**NATIONAL RECONNAISSANCE OFFICE**14675 Lee Road
Chantilly, VA 20151-1715

SUBJECT: NRO COVID Protocols and Policy

(U) BACKGROUND: The NRO is a joint Intelligence Community (IC) element and a Department of Defense (DOD) agency that provides critical spaced-based Intelligence, Surveillance, and Reconnaissance (ISR) information at the national, strategic, and tactical levels, with customers including senior policy-makers, other federal agencies, and for intelligence analysis. The NRO workforce is comprised of a diverse mix of staff employees from multiple Parent Elements (PE) including NRO Cadre, CIA, Military (Air Force, Army, Coast Guard, Marines, Navy, and Space Force) and other government agencies. There is also a robust contractor presence from a variety of industry partners. Because of this unique blended makeup, the NRO is required to stay current on the IC, DoD, and industry practices and processes throughout the pandemic. Updates from the CDC, and state and local government are also crucial. Communication and collaboration with our counterparts and colleagues continues to be imperative.

(U) Our response(s) to the COVID-19 pandemic revealed both our resilience and opportunities to evaluate and institutionalize new innovative ways of doing business now and into the future. The top priority continues to be protecting the workforce and maintaining the operational mission.

(U) COVID Protocols:

1. ~~(S//NF)~~ Q: Is the current workforce being tested? If so, how often? With what test?

~~(S//NF)~~ A: No, the NRO is not administering COVID testing to the workforce. COVID testing is being recommended across the NRO enterprise for those in the workforce who have COVID-like symptoms, with primary reliance on local commercial, medical or DoD providers. We are not requiring testing for those in close contact with a known or suspected COVID case; rather, we are following isolation protocols to quarantine from the workplace such individuals for 14-days past last possible exposure. We also are not relying on testing for general screening protocols of asymptomatic persons prior to entry into the workspace. When tests are obtained, the specific type is dependent upon the commercial/medical/DoD provider.

(U) We are encouraging the NRO workforce to self-assess for symptoms and take their temperature prior to coming to work, and we have established workstations at each of our entrances to encourage personnel to voluntarily take their temperature prior to entering an NRO facility. Anyone with a temperature greater than 100.4 is directed to isolate.

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2. (U) Q: What are the options for paid leave for quarantine and isolation? Is this tied to sick leave? Administrative leave? Do either of these options currently allow for leave to support a family member in isolation or quarantine?

(U) A: The NRO encourages the NRO workforce to stay home if they feel sick or think they might have been exposed to COVID-19. If member symptoms and/or exposure circumstances suggest risk for COVID-19, they are expected to call the NRO COVID-19 Command Center. If the Command Center tells a workforce member to stay home, government civilians are authorized to take Weather & Safety Leave (WSL) and are not required to take personal sick leave. This remains in effect until NRO Medical clears the individual to return to the worksite. Use of WSL is also authorized in cases of official, work-related travel where mandatory self-isolation or quarantine is mandated. Government civilians staying home without contacting the Command Center are required to take personal sick leave. Military personnel are not required to take annual leave if directed by the Command Center to isolate.

(U) NRO Support Contractors are encouraged to work with their respective companies to facilitate remaining out of the workspace when feeling ill. NRO Support Contractors, sitting in an NRO facility, that are directed by the NRO COVID Command Center to self-isolate, may request reimbursement through the CARES Act if their company is utilizing the CARES Act. If not, they may submit a Request for Equitable Adjustment (REA) to compensate for the time lost.

(U) Additionally, civilian members of the NRO workforce self-identifying in a high-risk category related to COVID-19 who wish to remain at home must provide medical certification of high-risk status before they can charge WSL. To mitigate reliance on WSL, certified high-risk civilians are encouraged to work with their supervisor to explore telework options to include virtual training/professional development in combination with WSL.

(U) Government civilians on WSL are considered to be in a pay status and are subject to a 2-hour recall.

(U) Government civilian members of the NRO workforce are entitled to use a total of up to 104 hours (13 days) of sick leave each leave year to provide care for a family member who is ill or receiving medical examination or treatment. Under certain circumstances, the civilian may use their accrued sick leave for general family care.

(U) Additionally, civilian members of the workforce are entitled to use up to 12-weeks (480 hours) of sick leave each leave year to care for a family member with a serious health condition; medical substantiation is required. Civilian members of the NRO workforce with insufficient leave to cover the allowable period can be

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considered for advanced sick leave or may apply for participation in the Voluntary Leave Transfer Program.

(U) If an employee has a family member who is quarantined or symptomatic, the employee may be advised to remain out of the workforce and use either telework or WSL directed by the medical staff.

3. ~~(S//NF)~~ Q: Are there mission requirements or legal factors at the agency or facility in question that would warrant or require a particularized approach to Safe-Workplace requirements to wear masks, social distance, test, or any other PH requirements?

~~(S//NF)~~ A: Principally, the enterprise has managed COVID mitigation through a robust application of masking, social distancing, and contact tracing protocols. All personnel residing in NRO facilities have been issued the proper PPE, and work spaces have been separated or barriers have been installed to ensure safe spacing between personnel (see response to question 4 for more detail). The locations across the enterprise that have required modifications to our general approaches have primarily been

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4. (U) Q: If federal contractors are required to adhere to the same safety protocols as the federal workforce, is the government or the employing agency responsible for implementation? Who pays for testing? Sick leave or leave for quarantine and isolation? Personal protective equipment?

(U/~~FOUO~~) A: NRO is responsible for implementation of safety protocols, but only for those contractor employees physically residing in an NRO facility. For example, when contractor employees reside in a NRO facility, then the NRO is responsible for the implementation of COVID-19 safety protocols just as it is responsible for the overall health and safety of these contractor employees. All contractor employees residing in an NRO facility are bound to abide by all health and safety policies, rules, or regulations in place at the facility as required by contract clause entitled, Contractor Compliance with Environmental, Occupational Safety and Health, and System Safety Requirements. The NRO is not responsible for implementation of safety protocols when contractor employees reside in a company owned or leased facility. In this situation the company is responsible for the implementation of COVID-19 safety protocols. The NRO is not involved in the decisions to implement safety protocols or cleaning measures; however, we have provided guidance to our industrial contractor base to follow best practices to mitigate the spread of COVID-19 among their workforce.

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(U//~~FOUO~~) When contractor employees reside in an NRO facility, the NRO is responsible for COVID-19 testing costs if the NRO directs an employee to be tested, and if there is an actual testing cost, and if the employing company decides it is in their best interest to direct charge the NRO. However, most localities provide free testing to their residents and in the situations where testing costs are incurred, the minimal amount is unlikely to be charged back to the NRO as it would be more expensive to establish new charge codes. When contractor employees reside in a company owned or leased facility, then the company is responsible for COVID-19 testing costs if the company directs the employee to be tested. Again, with free locality testing it is unlikely any company will incur significant financial liability from testing. If a company did incur significant financial liability, then the company must determine if they will directly incur those costs, or if the costs will be passed along to their Government customers, consistent with their financial disclosures.

(U//~~FOUO~~) When contractor employees reside in either an NRO or company owned/leased facility, the NRO will allow costs associated with sick leave, other paid leave, or quarantine and isolation resulting from COVID-19 to be covered under Section 3610 of the CARES Act. The NRO has implemented Section 3610 of the CARES Act to the maximum extent and this has significantly offset COVID-19 financial burdens from our industrial contractor base. Without the protections of Section 3610

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(U//~~FOUO~~) The NRO has made masks available to 100% of contractor employees residing in our facilities since the outset of the COVID-19 crisis, and masks continue to be available as needed. The NRO has also installed barriers between workstations in all offices where eight feet of separation is not possible, to include offices occupied by contractor employees. When a contractor employee resides within an NRO facility, the NRO would likely be responsible for those costs. When contractor employees reside in a company owned or leased facility, then the company is responsible for PPE costs. If a company incurs significant financial liability, then they must determine if they will directly incur those costs or if they will pass them along to their Government customers, consistent with their financial disclosures.

5. ~~(S//NF)~~ Q: What resources are needed to collect, build data systems or maintain data systems on COVID-19 (e.g., testing, cases, contact tracing)?

~~(S//NF)~~ A: Currently, we staff the COVID-19 Command Center (C19CC) with personnel per day (with additional personnel available to surge), which works in close coordination with the

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Medical Staff which consists of [REDACTED] The C19CC tracks positive and presumed positive cases, documents self-isolation, and creates the initial records that Medical Staff use to conduct contact tracing for all personnel [REDACTED]

[REDACTED] This information is recorded and tracked in a system based tool that is able to pull information from multiple databases to enable the Medical Staff to conduct contact tracing and consider variables when making decisions regarding return to work authorizations. Similar systems and processes exist at [REDACTED] Across the enterprise (in addition to the personnel working in the C19CC) we have approximately [REDACTED]

[REDACTED]

6. ~~(S//NF)~~ Q: How are contractors currently being treated for COVID-19 related safety protocols? Who is responsible for implementing safety protocols for contractors who are working in federal installations?

~~(S//NF)~~ A: The NRO treats all of its industrial base contractors fairly and equitably related to COVID-19 and in general. When contractor employees reside in an NRO facility, the NRO is responsible for the implementation of COVID-19 safety protocols just as it is responsible for the overall health and safety of these contractor employees. All contractor employees residing in an NRO facility are bound to abide by all health and safety policies, rules, or regulations in place at the facility as required by contract clause entitled, Contractor Compliance with Environmental, Occupational Safety and Health, and System Safety Requirements.

(U) Federal contractors are required to adhere to the same protocols as the federal workforce when serving at a federal facility. In cases where a federal contractor is based in a contractor facility, those personnel will follow the industrial contractor's guidance.

7. (U) Q: Please provide a list of any buildings / offices under your D/As supervision that are following a modified protocol from the rest of the D/A.

(U) A: There is some variation in mitigation protocol applications across all of the geographically distributed NRO sites. Sites take into consideration local community spread, caseload/spread in the facility, requirements of host element (e.g., US Military base), local, state, federal and (in some cases) foreign government requirements, mission requirements of each site, and physical layout of each site.

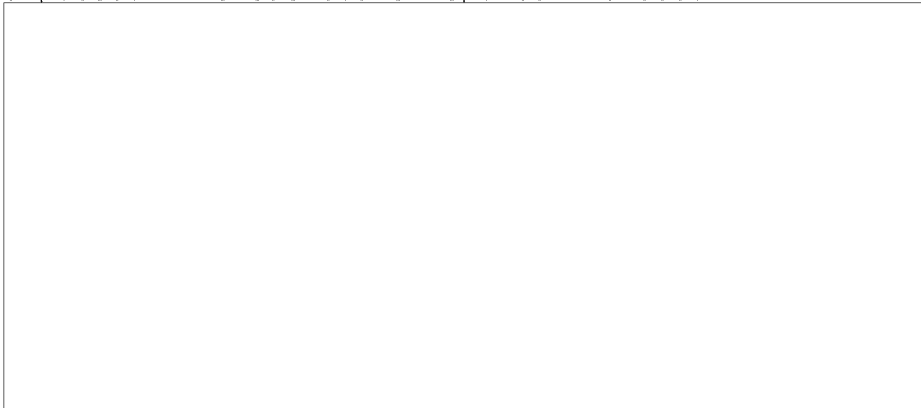
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8. ~~(S//NF)~~ Q: Is there a public dashboard for COVID data in your agency workforce? Is there an internal dashboard?

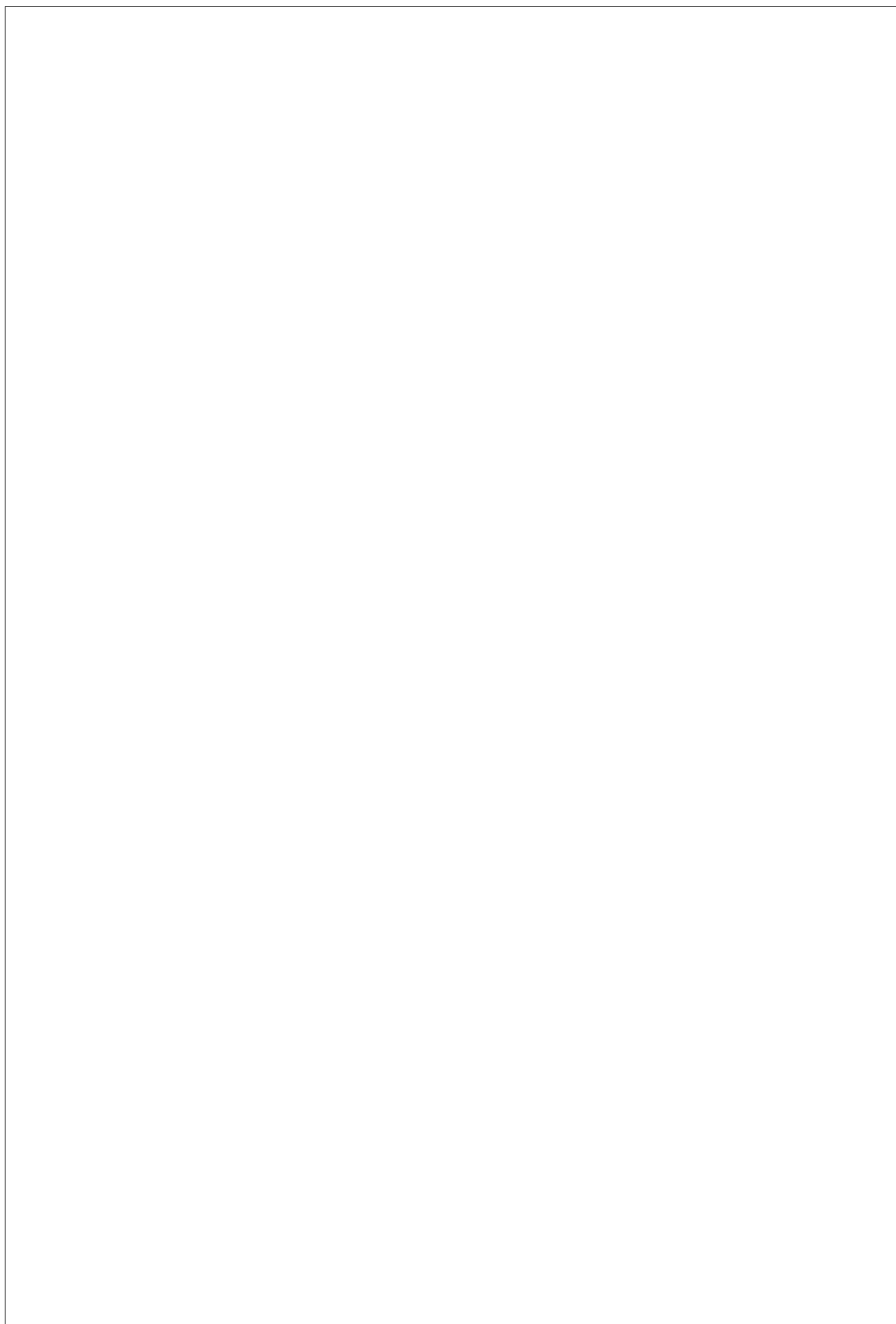
~~(S//NF)~~ A: There is not a public dashboard, however, we have several internal data rich dashboards we are using.

