

CITY OF NEWPORT
EMERGENCY ORDER NO. 2020-00B

WHEREAS, the Governor of the State of Oregon declared a state of emergency for the state on March 8, 2020, finding that COVID-19 created a threat to the public health and safety and constituted a statewide emergency; and

WHEREAS, the City of Newport staff began meeting in early March regarding planning for a response to the COVID-19 emergency in Newport; and

WHEREAS, the Acting City Manager for the City of Newport declared an emergency on March 13, 2020, which was ratified by the Newport City Council at its meeting of March 16, 2020; and

WHEREAS, Newport staff took actions in an effort to “flatten the curve” of the COVID-19 virus, and by this Order, document those actions that include:

I, Peggy Hawker, Acting City Manager, hereby ordered:

March 16, 2020 Approved a Temporary Leave Policy regarding leave related to the COVID-19 emergency. A copy of the policy is attached.



Peggy Hawker, Acting City Manager (on March 16, 2020)

Dated: March 25, 2020



Temporary City Policy: Response to COVID-19

POLICY NUMBER: COVID-19	EFFECTIVE DATE: March 16, 2020
REVISION DATE:	REVISION NUMBER:
CITY MANAGER APPROVAL: <i>Margaret M. Sturken</i>	DATE: <i>March 16, 2020</i>

POLICY

The purpose of this temporary policy is to recognize that the novel coronavirus, also known as COVID-19, may affect the City of Newport. Our employees are at the forefront of our concern as we work to adapt quickly to this emerging public health threat and navigate new business practices in order to continue to serve our community to the best of our abilities. This policy is expected to change frequently as the coronavirus situation evolves. Please consult with your department head if you are unsure of any part of this policy.

Definitions:

Novel Coronavirus / COVID-19: A respiratory disease caused by a novel (new) coronavirus. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

Curtailed Operations: A change or reduction to the routine services, service levels, activities and functions of any given office, department or division.

Household Member: Any other person who resides in the employee's household.

Immediate Family: As defined by Oregon Family Leave Act: the spouse, same-gender domestic partner, custodial parent, non-custodial parent, adoptive parent, foster parent, biological parent, step parent, parent-in-law, parent of same-gender domestic partner, grandparent or grandchild of the employee, or a person with whom the employee is or was in a relationship of in loco parentis. It also includes the biological, adopted, foster or stepchild of an employee or the child of an employee's same-gender domestic partner. For the purposes of OFLA, an employee's child in any of these categories may be either a minor or an adult at the time serious health condition leave, sick child leave, or leave under ORS 659.159(1)(e) is taken.

Isolation: A method to separate sick people with a contagious disease from people who are not sick. Isolation is a term applied to infection control actions that are taken by public health officials to stop or slow down the spread of a highly contagious disease.

Medical Advice: Information or advice received from a medical professional.

Quarantine: Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Social Distancing: Measures taken to restrict when and where people can gather to stop or slow the spread of infectious diseases. Social distancing measures include limiting large groups of people coming together, closing buildings, and canceling events.

Telecommuting: A work arrangement in which the employee works outside the normal work site, often working from home.

Lincoln County Health and Human Services: The regional health authority for public health concerns in Lincoln County.

General Policy:

The City of Newport is following the guidance of the Oregon Health Authority (OHA), Centers for Disease Control (CDC), and Lincoln County Health and Human Services. The city is adhering to the recommendations of these agencies regarding preventative measures including social distancing, quarantines, and possible curtailment of non-essential city functions. The city will continue to adjust as the recommendations of these agencies and legal requirements change.

This policy applies to all employees, and specifically those who fall into one of the following categories:

1. An employee or an employee's dependent or household member who is under observation, being monitored or has been diagnosed with COVID-19;
2. An employee or a household member who falls into one of the categories identified by the CDC as being at high risk for serious complications from COVID-19 and has been advised by a medical professional or public health authority not to leave their home or come to work;
3. Supportive services for an employee's dependent (such as medical transportation, in-home care providers, etc.) are unavailable due to documented exposure of COVID-19 which requires them to care for that dependent;
4. Public or alternative transportation is unavailable due to documented exposure of COVID-19 and an employee is unable to travel to and from work; OR
5. Closure of a school or place of care of the employee's child by order of a public official due to COVID-19.
6. Closure of the employee's place of business as the result of COVID-19.
7. In the event that the CDC, the OHA, the Lincoln County Health and Human Services, or the City Manager directs the City to take advanced steps such as social distancing, quarantines or curtailment of non-essential City functions, this policy would then pertain to all but a few staff providing essential services;
 - a. In the event this occurs, employees will receive further direction from the City Manager on continuation of operations. Consult with your department

head if you are unsure if your position is responsible for providing essential services.

Policy Guidelines:

1. Employees who fall into one of the seven General Policy categories above and cannot telecommute may use Payroll Code (Leave Type) 'Sick Leave' and Reason Code 'COVID-19 Absence' to account for the absence.
 - a. Reason Code 'COVID-19 /Sick Leave Absence. Available sick leave will be applied to the absence.
 - b. This Reason Code does not identify whether or not an employee is ill; but instead is used for the sole purpose of tracking expenses associated with the city's response to COVID-19,
 - c. If employees utilize Reason Code 'COVID-19 Absence' they must complete the Coronavirus / COVID-19 Absence Form (see attachment A) and turn it in to their direct supervisor before submitting a timecard with this reporting category.
 - d. The direct supervisor will then forward the completed form to HR. Supervisors shall *not* retain a copy of this form in their supervisor file.
2. Employees who **do not** fall into one of the seven categories listed in the General Policy section above must utilize their paid vacation or comp time accruals per the city's existing policies or procedures if they wish to be absent from work.
3. Telecommuting Option: If an employee meets one of the seven General Policy categories but is not ill and is able to perform their job remotely, the following applies:
 - a. When an employee is in a position with telecommuting capabilities, they shall talk with their supervisor to gain approval and make appropriate arrangements for telecommuting.
 - b. When telecommuting, employees must be available via computer or phone and provide a contact phone number where they can be easily and readily reached during their regular workday while working remotely from the work site.
 - c. Employees must use a city issued laptop for telecommuting. No home computer use will be allowed.
4. Employees who are diagnosed with COVID-19 will be approved for FMLA/OFLA leave for 80 hours (or two weeks of the employee's shifts). For fire department employees, in most cases, this will be four-24 hour shifts. No FMLA/OFLA paperwork will be required for the first 80 hours of this leave. If the employee wishes to request FMLA/OFLA leave in excess of the 80 hours, they will be required to complete the appropriate paperwork. In this situation, their leave status will be converted to FMLA/OFLA/COVID-19 leave. This applies to situations of the employees own illness. If time off to care for a family member is requested, FMLA/OFLA paperwork will be required.

5. **Exceptions:** Exceptions to this temporary policy may only be granted by the City Manager or designee. Any situation or circumstance not covered in this temporary policy shall be governed by existing city policies and procedures.
6. **Implementation:** department heads and all supervisory staff are responsible for implementing this policy within their respective departments. Observance of this policy is mandatory for all city employees and violation may result in disciplinary action (up to and including termination.)
7. **Review:** This temporary policy shall be reviewed by the city's Executive Team on an ongoing basis and updated or revoked as necessary. This temporary policy is only in effect during the time covered by the COVID-19 Emergency Declaration issued by the State of Oregon.

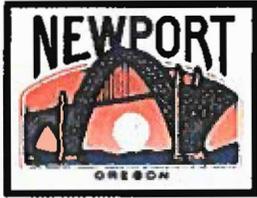
8. **Resources**

- 8.1 [Lincoln County Health and Human Services](#) (website)
- 8.2 [Oregon Health Authority](#) (website)
- 8.3 [Centers for Disease Control](#) (website)

Established 3/16/2020

Approved 3/16/2020

Updated 3/16/2020 9:00 am



Attachment A: Coronavirus/COVID-19 Employee Absence Form

The City of Newport prioritizes the health and safety of its employees. We recognize that the current novel Coronavirus, also known as COVID-19, may affect the City of Newport locally. Our employees are at the forefront of our concern as we work to adapt quickly to the changing health scene and navigate new business practices in order to continue to serve our citizens to the best of our abilities. It is in times like these that our community may need our services the most.

The City of Newport is following the guidance of the Oregon Health Authority, Centers for Disease Control and Lincoln County Public Health Division.

City of Newport employees who need to be absent from work due to reasons outlined in the seven categories below AND are unable to telecommute, please complete and submit this form. **If you are able to telecommute, this form is not necessary. Talk with your supervisor to make appropriate arrangements.**

Once completed and submitted, this form will remain valid for 14 calendar days following its certification and submission. If an extension for the absence becomes necessary, a new form must be submitted.

The Payroll Reason Code "COVID-19 /Sick Absence" is appropriately used on time sheets only for circumstances listed below. This Payroll Reason Code does not identify that an employee is ill; rather the code is used to track expenses associated with the city's response to the COVID-19.

If you must be absent from work for any of the following reasons, please complete this form and submit it to your supervisor.

Form Instructions:

- 1. Answer the bolded question below by checking "Yes" or "No".**
- 2. Submit the form to your supervisor.**
- 3. Supervisors will forward the form to HR.**
- 4. Supervisors – do not retain a copy of this form.**
- 5. Please provide documentation regarding your verification, either an After Visit Summary from your medical provider, a closure email from a dependent's school, or documentation of closure of the public transportation.**

I am unable to come to work due to one or more of the following reasons:

1. I, or a household member, are under observation, being monitored or have been diagnosed with COVID-19;
2. I, or a household member, fall into one of the categories identified by the CDC as being at high risk for serious complications from COVID-19 and have been advised by a medical professional or public health authority not to come to work.
3. I rely on other supportive services to care for my dependent (such as medical transportation, in-home care providers, etc.) that are unavailable due to documented exposure of COVID-19, which requires me to care for that dependent;
4. Public or alternative transportation is unavailable to me due to documented exposure of COVID-19 and I am unable to travel to and from work; OR
5. The CDC, the OHA, the Lincoln County Health Department, or the City Manager have deemed it necessary to take advanced steps such as social distancing, quarantines and possible curtailment of non-essential city functions.
6. My child's school or place of child care has closed of the by order of a public official due to COVID-19.
7. My department/division has closed as the result of COVID-19.

I certify that I am unable to come to work because of one of the seven reasons listed above. I understand that this absence authorization expires 14 calendar days after submission. I understand that falsifying this form is grounds for disciplinary action up to and including termination.

Yes (may apply available sick leave)

No (required to use vacation accruals)

Name:

Department:

Position:

Supervisor:

Date Submitted:

Regular Schedule: