

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;

WHEREAS, Governor Holcomb issued a revised stay at home order under Executive Order 20-18 that took effect on April 6, 2020.

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

CITY OF FORT WAYNE

COVID-19: Employee and Operations

Effective as of 04/15/20

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 apply to employees of Public Safety, 24/7 or emergency operations as determined by the City of Fort Wayne. 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 May 12, 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. The Families First Coronavirus Response Act (FFCRA) provides 80 hours of emergency paid sick leave as of April 1, 2020. The intent of this policy is to define the Public Health Leave policy and coordinate an eligible employee's time off under the policy and the law. Accordingly, all hours taken for qualifying reasons will first be considered emergency paid sick leave under FFCRA and will be supplemented by this Public Health Leave policy where this policy provides greater benefits. This policy does not create an entitlement to double benefits. All qualifying time off taken on or after April 1st will be considered concurrent use of benefits under both this policy and the FFCRA.

1. 100% of a 40-Hour Week

- a. Is subject to a Federal, State or local quarantine or isolation order related to COVID-19;
- b. Has been advised by a health care provider to self-quarantine related to COVID-19 due to a current diagnosis or due to being at increased risk for complications. **(eligible for up to 80 hours of paid sick leave)** *Employees must provide a doctor's note and submit a completed Public Health Leave form. If an employee has a positive COVID-19 diagnosis they will need to complete short term disability paperwork.*
- c. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis. An employee is eligible for coverage for this reason only during time off awaiting an appointment or diagnosis. **(eligible for up to 80 hours of paid sick leave).** *Employees must provide a doctor's note and submit a completed Public Health Leave form.*

2. 75% of a 40-Hour Week (applicable to 2a and 2b) or 2/3rds of a 40-hour week not to exceed a maximum of 200 per day (applicable to 2c).

- a. Is caring for or resides in the same house as an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider **(eligible for up to 80 hours of paid sick leave at 75% = 60 hours).**

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Employees must provide a doctor's note and submit a completed Public Health Leave form.

- b. Employees who have exhausted their 80 hours of paid sick leave under the self-quarantine provision listed above and are still at increased risk for complications from COVID-19 due to diagnosed health conditions and are currently under the care of a physician.
- 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 son or daughter under the age of 18 or other dependent residing in their household unable to provide self-care. *Employees must submit a completed Public Health Leave form.*
 - Intermittent leave and partial days are permitted. Partial days are only permissible with approval from the Division Head based on operational needs of the department.
 - 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.
- d. Employees who qualify for expanded FMLA for child care purposes as defined in the FFCRA will receive 2/3rds of their regular hourly rate, not to exceed \$200 per day, commencing with the third week of such leave until such leave expires pursuant to the terms of the FFCRA. Employees may take a total of 12 workweeks for FMLA or expanded family and medical leave reasons during a 12-month rolling calendar year. If an employee has already used some or all of their 12 workweeks of FMLA during this period, they may not take additional expanded family and medical leave.

Upon depletion of Public Health Leave hours, if the employee still meets one or more of the criteria above, 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 upon application and approval for a Leave of Absence. 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.

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- 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.

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5. Employees deemed by City departments as Essential Personnel 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 (eligible for up to 80 hours of paid sick leave)

- I have a current diagnosis of COVID-19 with documentation from a healthcare professional. (Eligible for up to 80 hours of paid sick leave) **Doctor's note and short term disability paperwork required.**
- I have been advised by a health care provider to self-quarantine related to COVID-19 and/or experiencing COVID-19 related symptoms and seeking a medical diagnosis (Eligible for up to 80 hours of paid sick leave. This benefit will reduce to 75% after the 80 hours of paid sick leave is exhausted.) **Doctor's note required.**

75% of a 40-Hour Week

- 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. (Eligible for up to 80 hours of paid sick leave at 75% = 60 hours) **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 son or daughter under the age of 18 or other dependent residing in my household 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.

Name of Dependent(s): _____

School(s) Attending (if applicable): _____

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

You may 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

REPORT OF COMMITTEE ON REGULATIONS

April 14, 2020

Tom Freistroffer Chair

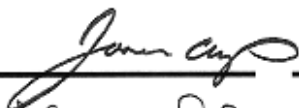
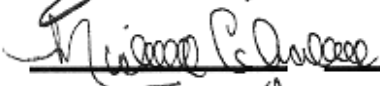
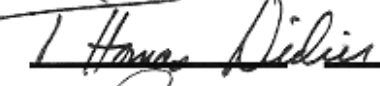
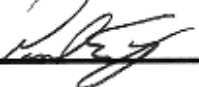
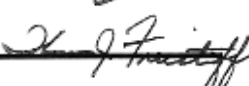
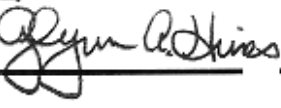



Glynn Hines Co-Chair

All Council Members

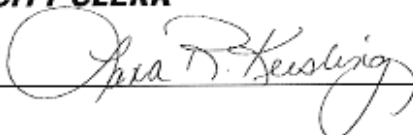
Resolution approving the City of Fort Wayne Covid-19 Employee and Operations Policy

This Resolution will require a Suspension of the Rules, with 2/3 in favor in order to be Introduced, Discussed and Voted for Passage this evening.

COMMITTEE ON REGULATIONS HAVE HAD SAID Ordinance under consideration and beg leave to report back to the Common Council that said Ordinance

| <u>COUNCIL MEMBER</u> | <u>DO PASS</u> | <u>DO NOT PASS</u> | <u>ABSTAIN</u> |
|-----------------------|---|--|----------------|
| ARP |  | | |
| CHAMBERS |  | | |
| DIDIER |  | | |
| ENSLEY |  | | |
| FREISTROFFER |  | | |
| HINES | |  | |
| JEHL |  | | |
| PADDOCK |  | | |
| TUCKER | |  | |

**LANA R. KEESLING
CITY CLERK**



Public Hearing Date: N/A

Read the first time in full and on motion by Councilperson Freistroffer.

Read the second time by title and referred to the Regulations Committee.

Read the third time in full and on motion by Councilperson Freistroffer, placed on passage by the following vote:

| <u>TOTAL VOTES</u> | <u>AYES</u> | <u>NAYS</u> | <u>ABSTAINED</u> | <u>ABSENT</u> |
|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|
| ARP | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CHAMBERS | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DIDIER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ENSLEY | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FREISTROFFER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HINES | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| JEHL | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PADDOCK | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TUCKER | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DATED: April 14, 2020


LANA R. KEESLING, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as

Resolution No. R-20-04-01 AAAA on the 14th day of April, 2020

ATTEST:


LANA R. KEESLING
CITY CLERK


PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 16TH of April 2020, at the hour of 3:32 o'clock P.M. E.S.T.


LANA R. KEESLING, CITY CLERK

Approved and signed by me this 17TH day of APRIL

2020, at the hour of 2:30 o'clock Pm E.S.T.

FOR THE CITY OF FORT WAYNE, INDIANA
RECEIVED
APR 20 2020
LANA R. KEESLING
CITY CLERK


THOMAS C. HENRY, MAYOR