

Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance

This guidance issued by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) presents a uniform and consolidated DoD policy for the Department's response to the coronavirus disease 2019 (COVID-19) pandemic and serves as the DoD COVID-19 Workplace Safety Plan.¹ Implementation of this guidance will comply with applicable labor obligations to the extent such obligations do not hinder the DoD Components' ability to carry out their missions during this public health emergency. Prior delegations and exceptions made pursuant to the rescinded references remain valid unless rescinded by the authorizing official. Individual sections of this guidance will be updated as necessary by the USD(P&R). Commanders and supervisors may implement additional, more stringent requirements with respect to masking and physical distancing, as appropriate, to mitigate risk.

This guidance will be posted, and updated as necessary, at:
<https://www.defense.gov/Explore/Spotlight/Coronavirus/Latest-DOD-Guidance/>. DoD Components should monitor this website to obtain the most current version of this guidance. Changes from the previous version will be identified in bold and italics.

Furthermore, this guidance consolidates, incorporates, and rescinds the following policy and guidance:

- Secretary of Defense Memorandum, "Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease 2019 Pandemic," April 29, 2021
- Secretary of Defense Memorandum, "Use of Masks and Other Public Health Measures," February 4, 2021
- Secretary of Defense Memorandum, "Updated Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions." March 15, 2021
- Secretary of Defense Memorandum, "Way Forward for SARS-CoV-2 Testing Within the Department of Defense," April 29, 2021
- Deputy Secretary of Defense Memorandum, "Updated Coronavirus Disease 2019 Guidance Related to Travel and Meetings," September 24, 2021
- Deputy Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of DoD Civilian Employees," October 1, 2021
- Under Secretary of Defense Memorandum, "Administrative Leave for Coronavirus Disease 2019 Vaccination of Department of Defense Employees," April 14, 2021
- Under Secretary of Defense Memorandum, "Force Health Protection Guidance for the Novel Coronavirus," January 30, 2020, and all supplements.
- Under Secretary of Defense Memorandum, "Civilian Personnel Guidance for DoD Components in Responding to Coronavirus Disease 2019," March 8, 2020

¹ Executive Order (EO) 13991, "Protecting the Federal Workforce and Requiring Mask-Wearing," January 20, 2021.

- Under Secretary of Defense Memorandum, “Updated Guidance for Mask and Screening Testing for all Department of Defense Installations and Other Facilities,” March 1, 2022
- Assistant Secretary of Defense for Readiness Memorandum, “Continued Implementation of the Occupational Safety and Health Administration Emergency Temporary Standard for Healthcare during the Coronavirus Disease 2019 Pandemic,” August 19, 2022.

Note: The Deputy Secretary of Defense approved the rescission of listed Deputy Secretary of Defense and Secretary of Defense memoranda and consolidation of these references into this guidance in Deputy Secretary of Defense Memorandum, “Updated Coronavirus Disease 2019 Guidance Related to Travel and Meetings,” September 24, 2021. This September 24, 2021 memorandum authorized the USD(P&R) to rescind memoranda issued by the Secretary of Defense or the Deputy Secretary of Defense for purposes of updating and consolidating force health protection guidance on travel, meetings, or any other COVID-19 personnel- or health-related matter.

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EXECUTIVE SUMMARY

The DoD is committed to providing safe working environments across the entire DoD enterprise, which consists of an approximately 2.9 million-person global workforce deployed or stationed in nearly 150 countries, including military Service members and their families, and DoD civilian and contractor personnel that work in a highly complex and large number of diverse and unique environments. This force health protection (FHP) Guidance (“Guidance”) was developed to protect the DoD workforce, which consists of Service members, DoD civilian employees, contractor personnel, other occupants, and visitors (collectively referred to as “personnel”) before, during, and after our orderly and final return to the physical workplace (“final reentry”). The Guidance is intended to meet the direction of the President’s EOs² and guidance from the Safer Federal Workforce Task Force (“Task Force”) and the Office of Management and Budget,^{3, 4} and articulate steps the DoD has been and will be taking to halt the spread of COVID-19. To ensure consistent application throughout DoD, if the EOs and guidance change, DoD Components will wait for DoD to update this consolidated guidance before implementing any changes.

Consistent with Task Force and OMB guidance, this Guidance includes policies and procedures that incorporate the best available data and science-based measures and activities that focus on health and safety and on workplace operations. DoD uses the latest guidance from the Centers for Disease Control and Prevention (CDC), and requirements from the Occupational Safety and Health Administration (OSHA) and other relevant Federal agencies as the starting point for developing COVID-19 policy and guidance.

The Department began publishing FHP guidance and policy to address COVID-19 in January 2020. In February 2021, the Secretary of Defense directed the review of all guidance and policy memoranda previously issued for COVID-19.⁵ The review was completed in April 2021, and subsequent updates align DoD COVID-19 policy and guidance with current Task Force, OMB, CDC, and OSHA guidance as appropriate.

The DoD COVID-19 Task Force is responsible for recommending updated DoD COVID-19 policy. The Deputy Secretary of Defense and the Vice Chairman of the Joint Chiefs of Staff co-chair the DoD COVID-19 Task Force which assembles as needed for meetings virtually and in person and includes representatives from senior leadership across the Department, including the Secretaries of the Military Departments (MILDEPs), Under Secretaries of Defense, and Combatant Commanders.

² EO 14042, “Executive Order on Ensuring Adequate COVID Safety Protocols for Federal Contractors,” September 9, 2021; EO 14043, “Executive Order on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,” September 9, 2021.

³ Documents from the Safer Federal Workforce Task Force are available at: <https://www.saferfederalworkforce.gov/overview/>.

⁴ Office of Management and Budget Memorandum, Office of Personnel Management, and General Services Administration, M-21-25, “Integrating Planning for A Safe Increased Return of Federal Employees and Contractors to Physical Workplaces with Post-Reentry Personnel Policies and Work Environment,” June 10, 2021

⁵ Secretary of Defense Memorandum, “Strategic Review and Reissuance of All Coronavirus Disease 2019 Policy Documents,” February 2, 2021.

DoD has long recognized the threat posed by pandemics and disease outbreaks and has previously issued guidance, planning, and policy documents to prepare for and respond to such threats. The DoD also recognizes that successfully managing the COVID-19 pandemic requires the flexibility to adapt to changing conditions (e.g., variants, and disease prevalence or virulence) and new information (e.g., evolving best health and safety practices). DoD continues to promote the importance of taking vaccines and boosters to protect our people against the adverse impacts of COVID-19. The Department also recognizes that wearing high-quality masks, testing, and improved ventilation are other factors to reduce COVID-19 exposure risks.

The DoD is committed to protecting its workforce and stakeholders from the effects of the COVID-19 pandemic, while preserving our ability to complete its mission. As data becomes available, science-based evidence emerges, and the CDC, OSHA, and other cognizant agencies, departments, and other elements of the Federal Government revise and develop new recommendations to protect the workforce, the DoD will incorporate them into its current and future policies and guidance as appropriate.

SECTION 1: HEALTH PROTECTION CONDITION (HPCON) FRAMEWORK

1.1. HPCON FRAMEWORK.

Installations⁶ will manage COVID-19 health protection using HPCON levels. HPCON 0 is the base level for the HPCON Framework and represents a return to normal operations.

Table 1, below, contains FHP activities installation commanders will undertake at each HPCON level, in addition to those required elsewhere in this guidance. Installation commanders may deem it necessary to take additional precautions for select personnel and medically vulnerable populations (e.g., those who are elderly, have underlying health conditions or respiratory diseases, or are immunocompromised) and are both encouraged and authorized to do so. Installation commanders may further impose additional requirements appropriate for a particular local setting, operational requirement, and/or based on transmission risk regardless of HPCON level.

1.2. AUTHORITY TO DETERMINE HPCON LEVELS.

The authority to determine HPCON levels (“HPCON implementation”), subject to the requirements in section 1.1, is delegated to the Secretaries of the MILDEPs and Geographic Combatant Commanders and may be further delegated in writing to a level no lower than installation commanders in the grade of O-6 or higher. The Director of Administration and Management (DA&M) has HPCON implementation authority for the Pentagon Reservation, subject to the requirements in section 1.1. The Defense Logistics Agency (DLA) has HPCON implementation authority for four locations.⁷

Geographic Combatant Commanders have authority to determine HPCON implementation policy in accordance with operational requirements, and to match relevant Host Nation (HN) and allied forces standards, as applicable. 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, and should consult with relevant HN authorities, including public health and medical authorities, when deciding to change HPCON levels.

⁶ 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.

⁷ DLA Land & Maritime (Columbus, OH), DLA Distribution HQ (New Cumberland, PA), DLA Aviation (Richmond, VA), and DLA Distribution (San Joaquin, CA).

