.

Annex 3: Template Leave Request Form

<u>COVID-19 Leave Request Form</u>

Name of Employee Requesting Leave: _____

The dates for which leave is requested: _____

Please check the box below that corresponds with the reason you are requesting this leave and answer the required documentation questions:

☐ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19
The name of the government entity that issued the order: _____

☐ I have been advised by a healthcare provider to self-quarantine related to COVID-19
The name of the healthcare provider who gave this advice: _____

☐ I am experiencing COVID-19 symptoms and am seeking a medical diagnosis
The name of the healthcare provider from whom I am seeking diagnosis: _____

☐ I am caring for an individual subject to a quarantine or isolation order or an individual who has been advised to self-quarantine by a healthcare provider
The name of the government entity that issued the order: _____
OR The name of the healthcare provider who gave this advice: _____

☐ I am caring for a child whose school or childcare provider is closed or unavailable for reasons related to COVID-19
The name of the child(ren) being cared for: _____
_____
The name of the school(s) or childcare provider(s) that is(are) closed: _____
_____
I hereby state that no other suitable person is available to care for said child(ren) **Initial_____**

☐ I am experiencing another substantially similar condition to those listed above which has been specified by the Secretary of Health and Human Services. Please explain:
_____
_____

By signing below, I hereby state that I am unable to work due to the above selected reason and that my answers to the required documentation questions are true and accurate to the best of my knowledge.
I understand that I may be required to provide further documentation and agree to do so.

_____   _____
Signature   Date

Annex 4: Template Acknowledgement of Risk and Waiver

INGO ACKNOWLEDGMENT OF RISK AND WAIVER

The purpose of this form is for INGO to provide you with safety and security information that will allow you to make an informed decision about whether you will engage in [DESCRIBE PROGRAM] (the "Program").

This Acknowledgment of Risk document executed on this _____ day of [MONTH, YEAR], by _____ (the "I" or "Staff Member") in favor of INGO.

I, Staff Member's Name, desire to travel for INGO to engage in the Program activities [OPTIONAL – ADD DETAIL ABOUT PLACE AND DATES]. I hereby freely and voluntarily, without duress, execute this acknowledgment under the following terms:

Acknowledgment of Risk, including COVID-19-Related Risks: By signing this document, I acknowledge that I am aware of and accept all the risks inherent in traveling to, living in, and working in the INGO Program or other INGO travel locations including, but not limited to, the hazards of working, living and traveling in a politically unstable or dangerous area, the peril of war or terrorism, the forces of nature, illnesses and accidents. I understand that INGO is committed to meeting its legal obligation to protect and care for people working on INGO projects. However, I recognize and acknowledge that participation in the Program or other INGO projects may expose me to inherent, unforeseeable and/or unavoidable risks. I fully understand and accept the following risks:

- Travel into or out of a country may not be possible, safe, or medically advisable;
- Medical and/or security evacuation services may be limited, restricted or unavailable in many INGO Program or travel locations;
- Governments may respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, implementing mandatory quarantines, closing borders, and/or prohibiting non-citizens from entry with little advance notice; there may also be widespread work shutdowns, mass terminations, furloughs, and local travel restrictions;
- The US government may not be able to assist me in returning home, providing supplies or medical treatment during the pandemic; other countries will likely be similarly constrained in assisting their citizens abroad;
- I may be forced to remain outside of the United States or my home country for an indefinite period of time;
- The CDC [*is currently advising/has recently advised*] against all non-essential travel to other countries;
- If I am sick or have underlying health conditions, I will be at even greater risk if I travel or are posted away from home;
- I may face delays or not be able to travel home to care for loved ones who may become sick or need help during the pandemic;

- Adequate medical tests, medicines, treatment and facilities may not be available in travel or post locations and medical evacuation to other areas may not be possible;
- Access to food, water, hygiene supplies, personal protective equipment, and other supplies and services may be severely restricted;
- The COVID-19 pandemic may result in an increase in crime, public disorder, looting, robberies, unrest, attacks, arrests, and other harsh government responses;
- There could be an increase in violent and targeted attacks on all U.S. citizens and other expatriates;
- Program activities may be suspended or terminated;
- Other risks described in the following links: https://wwwnc.cdc.gov/travel, https://travel.state.gov/content/travel.html, and https://www.who.int/emergencies/diseases/novel-coronavirus-2019; and
- Working or traveling to a Program or travel location may be dangerous and I may be *injured, kidnapped, sexually assaulted, or killed* while working with INGO.

Education about Risks/Informed Consent. I have been briefed, or been provided the opportunity for a briefing, to have a discussion with INGO staff, consultants and/or counselors about the risks listed above. I have considered whether these risks are beyond my acceptable level of risk, considering my personal, household, and familial health risks. My decision to travel and/or work in the Program is voluntary and informed.

I understand that I am free to decline to perform services in any Program or travel location for INGO at any time, especially if I feel my life or personal security is at risk. I assume personal responsibility for my choice to travel to or work in a particular location.

Insurance, Medical Treatment and Health and Safety: In the event of an accident or illness requiring medical attention, I authorize INGO and its agents to seek emergency or first aid assistance for me and to release medical information and incident reports to insurance companies and other persons or authorities deemed appropriate by INGO. While INGO may provide me with certain travel insurance described in other documents, I understand that have the right to make my own medical decisions [*and that I am responsible for maintaining my own health and disability insurance*].

I have been advised to consult with a medical doctor with regard to my personal medical needs. I acknowledge and assume the responsibility for obtaining all required travel medical advice, and/or medications from a healthcare professional or travel doctor prior to engaging in any travel on behalf of INGO. I have reviewed information about recommended and required immunizations, if any, and have obtained any required vaccinations/immunizations. I represent that I do not have any health-related reasons or problems that preclude or restrict my participation in INGO Programs. I further promise to notify INGO of any relevant changes to my status.

Conduct: I understand that while traveling for INGO, I may be perceived as a representative of INGO. Therefore, I agree to abide by local laws and conduct myself in a manner that reflects the values of INGO.

INGO Policies: I recognize and acknowledge that I have a responsibility for following all INGO policies and procedures relating to my travel and participation in the Program, including, but not limited to:

1. Reading and following all INGO policies, including the following: [LIST];
2. Adhering to any INGO schedules and/or restrictions for the entirety of the Program;
3. Completing and returning the Statement of Beneficiary Form prior to my departure on [DATE];
4. Reading and understanding all published warnings and risks regarding the country and region of travel, available through: the Centers for Disease Control http://wwwnc.cdc.gov/travel/, World Health Organization http://www.who.int and the US State Department http://www.state.gov/travel/; and
5. Enrolling with the U.S. Department of State's Smart Traveler Enrollment Program (https://step.state.gov) prior to my trip and will make every effort to visit the U.S. Embassy upon arrival in the country.

If I choose to not follow policies or direction, disciplinary action up to termination may occur.

Other requirements: I agree to read all pages of this acknowledgment of risk/waiver document and any supplemental documents, ask questions or share any concerns I have with INGO prior to [DATE], and will sign and return the form before my departure on [DATE].

By signing below, I express my understanding of the risks listed above and my intent to willingly and voluntarily assume those risks while participating in the Program.

Name (Please Print): _____

Signature: _____ Date: _____

INGO Supplemental Acknowledgement and Acceptance of Risk

<mark>Date of Briefing:</mark>

<mark>Place of Briefing:</mark>

<mark>Place of Program/Travel:</mark>

<mark>Person Being Briefed:</mark>

<mark>Person Providing Briefing:</mark>

As a supplement and in addition to the risks acknowledged in the "INGO Acknowledgement of Risk," I understand that the following risks are specifically associated with my work in <mark>Country</mark>:

By signing below, I accept and acknowledge the risks described in this supplemental document,

Print: _____

First Name – Middle – Last Name

Sign: _____

Signature   *Date*

Annex 5: Example Remote Work Policy

REMOTE WORK POLICY

PURPOSE

[Organization] classifies certain positions as being remotely based (also known as "work from home"), on either a full-time, part-time, or intermittent basis. Additionally, [Organization] permits staff to work remotely (or from home) from time to time or on a regular basis with the approval of their supervisor and/or their Human Resources team. This policy outlines the approval process for remote work, [Organization] expectations, and staff and organizational roles and responsibilities related to remote work.

SCOPE

This policy applies to all [Organization] staff members including: US Based staff, US Expatriates, Third Country Nationals, Host Country National or Local Nationals, Consultants (Personal Services Contractors/PSCs), volunteers and temporary staff members, and STTA staff.

POLICY OUTLINE

Policy Statement
Procedures
Assistance
Definitions

POLICY STATEMENT

A. **Positions with Remote Work Classification:** Certain positions at [Organization] may be classified as full-time "remote work" or "work from home" positions. This means that the position is expected to work from a remote location other than an [Organization] office on a regular full-time basis, typically the individual's home or personal office. In general, employees who request or are assigned to a long-term remote work arrangement must agree to a Remote Work Terms agreement. When required, this agreement is generally drafted by the relevant Human Resources team and outlines individual details including, but not limited to, what [Organization] agrees to provide, what the staff member agrees to provide, and expectations such as the anticipated work or travel schedule. [Organization] also reserves the right to rescind a Remote Work Terms agreement and recall or move a remote position to a specified [Organization] office location. Generally other staff types including Consultants and STTA staff do not require a Remote Work Terms agreement.

B. **Partial or Intermittent Schedule ("Working From Home") Remote Work Arrangements:** [Organization] strives to offer flexible scheduling and remote work options for staff when possible. In certain cases, staff who are assigned to an [Organization] office as their regular, day to day work

location may make a request to their supervisor for a partial or intermittent remote work/work from home arrangement. The partial/intermittent remote work arrangement may take a variety of forms based upon the particular individual's request, job position, classification, and business needs, and space availability in the [Organization] office. In general, a partial/intermittent schedule remote work arrangement is one that includes a regular or semi-regular schedule of remote work (for example, a staff member might request to work from home every Tuesday). Staff members may discuss the desired arrangement with their supervisors. In all cases, the staff member agrees to adhere to the Remote Work Conditions outlined in this policy when working remotely or from home.

1. When appropriate, supervisors may approve partial/intermittent remote work arrangement/working from home schedules with their staff members without additional approval from HR when the remote work arrangement will be in effect for 40% or less (or the full time equivalent of up to 2 days per week) of the staff member's regularly scheduled level of effort. A written agreement about the remote work schedule should be established via email between the supervisor and staff member to ensure that the arrangement is clear. *For example, a supervisor can approve a full time staff member working from home up to two days per week without additional approval from Human Resources.*

2. In general, the relevant Human Resources team must provide approval on requests to regularly work remotely for more 2 days per week and HR records must be updated. If the majority of a staff member's work time will be remote or working from home, their primary work location will be considered their home of record. *For example, a supervisor must notify Human Resources and wait for approval if the full time employee is requesting to work from home for three days per week or more or if the circumstances are related to a family or medical leave.*

3. Additional short term, partial, or intermittent remote work agreements may be granted by headquarters Human Resources under certain circumstances or if the staff member is in an approval process/on an approved family or medical leave or workplace accommodation.

C. **Remote Work Due to Office Closure:** In certain cases, staff members may ask, or be asked by [Organization], to work remotely when an [Organization] office location where they are regularly assigned for work is closed for a variety of reasons, including but not limited to: closure for weather-related incidents or natural disasters, utility access issues at the office (i.e. power, water, internet, etc), security, safety, or health-related concerns. In instances where an office closure is initiated by [Organization], staff are generally offered the option to work remotely and may do so with the approval of their supervisor, provided that they follow the remote work conditions outlined in this policy. In the event of a longer-term office closure initiated by [Organization], specific additional policies and guidance may apply.

D. **Remote Work Conditions:** In all cases, when a staff member agrees to work from a remote location that is not an [Organization] office location, they must agree and adhere to the following:

1. If their position requires internet connectivity, the staff member agrees to personally provide and be able to regularly access a secure, high speed internet connection. [Organization] does not reimburse staff for internet access at their remote work location except under circumstances outlined in the [Organization] [Other Organizational] Policy. For the purposes of this policy, a secure connection is defined as a connection that is encrypted by one or more security protocols to ensure the security of data flowing between two or more nodes. It is understood that while on travel or on an occasional basis, less secure connections may be used temporarily. For the purposes of regular Remote Work Conditions, a secure internet connection means that at minimum you must work connected to a wireless access point (WAP) that is protected by a unique and strong password or via network cable to a trusted wired network. Working from open (not password protected) WAPs is prohibited by this policy.

2. [Organization] will not provide any resources other than a standard-issue computer for remote-based work. Additional items such as desks, monitors, and other electronic equipment must be provided by the employee. Staff understand that they are responsible for providing for all of their own computer peripherals, furniture and workspace needs. Any coverage for travel costs associated with remote work will be addressed in the staff member's employment agreement or contract, or remote work terms agreement.

3. Staff also understand and agree that [Organization] is not responsible for the conditions at the remote work or home of record location. [Organization]' Worker's Compensation policies cover staff while working in remote locations, however [Organization]' property and liability insurances as well as other policies do not cover non-[Organization] office locations.

4. The staff member will not become eligible for any additional allowances or benefits as part of the remote work arrangement unless they are specified in the staff member's employment agreement, contract, or Remote Work Terms Agreement.

5. If the staff member is classified as non-exempt, they agree to follow all regulations around regular working hours, rest and meal breaks while working remotely and will obtain pre-approval for any overtime hours.

6. The staff member understands that [Organization] cannot reserve a permanently assigned personal workspace or office for any staff member who has a partial remote work schedule or is not based in an [Organization] office full time. Staff understand if they are working remotely, desks and working space that they may typically use in [Organization] offices may be used by other staff members or visitors.

7. The staff member agrees to observe the working hours that are outlined in their job description, Remote Work Terms Agreement and/or agreed upon with their supervisor while working remotely. The staff member will be working, available and online during the work hours that are agreed-upon and documented in writing or email with their supervisor.

8. The staff member understands and agrees to be flexible with their remote work hour scheduling as needed in order to accommodate the time zone differences in key field office locations. This may include taking calls at night or in the early morning in their time zone.

9. The staff member will proactively share Outlook calendars and utilize status settings in MS Teams to indicate their location and availability to their supervisor and other staff members.

10. Evaluation of the effectiveness of a remote work arrangement by [Organization] management will occur as needed and is subject to change based on business needs.

PROCEDURES

For information about how to request a permanent change in work location, please see the [Other Organizational] Policy.

A. Part Time or Intermittent Remote Work

Step 1: **Staff Members** must submit a request to their supervisors in advance of part time or intermittent remote work.

Step 2: **Supervisors** may provide written approval or denial of the part time or intermittent remote work arrangement and provide guidance on their work schedule expectations, with the following exceptions which must be forwarded to HQ Human Resources for approval or denial: Requests for regular work location changes, not including partial or intermittent remote work; and circumstance that may fall under family or medical leave, or may be connected to a health issue, even for temporary, partial, or intermittent remote work.

B. Office Closure Remote Work

Step 1: **Supervisors** will contact their staff members in the event of an office closure and will share information about remote work options.

ASSISTANCE

As always, please feel free to contact your Senior HR Team at [Email Address] for clarification of [Organization] policies.

