



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
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WASHINGTON, D.C. 20301-4000

APR - 4 2022

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

SUBJECT: Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance

The Department continues a collective, multi-faceted, and successful response to the coronavirus disease 2019 (COVID-19) pandemic, thus enabling the sustainment of the health of the Total Force and preserving mission readiness and the ability to fight and win when called upon by the Nation.

As the pandemic unfolded, multiple targeted force health protection (FHP) guidance memoranda were issued regarding the determination of Health Protection Conditions, vaccination, clinical and surveillance testing, disease surveillance, workplace safety, travel, meetings, and other actions to combat the ever-changing threats posed by this disease.

The attached "Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance" presents a uniform and consolidated policy for DoD's continued response to COVID-19, and serves as the DoD COVID-19 Workplace Safety Plan required by Executive Order 13991, "Protecting the Federal Workforce and Requiring Mask-Wearing," January 20, 2021. This memorandum consolidates and replaces the listed FHP memoranda, complies with applicable court orders, and is consistent with relevant Presidential directives and Office of Management and Budget and Safer Federal Workforce Task Force guidance. As Federal COVID-19 guidance and requirements evolve, I will revise the affected portions of this document to rapidly update and disseminate targeted FHP guidance to all DoD Components. These updates will be in a form that can replace the pages of the consolidated guidance that the updates supersede. DoD Components may, in turn, issue any necessary supplemental guidance and, most importantly, will rapidly execute actions required to protect the health of the Force and preserve mission readiness.

As DoD has done from the outset of the COVID-19 pandemic, implementation of collective and coordinated FHP measures is and will be critical to winning the fight against this disease.

Please direct any questions or comments to the following email address:
dha.ncr.ha-support.list.policy-hrpo-kmc-owners@mail.mil.

A handwritten signature in black ink, appearing to read "Gilbert R. Cisneros, Jr.", written in a cursive style.

Gilbert R. Cisneros, Jr.

Attachment:
As stated

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: 1) applicable court orders, Presidential directives, and Office of Management and Budget (OMB) and Safer Federal Workforce Task Force guidance; and 2) 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).

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

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 the 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.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	4
SECTION 1: HEALTH PROTECTION CONDITION (HPCON) FRAMEWORK.....	6
1.1. HPCON Framework.....	6
1.2. Authority to Determine HPCON Levels.....	6
1.3. Criteria for Changing HPCON Levels.....	7
1.4. Workplace Occupancy Levels within the HPCON Framework.....	12
SECTION 2: VACCINATION VERIFICATION AND MEASURES BASED ON VACCINATION STATUS	13
2.1 Vaccination and Testing Requirements.....	13
SECTION 3: CONDUCTING TESTING FOR SUSPECTED COVID-19 CASES AND GENERAL ELIGIBILITY FOR DoD-CONDUCTED TESTING.....	25
3.1. Testing Considerations.....	25
3.2. DoD Laboratories and Tests.....	25
3.3. Eligibility of DoD Personnel, Other Beneficiaries, and Other Populations for Testing.....	26
SECTION 4: SURVEILLANCE AND SCREENING TESTING.....	28
4.1. Conducting Required Screening Testing.....	28
4.2 Health Surveillance Activities.....	29
4.3 Methods for Operational Risk Reduction.....	30
4.4 COVID-19 Contact Tracing and Testing.....	31
SECTION 5: PROTECTING PERSONNEL	32
5.1. General Measures for Personnel.....	32
5.2. Physical Distancing.....	32
5.3. Masks.....	33
5.4 Case Management and Restricting Workplace Access – Service Members.....	34
5.5. Restricting Workplace Access – Personnel Other Than Service Members.....	37
5.6. Restricting Workplace Access – State and Local Restrictions.....	38
5.7 Issuance of Medical Personal Protective Equipment.....	38
5.8 Cleaning and Disinfecting.....	39
5.9. Heating, Ventilation, and Air Conditioning (HVAC).....	39
5.10. OSHA-Required Illness Recordkeeping.....	40
5.11. Safety Audits, Inspections, and Training.....	40
5.12. Maintenance.....	41
SECTION 6: MEETINGS	42
SECTION 7: TRAVEL	43
7.1. General Travel Guidance.....	43
7.2 Risk Assessment Prior to Travel.....	44
7.3 ROM Requirements.....	45
7.4 Testing Requirements.....	46
7.5 Specific Guidance by Type of Travel.....	48
7.6. Additional Guidance for Reserve and National Guard Personnel.....	51
7.7. Additional Guidance to Assist Commanders with Travel Decisions.....	52
SECTION 8: PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION RELATED TO COVID-19.....	53
8.1. General.....	53
8.2. Additional Requirements for Information Collected from DoD Civilian Employees.....	53
SECTION 9: DEFINITIONS.....	55

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, 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 OMB,^{3,4} and articulate steps the DoD has been and will be taking to halt the spread of COVID-19.

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.

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

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.

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).

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 measures 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. 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 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”) 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, and the Defense Logistics Agency (DLA) has HPCON implementation authority for four locations.⁷ Those with HPCON implementation authority will coordinate changes in HPCON levels with other military installations, affected Geographic Combatant Commands (GCCs), and/or Direct Reporting Units in the same local commuting area (i.e., within approximately 30 miles) to the greatest extent practicable to facilitate consistency in response and unity of messaging.

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

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).

allied forces standards, as applicable, and should consult with relevant HN authorities, including public health and medical authorities, when deciding to change HPCON levels.

1.3. CRITERIA FOR CHANGING HPCON LEVELS.

HPCON level determinations for COVID-19 should be 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 community transmission, respectively.⁹

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.¹⁰

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.

Table 1, below, includes FHP measures that installation commanders may undertake at each HPCON level, in addition to those required elsewhere in this guidance.

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 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 Severe	<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 unvaccinated; 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. Less than 25 percent of normal occupancy in the workplace, or the minimum required on-site for essential operations that must be conducted in person. b. Strongly consider declaring a local Public Health Emergency. c. Consider limiting visitor access to the installation to only those required for mission essential activities. d. Cancel non-mission-essential activities. e. Close non-essential services (e.g., fitness centers, leisure and recreational facilities, beauty/barber shops, non-essential retail, dine-in eating establishments). f. Consider potential delay or cancelation of exercises. 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/.¹¹

¹¹ For information about masking and screening testing at the various HPCON levels, refer to sections 2.1 and 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>

HPCON C <u>High</u>	<u>High COVID-19 Community Level* Risk</u> High COVID-19 Community Level* in the county in which the installation is located.	Utilize measures from HPCON A and B with the following modifications:
	*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	<ul style="list-style-type: none">a. Less than 50 percent of normal occupancy in the workplace.b. Consider limiting visitor access to the installation for non-essential mission-related/operational activities.c. Limit social gatherings to less than 50 percent facility/room occupancy.d. MTFs may limit elective surgeries in accordance with guidance from the Defense Health Agency and the Assistant Secretary of Defense for Health Affairs.e. Consider re-scoping, modifying, or potentially canceling exercises.f. Indoor common areas and large venues may be closed. Dining establishments may be limited to takeout.g. Gyms may be closed at this level or operate at diminished occupancy.h. Schools operated by the Department of Defense Education Activity (DoDEA) will operate remotely.i. Maximize telework to the greatest extent practical.j. Follow any other applicable force health protection guidance at: https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/.

HPCON B <u>Moderate</u>	<u>Medium COVID-19 Community level* Risk</u>	Utilize measures from HPCON A with the following modifications: <ul style="list-style-type: none">a. Less than 80 percent of normal occupancy in the workplace.b. Permit liberal telework where possible, especially for individuals who self-identify as immunocompromised or being at high risk for severe disease.c. 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.d. Follow any other applicable Force Health Protection Guidance at: https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/.
HPCON A <u>Low</u>	<u>Low COVID-19 Community Level* Risk</u> 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.	<ul style="list-style-type: none">a. Less than 100 percent of normal occupancy in the workplace, with telework as appropriate.b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.c. Common areas and large venues (e.g., sit-down dining, movie theaters, gyms, sporting venues, and commissaries) should adhere to established cleaning and sanitation protocolsd. DoDEA schools will operate following CDC recommendations and guidelines specific to schools as implemented in operational procedures and guidance from the Director, DoDEA. Children are not required to mask. Any DoD guidance that is more stringent than CDC guidance must be followed.e. 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.
-

1.4. WORKPLACE OCCUPANCY LEVELS WITHIN THE HPCON FRAMEWORK.

Workplace occupancy limits for each HPCON level are included as measures in Table 1. The workplace occupancy levels in the chart are ceilings, not goals. Reduced workplace occupancy may be achieved through telework, remote work, flexible scheduling, and other methods, as appropriate. At HPCON A or higher, 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 Component heads have the authority to grant exemptions for workplace occupancy limits that are required for national security and the success of critical missions. DoD Component heads, other than the Secretaries of the MILDEPs, may delegate this workplace occupancy limit authority in writing to a level no lower than a general/flag officer or Senior Executive Service (SES) member (or equivalent). Secretaries of the MILDEPs may delegate workplace occupancy limit exemption authority in writing to a level no lower than an O-6 installation commander. The DA&M has workplace occupancy limit exemption authority for all DoD Components located on the Pentagon Reservation and other facilities within the National Capital Region managed by Washington Headquarters Services. This authority may be delegated at the discretion of the DA&M. DLA has workplace occupancy limit exemption authority for four locations.¹² When considering a workplace occupancy limit exemption, those with exemption authority must take into account the ability to maintain distance between personnel and other public health and workplace safety measures contained in this Guidance.

A record of all workplace occupancy limit exemptions will be retained by the exemption authority for the duration of the pandemic and until returning to HPCON 0 and provided for awareness to the public health office concerned and to the installation commander, if different from the exemption authority. FHP measures and other appropriate mitigation measures shall be used rigorously in all areas and especially in areas for which an occupancy exemption has been granted.

¹² DLA Land & Maritime (Columbus, OH), DLA Distribution HQ (New Cumberland, PA), DLA Aviation (Richmond, VA), and DLA Distribution (San Joaquin, CA).

SECTION 2: VACCINATION VERIFICATION AND MEASURES BASED ON VACCINATION STATUS

2.1 VACCINATION AND TESTING REQUIREMENTS.

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 required to be fully vaccinated against COVID-19, subject to any identified contraindications, any administrative or other exemptions established in DoD policy, and any applicable court orders. Service members' vaccination status will be validated utilizing their Military Service-specific Individual Medical Readiness (IMR) system. If a Service member has been vaccinated against COVID-19 outside the military health system, that Service member must show official proof of his or her COVID-19 vaccination status to update the IMR system.

Once the applicable mandatory vaccination date has passed, COVID-19 screening testing is required at least weekly for Service members who are not fully vaccinated, including those who have an exemption request under review or who are exempted from COVID-19 vaccination and are entering a DoD facility located in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high or medium. Service members who are not on active duty and who also are DoD civilian employees or DoD contractor personnel must follow the applicable requirements in section 2.3 for DoD civilian employees or in section 2.4 for DoD contractor personnel.

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.

At least weekly COVID-19 testing is required for those DoD civilian employees who are not fully vaccinated when the CDC COVID-19 Community Level is high or medium in the county or equivalent jurisdiction where the DoD facility is located. DoD civilian employees who are not fully vaccinated and who telework or work remotely on a full-time basis are not subject to weekly testing, but must provide a negative result (from a test performed within the prior 72 hours) for entry into a DoD facility located in the county where the COVID-19 Community Level is high or medium.

~~To ensure the safety of the DoD workforce,¹³ 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.~~

If they have not already done so, supervisors of DoD civilian employees must ask DoD civilian employees whether they are fully vaccinated. Employees who indicate they are fully vaccinated must provide proof of that vaccination status to their supervisors. Acceptable proof includes:

- a. A copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020);
- b. A copy of medical records documenting the vaccination;
- c. A copy of immunization records from a public health or State immunization information system; or
- d. A copy of any other official documentation containing the data points required to be verified by the supervisor.

When necessary for implementing FHP measures related to workplace access in section 5.5, supervisors of DoD civilian employees may ask DoD civilian employees whether they are up to date with COVID-19 vaccinations. If there is a supervisory concern about the accuracy of the DoD civilian employee’s response, DoD civilian employees are required to provide proof of up-to-date vaccination status. Supervisors must not inquire about disabilities when asking DoD civilian employees about up-to-date vaccination status.

~~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 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.

¹³ ~~Executive Order 14043, “Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,” September 9, 2021.~~

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:

Vaccination requirements for DoD contractor personnel are outlined in several references.¹⁴ In implementing EO 14042, the DoD will comply with all relevant court orders.

¹⁴ Safer Federal Workforce Task Force, “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors,” September 24, 2021; Principal Director for Defense Pricing and Contracting Memorandum, “Class Deviation 2021-O0009-Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors,” October 1, 2021; EO 14042, “Ensuring Adequate COVID Safety Protocols for Federal Contractors,” September 9, 2021.

Onsite DoD contractor personnel will complete the DD Form 3150, “Contractor Personnel and Visitor Certification of Vaccination”;¹⁵ maintain a current completed copy; and show it to authorized DoD personnel upon request when they work at a DoD facility where the CDC COVID-19 Community Level is high or medium. Failure to complete the DD Form 3150 may result in denying DoD contractor personnel access to the DoD facility to which access is sought. Onsite DoD contractor personnel who are not fully vaccinated against COVID-19, because they are not performing under a covered contract that requires COVID-19 vaccination, due to a legally required accommodation, or who decline to provide information about their COVID-19 vaccination status, will be subject to COVID-19 screening testing at least weekly when the CDC COVID-19 Community Level for the facility in which they work is high or medium. DoD contractor personnel who refuse required COVID-19 screening testing will be denied access to DoD facilities.