~~(S//NF)~~ The NRO COVID-19 Command Center collects and reports out daily COVID-related data, providing dashboard statistics and metrics to agency leadership, Directorate & Office leadership, and members of the Infectious Disease Response Team for analysis and planning purposes. The dashboard reports include:



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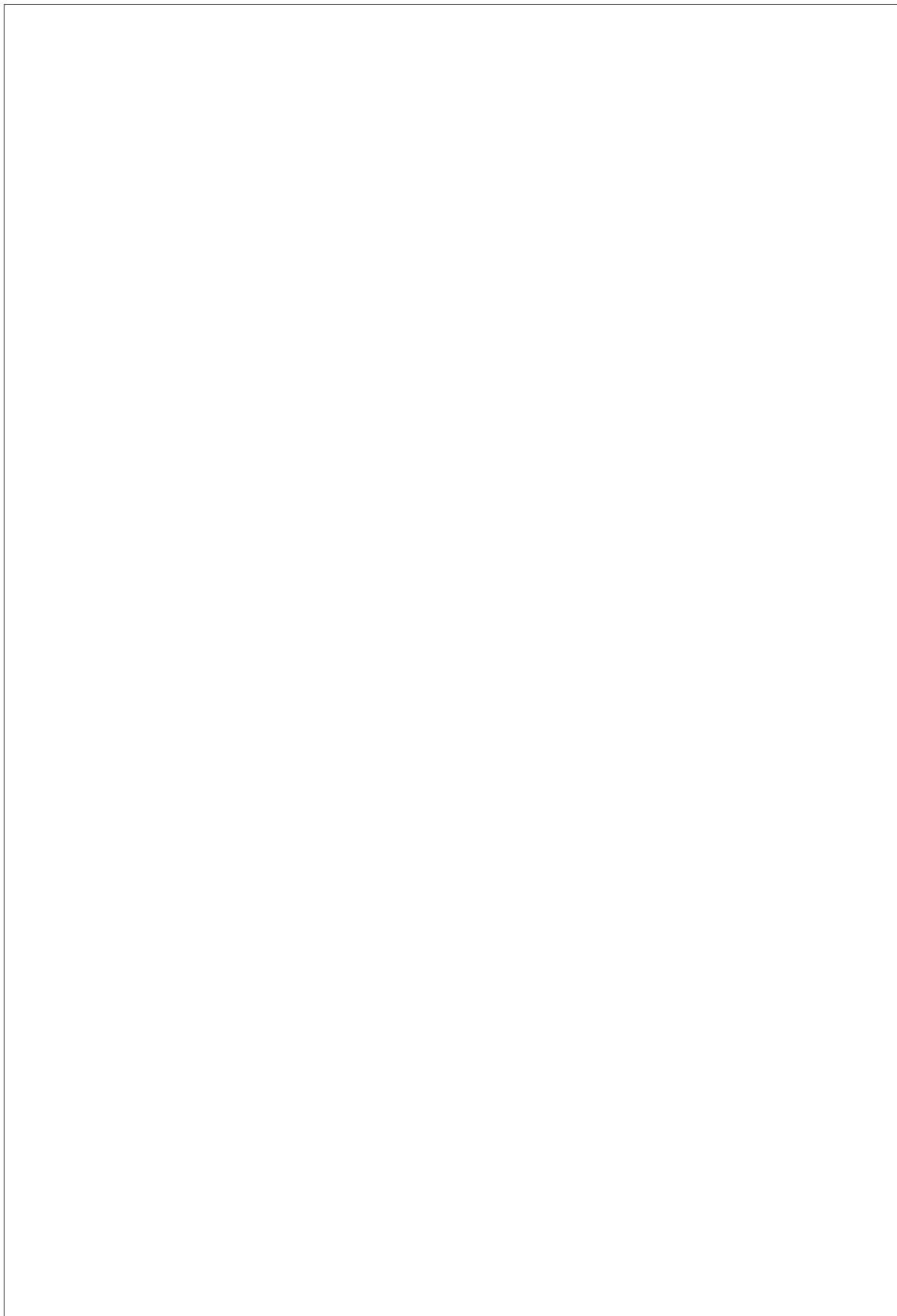
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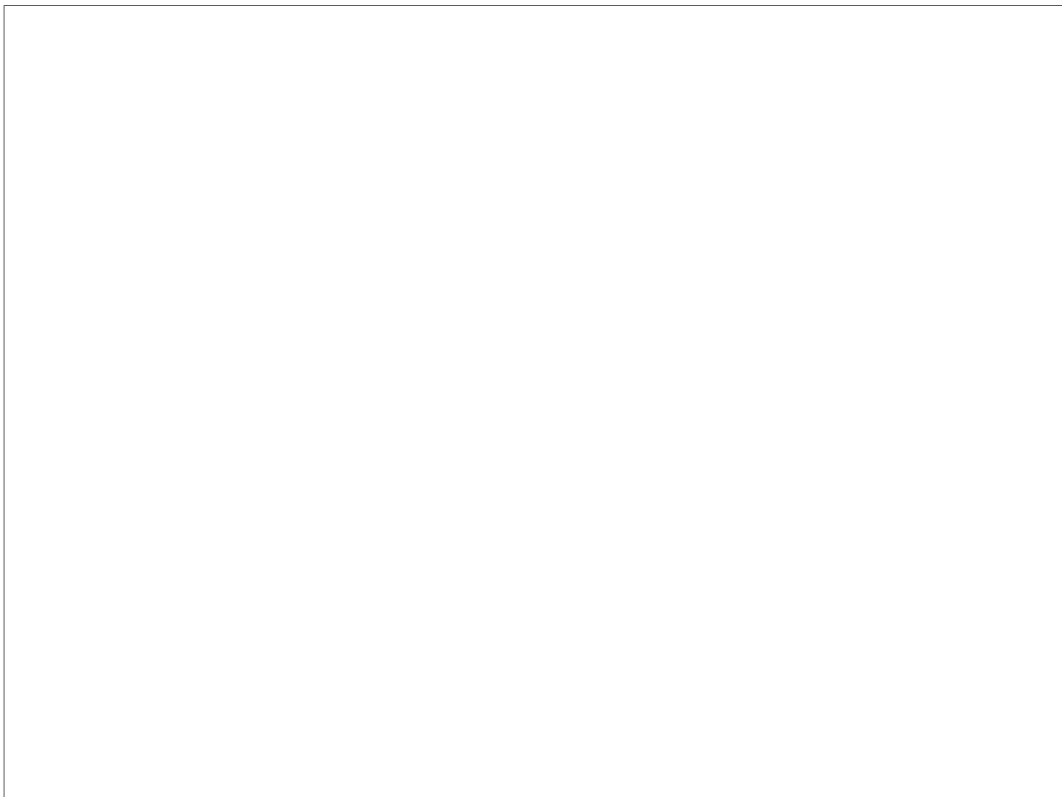
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~~(S//NF)~~ Additionally, the NRO [redacted] works with the NRO Offices of Human Resources (OHR) and Public Affairs (OCPA) to maintain an internal, workforce-facing COVID-19 information site on the NRO intranet to provide the workforce with COVID-19 related information and resources. The site contains information broken out by areas of concern, including: Medical, Leave, Travel, Military-specific, Contractors, General, and Guidance from Leadership. The site also features an employee discussion board focused on child care and elder care issues, links to forms, and a way for the workforce to ask questions related to how the NRO is addressing COVID-19 issues.

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10. ~~(S//NF)~~ Q: Is the workforce required to report COVID-19 symptoms, and if so, what reporting mechanism is used and who is tracking?

(U) A: Yes, if any member of the workforce is not feeling well, they must call the C19CC. [redacted]

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[redacted] Members call the C19CC if they:

- Are experiencing symptoms
- Have been in contact with a symptomatic/ COVID-19 positive individual
- Have traveled overseas or to a high-risk area
- Are seeking a return to work authorization

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C19CC operators inform members that they are to self-isolate until they are contacted by Medical Services officials, record all the information via an online tool, and transfer this information to the Medical Services Team for further action and guidance. If a member is seeking authorization to return to work, the C19CC operators ask the member a series of clearance questions developed in concert with the Medical Services Team and update the tool as members are cleared to return to work.

11. (U) Q: What system is in place to monitor individuals who are coming into the office (for purposes of contact tracing)?

(U) A: The workforce is required to fill out a daily contact tracing sheet, indicating anyone they were within 6 feet of for more than 15-minutes cumulatively during a day. The record serves as the initiation point for the medical and non-medical contact trace teams to conduct more thorough investigations of other possible contacts.

12. (U) Q: Do you have a formal COVID-19 set of protocols for employees? Can you share it?

(U) A: The NRO has established a COVID-19 information page on the NMIS (classified) network that opens automatically upon login featuring up-to-date news and information for NRO personnel, as well as a link to the COVID-19 SharePoint site that provides consolidated guidance regarding SARS CoV2. The consolidated guidance included on this SharePoint site includes answers to medical questions, leave questions, general questions, resources, and guidance from leadership. There is also a link to the most recent updates to the workforce from NRO senior leadership. The guidance on the site can be summarized as:

- Wear face masks in all public areas and when you are in an office or conference room with another member of the workforce
- Do not come to work if you feel ill or have a fever
- If personnel or a family member are diagnosed with COVID-19, or a medical professional recommends getting tested for COVID-19, or the personnel feel sick and have symptoms consistent with COVID-19 symptoms, contact the NRO C19CC at [redacted] prior to entering an NRO facility
- Isolate for the time specified, then get clearance to return to work from the C19CC and Medical Services Team prior to re-entering an NRO facility

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13. (U) Q: How are data on cases, contact tracing, and testing collected, aggregated, shared, visualized, and utilized to guide COVID-19 policies to protect the federal workforce in the departments or agencies?

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14. (U//~~FOUO~~) Are each of the initiatives described in this paper supported by authorizations and appropriated funds?

(U//~~FOUO~~) A: Yes, each COVID initiative is supported by NRO authorized and appropriated funds.

15. (U//~~FOUO~~) What is the status of funding sources available for COVID-19 response and recovery, in terms of dollars available, allocated, and spent?

(U//~~FOUO~~) A: To date, the NRO has not received any "new" or additional funds to support COVID-related activities. The NRO has reprioritized existing appropriated funds to support these emerging requirements. As of 30 November, the NRO has obligated [Redacted] for COVID expenses, such as cleaning supplies and increased contractor cleaning costs. As of 30 November, the NRO has confirmed payments totaling [Redacted] for CARES Act reimbursements.

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(U) COVID Policy:

1. (U//~~FOUO~~) Q: Racial Equity. How is the agency addressing, or how can the agency address, the disparate impact that COVID is having on communities of color? What data is the agency gathering to track the disparate impact?

(U//~~FOUO~~) A: The NRO works hard to live its values: Mission Excellence, Teamwork Built on Respect and Diversity, and Personal Integrity and Accountability. The NRO leadership recognized early in the COVID-19 pandemic that part of the Agency's mission required a targeted focus on the wellness of the overall workforce. Since the early days of the pandemic, the NRO

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collaborated internally and externally with its Mission partners to develop a method of communication across the IC and share best practices, using the prescribed CDC guidelines - social distancing, mask wearing, hand sanitizing efforts and implementing a modified work schedule to enable everyone to focus on childcare, eldercare, and other personal challenges.