1.3. CRITERIA FOR CHANGING HPCON LEVELS.

HPCON level determinations for COVID-19 are based on the CDC COVID-19 Community Levels reported by the CDC,⁸ which include screening levels that make use of new case-rates and health and health care systems-related information. HPCON Levels A, B, and C correspond directly to CDC COVID-19 Community Levels of low, medium, and high, respectively.^{9,10}

Installation commanders must change the HPCON level no later than 2 weeks after the CDC COVID-19 Community Level has been elevated, unless the installation commander documents, in writing, a compelling rationale to maintain the current HPCON level after coordination with the installation Public Health Emergency Officer.

Installations outside the United States should utilize local community-level data, if available, in setting HPCON levels. Otherwise, installation commanders should consider consulting country-level data for their HN and case-rate information available from the CDC at: <https://covid.cdc.gov/covid-data-tracker/#global-counts-rates> and the World Health Organization at <https://covid19.who.int/>. Other sources of data on which installation commanders may rely include academic institutions if such HN data is inaccessible.¹¹

Elevation to HPCON D should be based on the determination that there is substantial loss of medical capabilities in the local community. The factors listed in Table 1, below, must be considered when determining whether to move to or from HPCON D.

⁸ An overview of the CDC COVID-19 Community Levels is available at: <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>.

⁹ County Community Levels are available for U.S. States and territories is available at: <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>. Find community levels by “State or Territory” and then by “County or Metro Area.” Jurisdictions which are not counties, such as the District of Columbia, also are listed under “County or Metro Area.” The Pentagon is in Arlington County, Virginia.

¹⁰ The CDC COVID-19 Community Levels do not apply in healthcare settings, such as hospitals and retirement homes. Instead, healthcare settings should continue to use community high rates and continue to follow CDC’s infection prevention and control recommendations for healthcare settings, as long as they are more restrictive than FHP guidance

¹¹ Note: local areas within a country may experience very different COVID-19 case rates than country-specific data.

TABLE 1: Force Health Protection Measures by HPCON Level for the COVID-19 Pandemic

HPCON D <i>Sever</i>	<u>High COVID-19 Community Level* Risk, with degraded availability of medical countermeasures, and substantial loss of medical capability</u>	Utilize measures from HPCON A, B and C with the following modifications:
	High COVID-19 Community Level* in the county in which the installation is located.	
	AND any of the following	
	<p>Civilian healthcare capability and utilization (percent and trend)*: >50 percent staffed of hospital beds filled with individuals who have COVID-19 as the primary admission criteria; or >70 percent of staffed intensive care unit (ICU) beds filled with individuals who have COVID-19 as the primary admission criteria; or Overall staffed hospitals and ICUs have limited to no capacity.</p> <p>OR</p> <p>Military Health System (MHS) health care capability and utilization (percent and trend): Degradation of MHS capabilities requiring Crisis Status operations; and >95 percent staffed bed occupancy; or >50 percent military medical treatment facility (MTF) staff in isolation or quarantine; or >60 percent staff absent who provide urgent or emergent care; and Local emergency departments on divert or inability of civilian health care to absorb excess MHS patients; or Clinical or appointment capability reduced >60 percent in key departments.</p> <p>OR</p> <p>Other factors: Loss of vaccine effectiveness in available vaccines resulting in vaccinated individuals routinely experiencing severe disease, hospitalization or death; or</p>	<ul style="list-style-type: none"> a. Strongly consider declaring a local Public Health Emergency. b. Consider limiting visitor access to the installation to only those required for mission essential activities. c. Cancel non-mission-essential activities. d. Close non-essential services (e.g., fitness centers, leisure and recreational facilities, beauty/barber shops, non-essential retail, dine-in eating establishments). e. Consider potential delay or cancelation of exercises. f. Schools operated by Department of Defense Education Activity (DoDEA) will operate remotely. g. Restrict or suspend social gatherings to the greatest extent possible. h. Follow any other applicable force health protection guidance at: https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/.¹²

¹² For information about masking at the various HPCON levels, refer to section 5.3.

Elevated case levels resulting in significant curtailment of essential services either on installation or in civilian communities immediately adjacent to the installation (e.g., emergency response, security, facility maintenance, and energy/communication).

***CDC COVID-19 Community Level (by county) can be found at:**

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

<p>HPCON C <u>High</u></p>	<p><u>High COVID-19 Community Level* Risk</u></p> <p>High COVID-19 Community Level* in the county in which the installation is located.</p> <p>*CDC COVID-19 Community Level (by county) Civilian county level data can be found at: https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.htm</p>	<p>Utilize measures from HPCON A and B with the following modifications:</p> <ol style="list-style-type: none"> MTFs may limit elective surgeries in accordance with guidance from the Defense Health Agency and the Assistant Secretary of Defense for Health Affairs. Consider re-scoping, modifying, or potentially canceling exercises. Indoor common areas and large venues may be closed. Dining establishments may be limited to takeout. Gyms may be closed at this level or operate at diminished occupancy. Maximize telework to the greatest extent practical. Follow any other applicable force health protection guidance at: https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/.
<p>HPCON B <u>Moderate</u></p>	<p><u>Medium COVID-19 Community level* Risk</u></p> <p>Medium COVID-19 Community Level* in the county in which the installation is located.</p> <p>*CDC COVID-19 Community Level (by county) Civilian county level data can be found at: https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.htm</p>	<p>Utilize measures from HPCON A with the following modifications:</p> <ol style="list-style-type: none"> Reduce potential workplace SARS-CoV-2 exposures through telework, remote work, flexible scheduling, and other methods, as appropriate. Consider limiting occupancy of common areas where personnel are likely to congregate and interact by marking approved sitting areas or removing furniture to maintain physical distancing. Each installation and DoD facility will post signage at building entrances and in common areas of DoD owned and controlled facilities and post information on websites as appropriate encouraging

individuals, regardless of vaccination status, to consider avoiding crowding, and physically distancing themselves from others in indoor common areas, meeting rooms, and high-risk settings.

- d. Follow any other applicable Force Health Protection Guidance at:
<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>.

HPCON A **Low COVID-19 Community Level* Risk**
Low

Low COVID-19 Community Level* in the county in which the installation is located.

***CDC COVID-19 Community Level (by county) Civilian county level data can be found at:
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.htm>.**

- a. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.
- b. Common areas and large venues (e.g., sit-down dining, movie theaters, gyms, sporting venues, and commissaries) should adhere to established cleaning and sanitation protocols
- c. DoDEA schools will operate following CDC recommendations and guidelines specific to schools as implemented in operational procedures and guidance from the Director, DoDEA.¹³ Any DoD guidance that is more stringent than CDC guidance must be followed.
- d. Follow any other applicable Force Health Protection Guidance at:
<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>.

HPCON 0 **Normal Baseline**

- a. Resume routine standard operations.
 - b. Maintain standard precautions such as routine hand washing, cough on sleeve, good diet, exercise, vaccinations, education, routine health alerts, and regular preparedness activities.
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¹³ <https://www.dodea.edu/covid-operations.cfm>.

1.4. TELEWORK.

At HPCON A or higher, or when a DoD civilian employee is required to remain out of the workplace under section 5.5, DoD Components are granted an exception to policy from Enclosure 3, Paragraph 3.j.(2) of Department of Defense Instruction 1035.01, “Telework Policy,” and may allow DoD civilian employees to telework with a child or other person requiring care or supervision present at home. DoD civilian employees must still account for work and non-work hours during their tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties to care for a child or other person requiring care or supervision.

SECTION 2: VACCINATION

2.1. VACCINATION – GENERAL.

Leaders at all levels should encourage Service members, DoD civilian employees, DoD contractor personnel, and others affiliated with DoD to be up-to-date on their COVID-19 vaccinations.

1. Service members:

Service members (members of the Armed Forces under DoD authority on active duty or in the Selected Reserve, including members of the National Guard) are strongly encouraged to be up-to-date with COVID-19 vaccination, including booster doses.

To ensure an accurate medical record, Service members' vaccination status will be maintained utilizing their Military Service-specific Individual Medical Readiness (IMR) system. If a Service member has been vaccinated against COVID-19 outside the MHS, that Service member must provide documentation of his or her COVID-19 vaccination to update the IMR system.

2. DoD civilian employees:

Currently, the requirement for all Federal civilian employees to be vaccinated is not in effect. A U.S. district court judge issued a nationwide preliminary injunction prohibiting implementation and enforcement of civilian employee vaccination requirements based on EO 14043. Requirements subject to the injunction and not currently in effect are included in this guidance in a strikeout form for ease of reinstatement by USD(P&R) should the injunction be lifted.

~~To ensure the safety of the DoD workforce,¹⁴ DoD civilian employees are required to be fully vaccinated, unless they have received a temporary or permanent exemption. “DoD civilian employee” includes foreign nationals employed by DoD outside the United States, to the maximum extent possible while respecting host nation agreement and laws. It also includes DoD civilian employees who are engaged in full-time telework or remote work.~~

~~DoD requires that individuals who started their Government service after November 22, 2021, be fully vaccinated prior to their start date, except in limited circumstances where an accommodation is legally required. However, should DoD have an urgent, mission-critical hiring need to onboard new staff prior to those new staff becoming fully vaccinated, the DoD head may delay the vaccination requirement—in the case of such limited delays, DoD will~~

¹⁴Executive Order 14043, “Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,” September 9, 2021.

