



**DEPARTMENT OF THE AIR FORCE
6TH AIR REFUELING WING (AMC)
MACDILL AIR FORCE BASE, FLORIDA**

04 August 2021

MEMORANDUM FOR ALL INDIVIDUALS ON MACDILL AFB

FROM: 6 ARW/CC

SUBJECT: Transition to Health Protection Condition Charlie

References: (a) 6 ARW/CC, "Transition to Health Protection Condition Bravo+," 28 July 2021. (*hereby superseded*)
(b) Secretary of the Air Force, "Department of the Air Force (DAF) Guidance for Commanders' Risk-Based Responses and Implementation of Health Protection Condition Framework during the Coronavirus Disease 2019 Pandemic," 19 May 2021.
(c) Secretary of Defense, "Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework during the Coronavirus Disease 2019 Pandemic," 29 April 2021.
(d) Under Secretary of Defense, "Force Health Protection Guidance (Supplement 18) – DoD Guidance for Protecting All Personnel in DoD Workplaces During the Coronavirus Disease 2019 Pandemic," 17 March 2021.
(e) Deputy Secretary of Defense, "Updated Mask Guidance for all DoD Installations and Other Facilities," 28 July 2021.
(f) Secretary of the Air Force, "Department of the Air Force Guidance on Use of Masks," 16 February 2021.
(g) Secretary of Defense, "Use of Masks and Other Public Health Measures," 4 February 2021.

1. This letter supersedes the previous HPCON Bravo+ memo, Reference (a). Due to the increasing rate of COVID-19 cases as well as the decreasing capacity of the standard of healthcare in the local community and on MacDill AFB, we must elevate the HPCON level from Bravo+ to Charlie. Installation access through the Trusted Traveler program remains unaffected at this time. Installation mission support services will remain open but with mitigation measures.
2. Team MacDill is entering a period of higher risk as the trending number of COVID-19 infections continues to rise. I remain in close consultation with the Public Health Emergency Officer (PHEO) and his team, who will continue to inform my decisions to ensure appropriate health and safety conditions across the base.
3. Unit and mission partner commanders should reevaluate mission areas to ensure maximum COVID mitigation strategies are in place, to prioritize manning against essential tasks and to limit unnecessary exposure. Teleworking and virtual meetings should be maximized to the greatest extent possible without degrading mission capabilities in accordance with References (b), (c) and (d). References (b) and (c) are the guides to achieve mission requirements while maximizing COVID-19 mitigation measures. MacDill AFB will

utilize the 11 categorical exemptions included in Reference (b), with any further exemptions approved by 6 ARW/CC. Specifically exempted from workplace occupancy limits tied to HPCON levels are US Central Command Headquarters, US Special Operations Command Headquarters, the Navy Operational Support Center, the 6th Air Refueling Wing and the 927th Air Refueling Wing. Additional exemptions to the HPCON Charlie 25% workplace occupancy limit shall be routed through the chain of command or from the mission partners to 6 ARW/CC for approval. When making an exemption decision, 6 ARW/CC will weigh operational, readiness, and safety impacts as well as the mitigation measures, such as vaccination percentage, when considering the risk of allowing the spread of COVID-19 within the facility in question.

a. Mission essential activities and meetings are at the discretion of unit commanders, but in-person attendees should be kept to the minimum necessary for mission requirements in accordance with References (b) and (c).

b. Non-mission essential activities, including promotions and retirements, may be approved by the unit commander, not to exceed 10 people. Exceptions for larger gatherings may be granted by the first O-6 in the chain of command.

4. While on MacDill AFB, all personnel will maintain strict hygiene measures, practice social distancing (maintaining a distance of greater than 6 feet) and wear a mask in accordance with References (e), (f) and (g). All personnel are strongly encouraged to wear masks at off-installation venues (e.g. bars, restaurants, etc.) where the vaccination status of others is unknown. With regard to travel for leave and pass (liberty), all personnel will follow their respective organizations' most current policies outlining restrictions, in addition to relevant DoD or Service-specific guidance.

5. Servicemembers will abide by current guidelines for quarantine and isolation. If you are given a "Notice of Isolation" memorandum signed by our PHEO, due to illness or positive COVID-19 test results, you are not allowed to leave your residence except to receive required medical care. You should have no person-to-person contact with any non-isolation individuals except as approved by the PHEO.

6. We should all avoid social gatherings, whether on or off base, that do not readily allow for appropriate health and safety practices. Our best defense against COVID-19 and future variants is vaccination, along with your cooperation in adhering to social distancing and mask wear protocols. Thank you for doing your part to protect our people and missions at MacDill.

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BENJAMIN R. JONSSON, Colonel, USAF
 Commander



SECRETARY OF THE AIR FORCE
WASHINGTON

MEMORANDUM FOR ALL MAJCOM-FLDCOM-FOA-DRU/CC
DISTRIBUTION C

SUBJECT: Department of the Air Force (DAF) Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework during the Coronavirus Disease 2019 Pandemic

- References: (a) Executive Order 13991, "Protecting the Federal Workforce and Requiring Mask-Wearing," January 20, 2021
(b) Office of Management and Budget Memorandum, "COVID-19 Safe Federal Workplace: Agency Model Safety Principles," January 24, 2021
(c) DoD Instruction 6200.03, "Public Health Emergency Management (PHEM) Within the DoD," March 28, 2019
(d) Secretary of Defense Memorandum, "Guidance for Commander's Risk-Based Responses and Implementation of the Health Protection Condition Framework during the Coronavirus Disease 2019 Pandemic", April 29, 2021

This memorandum is issued pursuant to References (a), (b), and (c), relating to public health measures, and (d), relating to the implementation of the Department of Defense Health Protection Condition Framework.

The Department of the Air Force (DAF) is committed to taking every precaution to ensure the health and well-being of our military members, civilian employees, and their families in response to the Coronavirus Disease 2019 (COVID-19) pandemic. The DAF supports, and will continue to implement, all measures necessary to mitigate risks of the spread of the disease.

Pursuant to my authority as outlined in reference (d), I delegate authority to determine HPCON level to military installation commanders. Further, I delegate authority to grant exemptions for workplace occupancy limits to installation commanders in a grade no-lower than O-6. Tenant mission owners will coordinate with installation commanders to request work place occupancy exemptions.

We expect commanders to balance the risk to mission and risk to force and continue to execute their missions while supporting their co-located mission partners in the execution of assigned missions. Our charge is to defend the nation, both with the execution of our duties and through our collective public health measures. We will conduct the critical national security business of the DAF in spite of COVID-19. Commanders will work with medical authorities to modify building occupancy limitations as necessary to sustain their mission while protecting the force and its families.

In accordance with references (a), (b), (c), and (d) and except as provided herein, effective immediately commanders will implement and adhere to the established framework. Pursuant to my authority as outlined in reference (d), DAF-wide categorical exemptions to HPCON-driven occupancy limitations are as follows:

- (1) Command and Control facilities (e.g. Base Defense Operations Centers, Maintenance Operations Centers, wing operations centers, Command Posts, etc.)
- (2) Critical installation security activities (e.g. guard mount facilities, armory, etc.)
- (3) Medical Treatment Facilities
- (4) Deployment and Passenger Processing Facilities
- (5) Maintenance facilities (e.g. depots, flightlines, logistics, supply facilities, etc.)
- (6) Air Traffic Control facilities (e.g. Air Traffic Control Towers, Terminal Radar Control Facilities, etc.)
- (7) Aircrew, missile, space and range operations facilities (e.g. planning, briefing, life support, alert facilities, etc.)
- (8) Formal military and civilian training (e.g. BMT, formal flying training, tech training, etc.) and education (e.g. ACSC, USAFA, etc.) programs and facilities
- (9) Special Compartmented Information Facilities and/or Special Access Program Facilities
- (10) Child and Youth Programs and facilities (e.g. Child Development Centers, Youth Centers, etc.)
- (11) On-installation schools (PK-12)

We expect the commanders responsible for the facilities captured under these categorical exemptions to ensure adherence to all other public health protection measures unless separately waived. These categorical exemptions are not intended to signify a return to pre-pandemic occupancy but rather provide commanders the necessary flexibility to weigh risk to mission and risk to force, implement appropriate mitigation measures, and execute assigned missions.

We further expect all individuals possessing delegated authorities to, at a minimum, review all references listed in this delegation and remain consistent with the intent of the documents as they evaluate further exemptions. When making an exemption decision, all individuals possessing authority must weigh the operational, readiness and/or safety necessity of conducting a mission or task against the risk of allowing the spread of COVID-19 within the facility in question.

Installation commanders must coordinate their actions with mission and installation partners. Commanders at a DAF-led joint base should refer to their Joint Basing Memorandum of Agreement for details on installation support function responsibilities and ensure proper coordination with their supported component. Commanders at non-joint bases and tenant mission owners will coordinate exemptions with mission partners and installation commanders as appropriate. If commanders cannot resolve the conflict, refer the issue to the next level of command.



John P. Roth
Acting Secretary of the Air Force



SECRETARY OF DEFENSE
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WASHINGTON, DC 20301-1000

APR 29 2021

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease 2019 Pandemic

- References:
- (a) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 2) - Department of Defense Guidance for Military Installation Commanders' Risk-Based Measured Responses to the Novel Coronavirus Outbreak," February 25, 2020 (hereby rescinded)
 - (b) Secretary of Defense Memorandum, "Guidance for Commanders on the Implementation of the Risk-Based Responses to the COVID-19 Pandemic," April 1, 2020 (hereby rescinded)
 - (c) Secretary of Defense Memorandum, "Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic," May 19, 2020 (hereby rescinded)
 - (d) Office of Management and Budget Memorandum, "COVID-19 Safe Federal Workplace: Agency Model Safety Principles," January 24, 2021
 - (e) DoD Instruction 6200.03, "Public Health Emergency Management Within the DoD," March 28, 2019
 - (f) Secretary of Defense Memorandum, "Update to Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions," March 15, 2021
 - (g) Assistant Secretary of Defense for Manpower and Reserve Affairs Memorandum, "Guidance for Commanders on Reopening Child Development Programs During the COVID-19 Pandemic," June 10, 2020

This memorandum rescinds previous DoD coronavirus disease 2019 (COVID-19) Health Protection Condition (HPCON) guidance prescribed in references (a), (b), and (c). This memorandum provides direction on HPCON levels, protective actions to be taken at each level, and criteria to transition between levels. It provides implementation guidance for management of installation¹-based HPCON levels and associated force health protection (FHP) measures.

¹ For the purposes of this guidance, a military installation is a base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Secretary of a Military Department or the Secretary of Defense, including any leased facility, which is located within any State, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, or Guam. In the case of an activity in a foreign country, a military installation is any area under the operational control of the Secretary of a Military Department or the Secretary of Defense, without regard to the duration of operational control.



OSD003544-21/CMD004963-21

This memorandum also incorporates advice from the Centers for Disease Control and Prevention (CDC) on protective actions to mitigate risk of COVID-19 infection and Office of Management and Budget guidance on workplace safety and occupancy (reference (d)).²

This pandemic is dynamic and manifests differently by location, setting, population, and individual. As a result, responses to COVID-19 will need to be flexible, tailored, and incremental.

HPCON Levels

This memorandum serves as a COVID-19-specific HPCON supplement to reference (e), which provides policy and procedures applicable to significant public health events and use of the HPCON framework.

The authority to determine HPCON levels (“HPCON implementation”) is delegated to the Secretaries of the Military Departments (MILDEPs) and may be further delegated in writing to a level no lower than military installation commanders. The Interim Director of Administration and Management has HPCON implementation authority for the Pentagon Reservation. Those with HPCON implementation authority will coordinate changes in HPCON levels with other military installations in the same local commuting area (e.g., approximately 30 miles) to the greatest extent practicable to facilitate consistency in response and unity of messaging.

Those with delegated HPCON implementation authority may also adjust FHP measures within any HPCON level based on mission, other risk considerations, and in consultation with their respective military public health and medical advisors, to the extent consistent with overarching DoD FHP guidance.

The updated HPCON framework implemented across the Department in response to COVID-19 is expanded to six levels, including an HPCON Bravo-Plus (B+) level. Several fundamental protective actions are common to most levels, while more robust protective actions are implemented as the HPCON level rises from A through D. Actions for each HPCON level are included in the attachment. The updated framework is based on a daily average of reported cases over the prior 7 days and incorporates whether cases are increasing, steady, or declining over time. CDC Community Transmission Levels and CDC and DoD information from the 2019-2020 winter COVID-19 case-rate surge, were used to inform the development of case rates for each HPCON level. Case-rate thresholds should not be considered the exclusive factor for determining HPCON levels. These case-rate thresholds, along with criteria outlined in the attachment, are provided to help the HPCON implementation authority determine and change HPCON levels.

² All actions will comply with applicable labor obligations (to the extent such obligations do not conflict with the agency’s ability to conduct operations during this emergency).

Workplace Occupancy Requirements

In accordance with reference (d), the Department will continue to take steps to limit the number of personnel in workplaces through remote work, flexible scheduling, and other methods consistent with the level of COVID-19 transmission in the community. Workplace occupancy limits for each HPCON level are included as measures in Table 1 of the attachment.

DoD Component heads have the authority to grant exemptions for workplace occupancy limits that are required for national security and the success of critical missions. DoD Component heads other than the Secretaries of the MILDEPs may delegate this workplace occupancy limit authority in writing to a level no lower than a general/flag officer or Senior Executive Service member (or equivalent). Secretaries of the MILDEPs may delegate workplace occupancy limit exemption authority in writing to a level no lower than an O-6 installation commander. The Interim Director of Administration and Management has workplace occupancy limit exemption authority for all DoD Components located on the Pentagon Reservation. When considering a workplace occupancy limit exemption, those with exemption authority must take into account the ability to maintain distance between personnel and other public health and workplace safety measures contained in the most current, applicable DoD FHP guidance.

A record of all workplace occupancy limit exemptions will be retained by the exemption authority and provided for awareness to the public health office concerned and to the installation commander, if different from the exemption authority. FHP measures and other appropriate mitigation measures should be used rigorously in all areas and especially in areas for which an occupancy exemption has been granted.

The attachment provides details on determining HPCON levels and associated FHP actions. Questions regarding the content of this memorandum should be directed to the Under Secretary of Defense for Personnel and Readiness, who may rescind or modify this memorandum in response to changing pandemic conditions.



Attachment:
As stated

DETERMINING HPCON LEVELS AND FHP ACTIONS FOR THE COVID-19 PANDEMIC

Those with delegated HPCON implementation authority will exercise their authority by making deliberate, risk-based decisions to change HPCON levels as COVID-19 pandemic conditions on, and adjacent to, installations evolve. These decisions must be informed by local¹ conditions based on public health surveillance data; guidance from the CDC and, if applicable, relevant host nation (HN) authorities; collaboration with State, territorial, and local public health and medical authorities; and advice from the Public Health Emergency Officer and local military medical treatment facility (MTF) director or commander, or military medical authority if an MTF is not present.

Levels of community transmission corresponding to HPCON level rates will be prepared by the Defense Health Agency's Armed Forces Health Surveillance Division on a twice-weekly basis and are available online at <https://go.intelink.gov/gIKcynv>, via email distribution as requested at dha.ncr.health-surv.list.ib-alert-response@mail.mil, and via the Health Surveillance Explorer at <https://go.intelink.gov/YDIhQu6>.

Local community transmission levels also may be established by utilizing State and local health department websites or by consulting the CDC's COVID-19 Data Tracker County View (<https://covid.cdc.gov/covid-data-tracker/#county-view>), and converting the data to daily averages. Installations outside the United States should consult country-level data for their HNs if local community level data is unavailable (<https://covid.cdc.gov/covid-data-tracker/#global-counts-rates>). Other sources of data include academic institutions and the World Health Organization if HN data is inaccessible.

Conditions for Changing HPCON Levels

Concurrent with any HPCON level changes, installation commanders must ensure there are established plans and ready capability for COVID-19 testing, contact tracing, patient isolation, and quarantine measures for those returning or arriving from high-exposure locations or those exposed to persons confirmed to have COVID-19 in accordance with applicable DoD FHP guidance. Particular attention should be focused on the average number of new cases per day, as well as trend data that indicate the long-term direction of the pandemic in the local installation community and on the installation. Trend analysis should consider recent data as well as longer-term data to determine the trajectory of the pandemic over the course of several weeks or months. Criteria to consider include:

- Cases: Daily average² of new cases per 100,000 people per day (Table 1).

¹ Local is defined as the approximate local commuting area for the installation of interest.

² Daily averages can be calculated from weekly or biweekly totals by dividing by the number of days (7 or 14, respectively).

- Cases: Sustained 2-week downward trajectory of documented COVID-19 cases in the local community; likewise, upward trajectories should be considered in determining whether to increase HPCON levels.
- Cases: Downward trajectory in positive tests as a percentage of total tests over the preceding 7-day period³ supports a decision to reduce HPCON levels to the next lower level; likewise, upward trajectories should be considered in determining whether to increase HPCON levels.
- Medical Facilities: MTFs or local hospitals have the capacity to treat all patients without situational standards of care as defined in reference (e). Information on local DoD and civilian hospitals, including occupancy rates, is available on the Advana COVID-19 dashboard at <https://covid-status.data.mil/#/>, and indicators of hospital capacity are available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>.

Table 1, below, contains FHP activities installation commanders will undertake at each HPCON level. Installation commanders may deem it necessary to take additional precautions for select personnel and medically vulnerable populations (e.g., elderly, underlying health conditions, respiratory diseases, and immunocompromised) and are both encouraged and authorized to do so. Additionally, installation commanders should be mindful that protective actions that are driving case counts lower may have to be continued in order to continue accruing the benefits from taking those measures.

Installation commanders outside the United States have unique geographic constraints and operational considerations for FHP. U.S. personnel should respect relevant HN and allied forces standards, as applicable. Geographic Combatant Commanders have authority to set policy in accordance with operational requirements and to match relevant HN and allied forces standards, as applicable.

HPCON Framework

HPCON 0 is the base level for the HPCON Framework and represents a return to normal operations. Even if a community achieves a level of no transmission, the risk of reintroduction will remain until very high levels of immunity are present globally. Further, given the unknown duration of the COVID-19 pandemic, subsequent guidance and updates may address changes to the criteria or thresholds indicated by growing or new evidence, as well as necessary recovery activities and the transition from HPCON A to 0.

When changing to a lower HPCON level, installation commanders should remind personnel of the need to maintain vigilance in practicing personal hygiene measures, physical distancing (>6 feet), wearing masks, and minimizing in-person social gathering and time spent in crowded environments in accordance with DoD FHP guidance.

³ Periodicity should be based on available data (e.g., 14 rather than 7 days).

TABLE 1: Force Health Protection Actions by HPCON Level^{1,2} for the COVID-19 Pandemic

Severe HPCON D	Widespread community transmission A daily average of more than 60 new cases per 100,000 population in the last 7 days (>421 cumulative new cases per 100,000 population in the last 7 days) AND no decline in cases or a decline in new cases of less than 7 days.	Utilize measures from HPCON A, B, B+, and C with the following modifications: a. Less than 15 percent of normal occupancy in the workplace. b. Strongly consider declaring a local Public Health Emergency. c. Consider limiting visitor access to the installation. d. Distribute personal protective equipment as appropriate. e. Cancel non-mission-essential activities.
	OR A daily average of more than 100 new cases per 100,000 regardless of increase or decline from the previous week.	
Substantial HPCON C	Sustained community transmission A daily average of 31-60 new cases per 100,000 population in the last 7 days (211-420 cumulative new cases per 100,000 population in the last 7 days).	Utilize measures from HPCON A, B, and B+ with the following modifications: a. Less than 25 percent of normal occupancy in the workplace. b. Consider declaring a local Public Health Emergency. c. Consider limiting visitor access to the installation. d. Limit social gatherings of 10 or more people. e. MTFs may limit elective surgeries in accordance with guidance from the Defense Health Agency and Assistant Secretary of Defense for Health Affairs. f. Re-scope, modify, or potentially cancel exercises. g. Schools operated by the Department of Defense Education Activity (DoDEA) will operate remotely.
Moderate + HPCON B+	Elevated community transmission A daily average of 16-30 new cases per 100,000 population in the last 7 days ³ (110 - 210 cumulative new cases per 100,000 population in the last 7 days).	Utilize measures from HPCON A and B with the following modifications: a. Less than 40 percent of normal occupancy in the workplace. b. Be prepared to limit access to installations by visitors and cancel events/exercises. c. Military commanders may restrict off-duty military personnel from off-installation venues (e.g., bars, restaurants, concert halls). d. Indoor common areas and large venues may be closed. Dining establishments may be limited to takeout service and outdoor service. Venues identified as mission-critical, such as commissaries, may be limited in their operational hours and occupancy. e. Gyms may be closed at this level or operate at diminished occupancy.
Moderate HPCON B	Increased community transmission A daily average of 2-15 new cases per 100,000 population in the last 7 days (14-109 cumulative new cases per 100,000 population in last 7 days).	Utilize measures from HPCON A with the following modifications: a. Less than 50 percent of normal occupancy in the workplace. b. Medically vulnerable individuals should shelter-in-place and be permitted to telework as much as possible to minimize exposures. Personnel who reside with medically vulnerable persons should be permitted to telework if possible and should take precautions to limit their exposures as well. c. Re-scope or modify exercises in affected areas to limit risk to DoD personnel. d. Installations may limit occupancy of common areas where personnel are likely to congregate and interact by marking approved sitting areas or removing furniture to maintain physical distancing. If modification is not feasible, such areas may be closed.

¹ Consider transmission rates, disease trajectory, and medical facility capabilities/capacities in changing HPCON levels. Case-rate thresholds should not be the sole determining factor for an installation's HPCON level but instead should serve as guidelines to be integrated into a comprehensive review process.

² MILDEPs may delegate HPCON level determination to a level no lower than the military installation commander.

³ CDC high transmission is ≥ 100 new cases per 100,000 population in the last 7 days (a daily average of >14.3 new cases per 100,000 population in the last 7 days).

Limited	Minimal community transmission A daily average of fewer than 2 new cases per 100,000 population in the last 7 days (<14 cumulative new cases per 100,000 population in last 7 days).	<ul style="list-style-type: none"> a. Less than 100 percent of normal occupancy in the workplace. When determining a command's specific occupancy, local commanders should take into account facility/workspace, including whether it permits social distancing, and the most current DoD and CDC guidance. b. Utilize telework, flexible scheduling, and alternate work locations to meet occupancy standards where possible. Medically vulnerable individuals (e.g., persons who are elderly, have underlying health conditions, have respiratory disease, are immunocompromised) and mission-critical personnel awaiting deployment/travel to the local commuting area for employment may be prioritized for telework status. c. Emphasize personal hygiene measures, such as washing hands frequently and for at least 20 seconds with soap and water; using hand sanitizer; avoiding touching eyes, nose, and mouth; staying home when ill and avoiding contact with others; covering coughs and sneezes; avoiding sick persons; and ensuring that immunizations are up to date. d. Require physical distancing (>6 feet) and wearing masks in accordance with DoD guidance, and minimize in-person social gathering and time spent in crowded environments. e. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness. f. Common areas and large venues (e.g., sit-down dining, movie theaters, sporting venues, and commissaries) may operate if they adhere to physical distancing guidelines, sanitation protocols, masking requirements, and any occupancy requirements. g. Outdoor recreation areas (including parks and picnic areas, beaches, campgrounds, marinas, golf courses, and other outdoor facilities) may operate if they adhere to physical distancing guidelines, sanitation protocols, masking requirements, and any occupancy requirements in shared spaces. h. Gyms may operate if they adhere to physical distancing guidelines, sanitation protocols, masking requirements, and any occupancy requirements. i. Approve leave and travel to this area in accordance with the current version of reference (f), and any other applicable DoD FHP guidance. j. Schools operated by DoDEA may operate in accordance with guidance from the Director, DoDEA. k. Child development programs may operate in accordance with the current version of reference (g) and if they adhere to current DoD guidance on modified physical distancing, sanitation protocols, masking requirements, and any other guidance from the DoD or installations appropriate to these settings.
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PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

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MAR 17 2021

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Force Health Protection Guidance (Supplement 18) – Department of Defense
Guidance for Protecting All Personnel in Department of Defense Workplaces
During the Coronavirus Disease 2019 Pandemic

- References:
- (a) Department of Defense Instruction (DoDI) 6200.03, "Public Health Emergency Management (PHEM) Within the DoD," March 28, 2019
 - (b) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 15) Revision 1 – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Testing Services," March 15, 2021
 - (c) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces During the Public Health Emergency of the Coronavirus Disease 2019 Pandemic," April 13, 2020 (hereby rescinded)
 - (d) DoDI 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019, as amended
 - (e) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
 - (f) DoDI 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping," June 6, 2011, as amended
 - (g) DoDI 6055.12, "Hearing Conservation Program (HCP)," August 14, 2019, as amended
 - (h) Secretary of Defense Memorandum, "Use of Masks and Other Public Health Measures," February 4, 2021

This memorandum further supplements requirements regarding the coronavirus disease 2019 (COVID-19) pandemic in accordance with reference (a) and rescinds reference (c). The Centers for Disease Control and Prevention (CDC) is continuously updating science-based guidance to slow the spread of the COVID-19 pandemic, including guidance to prevent transmission of the disease in workplaces. All DoD Components will continually implement appropriate procedures to protect all personnel from disease transmission in DoD workplaces.

Restrict Workplace Access

Subject to mission requirements, commanders and supervisors will take the following steps: minimize close contact between individuals in the workplace to maintain at least 6 feet of separation from others where possible; and assign telework if possible to decrease normal space occupancy.

DoD Components will further restrict access to DoD-controlled workplaces by individuals whom the CDC recommends¹ not go to work or otherwise enter work spaces, to the fullest extent practical consistent with mission needs. Current CDC Guidance for Businesses and Employers may be found at: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html#anchor_1609683582250. Additional requirements follow:

- Personnel who have symptoms of COVID-19 (e.g., fever, cough, or shortness of breath) should notify their supervisor and stay home (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>). Personnel who develop any symptoms consistent with COVID-19 during the workday must immediately isolate, notify their supervisor, and promptly leave the workplace.
- Sick personnel should follow CDC-recommended steps, which may be found at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>. Personnel who had COVID-19 should not return to work until the criteria to discontinue home isolation, which may be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>, are met, and in consultation with healthcare providers and State and local health departments.
- Asymptomatic, non-immunized personnel with potential exposure to COVID-19 based upon close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case should notify their supervisor. They should follow CDC-recommended precautions at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>. “Close contact” means a person has spent more than a total of 15 minutes in a 24-hour period within 6 feet of a COVID-19 infected individual. Close contact includes the time period of contact starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection). If individuals become symptomatic during the duty period, they should be sent home immediately.
 - As a general rule, such asymptomatic, non-immunized personnel with potential exposure to COVID-19 should not return to the workplace until they have a confirmed negative COVID-19 test as described in reference (b) or following the appropriate self-quarantine period (e.g., 14 days starting on the last day traveling or starting on the date on which close contact occurred). Quarantine may be done

¹ Because the COVID-19 pandemic requires evolving assessments and recommendations, DoD Components must regularly consult CDC and DoD guidance for updated recommendations.

in the same residence with separate rooms and a separate bathroom, if the COVID-19 positive individual is a family member or other co-inhabitant. Personnel performing duties outside the United States also will follow applicable geographic Combatant Commander guidance as to whether and how to address host nation policies. Supervisors of DoD civilian employees should also consult with human resources to determine the appropriate status for the employee.

- In cases of mission-essential activities that must be conducted on site, as determined by those with the authority to provide exceptions as indicated below, non-immunized asymptomatic personnel who otherwise would be self-quarantining may be granted an exception to continue to work on site provided they remain asymptomatic, do not have a positive test for COVID-19, and comply with the following key practices for 14 days after the last exposure: obtain a COVID-19 test following CDC's testing guidelines at: **<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>**; conduct daily pre-screening with temperature checks; self-monitor with supervision by a commander or supervisor; wear a mask, practice hand and cough hygiene; do not share headsets or other objects used near the face; continue to social distance as much as possible; and clean and disinfect their workspaces daily. This exception may be granted by the first general/flag officer or member of the Senior Executive Service (SES), or equivalent, in the chain of command/chain of supervision and, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. If the individual becomes symptomatic during the duty period, he/she will be sent home immediately. Additional CDC guidance on implementing safety practices for essential services may be found at: **<https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/essential-services.html>**.
- Personnel who have tested positive for COVID-19 within the past 3 months and who have recovered are not required to remain out of the workplace even if they have been in close contact with someone who is suspected or confirmed to be infected with COVID-19 in accordance with CDC guidance at: **<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>**.
- Fully vaccinated personnel as defined by CDC at: **<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>** are not required to remain out of the workplace if they have been in close contact with a person who has a laboratory confirmed, clinically diagnosed or presumptive case of COVID-19.

In States and localities that require members of the general public to stay at home, DoD Service members and civilian employees may report to work as directed to do so by a commander or supervisor.

Collecting Information Necessary to Protect the Workplace

Due to the public health emergency, the collection by DoD Components of COVID-19 information from individuals whose place of duty is in the DoD workplace, to the extent such collection is necessary to implement the guidance above on workplace access, is authorized. DoD Components are authorized to use DD Form 3112, "Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure," to collect this information. This form is located at:

<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf>.

- This collection of information is consistent with requirements of the health information privacy regulations under reference (e).
- This collection of information also does not conflict with recent COVID-19 guidance from the Equal Employment Opportunity Commission under the Rehabilitation Act of 1973, 29 U.S.C. § 791, et seq., as amended.
- All personally identifiable information (PII) on individuals must be appropriately safeguarded in accordance with reference (d). In implementing this memorandum, DoD Components may collect, use, maintain, and/or disseminate only the minimum amount of PII necessary to prevent the spread of COVID-19 and to protect personnel in DoD workplaces.
- If an individual reports to their supervisor that they believe they contracted COVID-19 due to exposure in the workplace, the supervisor will report this as a suspected occupational illness to supporting safety and occupational health staff as required by reference (f). The determination of work-relatedness and required recording and reporting will follow part 1904 of title 29, Code of Federal Regulations, as interpreted at: **<https://www.osha.gov/coronavirus/faqs#reporting>**.

Implementing Procedures

In implementing this memorandum, DoD Components will comply with other applicable procedural requirements.

- Information will be collected and maintained consistent with the Privacy Act, as applicable. For reference, please note that the Privacy Act system of records notice for personnel accountability and assessment may be found at: **<https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>**.
- Implementation of this guidance will also comply with applicable labor obligations to the extent such obligations do not hinder the DoD Component's ability to carry out its missions during this emergency.

- DoD Components will, through applicable contracting officers, instruct contractors to take the steps necessary to ensure that their employees whose place of duty is in a DoD workplace adhere to the workplace access restrictions required by this memorandum.

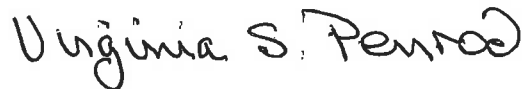
Annual Audiometric Testing

The annual survey requirements specified in paragraph 3.8.c of reference (g) may be suspended by DoD Components during the COVID-19 pandemic so long as there is a good faith effort to complete required services and compliance is not otherwise possible. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return to HPCON "0," whichever comes later.

Frequently Asked Questions (FAQs)

Attached is a listing of frequently asked questions with responses that provide guidance that will be implemented for a consistent approach to addressing many occupational safety and health issues associated with COVID-19 response activities.

DoD force health protection guidance regarding COVID-19 may be found at <https://www.defense.gov/Explore/Spotlight/Coronavirus>. Commanders, supervisors, and individuals should frequently check the CDC COVID-19 website for additional updates at: <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html>. In addition, the Occupational Safety and Health Administration has published worker protection guidance at: <https://www.osha.gov/>. My point of contact for this guidance is Mr. Steve Jones, who may be reached at steven.p.jones10.civ@mail.mil or (703) 681-7335.



Virginia S. Penrod
Acting

Attachment:
As stated

ATTACHMENT

Department of Defense Safety and Occupational Health FAQs Regarding COVID-19

Personal Protective Measures

1. QUESTION. What measures can personnel take to protect themselves from COVID-19 illness?

ANSWER. Personnel should wear masks and, when available, obtain vaccination. In addition, personnel should frequently wash hands with soap and water for at least 20 seconds. When soap and running water are not available, they should use an alcohol-based hand sanitizer, with at least 60-percent ethanol or 70-percent isopropanol as active ingredients, and rub their hands together until they are dry. In addition, employees should be advised to:

- Avoid touching their eyes, nose, or mouth with unwashed hands.
- Cover coughs and sneezes or cough/sneeze into the inside of their elbow/upper sleeve.
- Avoid close contact (within 6 feet of any individual for a total of 15 minutes or more over a 24-hour period) with people and practice physical distancing with coworkers and the public.
- Stay home if sick.
- Frequently clean high-touch surfaces at work and at home.
- Recognize personal risk factors. According to the CDC, certain people, including older adults and those with underlying conditions such as cancer, heart or lung disease, chronic kidney disease requiring dialysis, liver disease, diabetes, immune deficiencies, or obesity, are at higher risk for developing more serious complications from COVID-19. See additional information on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

2. QUESTION. What actions should commanders and supervisors take if there are persons exhibiting signs and symptoms of COVID-19 (available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) while at work?

ANSWER. Persons who appear to have symptoms upon arrival at work, or who develop symptoms during their work shift, should immediately be separated from other workers, customers, and visitors, sent home, and encouraged to seek medical attention. It is the responsibility of the employee's supervisor to inform the employee of any alternative work arrangements such as telework or leave options if an employee is sent home from the workplace. Workers diagnosed with COVID-19 may return to work when they meet the requirements for leaving isolation prescribed in the attachment to reference (b).

3. QUESTION. I have recently received both shots of the COVID-19 vaccine. Does this affect my access to the workplace? Do I still need to wear a mask and avoid close contact with others at work?

ANSWER. Personnel who have been fully vaccinated as defined by CDC at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>, or personnel who have tested positive for COVID-19 within the past 3 months and who have recovered, are not required to remain out of the workplace even if they have been in close contact with someone who is suspected or confirmed to be infected with COVID-19. However, such personnel must still follow current force health protection guidance with respect to mask wearing and social distancing.

Commander and Supervisor Actions for Worker Protection

4. QUESTION. What measures should commanders and supervisors take to assess employee exposure to the virus which causes COVID-19 illness?

ANSWER. Supervisors should assess their employees' potential exposure to COVID-19 based on job requirements. Examples of personnel in high-risk exposure groups include health care workers, emergency response workers, laboratory personnel, and retail establishment workers. The Occupational Safety and Health Administration (OSHA) has published guidance at <https://www.osha.gov/coronavirus/hazards>, which includes recommended actions supervisors can take to assess and classify exposure risks to the virus which causes COVID-19 and the implementation of appropriate exposure controls to mitigate or minimize the exposure risk at: <https://www.osha.gov/coronavirus/control-prevention>.

5. QUESTION. What are some measures that commanders and supervisors can use to limit the spread of COVID-19 in the workplace?

ANSWER. Measures should include a combination of controls, prioritized as follows: elimination, engineering controls, workplace administrative policies and practices, and use of personal protective equipment (PPE). Examples of such controls include isolation of personnel who have (or who may have) contracted COVID-19; instructing such workers to stay home and isolate or quarantine; implementing physical distancing, and maximizing teleworking policies to keep workers away from work (elimination); installing physical barriers where distancing cannot be maintained and improving ventilation (engineering); increasing the frequency of cleaning and providing supplies for personal hygiene (administrative); using face shields, gloves, and N95 respirators (PPE); and making available hand sanitizer that contains at least 60-percent ethanol or 70-percent isopropanol, particularly near frequently touched surfaces. Common strategies employed by supervisors to reduce person-to-person workplace interactions and COVID-19 transmission while sustaining mission requirements are: maximizing telework options, modifying work schedules (e.g., duty-period start and stop times); and managing work schedules by groups or cohorts in order to reduce the variation in on-site personnel occupying the same work area.

6. QUESTION. Is there additional training that commanders and supervisors should provide to their employees concerning the presence and control of COVID-19 in their work spaces?

ANSWER. Personnel should receive training about COVID-19 basic facts, including how it is spread and the importance of physical distancing, use of masks, and hand hygiene (see <https://www.osha.gov/coronavirus/safework#what-workers-need-to-know> and https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Ftransmission.html). Training also should include workplace policies and procedures implemented to protect workers from COVID-19 hazards, operation and use of controls, and the requirement for personnel who are sick to remain away from work. All training should be provided in a language that employees understand. DoD Components should comply with any applicable labor relations obligations related to training.

Screening/Symptom Monitoring

7. QUESTION. Are there acceptable procedures to screen personnel so that persons who are infected with the virus that causes COVID-19 do not enter the workplace?

ANSWER. Yes. In addition to any screening mechanisms developed by DoD Components for workplace access, commanders and supervisors should ask individuals to evaluate themselves for signs/symptoms of COVID-19 before coming to work, and to stay home if they are not well. A symptom list requiring immediate medical attention can be accessed on the CDC website at: <https://www.cdc.gov/screening/index.html>. Any individual who develops any symptoms consistent with COVID-19 during the workday must immediately isolate, notify his or her supervisor, and promptly leave the workplace. The DoD Component should have processes in place to provide advice and support to supervisors on any related reporting or human resources requirements. Screening and health checks will not identify asymptomatic individuals and are not a replacement for other protective measures such as social distancing, wearing of masks, hand washing, and personal hygiene. The CDC has provided information for screening considerations at: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html#anchor_1609683211941.

Face Masks/Coverings

8. QUESTION. When and how should personnel wear masks to protect themselves and fellow employees from COVID-19 illness?

ANSWER. Personnel should follow the requirements in reference (h). This includes personnel who have been vaccinated. If a respirator, such as an N95, is needed for conducting work activities, the respirator must be worn and a mask worn when not using the respirator (e.g., during breaks, while commuting on public transportation). Masks should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. Face shields may be provided for use with masks to protect them from getting wet and soiled, but they do not provide protection by themselves. Workers in a setting where masks

may increase the risk of heat-related illness or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with their supervisors or supporting safety and occupational health professionals to determine the appropriate mask for their setting. Wearing a mask does not eliminate the need for social distancing.

Environmental Cleaning and Facilities/Workspace Management Considerations

9. QUESTION. What procedures should be followed to clean and disinfect a workspace with particular focus on areas previously occupied by someone who is known or suspected to have been infected with COVID-19 or common areas and equipment used and shared by multiple personnel?

ANSWER. The CDC and OSHA have established enhanced cleaning and disinfection guidance for the cleaning and disinfection of work areas—including those areas previously occupied by workers with known or suspected COVID-19. Enhanced cleaning and disinfection should also be performed for common use, high-touch, high-density spaces and equipment such as in lobbies, restrooms, break areas, office elevators, and stairwells. It should also include tools and equipment that are shared by multiple users. This guidance is available at:

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Forganizations%2Fcleaning-disinfection.html and <https://www.osha.gov/coronavirus/safework>. Use all disinfectants in accordance with the manufacturer's labeling. Additionally, the Environmental Protection Agency (EPA) has a list of recommended disinfectants available on their website at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

10. QUESTION. What PPE should be worn by personnel who are cleaning work spaces or conducting maintenance activities in areas previously occupied by someone who is known or suspected to have contracted COVID-19?

ANSWER. Personnel should wear gloves, face shields (if there is a risk of splash), disposable gowns or aprons, and other protection as recommended on the Safety Data Sheet or EPA label of the cleaning or disinfectant product. When using electrostatic sprayers for disinfection, personnel should wear an N95 filtering facepiece respiration (FFR) or half-face elastomeric respirator as specified in the EPA product label. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and <https://www.cdc.gov/niosh/docs/2012-126/pdfs/2012-126.pdf>.

11. QUESTION. Is there a need to segregate a work area and demarcate it “off limits” when someone who is known or suspected to have contracted COVID-19 has worked in the area?

ANSWER. Segregation of work areas prior to cleaning and disinfection is necessary. When the cleaning and disinfection procedures described above are complete, demarcation of areas where the individuals previously worked is not necessary.

12. QUESTION. What are some actions that leaders and facilities managers can take to prevent the spread of COVID-19 in elevators?

ANSWER. Personnel should be encouraged to take the stairs when possible and where feasible. Certain stairwells or sides of stairwells should be designated as “up” and “down” to promote social distancing. Consider placing signs limiting the number of personnel allowed inside elevators and use floor markings showing where personnel should stand in elevator lobbies and within elevators to reinforce social distancing. Additional information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html>.

13. QUESTION. Are there any special procedures that workers should take if they are planning to conduct maintenance in a residence where a person who is known or suspected to have contracted COVID-19 resides?

ANSWER. If possible, delay the maintenance work. If the maintenance is necessary, the resident should be asked to remove all items that would impede the work of the maintenance personnel. The resident should clean the area of any dirt, debris, dust, etc., that would impact the effectiveness of surface disinfectant used by maintenance personnel. Workers should maintain a distance of at least 6 feet from the resident who is known to have or suspected of having contracted COVID-19. Ask that the resident remain in a separate room while maintenance is conducted. If a separate room for the resident is unavailable and the worker is unable to remain 6 feet in distance from the resident during the work, appropriate protective equipment for close contact must be worn by the worker. If necessary, clean and disinfect the work area following the CDC-prescribed procedures described in FAQ #9, and follow the procedures for personnel protection described in FAQ #10.

Ventilation

14. QUESTION. Should heating, ventilation, and air conditioning (HVAC) and air handling systems be turned off or air vents covered to prevent the spread of COVID-19 in the workplace?

ANSWER. No. Based on what is currently known, COVID-19 is spread primarily from person-to-person via close contact (within 6 feet). There is no need to shut down air HVAC and air handling systems. Ensure existing HVAC systems in buildings are functioning properly, ensure the amount of outside air supplied to the HVAC system is maximized to the extent appropriate and compatible with the HVAC systems’ capabilities, and ensure the use of air filters that have a Minimum Efficiency Reporting Value-13 or higher filter where the system can accommodate this type of filtration efficiency. In addition to the requirements for existing HVAC systems, building managers should consider other measures to improve ventilation in accordance with CDC guidance (e.g., opening windows and doors) at: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>. Complete guidance for improving ventilation is found at: <https://www.osha.gov/coronavirus/safework#improving-ventilation>

OSHA-Required Illness Recordkeeping

15. QUESTION. OSHA requires the reporting of COVID-19 as a recordable occupational illness, pursuant to 29 CFR 1904, for those personnel who contract COVID-19 while working. Given the nature of community transmission of this illness, how can I be sure an employee contracted COVID-19 in the workplace to satisfy OSHA recordkeeping requirements?

ANSWER. COVID-19 is a recordable occupational illness if a worker contracts the virus as a result of performing his or her occupational duties and if all of the following conditions are met: (1) COVID-19 illness is a confirmed case; (2) contraction of COVID-19 is work-related as described in 29 CFR 1904.5 (this condition will require a determination by the supervisor who may require input from the worker's health care provider); (3) the case of illness satisfies the requirement as a recordable illness as set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid is required, the number of days away from work meets the stated threshold). The reporting requirements are described in more detail in reference (e) and at: <https://www.osha.gov/SLTC/covid-19/standards.html>.

Suspension of Routine Safety and Occupational Health Services

16. QUESTION. May I suspend the completion of routine industrial hygiene and safety surveys required by DoDI 6055.05, "Occupational and Environmental Health," and DoDI 6055.01, "DoD Safety and Occupational Health (SOH) Program," during this pandemic in order to minimize the potential spread of the COVID-19, devote maximum resources to COVID-19 response activities, and provide maximum flexibility of employees to telework?

ANSWER. Yes. To ensure maximum compliance with CDC's social distancing guidance and DoD Components' telework arrangements, routine industrial hygiene and safety surveys may be discontinued at the discretion of the Component Designated Agency Safety and Health Official, or his or her designated representative, for the duration of the pandemic and until travel restrictions are lifted and the workplace returns to HPCON "0," whichever comes later. OSHA provides discretion for curtailment of training, auditing, inspections, and other essential safety and industrial hygiene services so long as there is a good-faith effort to complete required services and, where compliance is not possible, to ensure employees are not exposed to hazards for which they are not prepared. Please see additional details at:

<https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>.

17. QUESTION. DoDI 6055.12, "Hearing Conservation Program (HCP)," dated August 14, 2019, requires that audiometric test environments (e.g., booths) be surveyed annually. Given the recent travel restrictions associated with the COVID-19 pandemic, many components cannot complete these annual surveys. May we suspend this requirement for the duration of the COVID-19 pandemic?

ANSWER. Yes. The annual survey requirements specified in paragraph 3.8.c. of DoDI 6055.12 may be suspended by DoD Components during the COVID-19 pandemic. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return

to HPCON “0,” whichever comes later. OSHA provides discretion for curtailment of training, auditing, inspections, and other essential safety and industrial hygiene services so long as there is a good faith effort to complete required services and where compliance is not otherwise possible, to ensure employees are not exposed to hazards for which they are not prepared. Please see additional details at: <https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>.

18. QUESTION. Spirometry (lung function) testing is required in certain occupational medicine surveillance and certification exams. Given the concern with aerosol generating procedures and the COVID-19 pandemic, may spirometry be delayed until it is safe to resume?

ANSWER. Spirometry testing requires a forced expiratory maneuver that is likely to spread respiratory droplets into the air and increase the risk of COVID-19 transmission, particularly to the employees administering the spirometry examination. Occupational health clinics may suspend routine occupational spirometry unless medically essential when determined by the medical activity commanding officer in order to reduce the risk of COVID-19 transmission to occupational health staff. Any suspension of services must be coordinated with supported commands. OSHA provides discretion for curtailment of training, auditing, inspections, and other essential services so long as there is a good-faith effort to complete required services and, where compliance is not possible, to ensure employees are not exposed to hazards for which they are not prepared. Please see additional details at: <https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>.

Respiratory Protection

19. QUESTION. Some of the N95 respirators in the pandemic stockpiles have exceeded their manufacturer’s recommended shelf-life and expiration date. Should these be discarded?

ANSWER. No. Current CDC guidance addresses this issue and can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html>. Over time, the components of the N-95 respirator such as the strap may degrade, which can affect the quality of the fit and seal. The manufacturer should be contacted for additional guidance. At a minimum, use of expired respirators may be prioritized for situations where personnel are not exposed to the virus that causes COVID-19, such as for training and fit testing. Additional CDC and OSHA guidance concerning the use of stockpiled N95 respirators that have exceeded their recommended shelf-lives can be found at <https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html> and <https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus>. In addition, this website contains additional OSHA guidance on extended use or reuse of N95 respirators.

20. QUESTION. Are there acceptable practices to decontaminate N95 respirators and other disposable FFRs before reuse, and, if so, what are the acceptable decontamination procedures?

ANSWER. The CDC has published guidelines for when disposable FFRs should be reused and decontaminated and the appropriate procedures to follow when decontamination is necessary at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>. In addition, OSHA has published guidance on acceptable decontamination procedures for FFRs used in health care settings at: **<https://www.osha.gov/memos/2020-04-24/enforcement-guidance-decontamination-filtering-facepiece-respirators-healthcare>**.

Sources of Additional Information

21. QUESTION. What are the authoritative sources to obtain the most relevant and current information concerning guidance for the protection of DoD employees?

ANSWER. The following is a listing of websites that should be consulted for additional guidance on occupational safety and health considerations during the COVID-19 pandemic.

- CDC: **<https://www.cdc.gov/COVID-19/2019-nCoV/index.html>**
- OSHA: **<https://www.osha.gov/SLTC/covid-19/>**
- DoD: **<https://www.defense.gov/Explore/Spotlight/Coronavirus/Latest-DOD-Guidance/>** and **<https://health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus>**



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, DC 20301-1010

JUL 28 2021

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Updated Mask Guidance for all DoD Installations and Other Facilities

Reference: Deputy Secretary of Defense Memorandum, "Updated Mask Guidelines for Vaccinated Persons," May 13, 2021

In accordance with the updated guidance released by the Centers for Disease Control and Prevention (CDC) on "Interim Public Health Recommendations for Fully Vaccinated People," issued July 27, 2021, the above reference is hereby rescinded.

Beginning July 28, 2021:

- In areas of substantial or high community transmission, DoD requires all Service members, Federal employees, onsite contractor employees, and visitors, regardless of vaccination status, to wear a mask in an indoor setting in installations and other facilities owned, leased or otherwise controlled by DoD.
- Service members, Federal employees, onsite contractor employees, and visitors who are not fully vaccinated also need to continue to physically distance consistent with applicable CDC and DoD Force Health Protection guidance.
- DoD installations, other facilities, and worksites shall, as soon as possible, post signs and post information on their websites clarifying what masking requirements apply in each installation, other facility, and worksite.
- Organizations should consult with their servicing Labor Relations Office for guidance regarding implementation for bargaining unit employees.

CDC guidance and definitions of low, moderate, substantial, and high spread can be found at: <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7030e2-H.pdf>. Data on levels of community transmission can be found at the CDC COVID Data Tracker website found at: <https://covid.cdc.gov/covid-data-tracker/>.

Personnel coming on to a DoD installation, other facility or workspace who do not have a mask may be provided one by DoD. All DoD personnel should continue to comply with CDC guidance regarding areas where masks should be worn, including within airports. The Department will review and revise all applicable Force Health Protection guidance to address the new CDC guidelines. Further guidance will be provided as appropriate by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)). In addition, the Director of Administration and Management may, as appropriate and in coordination with the USD(P&R), issue further guidance for the Pentagon Reservation.



OSD006862-21/CMD009083-21



SECRETARY OF THE AIR FORCE
WASHINGTON

16 FEB 2021

MEMORANDUM FOR ALL MAJCOM-FCOM-FOA-DRU/CC
DISTRIBUTION C

SUBJECT: Department of the Air Force Guidance on Use of Masks

References: (a) Executive Order on Protecting the Federal Workforce and Requiring Mask-Wearing, January 20, 2021
(b) Executive Associate Director Office of Management and Budget Memorandum, "COVID-19 Safe Federal Workplace: Agency Model Safety Principles," 24 January, 2021
(c) Secretary of Defense Memorandum, "Use of Masks and Other Public Health Measures," 4 February 2021
(d) Air Force Surgeon General Memorandum, "Medical Guidance on 3D Printed N-95 Respirators, Face Masks, and N-95 Mask Shields/Covers," 1 April 2020
(e) Department of the Air Force memorandum, "Department of the Air Force Guidance on Use of Cloth Face Coverings," 5 April 2020, *hereby rescinded*
(f) AFI 36-2903, *Dress and Personal Appearance of Air Force Personnel*, 7 February 2020
(g) AFI 10-2519, *Public Health Emergencies and Incidents of Public Health Concern*, 10 December 2019
(h) US Centers for Disease Control and Prevention CDC Face Covering:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

This memorandum is issued pursuant to References (a), (b), (c) and (d) relating to the use of masks to prevent the spread of illness. This memorandum rescinds and replaces reference (e).

The Department of the Air Force (DAF) is committed to taking every precaution to ensure the health and well-being of our military members, civilian employees, and their families in response to the Coronavirus Disease 2019 (COVID-19) pandemic. The DAF supports, and will continue to implement, all measures necessary to mitigate risks of the spread of the disease.

In accordance with references (a), (b) and (c), and except as provided below, effective immediately all individuals on Department property and all individuals performing official duties on behalf of the Department from any location other than the individual's home, including those who have been vaccinated, will wear masks and maintain six feet of physical distancing.

In addition to identified Department of Defense exceptions for mask wear, the DAF-wide exceptions are as follows:

- (1) when necessary to reasonably accommodate a religious belief;
- (2) when underlying health conditions that prohibit the wear of a face covering exist and the individual is in possession of medical documentation from a health care provider outlining such a condition and the restrictions the condition places on wear of a face covering;
- (3) when outdoors and proper physical distancing can be maintained;
- (4) when actively participating in physical fitness activities either indoors or outdoors and either proper physical distancing is maintained or additional measures are implemented to mitigate the threat of transmission;

- (5) when an individual is alone in a vehicle or is sharing the vehicle only with members of their household;
- (6) when use substantively interferes with the proper wear and use of personal protective equipment necessary for the accomplishment of one's military duties
- (7) when personnel are in primary aircrew positions during critical phases of flight or emergencies; or when using flight crew oxygen equipment
- (8) when clear or unrestricted visualization of verbal communication are essential to safe and effective operations

Per reference (c), I hereby delegate categorical or case-by-case exception authority to the requirement to wear a mask, when implementation will significantly impede mission accomplishment, to officials at a level no lower than a general officer in the grade of O-7, Senior Executive Service member (or equivalent), or, for installations that do not have an official at these levels in command, O-6 installation commanders. Upon approval of exceptions, commanders will share information up the chain of command for situational awareness.

This guidance applies to all:

- Total Force Military Personnel
- DoD Civilian Employees (including Non-Appropriated Funded Civilians)
- Family Members
- DoD Contractors
- All other individuals on DoD property, installations, and facilities

Additionally, I hereby delegate authority to The Judge Advocate General, Air and Space Forces, to issue additional categorical and case-by-case exceptions for modifications to the requirements contained in reference (c) pertaining to wear of masks, distancing, and other public health measures as necessary to conduct military justice-related proceedings and other legal representational activities.

I expect all individuals possessing delegated exception authorities pursuant to this memo to review references (a), (b), and (c) and remain consistent with the intent of the documents as they evaluate categorical and case-by-case exceptions. Our charge is to defend the nation, both with the execution of our duties and through our collective public health measures, to include the wear of masks. When making an exception decision, all individuals possessing delegated authority must weigh the operational, readiness or safety necessity of conducting a mission or task without a mask against the risk of allowing the spread of COVID-19.

We expect installation commanders to coordinate their actions with mission and installation partners. Commanders at a DAF-led joint base should refer to their Joint Basing Memorandum of Agreement for details on installation support function responsibilities and ensure proper coordination with their supported component for mask exceptions. Installation commanders at non-joint bases will coordinate the mask exceptions with mission partners. If installation commanders cannot resolve the conflict, refer the issue to the next level of command.

Additional Mask Guidance:

Masks are not required when Occupational Personal Protective Equipment (PPE) is being used (e.g., PPE used by personnel on the Respiratory Protection Program, surgical masks in the healthcare setting, fire fighters wearing supplied air respirators, Airmen or Guardians wearing CBRN masks, etc.)

Commanders will ensure masks worn by uniformed military members are conservative, professional, and in keeping with dignity and respect. Any cloth items worn as face coverings (i.e., neck gaiters, neck warmers, balaclavas, etc.) should be functional, clean, and should cover the mouth and nose.

For civilian employees, commanders must either furnish masks or provide a uniform allowance per AFI 36-128, *Pay Setting and Allowances*, 17 May 2019.

Commanders will ensure compliance with applicable labor relations obligations to the extent such obligations do not conflict with the agency's ability to conduct operations during this emergency.

Surgical N-95 respirators should be reserved for health care workers but may be worn by others when required. Commanders may authorize the optional wear of other types of N-95 masks, surgical-style masks and protective gloves in consultation with local medical professionals.



JOHN P. ROTH
Acting Secretary of the Air Force

cc:
AF/CV
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SECRETARY OF DEFENSE
1000 DEFENSE PENTAGON
WASHINGTON, DC 20301-1000

FEB - 4 2021

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Use of Masks and Other Public Health Measures

We must defeat the coronavirus disease 2019 (COVID-19) and defend the force against COVID-19 while protecting our Nation. In accordance with Executive Order 13991, "Protecting the Federal Workforce and Requiring Mask-Wearing," January 20, 2021, and Office of Management and Budget Memorandum, "COVID-19 Safe Federal Workplace: Agency Model Safety Principles," January 24, 2021, this memorandum rescinds Secretary of Defense Memorandum, "Department of Defense Guidance on Cloth Face Coverings," April 5, 2020, and provides updated guidance on the use of face coverings and masks, social distancing, and full compliance with health guidance provided by the Centers for Disease Control and Prevention (CDC).

Effective immediately, all individuals on military installations, as defined below, and all individuals performing official duties on behalf of the Department from any location other than the individual's home, including outdoor shared spaces, will wear masks in accordance with the most current CDC guidelines. Individuals must wear masks continuously while on military installations except: (1) when an individual is alone in an office with floor-to-ceiling walls with a closed door; (2) for brief periods of time when eating and drinking while maintaining distancing in accordance with CDC guidelines and instructions from commanders and supervisors; (3) when the mask is required to be lowered briefly for identification or security purposes; and (4) when necessary to reasonably accommodate an individual with a disability.

Individuals must consistently wear a mask that covers the nose and mouth and that comports with all current guidance from the CDC and the Occupational Safety and Health Administration. Locations where masks must be worn include any common areas or shared workspaces (including open floorplan office spaces, cubicle embankments, and conference rooms) and in outdoor shared spaces. Masks recommended by the CDC include non-medical disposable masks, masks made with breathable fabric (such as cotton), masks made with tightly woven fabric (i.e., fabrics that do not let light pass through when held up to a light source), masks with two or three layers, and masks with inner filter pockets. Novelty or non-protective masks, masks with ventilation valves, or face shields are not authorized as a substitute for masks. Masks must fit properly (i.e., snugly around the nose and chin with no large gaps around the sides of the face).

All individuals on military installations and all individuals performing official duties on behalf of the Department from any location other than the individual's home will follow CDC guidance and practice physical distancing, specifically by staying at least 6 feet (about 2 arm lengths) from other people who are not from an individual's household in both indoor and outdoor spaces. Social distancing should be practiced in combination with other everyday preventive actions to reduce the spread of COVID-19, including by wearing masks, avoiding



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touching your face with unwashed hands, and frequently washing your hands with soap and water for at least 20 seconds.

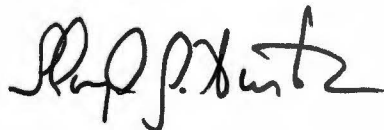
Categorical or case-by-case exceptions to these requirements for Service members and their families in environments other than office spaces that are necessary for military readiness, that are related to living on a military installation, or that are related to mask wearing by children (so long as such exceptions are consistent with CDC guidelines for mask wearing by children) may be granted in writing by DoD Component heads and should include appropriate alternative safeguards whenever feasible, such as additional physical distancing measures or additional testing consistent with DoD testing protocols. The authority to grant exceptions for all DoD Components located on the Pentagon Reservation is the Interim Director of Administration and Management. For all other situations outside of office settings when temporary unmasking is necessary for mission requirements, the authority to grant exceptions may be delegated in writing to officials at a level no lower than a general/flag officer in the grade of O-7, Senior Executive Service member (or equivalent), or, for installations that do not have officials at these levels, O-6 installation commanders.

For the purposes of this guidance, a military installation is a base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Secretary of a Military Department or the Secretary of Defense, including any leased facility, which is located within any State, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, or Guam. In the case of an activity in a foreign country, a military installation is any area under the operational control of the Secretary of a Military Department or the Secretary of Defense, without regard to the duration of operational control.

DoD Components will comply with applicable labor relations obligations to the extent such obligations do not conflict with the agency's ability to conduct operations during this emergency.

COVID-19 is one of the deadliest threats our Nation has ever faced. As we have done throughout our history, the military will rise to this challenge. It is imperative that we do all we can to ensure the health and safety of our force, our families, and our communities so we can prevail in this fight.

Questions concerning this guidance may be directed to the Office of the Under Secretary of Defense for Personnel and Readiness.

A handwritten signature in black ink, appearing to read "Robert P. Hunter". The signature is fluid and cursive, with a large initial "R" and a stylized "H".

cc:

Assistant to the Secretary of Defense for Intelligence Oversight
Director of Administration and Management