DEFINITIONS

US Based: Employee or Contractor working in the US regardless of citizenship.

Expatriate: A US Expatriate is a staff member who is a US citizen and working in a country other than the US.

Third Country National: A staff member working in a country other than the country of their citizen ship and also not the country of their HQ location.

Home Country National: A staff member who is working in the same country in which they are a citizen and also not the country of their HQ location, but is paid by their headquarters office.

Local National: A staff member who is a citizen of the country in which they work and who is paid by the local office.

Consultant: A staff member paid through invoice and accounts payable rather than through regular payroll.

STTA: A staff member working on a short term temporary assignment.

Regular Work Location: Typically identified in the employment agreement, contract, or job description and is where the employee performs their work on a regular basis.

Annex 6: Example Communication Matrix in the Event of a Suspected COVID-19 Exposure

Novel Coronavirus: Communications Matrix in Event of Suspected Exposure

In the event of potential exposure to or diagnosis of novel coronavirus (COVID-19), the below communications guidelines should be followed: _Please be advised that under no circumstances should communications occur to all members of staff regarding personal medical issues. Any communications to offices will come directly from [INSERT HERE]._

Type of Exposure	Definition	Communications Steps by Field Office	HQ Human Resources Actions	HQ Security Actions
Staff member diagnosed with COVID-19	A staff member has a confirmed COVID-19 diagnosis from a medical facility	• Contact HQ HR & HQ Security Teams _immediately_	**Immediate:** • HR to coordinate all office communications • HR to contact impacted staff member • If not done already, HR to coordinate the Emergency Medica Assistance Provider • Where possible, HR to gather information related to health status of staff member • HR contact employee supervisor • HR to coordinate all family liaison needs as required **Regularly / One Week After:** • HR follow up on staff members status and condition / improvement	**Immediate** • Identify additional office protocols in event staff member had recently been in office • Security to reevaluate office processes & procedures for sanitation / operations • Routine health checks established for all office staff **One week after**: • Security to reassess office operations status on a routine / weekly basis

Staff member has signs and symptoms of COVID-19	A staff member is exhibiting signs and symptoms of COVID-19	• Inform Staff member to immediately isolate themselves and call XXX to seek advice about nearby treatment facilities • Contact HQ HR & Security Teams immediately	**Immediate:** • HR to contact and send *email* to impacted staff member • HR send *email* to impacted office with any recommendations / information • HR contact employee supervisor • HR liaise with EAP depending on staff coverages • HR to coordinate all family liaison needs as required • Reiterate sick leave policy **One Week After:** • HR to send call or email to check on employee status **Three Weeks After:** • HR to send email to verify health status / symptom free	**Immediate:** • Liaise with primary SFP in country (where applicable) • Identify additional office protocols in event staff member had recently been in office • Security to reevaluate office processes & procedures for sanitation / operations **One week after**: • Security to connect with SFP/ Office POC on staff statuses in office **Three weeks after:** • Security to connect with SFP / Office POC about return to work plan for staff member if cleared by HR
Staff member has a potential exposure to COVID-19	Contact with either animals or humans who are confirmed or suspected to have the COVID-19. Includes contact via any bodily fluids, respiratory droplets or handling sick.	• Inform Staff to immediately isolate themselves and call XXX to seek advice about nearby treatment facilities • Immediately contact HQ Security team & HQ HR team	**Immediate:** • HR send call and *email* the impacted staff member • HR send *email* to impacted office • HR contact employee supervisor • HR liaise with EAP depending on staff coverages • HR to coordinate all family liaison needs as required **One Week After:** • HR send email to check on employee's status – happens routinely until past incubation period	**Immediate:** • Liaise with SFP in country • Identify additional office protocols • Security to reevaluate office processes & procedures for sanitation **One week after**: • Security connect with SFP / Office POC on status of personnel in office **Three weeks after:** • Security to connect with SFP / Office POC about return to work plan for staff member if cleared by HR