~~require new hires to be fully vaccinated within 60 days of their start date and to follow safety protocols for not fully vaccinated individuals until they are fully vaccinated.~~

DoD civilian employees are eligible to receive the COVID-19 vaccine at any DoD vaccination site, including military medical treatment facilities. They may also opt to receive the COVID-19 vaccine at locations other than DoD vaccination sites, such as retail stores, private medical practices, and/or local and State public health department sites.

DoD civilian employees are authorized administrative leave to receive COVID-19 vaccination doses. ~~DoD civilian employees are authorized official duty time to receive COVID-19 vaccination doses, including first, second, and booster shots. For DoD civilian employees who are unable to receive a COVID-19 vaccination within their duty hours, regular overtime rules are applicable.~~ In most circumstances, DoD authorizes employees to take up to 4 hours to travel to the vaccination site, complete any vaccination dose, and return to work—for example, up to 8 hours of duty time for employees receiving two doses (If an employee needs to spend less time getting the vaccine, only the needed amount of duty time should be granted). Employees taking longer than 4 hours must document the reasons for the additional time (e.g., they may need to travel long distances to get the vaccine). Reasonable transportation costs that are incurred as a result of obtaining the vaccine from a site preapproved by DoD are handled the same way as local travel or temporary duty cost reimbursement is handled based on DoD policy.

DoD civilian employees who experience an adverse reaction to a COVID-19 vaccination should be granted no more than 2 workdays of administrative leave for recovery associated with a single COVID-19 vaccination dose.

DoD will grant leave-eligible employees up to 4 hours of administrative leave per dose to accompany a family member who is receiving any COVID-19 vaccination dose. For example, up to a total of 12 hours of leave for a family member receiving three doses—for each family member the employee accompanies. If an employee needs to spend less time accompanying a family member who is receiving the COVID-19 vaccine, DoD will grant only the needed amount of administrative leave. Employees should obtain advance approval from their supervisor before being permitted to use administrative leave for COVID-19 vaccination purposes. Employees are not credited with administrative leave or overtime work for time spent outside their tour of duty helping a family member get vaccinated.

DoD civilian employees should use the time and attendance code for “physical fitness” to record administrative leave for COVID-19 vaccination recovery time that prevents the employee from working or for taking a family member to be vaccinated for COVID-19) The type hour code is “LN” and the environmental/hazard/other code is “PF.” Non-appropriated fund employers should code administrative leave related to COVID-19 in a way that can be easily reported.

3. DoD contractor personnel:

DoD Components should not take any steps to require contractors and subcontractors to implement the vaccination requirement for contractor personnel in EO 14042, nor should they

include in new solicitations or enforce in existing contracts (or task orders or delivery orders) any clauses implementing EO 14042.

4. Official visitors:

“Official visitors” are non-DoD individuals seeking access, one time or recurring, in association with the performance of official DoD business (such as to attend a meeting), but who do not have “credentialed recurring access” (CRA) (e.g., Common Access Cardholders). “Official visitors” do not include personnel receiving ad hoc access to DoD facilities (e.g., delivery personnel, taxi services); individuals who have access to the grounds of, but not the buildings on, DoD installations (e.g., contract groundskeepers, fuel delivery personnel, household goods transportation personnel); personnel accessing DoD buildings unrelated to the performance of DoD business (e.g., residential housing); or personnel accessing DoD facilities to receive a public benefit (e.g., commissary; exchange; public museum; air show; military medical treatment facility; Morale, Welfare, and Recreation resources).

Official visitors will follow applicable DoD policies and procedures, as well as the policies and procedures of the Department or Agency they are visiting, if different from the DoD’s. See section 6, below, on Meetings, for how requirements apply to attendees of in-person in meetings, events, and conferences hosted by the DoD.

All official visitors must comply with all applicable FHP guidance.

Currently, the requirement for all Federal civilian employees to be vaccinated is not in effect. A U.S. district court judge issued a nationwide preliminary injunction prohibiting implementation and enforcement of civilian employee vaccination requirements based on EO 14043. Requirements subject to the injunction and not currently in effect are included in this guidance in a strikeout form for ease of reinstatement by USD(P&R) should the injunction be lifted.

~~2.2. ENFORCEMENT OF DOD CIVILIAN EMPLOYEE COVID-19 VACCINATION REQUIREMENT.~~

~~a. DoD civilian employees who refuse to be vaccinated, or to provide proof of vaccination, are subject to disciplinary measures, up to and including removal from Federal service, unless the DoD civilian employee has received an exemption or the DoD civilian employee’s timely request for an exemption is pending a decision.~~

~~b. Progressive enforcement actions include, but are not limited, to:~~

- ~~(1) A 5 calendar day period of counseling and education;~~
- ~~(2) A short suspension without pay, generally 14 calendar days or less, with an appropriate notice period. SES members may only be suspended for more than 14 calendar days;~~
- ~~(3) Removal from Federal service for failing to follow a direct order.~~

~~e. During the notice periods preceding adverse employment actions, DoD civilian employees generally should not be placed on administrative leave. DoD Components should require DoD civilian employees to continue to telework or report to the worksite and follow all mitigation measures applicable to not fully vaccinated DoD civilian employees when reporting to the worksite.~~

~~d. DoD Components will designate officials, at the appropriate organizational level, to handle the disciplinary process to promote consistent application of disciplinary measures. Such officials will decide each case with due regard to the facts and circumstances of that case.~~

~~e. Supervisors should contact their servicing human resources and legal offices to discuss options available to address individual situations regarding enforcement of this requirement.~~

~~f. DoD Components are encouraged to identify an occupational health office, medical office, or other resource with which a DoD civilian employee may consult during the period of counseling and education.~~

~~2.3. EXEMPTIONS FROM DOD CIVILIAN EMPLOYEE COVID-19 VACCINATION REQUIREMENT.~~

~~a. DoD civilian employees may request an exemption on the basis of a medical condition or circumstance or a sincerely held religious belief, practice or observance. Because all DoD civilian employees must now be vaccinated against COVID-19 as a condition of employment, exemptions will be granted in limited circumstances and only where legally required. The information collected must be handled in accordance with the privacy requirements in section 8.~~

~~b. Personnel.~~

~~(i) Decision Authority. Management official(s) will be designated to serve as Decision Authorities to make decisions concerning requests for exemption from the COVID-19 vaccination requirement, in consultation with the organization's servicing legal office. Decision Authorities will be at an appropriate level within the organization to consider the impact, if any, that granting a request will have on the DoD Component operations and to promote similar cases being handled in a consistent manner, with due regard for the facts and circumstances of each case. Each employee's request must be considered on its own merits.~~

~~(ii) Subject Matter Experts. DoD Components may identify subject matter experts in areas such as human resources (HR), equal employment opportunity (EEO), medicine, and religious matters to serve as advisors to assist Decision Authorities. Such advisors may provide individual advice, as needed by the Decision Authority, but may not be used to develop a group or consensus recommendation or decision.~~

~~(iii) Administrative Support. DoD Components will provide appropriate personnel and other resources to administratively support the Decision Authorities, including support necessary to assist the Decision Authorities with preparing written products.~~

~~e. Employee Notice. DoD Components will inform DoD civilian employees how to make a request for an exemption. Requests needed to have been submitted no later than November 8, 2021, absent extenuating circumstances, to be considered timely.~~

~~d. Employee Requests. To make a request for exemption from the COVID-19 vaccination requirement, DoD civilian employees must submit a request to their direct supervisor. For purposes of submitting this exemption request, "direct supervisor" includes an authorized human resources official. The employee must provide an official statement which describes the medical or religious reason the employee objects to vaccination against COVID-19. Generally, such requests must be in writing. DoD civilian employees may use DD Form 3176 or DD Form 3177 to submit their requests. DoD civilian employees who make oral requests may be provided a sample written request format and/or be interviewed to develop the basis for the request. While the use of the DD Form 3176 and DD Form 3177 is optional for DoD civilian employees, when DoD civilian employees make a request, they must provide the following information:~~

~~(1) Medical Exemption Requests.~~

- ~~• A description of the medical condition or circumstance that is the basis for the request for a medical exemption from the COVID-19 vaccination requirement;~~
- ~~• An explanation of why the medical condition or circumstance prevents the employee from being safely vaccinated against COVID-19;~~
- ~~• If it is a temporary medical condition or circumstance, a statement concerning when it will no longer be a medical necessity to delay vaccination against COVID-19; and~~
- ~~• Any additional information, including medical documentation that addresses the employee's particular medical condition or circumstance, which may be helpful in resolving the employee's request for a medical exemption from the COVID-19 vaccination requirement.~~

~~(2) Religious.~~

- ~~• A description of the religious belief, practice, or observance that is the basis for the request for a religious exemption from the COVID-19 vaccination requirement;~~
- ~~• A description of when and how the DoD civilian employee came to hold the religious belief or observe the religious practice;~~
- ~~• A description of how the DoD civilian employee has demonstrated the religious belief or observed the religious practice in the past;~~
- ~~• An explanation of how the COVID-19 vaccine conflicts with the religious belief, practice, or observance;~~

- ~~• A statement concerning whether the DoD civilian employee has previously raised an objection to a vaccination, medical treatment, or medicine based on a religious belief or practice. If so, a description of the circumstances, timing, and resolution of the matter; and~~
- ~~• Any additional information that may be helpful in resolving the DoD civilian employee's request for a religious exemption from the COVID-19 vaccination requirement.~~

~~e. Supervisor Responsibilities.~~

~~(i) Following receipt of an employee's request for exemption, supervisors must update Section B of the employee's DD Form 3175 to indicate that a request for exemption determination is pending.~~

~~(ii) As necessary, supervisors will engage with the employee to ensure completeness of the employee's exemption request.~~

~~(iii) In coordination with human resources officials, supervisors will prepare an exemption request package that contains factual information about the circumstances of the employee's request. A complete exemption request package will include the basis for the employee's request and any supporting documentation submitted by the employee, a description of the nature of the employee's job responsibilities and work environment, and any circumstances relevant to a management level assessment of the reasonably foreseeable effects on the agency's operations, including protecting the agency's workforce and members of the public with whom the employee interacts in the workplace from COVID-19, if the employee remains unvaccinated.~~

~~(iv) Supervisors will forward the exemption request package to the Decision Authority Support Office.~~

~~f. Decision Authority Support Office.~~

~~(i) DoD Components will establish Decision Authority Support Offices to support exemption request Decision Authorities.~~

~~(ii) The Decision Authority Support Office will intake exemption request packages and, under the supervision of the Decision Authority, provide administrative support to the Decision Authority.~~

~~(iii) At the request of the Decision Authority, the Decision Authority Support Office may coordinate with subject matter experts to obtain written documentation which includes relevant factual information and, as necessary, a professional opinion related to the factual information, for inclusion in the exemption request package.~~

~~(iv) The Decision Authority Support Office may not provide a consensus opinion or recommendation to the Decision Authority.~~

~~g. Decision Authority Determination.~~

~~(i) The Decision Authority first analyzes the exemption request package. As necessary, the Decision Authority may request additional information and consult with subject matter experts.~~

~~(ii) After conducting a review of the exemption request, the Decision Authority makes a determination, prepares a written statement that includes the reasons for the determination (which may involve drafting assistance based on the Decision Authority’s instructions regarding its contents), and obtains a legal review of the determination.~~

~~(iii) In cases where the exemption is temporary or denied, the Decision Authority’s determination must specify a date by which the DoD civilian employee must be fully vaccinated against COVID-19. In specifying that date, DoD civilian employees must be given a minimum period of 14 days to receive their first (or only) dose of a COVID-19 vaccine.~~

~~h. Employee Notification of Determination. The Decision Authority Support Office will transmit the Decision Authority’s written determination to the DoD civilian employee’s supervisor, who, in turn, provides the DoD civilian employee with a copy of the written determination, updates the DD Form 3175, and informs the DoD civilian employee of next steps.~~

~~i. A chart illustrating the exemption request process is below.~~

Position	Role/Responsibility	Output	Submit to
Requesting employee	Provide vaccination status via DD Form 3175 to indicate exemption pending.	Completed DD Form 3175.	Supervisor
Requesting employee	Request exemption.	Completed DD Form 3176 (medical) or DD Form 3177 (religious), as appropriate, or other request that contains the information required by FHP 23, Revision 3.	Supervisor
Supervisor, in consultation with HR officials	Provide relevant information concerning employee’s occupation and work environment, including: availability of measures to	Exemption request package that includes employee’s request and supervisory information concerning employee’s occupation, work environment, and	Decision Authority Support Office

	physically distance requestor from co-workers and members of the public, the volume of exemption requests in the organization, and any other relevant information concerning the circumstances of the employee's request.	other circumstances of the request.	
Decision Authority Support Office	Receive and track processing of exemption request package. Supplement package with individual advice from subject matter experts and relevant factual information, as directed by the Decision Authority.	Exemption request package that includes employee's request; supervisor information concerning employee's occupation, work environment, and other circumstances of the request; and any supporting documentation relevant to the Decision Authority's analysis.	Decision Authority
Decision Authority	Review submitted documentation; request any reasonably necessary additional information, and prepare written decision in consultation with legal advisors and with the advice of subject matter experts, as appropriate.	Written decision that addresses employee's individual circumstances and has been reviewed by appropriate legal advisors.	Supervisor
Supervisor	Receive decision; discuss with employee. If exemption approved,	If approved, employee continues to comply with generally applicable	Employee

	<p>implement mitigation measures and, if necessary, address any follow-on requests for accommodation in accordance with Component EEO procedures. If disapproved, provide opportunity for counseling by medical professional or other appropriate expert/ initiate requirement for vaccination. Work with the legal advisor(s) and, as appropriate, HR LMER and EEO offices.</p>	<p>mitigation measures (for instance, as applicable, screening testing, masking, and physical distancing) and any other mitigation measures directed by the Decision Authority or management officials. If disapproved, vaccination tracking and/or progressive discipline.</p>	
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j.—Exemption Criteria:

(i) Religious Exemption Requests. Requests for religious exemption will be analyzed pursuant to the Religious Freedom Restoration Act of 1993 (RFRA), 42 U.S.C. § 2000bb et seq. RFRA prohibits the Government from substantially burdening a person’s exercise of religion, unless it demonstrates that application of the burden to the person is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that compelling governmental interest. In the first instance, Decision Authorities are to determine whether the requestor has met his or her burden to establish that the vaccination requirement imposes a substantial burden on exercise of a sincerely held religious belief. If so, Decision Authorities analyze the request to determine whether the burden on religious exercise is the least restrictive means of furthering the Government’s compelling interest in health and safety of the DoD workforce, and the health and safety of members of the public with whom they interact. If vaccination is not the least restrictive means, the exemption will be granted and supervisors will implement the less restrictive means.

(ii) Medical Exemption Requests. Pursuant to the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 791 et seq. Decision Authorities will analyze requests for medical exemption to determine whether the medical condition or circumstance prevents the employee from safely being vaccinated. If so, the employee will be exempt from vaccination (temporarily or permanently, as appropriate). Supervisors will direct compliance with applicable FHP guidance and direct any mitigation measures that are necessary to prevent the spread of the virus that causes COVID-19 in the workplace and to the members of the public with whom the employee interacts. If such measures result in the employee being unable to perform the essential functions of the position, such matters will be referred to the equal employment opportunity reasonable accommodation process.

k. ~~Additional Guidance.~~

~~(i) Information collected concerning medical and religious exemption requests must be maintained in accordance with the privacy requirements in section 8. Requests for medical exemption will be treated as medical records to be maintained separately from other personnel files.~~

~~(ii) Discipline for failure to meet the COVID-19 vaccination requirement will not be initiated against a DoD civilian employee while a request for a medical or religious exemption from the COVID-19 vaccination requirement is pending determination. If a DoD civilian employee submits a request after discipline is initiated, disciplinary measures may be held in abeyance where appropriate.~~

~~(iii) DoD civilian employees who are not fully vaccinated but who have a pending request for exemption from vaccination are required to comply with any mitigation measures that are applicable to all DoD civilian employees in the worksite who are not fully vaccinated. Requests for reasonable accommodation related to those mitigation measures will be combined with any pending medical or religious exemption to vaccination request, for purposes of making a final determination concerning those measures. Without making a finding concerning whether a sufficient basis for a reasonable accommodation concerning those measures exists, the supervisor may use the normal interactive process to pursue a temporary accommodation that protects the health and safety of the workplace while a decision concerning those measures is pending. Otherwise, requests for reasonable accommodation related to force health protection and mitigation measures may be analyzed separately from requests for exemption from vaccination.~~

~~(iv) A DoD civilian employee who receives an exemption from the vaccination requirement may, because of the exemption, be unable to perform the duties and responsibilities of the position without a change in working conditions. Supervisors will immediately implement any mitigation measures required by the Decision Authority and applicable FHP guidance. Supervisors may engage in the normal interactive process concerning any other measures necessary to protect the health and safety of the workplace.~~

~~(v) Requests for exemption from candidates for employment will be handled consistent with the procedures in this section.~~

~~(vi) Unless responsibility is otherwise established in a written support agreement, the Combatant Command Support Agent identified in DoD Directive 5100.03, "Support of the Headquarters of Combatant and Subordinate Unified Command," is responsible for administration of exemption processes applicable to DoD employees assigned, detailed, or otherwise deployed to a Combatant Command area of responsibility.~~

SECTION 3: CONDUCTING TESTING FOR SUSPECTED COVID-19 CASES AND GENERAL ELIGIBILITY FOR DOD-CONDUCTED TESTING

This section provides guidance on COVID-19 testing for eligible persons suspected of having contracted COVID-19.

