Legal Aid Society of Northeastern New York Remote Work Policy

When circumstances dictate, the Legal Aid Society of Northeastern New York (LASNNY) may implement remote work arrangements that allow employees to work at home, on the road or in a satellite location for all or part of their regular workweek. Remote work is a generally a voluntary work alternative that may be appropriate for some employees and some jobs in accordance with the terms of the collective bargaining agreement, other applicable policies and procedures of the Legal Aid Society and the professional obligations of the legal profession. It may be required at times due to a governmental order during a disaster. It is not an entitlement, it is not a company-wide benefit, and it in no way changes the terms and conditions of employment with LASNNY.

Remote workplans with individual staff will be approved on a case by case basis and must be approved in advance, based on the CBA and the needs of LASNNY.

Office and Hardware Requirements
The employee will establish an appropriate work environment within his or her home for work purposes. Confidentiality and attorney client privilege shall be maintained. LASNNY will not be responsible for costs associated with initial setup of the employee’s home office such as remodeling, furniture or lighting, nor for repairs or modifications to the home office space. Employees will be offered appropriate assistance in setting up a workstation designed for safe, comfortable work.

LASNNY will determine, with information supplied by the employee and the supervisor, the appropriate equipment needs (including hardware, software, hot spots, facsimile software, and remote printing and scanning) for each remote work arrangement on a case-by-case basis. In most cases, at least a minimum bandwidth of 100mbps is needed for video conferencing. The remote worker must be able to provide adequate internet access and bandwidth and, if needed, cell phone minutes, at their own expense. The CIO will serve as a resource in this matter. Equipment supplied by the organization will be maintained by the organization. Equipment supplied by the employee, if deemed appropriate by the organization, will be maintained by the employee. LASNNY accepts no responsibility for damage or repairs to employee-owned equipment. LASNNY reserves the right to make determinations as to appropriate equipment, subject to change at any time. Equipment supplied by the organization is to be used for business purposes only. The remote worker should sign an inventory of all office property and agrees to take appropriate action to protect the items from damage or theft. Upon termination of employment or approved remote work, all company property will be returned to the company.

LASNNY will supply the employee with appropriate office supplies (pens, paper, etc.) for successful completion of job responsibilities. Pursuant to Article 31 of the CBA, LASNNY will reimburse the employee for the purchase of such supplies only where their need could not be previously anticipated and paid by LASNNY. LASNNY will also reimburse the employee for all other business-related expenses such as shipping costs that are reasonably incurred and approved in advance in accordance with job responsibilities. LASNNY will try to provide employees with the necessary tools to avoid these costs. Should they be necessary, these costs must be approved in advance by a supervisor before they are incurred.
Office Security Requirements
Consistent with LASNNY's expectations of information asset security for employees working at the office, remote work employees will be expected to ensure the protection of proprietary organizational and client information and follow all relevant LASNNY policies. Employees who work remotely should follow best practices and all LASNNY policies related to security including: avoid public Wi-Fi when possible, use a personal hotspot or encrypted web connection when possible, never leave a laptop or LASNNY owned device in automobiles, and never leave equipment unattended when connected to the LASNNY network.

Policies, Procedures and Scheduling for Remote Work Employees
Employees are expected to obtain approval for their Remote Workplan weekly. All remote workers must enter their detailed timekeeping daily. The employee agrees to be accessible by phone or modem per the CBA and at reasonable times, as needed. The employee agrees to submit a Remote Workplan Form weekly (attached) for approval. Other LASNNY policies and procedures shall be followed such as calendar use, leave requests and notifications and training requests.

Remote Workplan form
Use the attached Remote Workplan form. You will see that there are lines for you to add each task that you plan to work on during the week, and the estimated amount of time you will spend on each task. You are encouraged to discuss with your supervisor significant tasks which were not completed as planned and therefore are repeated on a subsequent work plans.

Timekeeping
Each day enter your time and tie your entries to the tasks on your Remote Workplan form as possible. Add new tasks that developed and were addressed each day. Be as detailed as possible.

When you enter your time each day, each entry should tie to a task on your Remote Workplan form. Work performed but not listed on your Remote Workplan form should also be entered daily with as much detail as possible. At the end of the week, you should have time entries that tie to your Remote Workplan form, plus any additional tasks that came up. We understand your actual time may not match the estimate.

You and your supervisor should also talk or email about your plans for work and about any issues or tasks that come up during the week as you have been and as works for both of you.

DRAFT
Legal Aid Society Client and Visitor In-Office Guidelines

June 1, 2020

You are being provided these Guidelines because you may access a LASNNY Office during the COVID-19 pandemic in New York. We created these Guidelines to protect our clients, visitors and employees. The Guidelines were developed with information from the Center for Disease Control and other governmental sources.

To access one of our offices you must agree to the following:

1. If you have had COVID-19 symptoms which may include fever, shortness of breath, loss of taste, etc. in the past 14 days, or have tested positive for COVID-19 in the past 14 days, or in the past 14 days have been exposed to someone who has either tested positive for, or is suspected of having COVID-19, you must call and inform our staff so we can re-schedule your visit. You must call ________________

2. When you arrive, you will be asked again about the presence of symptoms, a positive test result or exposure in the last 14 days. You will wear a mask while in the LASNNY office. We ask that you bring your own. If you don’t have one, we will provide you one at your visit. We will ask that you use hand sanitizer before entering, and we will provide gloves if you wish to wear them.

3. You will social distance while in the LASNNY office. That means maintaining a six-foot distance from other people.

4. You will follow other directions intended to protect you and others in the office from COVID-19. This includes precautions stated by LASNNY staff around paperwork, signatures and other activities to reduce the risk of COVID-19 transmission.

5. If possible, we ask that you bring your own pen to use during your visit.

6. We ask that only one person be present for appointments/visits. If you have special circumstances and need an accommodation to have additional persons present for your appointment, you must call and inform your LASNNY host prior to your appointment. You must call ________________

7. I understand that my LASNNY Host could make arrangements to meet with me by phone or video. I understand that in spite of all precautions LASNNY is taking, there could be some risk of being exposed to COVID-19 in the LASNNY office. I choose to enter the premises in spite of this risk and agree to adhere to these guidelines during my visit.

These Guidelines must be signed and returned to your LASNNY host before you can access a LASNNY office. Any client or visitor who does not agree to comply with or to sign these Guidelines will not be permitted to enter a LASNNY office during the pandemic.

By signing I agree to comply with these LASNNY Client and Visitor In-Office Guidelines.

__________________________________  ______________________
Signature                      Date

________________________________
Printed name
To: All Staff
From: Emergency Response Team
Date: June 2, 2020
Re: Return to Office on June 1, 2020

In preparation for return to the physical office, LASNNY is adopting the following policies effective June 1, 2020. These plans are based on our commitment to preserving the health of our clients, staff and the community, as well as our commitment to meeting the legal needs of the low income community we serve.

1. The LASNNY Amsterdam and Northern offices will start to reopen on June 1, 2020 with Albany and Saratoga Springs to follow June 8, depending on regional data.

2. LASNNY will continue to monitor any state or federal orders, U.S. Centers for Disease Control (CDC) guidance and the New York State Department of Health. If a change is made to the current date for reopening the office, staff will be notified via email.

3. When the office reopens, in order to maintain social distancing, most staff will be asked to return to the office on a staggered schedule and work remotely the remainder of time. The first schedule is listed at the end of this document. If you need to switch a day, please coordinate with your Deputy Director (DD) so we can maintain reduced, adequate staffing within the office on all days.

4. Each DD is responsible for coordinating work assignments within their office(s) to maintain work coverage. Staff may request special accommodations, such as working remotely due to childcare obligations, from their DD and those requests will be considered and discussed with the employee.

5. All staff are expected to report back to the office as assigned. If a staff member cannot work in the office or remotely, the staff member must consult with their DD and get permission to then take PTO. Staff members who are sick or caring for an ill family member shall notify their DD. If they or a family member are experiencing COVID-19 symptoms they may use sick or other appropriate leave in accordance with normal policies.

6. If a staff member has experienced or is experiencing COVID-19 symptoms which may include fever, shortness of breath, loss of taste, etc. in the past 14 days, or has tested positive for COVID-19 in the past 14 days, or in the past 14 days has been knowingly exposed to someone who has either tested positive for, or is suspected of having COVID-19, they are required to work remotely or to take sick time, and to remain away from the LASNNY office until a medical professional clears the staff member to return to work, or the staff member has been tested and cleared for returning to work under current protocols, or the staff member certifies in writing
that they are fever-free, have been completely symptom-free for at least three days, and a least 14 days have passed since the onset of symptoms. Currently the CDC has defined symptoms of COVID-19 as cough, shortness of breath or difficulty breathing or at least two of the following: fever (100.4 or above), chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. Staff may choose to take regular leave or take the additional leave available through December 31, 2020.

7. Before reporting to work each day during Phase 2, staff scheduled to be at the office must respond to the survey on Survey Monkey they received about symptoms, illness and exposure to COVID-19 prior to entering the office. The survey requires staff to affirm each day:
   a. Have had no COVID-19 symptoms in the past 14 days (cough, shortness of breath or difficulty breathing or at least two of the following: fever (100.4 or above), chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell)
   b. Have not tested positive for COVID-19 in the past 14 days, and
   c. Have not knowingly been exposed to someone who has tested positive for, or is suspected of having, COVID-19 in the past 14 days

8. If a staff member begins experiencing symptoms of COVID-19 while at the office, that person should isolate themselves immediately, and then, in a safe manner, immediately notify the DD and HR of their illness, then call their County Health Department and follow their procedures, including instructions for contact tracing. After the employee leaves the office, a thorough cleaning of their work area will be conducted.

9. If a member of your household becomes ill and you are required to remain at home and/or use leave, please notify your DD and let them know if you will be working remotely and/or utilizing leave to ensure that assigned tasks and deadlines are reassigned. Staff may choose to take regular leave or take the additional leave available through December 31, 2020.

10. Currently all work travel is suspended and all in person outreach events and presentations are suspended (unless an in-person court or agency hearing is required).

11. No client meetings are permitted at the office unless absolutely necessary. All necessary client meetings must be approved by a DD. Clients must sign the attached guidelines. Staff must inform the DD of any clients permitted to enter the office. When a client enters, they should seat themselves in the designated conference room while waiting for their meeting. All client meetings may be held only in a designated room. The staff person conducting the client meeting must clean the conference room and any shared materials immediately after the meeting. The receptionist will maintain a log of all client and non-staff visitors.
12. For at least 2 weeks after opening, no other guests or vendors will be permitted in the LASNNY office. If a vendor absolutely must enter the office, they will be required to sign and adhere to the attached guidelines. Any vendor drop-off must be coordinated with the DD or other designee. The receptionist will maintain a log of all client and non-staff visitors.

13. In person meetings of internal staff will not be permitted for the first 2 weeks. All meetings, including staff meetings and external meetings, should be held via video call or telephone.

14. LASNNY will not tolerate behavior misdirected against individuals because of a protected characteristic, including their national origin, race, or other prohibited bases due to fears related to COVID-19 or for any other reason.

Procedures for maintaining safety in all offices:

1. All staff are required to wear a mask when entering and exiting the building and in any common areas, including the kitchen, bathroom, hallways, elevators and copy room. All staff will receive 1 washable, reusable cotton mask and are responsible for maintaining.

2. Staff are not required to wear masks while working in their individual workspaces.

3. During the first 2 weeks, staff are expected to stay 6 feet away from other staff members’ work area at all times.

4. Staff are expected to maintain a distance of at least 6 feet from other people in the hallways, conference room and bathroom. Only one person is permitted by or in a copier room, bathroom or kitchen at a time.

5. Only one staff member will enter a mail room area at a time. No access to the reception front desk area is allowed, except for the person working the front desk.

6. All staff are required to clean and disinfect their office or cubicle areas at least weekly. Cleaning crews will be cleaning nightly all hard surfaces, handles, and railings.

7. All staff are required to clean and disinfect items used in the copier room, kitchen, or conference room after each use. All staff are required to follow hand hygiene and all cleaning protocols.

8. Staff are encouraged to minimize trips in and out of the office during the workday to decrease potential exposure.

9. The DD will be responsible for ensuring that this policy is followed. Any staff member who has concerns about another staff member’s adherence to the policy is encouraged to talk to that person or DD. All procedures outlined in this policy are mandatory and failure to follow them may lead to disciplinary action.

10. If any staff members, guests, clients, vendors or anyone else has questions about this policy they should be directed to the Executive Director or Deputy Directors.
11. These return to work policies will continue developing. This policy will be updated as changes are needed.
12. If an employee is working remotely, all remote work expectations should be followed.

Given the physical size and staffing of each office, specific protocols consistent with this plan may be developed for each office and staff are required to follow these protocols as well.

I acknowledge receipt of LASNNY’S Return to Work Plan. I agree to certify on my computer that if I am in the office that I have had no COVID-19 symptoms in the past 14 days, I have not tested positive for COVID-19 in the past 14 days, and I have not knowingly been exposed to someone who has tested positive for, or is suspected of having, COVID-19 in the past 14 days. I further understand that my failure to comply with this Plan may lead to disciplinary action up to and including termination of employment.

____________________________________  ______________________________
Signature                                      Date

____________________________________________
Please print name
Remote Work Policy Agreement

I have read and understand this remote work policy and I understand that if provided a remote work arrangement, I agree to submit a remote work plan weekly and agree to abide by the conditions outlined in this policy.

Employee Signature: ___________________________ Date: __________________

Manager Signature: ___________________________ Date: __________________

Executive Director Signature: ___________________ Date: __________________

A. Employee Information
Name: ___________________________________________ ______________________
Job Title: ___________________________________________ FLSA Status: □ Exempt □ Non-exempt
Direct Supervisor: ___________________________ Telephone: __________________

B. Remote Work Site
Street Address: ___________________________________________ ______________________
City: ___________________________ State: ______ Zip: ______________
Work Phone: ___________________________ Email: ___________________________
Cell Phone: ___________________________ Fax: ___________________________

C. Work Schedule and Hours
Remote Work schedule
Begin Date: ___________________________ End Date: ___________________________
Provide regular remote work hours agreed to:
Monday: __________ to __________
Tuesday: __________ to __________
Wednesday: __________ to __________
Thursday: __________ to __________
Friday: __________ to __________
Saturday: __________ to __________
Sunday: __________ to __________

D. Equipment
LASNNY property that will be utilized at the remote work location:

Employee-owned equipment that will be utilized at the remote work location:
All Staff COVID-19 Work Survey

Your responses will be kept confidential!

All staff suggestions will be looked at but we cannot guarantee that we can implement them all.

1. First name

2. Last Name

* 3. Do you think you are able to complete all of your job duties from home without any expense to LASNNY?

☐ Yes

☐ No

Please explain your answer in this text box. If you cannot complete all of your job duties from home, please list which of your job duties are not being accomplished as easily from home and why they cannot be accomplished as easily (or at all) from home?

(please specify)

* 4. Do your regular, pre-COVID job responsibilities require you to be in a public space on a regular basis ("public space" is a courthouse or some other location that is not your home or office; this would include outreach/clinics that you conduct on a regular basis)?

☐ Yes

☐ No
5. For those of you who are required to be in a public space on a regular basis, how can we help you plan and conduct business so that you can both be safe, and do your job effectively?

* 6. What types of supplies, equipment, etc. do you think you need to be safe in your LASNNY office itself or location (Please note: LASNNY can’t promise it can provide every conceivable type of supply due to cost constraints and supply limitations)?

7. What types of supplies, equipment, etc. do you think you need to be safe in your primary work location if it is not a LASNNY office, such as a courthouse, or at an outreach location (Please note: LASNNY can’t promise it can provide every conceivable type of supply due to cost constraints and supply limitations)?

* 8. What protocols (standard practices) do you think are necessary to promoting our safety while working in the office, beyond what are already required by government order? Name your top 3.

* 9. Do you foresee other barriers to your return to work, besides the need for “personal protection” supplies and equipment?

* 10. Please describe how you feel about returning to work?

  ○ Anxious  ○ OK

  ○ Can’t wait  ○ other
* 11. Would you be interested in working in the office at times other than LASNNY’S regular work schedule?

- Yes
- No
- Other (please specify)

If answered “Yes” or “Other” to 11, then goes to 12, otherwise goes to 13:

12. Rate the following modified work schedules based on your preference. One being strongly preferred, 5 being least preferred.

- Arriving earlier leaving earlier
- Arriving later leaving later
- Staggered weeks
- Staggered days (for example MTW_)
- Teams by program areas.
- I am not interested in any of these staggered work options.

13. What are your top 3 concerns about returning to work?

14. What do you think applicants/clients need so that they (and LASNNY staff) will be safe when they come to our offices?

15. Can you describe different ways(s) to conduct your job responsibilities that would contribute to your/others’ safety? Do you think that others you interact with will/can conduct business remotely or in a different or safer manner? Please describe.

16. Do you have minor children that require childcare? If yes, please let us know if you have safe childcare options if you were to return to your office to work.
17. Is there any reason you should not return to work in the office: ☐

☐ I have Covid-19 or been exposed to someone with Covid-19

☐ Someone in my household has or has had Covid-19 or been exposed to someone with Covid-19

☐ I am or someone in my household is immunosuppressed

☐ I am or someone is older than 60

☐ I have a respiratory condition or live with someone with a respiratory condition

☐ I currently have a fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell (other symptoms)

☐ No reason why I can’t return

Other (please specify)

18. Office

19. Please provide us with any additional information/comments that you would like to share: