BILL NO. R-20-03-S1

RESOLUTION NO R-_____

RESOLUTION APPROVING THE CITY OF FORT WAYNE COVID-19 EMPLOYEE AND OPERATIONS POLICY.

WHEREAS, a Centers for Disease Control risk assessment indicates that the novel Coronavirus Disease, known as "COVID-19," is a serious public-health threat and that "sustained person-to-person spread will continue to occur, including throughout communities in the United States";

WHEREAS, the Centers for Disease Control reports that COVID-19 may cause severe illness, including illness resulting in death, particularly among the elderly and those with severe underlying health conditions like heart disease, lung disease, and diabetes;

WHEREAS, the spread of COVID-19 throughout the United States and Indiana poses a severe and imminent threat to public health, and requires aggressive response measures to slow the spread of the disease and mitigate its impact;

WHEREAS, the United States Secretary of the Department of Health and Human Services declared COVID-19 a public-health emergency for the United States on January 31, 2020.

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;

SECTION 1. That the City of Fort Wayne COVID-19: EMPLOYEE AND OPERATIONS POLICY, all as more particularly set forth hereto and is by reference incorporated herein as Exhibit "A" made a part hereof, and is hereby in all things ratified, confirmed and approved.

SECTION 2. That this Resolution shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.

_____
Council Member

APPROVED AS TO FORM AND LEGALITY

_____
Carol Helton, City Attorney

CITY OF FORT WAYNE

COVID-19: Employee and Operations *Effective as of 03/18/20*

OVERVIEW

In response to the national COVID-19 state of emergency, the City of Fort Wayne is implementing a policy to maintain continuity of essential city functions. This policy enhances the City of Fort Wayne Policy and Procedure manual and does not automatically apply to employees of Public Safety, 24/7 or emergency operations. City employees will remain eligible for Public Health Leave provisions as long as they meet the requirements listed herein until such time as the policy is altered. The provisions of this policy will continue for a defined period until April 1, 2020 with review and possible modification as conditions change. Any unused Public Health Leave hours will expire at the discontinuance of this policy.

COMPENSATION

This Public Health Leave policy will provide employees with benefits based on an 8-hour shift and a 40-hour week as defined below.

1. 100% of a 40-Hour Week (8 hours per day not to exceed a total of 80 hours).
    a. Employees quarantined by a healthcare professional due to a current diagnosis of COVID-19. *Employees must provide a doctor's note and submit short term disability paperwork.*
    b. Employees quarantined by a healthcare professional due to compatible symptoms until diagnosis of COVID-19 is confirmed or 4-5 days after symptoms have ended. *Employees must provide a doctor's note and submit a completed Public Health Leave form.*
    c. Employees quarantined at the instruction of a local, state, or federal official to prevent the spread of COVID-19.

2. 75% of a 40-Hour Week (6 hours per day not to exceed a total of 60 hours).
    a. Employees in self-imposed quarantine due to living in the same household with or caring for a person in a non-healthcare setting that has been diagnosed with or presents compatible symptoms of COVID-19. *Employees must provide a doctor's note and submit a completed Public Health Leave form.*
    b. Employees at increased risk for complications from COVID-19 due to diagnosed health conditions and are currently under the care of a physician. *Employees must provide a doctor's note and submit a completed Public Health Leave form.*
    c. Employees who are engaged in primary caregiving, because of the COVID–19-related closing of a school or other care facility or care program, for a child or other individual unable to provide self-care. *Employees must submit a completed Public Health Leave form.*
        - Intermittent leave and partial days are permitted.

Return the completed form to Laura Helmkamp, HR Benefits Manager, 427-2634

- If two or more caregivers are city employees, only one caregiver is eligible for Public Health Leave per day.
- If the school closure occurs when the employee already had scheduled the use of benefit time, the employee must use their benefit time as planned if they do not report to work.

Upon depletion of Public Health Leave hours, if the employee still meets one or more of the criteria below, they may continue paid time off by using accrued sick, personal, or vacation time. Upon depletion of accrued time, the employee may continue time off without pay. Employees will be asked to document and affirm eligibility factors.

ELIGIBILITY

1. Employees are not eligible for Public Health Leave if:
    a. The employee is currently receiving full or partial wage replacement due to a specifically defined qualifying event of the Family and Medical Leave Act of 1993. The employee may become eligible for Public Health Leave when the qualifying event is no longer applicable or the set period of benefits is exhausted.
    b. The employee is currently receiving short term disability as defined in the City of Fort Wayne Policy and Procedure manual.
2. Employees who knowingly falsify eligibility may be subject to disciplinary action up to and including termination as outlined in City Policy 304.

MODIFICATION TO NORMAL OPERATIONS

While the primary goal is to keep operating as normal as possible for as long as possible, there may be situations in which modifications to department operations or service offerings must take place. Division Heads will determine modifications to operations on a department-by-department basis.

1. Departments should immediately enact social distancing practices (separation of at least six feet) where possible. This may lead to limits on public interactions with your department. Please balance these considerations with the goal of ensuring continuity of operations.
2. If CDC-recommended social distancing measures are insufficient, departments may need to consider further reductions in physical proximity to the public, up to and including closing offices to the general public to reduce further spread of COVID-19.
    a. Departments should ensure that the public is informed of alternate methods of conducting business with the department and if no alternate methods exist, may need to consider temporary modifications of processes, procedures, rules, and deadlines.
    b. Departments may also need to consider alternate methods of conducting business due to a lack of available employees. To increase employee availability,

departments may need to permit flexing work hours or permitting remote work where feasible and manageable.

3. Alternate work arrangements (e.g. flex time, working remote) must be approved by Division Heads. Current overtime requirements for non-exempt employees will continue under this policy in accordance with Federal Labor Standards Act.
4. Employees at increased risk for complications from COVID-19 due to diagnosed health conditions and whose job function requires close contact* but who are otherwise healthy and able may request temporary duties modifications from their supervisor. This may include a temporary change in job location for front-line staff, modifications of work assignment or duties, or implementation of additional protective measures to reduce exposure to others or chances of being infected.
    a. If job modifications are not possible, the employee automatically meets qualifications for Public Health Leave.
    b. Except for employees who formally request a change in job circumstances due to underlying health conditions, concerns about the potential for COVID-19 infection will generally not result in the employee being reassigned to new duties, locations, or roles.
5. If CDC-recommended measures are not sufficient to reduce the spread of COVID-19, the Mayor may elect to close city facilities to the public and employees. In the unlikely event of this closure, all non-Essential Personnel will automatically be placed on Public Health Leave at 100% of their pay at the regular rate of pay. Essential Personnel named in the City's Continuity of Operations Plan who must report to work during these extreme conditions may be eligible for additional benefits yet to be determined.

**The Centers for Disease Control defines close contact as a) being within approximately six feet of a COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).*

CITY OF FORT WAYNE PUBLIC HEALTH LEAVE FORM

Employee Name_____ Department _____

This Public Health Leave policy will provide employees with benefits based on an 8-hour shift and a 40-hour week as defined below.

I am requesting Public Health Leave for the following reason:

100% of a 40-Hour Week (8 hours per day not to exceed a total benefit of 80 hours):

- ☐ I have a current diagnosis of COVID-19 with documentation from a healthcare professional. **(Doctor's note and short term disability paperwork required.)**
- ☐ I am under quarantine due to the development of symptoms compatible with COVID-19 and have been directed by a healthcare provider to be off work until at least 4-5 days after symptoms have ended or confirmation of diagnosis. **(Doctor's note required.)**

75% of a 40-Hour Week (6 hours per day not to exceed a total benefit of 60 hours):

- ☐ I am living in the same household with or caring for a person in a non-healthcare setting who presents with compatible symptoms or has been diagnosed with COVID-19. **(Doctor's note required.)**
- ☐ I am at increased risk for complications from COVID-19 due to a diagnosed health condition for which I am presently under the care of a physician. **(Doctor's note required.)**
- ☐ I am engaged in primary caregiving, because of the COVID–19-related closing of a school or other care facility or care program, for a child or other individual unable to provide self-care. Note: If two or more caregivers are both City employees, only one caregiver is eligible for Public Health Leave per day; intermittent leave and partial days are permitted.

  Age(s) of Children: _____

  School(s) Attending: _____

I attest that I meet the eligibility criteria indicated above and I acknowledge that providing false information may subject me to disciplinary action, up to and including termination as outlined in Policy 304 in the City of Fort Wayne Policy & Procedure Manual.

Employee_____ Date _____
(signature)

ADDITIONAL PAID TIME

If you elect to bridge a gap in paid time by using accrued hours (sick, personal, vacation, and compensatory time), complete the section below. Note: If you do not wish to use your available accrued time, write "none" on Line 1.

I hereby request that my available accrued time be applied in the following order:

1._____
2._____
3._____
4._____

Return the completed form to Laura Helmkamp, HR Benefits Manager, 427-2634