(U//~~FOUO~~) The NRO leadership understands that there is some evidence that racial and ethnic minority groups are at increased risk of illness and death from COVID-19. In conversations with the Employee Resource Groups (ERGs), there has been no specific concerns raised to date with regards to COVID-19 and its impact on any particular racial or ethnic minority groups in the workplace. Further, when the ERGs' leadership were asked how they were doing in relation to COVID-19 and if they experienced or heard of any issues from their respective groups, none were raised.

(U//~~FOUO~~) Nevertheless, the NRO leadership established a COVID-19 Command Center enabling all individuals to call to ask questions and receive medical guidance based on the individual's personal circumstances. NRO Leadership provides weekly updates and reminds the workforce of the available resources such as: Employee Assistance Office, Equality and Inclusion Office, Ombuds, Office of Human Resources, and our mental health professionals. NRO Leadership conducts COVID-19 updates twice a week with all Directorates and Offices represented. These updates provide guidance from Management Services & Operations (MS&O), Office of Human Resources (OHR), Medical Staff and other offices in an open forum to address concerns across all disciplines. The intent has been to provide guidance to leadership that can be communicated to the entire workforce. DNRO has hosted multiple virtual town halls with guest speakers from OHR, MS&O, and Medical Staff. NRO senior leaders have also hosted supervisor-focused Town Halls intended to address managers' questions and better equip them to lead the NRO's diverse workforce through the pandemic.

(U//~~FOUO~~) In addition, the DNRO has received and answered numerous questions from the workforce related to COVID-19 via the [redacted]. The responses to these questions are then published in the daily announcements for the entire workforce to read. The NRO has launched a Communications Plan to include various signs in all the elevators, and a splash/landing page that launches when an individual logs into their computer. This splash/landing page offers valuable information and resources for individuals and ensures constant and accurate information.

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(U//~~FOUO~~) The Agency has successfully been providing wellness checks at all levels throughout the COVID-19 pandemic across the entire workforce regardless of racial or ethnic minority groups.

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2. ~~(S//NF)~~ Q: What is the structure for countering bio threats, pandemic preparedness, health and health security matters; who is in charge of what? What structural revisions or policy rescindments might be necessary to execute the Biden Administration agenda for COVID response, recovery, countering bio threats, public health, health security, and/or bio preparedness?

~~(S//NF)~~ A: On pandemic preparedness and health matters at the NRO, the line elements that are responsible for that planning and response are primarily located within one Directorate. This has been a significant benefit in the ability to organize and integrate the response to the pandemic. Frequent planning and response meetings across the [redacted] functional areas throughout the NRO enterprise allowed for full integration across the NRO.

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3. ~~(S//NF)~~ Q: Pandemic assessment capabilities. How effective are the IC predictive analytics capabilities for pandemics, secondary and tertiary impacts (i.e., political, military, economic) in areas of most interest to the U.S. national security?

(U) A: NRO is primarily involved in collection and sharing of intelligence information without a significant analytic portfolio. [redacted] NRO assets can be utilized as necessary in support of intelligence questions such as those listed.

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4. (U) Q: Capability enhancement. What are the challenges and opportunities for enhancing these capabilities?

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5. ~~(S//NF)~~ Q: Threat assessments. What are the current biological threat assessments?

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6. ~~(S//NF)~~ Q: Misinformation/Disinformation: How is the IC tracking misinformation / disinformation efforts for the pandemic, particularly for vaccine development and administration?

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(U) A: The NRO has not had a significant portion of its portfolio dedicated to analysis of the material collected by its platforms. Having said that, both the GEOINT and SIGINT missions can play a significant role in collection and dissemination of information that would illuminate questions of misinformation/disinformation around global health security issues, to include vaccine development and administration.

(U) On informing the workplace regarding misinformation and disinformation on COVID and vaccine development, all communication regarding pandemic mitigation is founded on authoritative sources (e.g. CDC, WHO, Johns Hopkins University, etc.) and is fully vetted through the NRO medical staff. The NRO leadership and Chief Medical Officer communicate regularly with the workforce to answer questions from employees and convey current guidance.