3.1. TESTING CONSIDERATIONS.

Health care providers will use their clinical judgment and awareness of laboratory testing resource availability, and will work closely with local and installation public health authorities or Public Health Emergency officers, to guide COVID-19 diagnostic testing. Providers are encouraged to test for other causes of respiratory illness as clinically indicated. The CDC testing priorities may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing.html>.

Asymptomatic individuals may be tested based on a clinician's judgment and as deemed appropriate by public health professionals and in accordance with current guidance.

DoD Components must ensure appropriate infection prevention and control procedures are followed throughout the entire testing process. This includes employing the appropriate biosafety precautions when collecting and handling specimens, consistent with CDC guidance.

3.2. DOD LABORATORIES AND TESTS.

The DoD is committed to maximizing testing capability for operational needs and to increasing standardization and synchronization of testing across the Department. However, differences among operational environments, deployment cycles, and congregate setting limitations drive differences in testing demands to mitigate operational risk. This testing includes molecular tests and, for certain limited circumstances, alternative options such as serial rapid antigen testing.

DoD Components will ensure that diagnostic testing and screening testing performed by laboratories within the MHS are conducted at laboratories designated by the Defense Health Agency's (DHA) Center for Laboratory Medicine Services (CLMS). CLMS manages diagnostic and screening testing policy, certification, and exceptions in accordance with current guidance. CLMS may be contacted at: dha.ncr.clinic-support.mbx.clms@mail.mil.

DoD Components must comply with Food and Drug Administration (FDA) regulations for diagnostic testing and screening testing, including by complying with COVID-19 emergency use authorizations (EUAs) or biologics license applications (BLAs), and other current guidance. The FDA COVID-19 EUA list is available at: <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>.

DoD Components may consider non-clinical, Research Use Only molecular tests¹⁵ for surveillance testing using a pooled specimen testing protocol, consistent with applicable law and regulations. Results from any positive pools will only be reported in aggregate and must not be placed into any individual's medical record. Any positive pool must be followed by testing every individual sample in that pool with an FDA EUA-authorized molecular test, or an FDA-EUA or BLA authorized test (when available), and performed in a clinical laboratory registered by CLMS, or an equivalent civilian laboratory.

FDA EUA-authorized diagnostic and screening tests that are authorized for pooled testing for screening testing purposes may be performed at Clinical Laboratory Improvement Program-registered laboratories, in accordance with the terms of the applicable EUA.

DoD Components must coordinate planned updates to pooled testing protocols with the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The Secretaries of the MILDEPs will retain authority to prioritize pooled testing populations and assignments to MILDEP pooled testing laboratories and resources.

DoD Components are encouraged to employ next-generation sequencing (NGS) technology for COVID-19 surveillance testing. As with testing completed via pooled testing, testing requirements using NGS must be coordinated with the ASD(HA).

DoD Components must record COVID-19 diagnostic and screening testing results in the electronic health record or occupational health record of the individual tested in accordance with Department of Defense Instruction (DoDI) 6040.45, "DoD Health Record Life Cycle Management," and applicable processes for DoD contractor personnel. DHA will assist DoD Components, as needed, to ensure this occurs.

3.3. ELIGIBILITY OF DOD PERSONNEL, OTHER BENEFICIARIES, AND OTHER POPULATIONS FOR TESTING.

DoD Components may test Service members (including members of the Reserve Components when on active duty for a period of more than 30 days, or on full-time National Guard duty of more than 30 days) suspected of having contracted COVID-19, for purposes of disease surveillance, and for official travel in accordance with this guidance. Reserve Component Service members on active duty for a period of 30 days or less will follow their Component's guidelines.

DoD civilian employees (who are not otherwise DoD health care beneficiaries) suspected of having contracted COVID-19 may be offered screening testing if their supervisor has determined that their presence in the DoD workplace or official travel is required. DoD civilian employees may also be offered screening testing in connection with workplace disease surveillance.

¹⁵ Research Use Only assays are products in the laboratory research phase of development and are not approved for clinical diagnostic use (<https://www.fda.gov/media/87374/download>).

DoD contractor personnel suspected of having contracted COVID-19, or for whom testing is required for workplace surveillance or official travel, may be offered screening testing, subject to available funding, if such testing is necessary to support mission requirements and is consistent with applicable contracts.

For testing of foreign national employees in locations outside the United States who are suspected of having contracted COVID-19, DoD Components should refer to country-specific labor agreements or contracts and consult with supporting legal counsel for guidance and any limitations concerning such tests.

SECTION 4: SURVEILLANCE AND SCREENING TESTING

4.1. [RESERVED]

4.2. HEALTH SURVEILLANCE ACTIVITIES.

To assess the threat and inform our understanding of COVID-19 transmission, DoD Components will continue to employ existing syndromic, respiratory, and COVID-19 surveillance programs and efforts. Appropriate DoD Components will continue, and expand as feasible, the following core surveillance activities:

- Syndromic surveillance through the Electronic Surveillance System for Early Notification of Community-based Epidemics to monitor for COVID-19-like illness.
- Respiratory surveillance testing of samples occurring at sites participating in the DoD Global Respiratory Pathogen Surveillance program for influenza-like-illness, including COVID-19.
- Surveillance for acute or febrile respiratory diseases or illnesses at initial entry training sites, with data collection and reporting in accordance with DoD Component testing plans.
- Clinical diagnoses of COVID-19 cases identified in military medical treatment facilities and reported through case-based surveillance in the Disease Reporting System-internet.
- Contact tracing of confirmed COVID-19 positive cases to infected persons, as described in section 4.4.
- Continued reporting of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)/COVID-19 test results in accordance with all applicable Federal, State, local, and DoD requirements, and as appropriate, to respect HN guidelines.
- Expansion of whole genome sequencing efforts for respiratory surveillance testing with a focus on variants of concern¹⁶ and interest to the DoD, and cases of re-infection and infection in vaccinated individuals (i.e., “vaccine breakthroughs”). Sequencing efforts are led by the Global Emerging Infections Surveillance Program (dha.ncr.health-surv.mbx.promis@mail.mil).
- Leverage alternative technologies, such as wastewater surveillance, to supplement existing COVID-19 surveillance systems as a capability that provides an efficient pooled community sample to understand more fully the extent of COVID-19 infections in communities.

¹⁶ The President’s “National Strategy for the COVID-19 Response and Pandemic Preparedness,” January 21, 2021.

4.3. METHODS FOR OPERATIONAL RISK REDUCTION.

- DoD Components may perform COVID-19 testing of asymptomatic DoD personnel prior to deployment or redeployment and may perform COVID-19 tests prior to start of Service member training, as determined appropriate by the medical staff and approved by the commander or supervisor, in accordance with DoD Component plans.
- DoD Components will ensure DoD personnel who are tested using a screening testing protocol are notified of their test results.
- Symptomatic DoD personnel will be managed in accordance with current guidance.
- DoD Components may, in consultation with public health advisors, conduct surveillance and screening testing of Service members to reduce risk in select high-risk congregate settings, on ships, at training sites, during events, or in remote locations where early identification, isolation, and quarantine are important. Screening testing protocols may involve testing of all Service members prior to participation in an event (such as an exercise or training evolution) with or without testing during the event. Finally, screening testing may be performed using a surveillance protocol in which a specified percentage of randomly selected Service members are tested during regular intervals over a period of heightened vulnerability such as when case rates are very high or medical resources are in high demand.
 1. Execute the screening testing requirement with FDA approved or authorized COVID-19 self-collection kits or self-tests. Testing should be performed primarily onsite at the installation or facility with proper supervision and documentation of testing results. If onsite COVID-19 screening testing is not feasible, as an alternative self-testing may be performed at home or in other locations. (Note: these COVID-19 self-tests do not require a health care provider's clinical care order and are, therefore, considered an over-the-counter test and do not require medical support to complete).
 2. Establish guidance for where and how these tests will be distributed and conducted, and how results are to be reported.
 3. After COVID-19 screening testing procedures are established, Service members subject to screening testing are required to have a negative COVID-19 screening test result for entry into a DoD facility. If the COVID-19 screening test is administered onsite, the test will be administered before all Service members go to their work areas. Service members who have tested positive and do not have symptoms are exempted from regular screening testing for 30 days following the documented date of their initial positive test of COVID-19. Documented proof of this positive test date shall be provided upon request.

- Voluntary testing of eligible family members, DoD civilian employees, and DoD contractor personnel (if appropriate and permitted in accordance with applicable contracts) who, if infected with COVID-19, could impact the DoD workforce and missions, may be conducted in support of the DoD's effort to interrupt transmission of the virus among our populations. Testing will be conducted based on availability and managed at the DoD Component level. DoD civilian employees and DoD contractor personnel with CRA with positive COVID-19 screening tests will be offered, but not required to take, FDA approved or authorized confirmatory laboratory-based molecular (i.e., polymerase chain reaction) testing paid for by the relevant DoD Component. Contact tracing and mitigation measures will be conducted in accordance with sections 4.4 and 5.5.

4.4. COVID-19 CONTACT TRACING.

DoD Components will conduct contact tracing on all COVID-19 cases identified through testing activity in health care settings and certain high-risk congregate settings, unusual clusters of cases, and cases involving novel or emerging variants that pose a significant risk for severe disease, hospitalization, or death. In identifying certain settings in which to conduct contact tracing, DoD Component public health emergency officers should consider data reported to local and State public health entities and surveillance programs administered by the DoD and other Federal agencies.

SECTION 5: PROTECTING PERSONNEL

5.1. GENERAL MEASURES FOR PERSONNEL.

a. 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, personnel 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 elbows/upper sleeve.
- Consider exposure risks.
- Self-screen for COVID-19 symptoms¹⁷ before entering a DoD facility or interacting with members of the public in person as part of your official duties. Stay home if you have symptoms or feel sick, including “not feeling well,” or “start of a cold or allergies,” and similar circumstances.
- 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>.
- Use dry, clean masks to promote good hygiene.
- To prevent the spread of COVID-19 in elevators, take the stairs when possible.
- Regularly disinfect surfaces commonly touched by others such as touch screens, mice, and desktops with an alcohol or germicidal wipe as described in section 5.8.

5.2. [RESERVED]

5.3. MASKS.

a. The following masking guidance applies to all DoD installations and other facilities owned, leased, or otherwise controlled by the DoD:

- When the CDC COVID-19 Community Level¹⁸ is high in the county or equivalent jurisdiction where a DoD installation or facility is located, indoor mask-wearing is required for all individuals, including Service members, DoD civilian employees, onsite DoD contractor personnel (collectively, “DoD personnel”), and visitors, regardless of vaccination status. Each installation and DoD facility will post signage

¹⁷ COVID-19 symptoms can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

¹⁸ See section 1.3 for information about CDC COVID-19 Community Levels.

at building entrances and in common areas of DoD owned and controlled facilities when the CDC COVID-19 Community Level is high indicating that masks are required.

- When the CDC COVID-19 Community Level is medium or low in the county where a DoD installation or facility is located, indoor mask-wearing is not required.
- Individuals may choose to wear a mask regardless of the CDC COVID-19 Community Level.

b. Exceptions to mask wearing are limited to:

1. When an individual is alone in an office with a closed door and floor-to-ceiling walls;
2. Brief periods of time when eating and drinking while maintaining distancing and in accordance with instructions from commanders and supervisors;
3. When the mask is required to be lowered briefly for identification or security purposes;
4. When necessary as a reasonable accommodation for a person with a disability or to reasonably accommodate participation in a religious service;
5. When clear or unrestricted visualization of verbal communication is required for safe and effective operations (e.g., air traffic control, emergency dispatch, police/fire/emergency services);
6. When the person who would be wearing the mask is under the age of two, sleeping, unconscious, incapacitated, or otherwise unable to remove the mask without assistance;
7. When engaged in training in which mask wearing is not feasible or creates a hazard, such as swim qualification, amphibious, and aquatic training events;
8. When individuals are alone (or with members of their household or close social pod) in their housing, private outdoor space, or personally owned vehicle;
9. When personnel are operating machinery, tools, and/or other items during the use of which a mask would present a safety hazard (for example, the use of a gaiter may be needed for flight line safety reasons);
10. When environmental conditions are such that mask wearing presents a health and safety hazard (e.g., extreme elevated temperatures); and
11. When individuals are enrolled in a respiratory protection program and are wearing a respirator during the performance of duties requiring respiratory protection. Components that want to distribute N95 respirators to personnel must follow an OSHA respiratory protection program.

c. Case-by-case exceptions to the requirements for mask wearing as determined at a level no lower than a general/flag officer in the grade of O-7, SES member (or equivalent), or, for installations that do not have officials at these levels, O-6 installation commanders.

d. Transportation: It is recommended that all individuals wear masks on DoD conveyances (e.g., aircraft, maritime vessels, and buses) and in Government cars, vans, or other low occupancy transportation assets when more than one person is present.

e. Notwithstanding the above, masking of patients, visitors, and personnel working in DoD health care facilities (including military medical, dental, and veterinary treatment facilities) will occur in accordance with CDC guidelines.¹⁹

5.4. CASE MANAGEMENT AND RESTRICTING WORKPLACE ACCESS – SERVICE MEMBERS.

Testing of Service members:

- Test based on clinical judgment and public health considerations.
 - If laboratory positive: The Service member becomes a COVID-19 case and must be isolated.
 - The Service member will stay isolated for 5 days (day 0 is the day symptoms started or date of specimen collection if asymptomatic).
 - The Service member may leave isolation after 5 days, if no symptoms are present or if he/she is afebrile for more than 24 hours and any remaining symptoms are resolving. Mask wearing must continue for 5 days after leaving isolation when around others, even if mask wearing is not otherwise required by DoD guidance.
 - If fever, shortness of breath, or severe fatigue start or persist, the Service member will stay isolated until these symptoms resolve. The Service member should be seen and managed by medical personnel.
 - A negative test is not required to discontinue isolation due to difficulty interpreting persistent positive results. This is consistent with the CDC’s recommendation to NOT test during the 90-day period following initial diagnosis. This applies to all viral testing methodologies, including antigen testing.
 - If laboratory negative: The Service member should be followed to ensure he/she clinically improves.
 - If laboratory negative and asymptomatic or clinically improved: The Service member has no restrictions.
 - If laboratory negative and the Service member does NOT clinically improve or worsens, and no other etiology is found, then consider re-testing for COVID-19.

Management of Close Contacts of a Case:²⁰

- Close contacts identified through contact tracing or through exposure must wear a mask around others indoors for 10 days, even if mask wearing is not otherwise required by DoD guidance. ~~Service members in the workplace must test at least once after 5 full days~~

¹⁹ “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic,” September 23, 2022. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

²⁰ For more information on contact tracing with respect to Service members, see: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>.

~~following exposure. If symptoms develop, then the individual must get tested and isolate until test results are complete.~~

- In all situations, for a full 10 days after exposure, Service members must continue to self-monitor, and practice strict adherence to all non-pharmaceutical intervention mitigation strategies, and wear masks, avoid crowds and practice physical distancing, hand and cough hygiene, maintain adequate indoor ventilation, and perform environmental cleaning and disinfection. In addition, Service members located outside the United States identified as close contacts must follow host-nation policies, as applicable.

Recommendations for Testing During the Period Following Initial Diagnosis of COVID-19:²¹

- For Service members previously diagnosed with COVID-19 who remain asymptomatic after recovery, polymerase chain reaction retesting is not recommended within 90 days from the date of initial diagnosis. Furthermore, in the event of subsequent close contact with confirmed COVID-19 positive individuals, additional quarantine (including any required post-travel quarantine) is not necessary or recommended for 90 days as long as the Service member remains symptom-free.
- If Service members become symptomatic during this time frame -they must self-isolate immediately and retest to determine if they have been re-infected with SARS-CoV-2 or if symptoms are caused by another etiology. Isolation is required, particularly if symptoms developed within 10 days after exposure to an individual who has contracted COVID-19.

Aircrew Notification: In situations where a Service member is identified as a case within 72 hours after medical transport in the en route care system, local public health authorities at the receiving MTF, or at the closest MTF if the case is transferred to a civilian medical facility, must notify the regional Theater Patient Movement Requirements Center to initiate contact tracing and air crew exposure procedures.

5.5. RESTRICTING WORKPLACE ACCESS – PERSONNEL OTHER THAN SERVICE MEMBERS.

a. Personnel other than Service members who have signs or symptoms consistent with COVID-19²² will notify their supervisor and not come to the DoD workplace. Personnel who develop any signs or symptoms consistent with COVID-19 during the workday must immediately distance from other workers, put on a mask even if mask wearing is not otherwise required by DoD guidance, notify their supervisor, and promptly leave the DoD workplace.

b. Personnel who test positive for COVID-19 will remain out of the workplace for 5 days. To calculate the recommended time frames, day 0 is the day tested if no symptoms, or the

²¹ Beyond the 90-day recovery window, Service members revert to protocols for individuals who have never been diagnosed with COVID-19.

²² <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

date symptoms started. Personnel who test positive for COVID-19 may return to the DoD workplace, if either: (1) they have no symptoms; or (2) if they are fever-free for more than 24 hours (without the use of fever-reducing medication) and any remaining symptoms are resolving. Mask wearing must continue in the workplace for an additional 5 days (for a total of 10 days post-positive result), even if mask wearing otherwise is not required by DoD guidance.

c. Personnel exposed to COVID-19 will notify their supervisor.

1. Asymptomatic personnel exposed to COVID-19 must wear a mask in the workplace for 10 days, even if mask wearing otherwise is not required by DoD guidance.

2. Personnel performing duties outside the United States will also follow applicable geographic Combatant Commander guidance to address HN policies.

d. DoD civilian employees who are remaining out of the workplace because of COVID-19 symptoms and who are waiting for a test result may telework if able to do so. If they are unable to or do not feel well enough to telework, they may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), or use unpaid leave, as appropriate. Weather and safety leave is unavailable in this situation, but to mitigate exposure risks in the workplace, and on a limited basis, up to 1 day of administrative leave may be offered to DoD civilian employees who have COVID-19 symptoms and are remaining out of the workplace while actively seeking to be tested.

e. DoD civilian employees who test positive for COVID-19 may telework during the 5 days they are required to remain out of the workplace if able to do so. If they are unable to or do not feel well enough to telework, they may request sick leave, use accrued annual leave or other forms of paid time off (e.g., compensatory time off or credit hours), or use unpaid leave in this situation, as appropriate. Weather and safety leave is not available in this situation.

5.6. RESTRICTING WORKPLACE ACCESS – STATE AND LOCAL RESTRICTIONS.

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.

5.7. ISSUANCE OF MEDICAL PERSONAL PROTECTIVE EQUIPMENT.

~~Medical personal protective equipment (PPE) items, such as N95 respirators, are reserved for use in high-risk procedures and for use by those at increased risk of severe disease, and should not be issued outside of these circumstances unless local commanders or supervisors determine they are necessary to respect HN or local jurisdiction guidelines. In those instances, commanders or supervisors, in consultation with public health specialists and legal counsel, and with consideration of national or local jurisdictional agreements, such as Status of Forces Agreements, will determine if medical PPE items will be issued to non-medical personnel to respect such guidelines. The PPE supply must be~~

~~optimized and the below guidelines should be followed, in addition to consulting CDC-published strategies found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.~~

~~Although it is likely that expired respirators will be scarce two years into the pandemic,~~ Stockpiles of new respirators may eventually pass their expiration date. N95 respirators in the pandemic stockpiles that have exceeded their manufacturer's recommended shelf-life and expiration date should not be discarded. Current CDC guidance addresses this issue describing strategies for optimizing the supply of N95 respirators in health care settings where there is a limited supply.²³ 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. The manufacturer should be contacted for additional guidance on the use of expired respirators for any other reasons. Those responsible for ordering respirators should not do so with the idea that expired devices can be readily re-used; rather, expired devices should be discarded as per National Institute for Occupational Safety and Health pre-pandemic policy.

5.8. CLEANING AND DISINFECTING.

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.

Personnel who are cleaning workspaces or conducting maintenance activities in areas previously occupied by someone who is known or suspected to have contracted COVID-19 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 PPE 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>. Segregation of such 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 known or suspected to have contracted COVID-19 previously worked is not necessary.

5.9. HEATING, VENTILATION, AND AIR CONDITIONING (HVAC).

The SARS-CoV-2 virus is transmitted mainly by large respiratory droplets, but infected individuals generate aerosols and droplets across a large range of sizes and concentrations. There

²³ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>.

is no need to shut down air HVAC, air handling systems, or air vents to prevent the spread of COVID-19 within a building. Increasing indoor air movement and ventilation is a cornerstone of COVID-19 transmission mitigation strategy. 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 as set forth in CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>) and guidance from American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE; https://www.ashrae.org/file%20library/technical%20resources/ashrae%20journal/2020journaldocuments/72-74_ieq_schoen.pdf).

5.10. OSHA-REQUIRED ILLNESS RECORDKEEPING.

- a. General workplace: 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 C.F.R. § 1904.5 (this condition will require a determination by the commander or 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 C.F.R. § 1904.7 (e.g., medical treatment beyond first aid is required, the number of calendar days away from work meets the stated threshold).²⁴
- b. Health care providers: Adhere to COVID-19 illness recordkeeping and reporting procedures contained in 29 C.F.R. §§ 1910.502(q)(2)(ii), 1910.502 (q)(3), and 1910.502(r).

5.11. SAFETY AUDITS, INSPECTIONS, AND TRAINING.

To ensure maximum compliance with physical distancing guidance and telework arrangements, 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," may be discontinued at the discretion of the Component's Designated Agency Safety and Health Official, for the duration of the pandemic or the workplace returns to HPCON 0, whichever comes sooner.

The annual survey requirements specified in paragraph 3.8 of DoDI 6055.12, "Hearing Conservation Program (HCP)," may be suspended by DoD Components at the discretion of the Component's Designated Agency Safety and Health Official during the COVID-19 pandemic so long as there is a good faith effort to complete required services and compliance is not otherwise

²⁴ The reporting requirements are described in more detail in DoDI 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping," and at: <https://www.osha.gov/recordkeeping>.

possible. These requirements should resume upon the conclusion of the pandemic or the workplace returns to HPCON 0, whichever comes sooner.

Spirometry can be safely performed by following the CDC guidance for increased ventilation and regular room cleaning and disinfection, patient screening, and implementation of single use disposable items. The guidance for pulmonary function tests is contained in the Defense Health Agency Deputy Assistant Director for Medical Affairs Memorandum, “Outpatient Pulmonary Function Tests (PFT) During COVID-19 Pandemic,” August 18, 2020, and interim technical guidance for the safe performance of spirometry is available from the American College of Occupational and Environmental Medicine.²⁵

5.12. MAINTENANCE.

If workers are planning to conduct maintenance in a residence where a person who is known or suspected to have contracted COVID-19 resides and the maintenance is necessary and cannot be delayed, 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 the maximum possible distance from the resident who is known to have or suspected of having contracted COVID-19, and 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 physically distance from the resident during the work, appropriate protective equipment for exposure risks must be worn by the worker. If necessary, clean and disinfect the work area following the procedures for personnel protection described in section 5.8.

²⁵ September 1, 2021. <https://acoem.org/Guidance-and-Position-Statements/Guidance-and-Position-Statements/Occupational-Spirometry-and-Fit-Testing-in-the-COVID-19-Era-2021-Interim-Recommendations-from-the-A>.

SECTION 6: MEETINGS

For any planned in-person meetings, events, and conferences (referred collectively herein as “meetings”) sponsored by DoD in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high or medium, the meeting organizer will require all attendees, including Service members and DoD civilian employees, to physically distance and will limit attendance as necessary to maintain physical distance. Where the CDC COVID-19 Community Level is high, meeting organizers will require all attendees to wear high-quality masks. Meetings do not include military training and exercise events conducted by the MILDEPs.

SECTION 7: TRAVEL

This section covers official and unofficial travel and provides current pre- and post-travel guidance for Service members, DoD family members, DoD civilian employees, and DoD contractor personnel.

Heads of DoD and OSD Components may implement more restrictive guidance and additional FHP measures based on mission requirements and local risk assessments, in consultation with their medical staffs and public health authorities.

The Secretaries of the MILDEPs, heads of OSD Components, Commanders of the Geographic Combatant Commands (GCCs), and the Commander, U.S. Transportation Command (USTRANSCOM), may choose to exempt assigned aircrew and aircraft maintenance recovery team members on commercial, military contracted, and organic military aircraft from this section, to the extent permissible, consistent with applicable legal requirements. In addition, patients and their attendants in the en-route care system are exempt from restriction of movement (ROM) requirements and may be exempted from testing requirements by the Theater Validating Flight Surgeon until they arrive at their final treatment destination. Medical care will not be delayed due to ROM requirements.

The Commander, USTRANSCOM, may further waive the requirements of this section in order to continue execution of the Joint Deployment and Distribution Enterprise as required to project and sustain the joint force globally. This includes forces (aircrews, vessel crews, and mission essential personnel) ordered on prepare-to-deploy orders alert status, air refueling, global patient movement, mortuary affairs support, inland surface, sea, and air sustainment missions, support to other federal departments and agencies (as approved by the Secretary of Defense); and moves of personnel and equipment that support USTRANSCOM's global posture requirements.

7.1. GENERAL TRAVEL GUIDANCE.

In all cases, no personnel may engage in official travel if they have tested positive for COVID-19 and have not yet met the criteria for discontinuing isolation, they are symptomatic, or they are pending COVID-19 test results. After discontinuing isolation, personnel should avoid official travel until 10 calendar days after their symptoms started or the date of their positive test. If these personnel must travel on days 6 through 10, they must properly wear a well-fitting mask when they are around others for the entire duration of travel, even if mask wearing is not otherwise required by DoD guidance. Official travel should also be delayed if, in the past 10 days, an individual has been exposed to someone who has tested positive for, and/or been symptomatic of, COVID-19. Prior to travel, all official travelers should be educated on how to self-monitor and what actions to take if one develops signs or symptoms consistent with COVID-19 or contracts COVID-19.

During all official travel, travelers will follow all applicable Federal, State, local, and commercial air carrier requirements, and applicable HN requirements as a means to respect HN law. Additional requirements may be necessary when traveling to, or from, locations outside, and within, the United States. Travelers will follow any requirements in the Electronic Foreign

Clearance Guide pertaining to entry, movement, or operations into a HN. Travelers will also refer and adhere to local updates in HN for travel and movement within the HN.

Travel that is limited to transit between, and through, foreign countries contained wholly within a single GCC area of responsibility, and between GCC areas of responsibility, is not subject to this memorandum and will be managed by each relevant GCC or GCCs as appropriate.

7.2. ROM REQUIREMENTS

ROM after arrival at the travel destination may or may not be required by the HN. Travelers should consult the Electronic Foreign Clearance Guide (<https://www.fcg.pentagon.mil/fcg.cfm>) and check with the MILDEPs and GCCs for current information.

7.3. OFFICIAL TRAVEL FROM THE UNITED STATES TO A FOREIGN COUNTRY.

1. Service members and DoD civilian employees:

Service members and DoD civilian employees must follow all requirements imposed by the GCC with responsibility over the destination geographic area, including all applicable HN procedures as a means to respect HN law, and all requirements of the Electronic Foreign Clearance Guide.

2. DoD family members:

Service members must attest that, to the best of their knowledge, their family members have followed the same requirements as those set forth for Service members in this guidance. Failure to do so may result in delay or cancellation of previously authorized travel. This attestation requirement will be incorporated into travel orders issued to Service members.

3. DoD contractor personnel:

DoD contracting officers will ensure that all contracts that include performance outside the United States require DoD contractor personnel to comply with the country entry requirements of the respective GCC.

7.4. ADDITIONAL GUIDANCE FOR RESERVE AND NATIONAL GUARD PERSONNEL.

1. The Secretaries of the MILDEPs may issue any additional procedural guidance as necessary for Reserve Component personnel.
2. Reserve Component (including National Guard) personnel on official travel will complete any required health and ROM measures, including home-based quarantine or self-isolation if required, prior to the end of the official duty period.

3. Reserve Component (including National Guard) personnel on official travel who are not eligible for treatment at a military medical treatment facility, or who are not within the established access radius around a military medical treatment facility, may obtain COVID-19 official travel related testing at a civilian testing site and submit for reimbursement on their travel voucher.

4. For National Guard (NG) members supporting Federal Emergency Management Agency mission assignments or for other activities undertaken by NG personnel in a title 10 or title 32 duty status, the Chief of the National Guard Bureau, in coordination with the Secretaries of the Army and the Air Force, may issue redeployment guidance to the States, territories, and the District of Columbia to support mission requirements, while minimizing risks to NG members and local communities. Reserve Component personnel in support of another department or agency will complete any required health and ROM measures, including home-based quarantine or self-monitoring, prior to the end of the period of support to that other department or agency.

SECTION 8: PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION RELATED TO COVID-19

8.1. GENERAL.

Under this Force Health Protection Guidance, the DoD may collect and maintain sensitive and private information about individuals, including medical information. All personally identifiable information (PII) on individuals must be appropriately safeguarded. In implementing this guidance, 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. All personally identifiable information (PII) on individuals must be appropriately safeguarded under the Privacy Act of 1974 and DoDI 5400.11, “DoD Privacy and Civil Liberties Programs.”

Due to the public health emergency, DoD Components are authorized to collect 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 and restriction. 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 (e.g., affected individual information, type of confirmed or possible health or safety issue). This form is located at:
<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf>.

Currently, the requirement for all Federal civilian employees to be vaccinated is not in effect. A U.S. district court judge issued a nationwide preliminary injunction prohibiting implementation and enforcement of civilian employee vaccination requirements based on EO 14043. Requirements subject to the injunction and not currently in effect are included in this guidance in a strikeout form for ease of reinstatement by USD(P&R) should the injunction be lifted.

8.2. ADDITIONAL REQUIREMENTS FOR INFORMATION COLLECTED FROM DOD CIVILIAN EMPLOYEES.

Medical information obtained from DoD civilian employees, including vaccination status, will be accessible only to immediate supervisors, authorized human resources officials, ~~and, for exemption requests, Decision Authorities and subject matter experts,~~ who must access the information to implement the guidance in this memorandum. The Rehabilitation Act’s requirements on confidentiality of medical information apply whether or not a DoD civilian employee has a disability.

DoD personnel will use appropriate safeguards in handling and storing DoD civilian employee medical information, including a DoD civilian employee’s proof of vaccination; any medical information on the DD Forms 3175, 3176, and 3177, and COVID-19 test results. Appropriate safeguards may include encrypting emails and electronic files, and role-based access

to electronic storage environments where this information is maintained. In the event the information is maintained in paper form, supervisors and other authorized DoD personnel must ensure DoD civilian employee medical information remains confidential and is maintained separately from other personnel files (e.g., stored in a separate, sealed envelope marked as confidential DoD civilian employee medical information and maintained in locked file cabinets or a secured room). DoD Components are advised to refer to applicable internal guidance on the handling, storage, and disposition of DoD civilian employee medical records, and to consult their Component Privacy Officer as needed for further guidance.

~~Consistent with the Religious Freedom Restoration Act of 1993, 42 U.S.C. chapter 21B, and Title VII of the Civil Rights Act, 42 U.S.C. chapter 21, subchapter VI, individuals seeking a religious exemption from the vaccination requirement will submit to DoD supporting information about their religious beliefs and practices in order for DoD to evaluate the exemption request. Information collected from individuals under this guidance supporting vaccine exemption requests will be treated in accordance with applicable laws and policies on privacy, including the Privacy Act of 1974 and DoDI 5400.11, "DoD Privacy and Civil Liberties Programs," the Rehabilitation Act of 1973, as amended ("Rehabilitation Act"), and 5 CFR part 293, subpart E. While such information may be sensitive and is to be safeguarded, it is not covered by the Health Insurance Portability and Accountability Act (HIPAA) and the associated HIPAA Rules.~~

~~Information gathered under this guidance collected from DoD civilian employees related to exemption requests may be shared with immediate supervisors, authorized human resources officials, Decision Authorities, and, in appropriate cases, subject matter experts, who must access the information to implement the exemption process. DoD Components are advised to consult their Component Privacy Officer and servicing legal office if there is a need to share medical or religious information collected under this guidance with DoD personnel beyond what this guidance permits or with individuals outside of DoD. Religious information will be accessible only to those persons who have a role in carrying out the exemption procedures outlined in section 2 of this memorandum.~~

SECTION 9: DEFINITIONS

Exposed. Persons are considered to be exposed to COVID-19 if they were less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a total of 15 minutes or more over a 24-hour period, unless both parties were wearing masks or respirators. Individuals and supervisors may also assign the “exposed” classification below the thresholds above based on the following additional criteria:

- Cough or heavy breathing: Was the infected person coughing, singing, shouting, or breathing heavily? Activities like coughing, singing, shouting and breathing heavily due to exertion increase the risk of transmission.
- Symptoms: Did the infected person have symptoms at the time? Being around people who are symptomatic increases the risk of transmission.
- Ventilation and filtration: How well-ventilated was the space? Risk of transmission is increased in poorly ventilated vehicles or rooms.
- Physical Distance: Crowded settings can raise the likelihood of being close to someone with COVID-19. Keep in mind that while maintaining a distance beyond 6 feet of an infected person will limit exposures from larger droplets, exposures can occur beyond 50 feet based on ventilation, masking, and other factors.

Family member. See the definition in 5 CFR § 630.201.

Fully vaccinated.

An individual is considered “fully vaccinated” when at least 2 weeks have elapsed after a second dose of a two-dose COVID-19 vaccine series (e.g., PfizerBioNTech/Comirnaty, Moderna/Spikevax, or Novavax vaccines), or 2 weeks after receiving a single dose of a one-dose COVID-19 vaccine (e.g., Johnson & Johnson’s Janssen vaccine) that are: (1) fully licensed (approved) or authorized by the FDA; or (2) listed for emergency use on the World Health Organization Emergency Use Listing (e.g., AstraZeneca/Oxford).

An individual is “not fully vaccinated” if the individual either has not completed the COVID-19 vaccination primary dose series; or declines to provide his or her COVID-19 vaccination status and declines to provide any requested proof of that status.

Those with previous COVID-19 infection(s) or previous serology are not considered fully vaccinated on that basis for the purpose of this guidance.

HPCON level. A framework to inform an installation’s population of specific health protection actions recommended in response to an identified health threat, stratified by the scope and severity of the health threat.

Mask. Acceptable high-quality masks are non-medical disposable masks; masks made with layered breathable fabric (such as cotton); masks made with tightly woven fabric that does not let light pass through when held up to a light source; masks with two or three layers; masks with inner filter pockets, or, on a voluntary basis in non-medical settings, an N95-type filtering face

piece. A good practice is to wear a disposable mask underneath a cloth mask for added protection as long as this does not interfere with breathing. Novelty or non-protective masks, masks with ventilation valves, bandanas, and face shields are not authorized as a substitute for masks. Masks must be well fitting and worn correctly and consistently (around the nose and chin).

Physically distance. Maintain separation between individuals and prevent crowding in areas.

United States. The 50 States, U.S. commonwealths, U.S. territories, and the District of Columbia.

Up-to-Date. A person has received all recommended COVID-19 vaccines, including any booster dose(s) recommended when eligible. Booster doses are recommended, but are not required.