For purposes of the requirements regarding providing information about vaccination status and screening testing, “contractor personnel” are those individuals issued a credential by DoD that affords the individual recurring access to DoD facilities, classified herein as “credentialed recurring access” (CRA) (e.g., Common Access Cardholders) who are performing under a contractor or subcontract between their employer and the DoD. “Contractor personnel” do not include employees of DoD contractors or subcontractors receiving ad hoc access to DoD facilities (e.g., delivery personnel, taxi services) or employees of DoD contractors or subcontractors 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).

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 CRA. “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 complete DD Form 3150; maintain a current completed DD Form 3150; and show it to authorized DoD personnel, upon request when they are visiting a DoD facility where the CDC COVID-19 Community Level is high or medium. Failure to complete the DD Form 3150 may result in denial of an official visitor’s access to the DoD facility to which access is sought. Service members not on active duty or active duty for training are also subject to the requirements in this paragraph.

¹⁵ <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3150.pdf>

When visiting a DoD facility where the CDC COVID-19 Community Level is high or medium, official visitors who are not fully vaccinated against COVID-19, or who decline to provide information about their vaccination status, must show an electronic or paper copy of negative results from an FDA-authorized or approved COVID-19 test administered no earlier than 72 hours prior to their visit. If unable to show a negative COVID-19 test result, the official visitor may be provided onsite self-testing, if available, or will be denied access to the DoD facility (or facilities) to which access is sought. Service members who are not on active duty or on active duty for training at the time of their official visit are subject to the requirements in this paragraph.

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.~~

~~c. 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 physically distance requestor from co-	Exemption request package that includes employee's request and supervisory information concerning employee's occupation, work environment, and other circumstances of the request.	Decision Authority Support Office

	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.		
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, implement mitigation measures and, if	If approved, employee continues to comply with generally applicable mitigation measures (for instance, as	Employee

	<p>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>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.~~

~~(1) 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.~~

~~(2) 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.~~

~~(3) 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.~~

~~(4) 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.~~

~~(5) Requests for exemption from candidates for employment will be handled consistent with the procedures in this section.~~

~~(6) 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 antigen testing.

DoD Components will ensure that diagnostic testing and screening testing 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 tests¹⁶ 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 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

¹⁶ 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>).

required. DoD civilian employees may also be offered screening testing in connection with workplace disease surveillance.

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 example, if testing is explicitly called for under the contract; or if testing is required to access a DoD facility and the contractor personnel must access the DoD facility to perform under the contract. DoD contracting officers may also modify existing contracts to require contractors to test their personnel, or to permit DoD to test their personnel, as necessary to support mission requirements and subject to available funding.

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. CONDUCTING REQUIRED SCREENING TESTING

To establish COVID-19 screening testing for individuals for whom weekly screening testing is required, DoD Components will:

- a. Execute the screening testing requirement with FDA approved or authorized COVID-19 self-collection kits or self-tests at least weekly (depending on the type of test kit used). 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).
 1. COVID-19 self-tests must have Instructions for Use and FDA approval, 510(k) premarket clearance or have an FDA EUA. These tests will be made available through the DLA.
 2. Funding for COVID-19 screening testing, if self-collection kits or self-tests are not available:
 - i. Each DoD Component will reimburse Service members and DoD civilian employees for COVID-19 screening tests that require payment for purposes of meeting the screening testing requirement (e.g., if the screening test is not available through the DoD Component and must be administered by a facility who charges for the test).
 - ii. For COVID-19 screening testing of DoD contractor personnel with CRA, DoD Components will offer, if available, COVID-19 screening testing similar to that offered to DoD civilian employees at the DoD Component's expense and at no cost to the contractor personnel or the contractor.
- b. Establish guidance for where and how these tests will be distributed and conducted, and how results are to be reported.
 1. DoD civilian employees are responsible for providing documentation of negative COVID-19 test results, upon receipt, to the appropriate supervisor. For purposes of screening testing requirements, "supervisor" includes authorized human resources officials. DoD civilian employees may not be required to use their own personal equipment for the purpose of documenting test results; offsite tests may not be used if there is not a means to document results using Government equipment. The supervisor is responsible for maintaining any COVID-19 test results provided by DoD civilian employees in accordance with the privacy protection measures in section 8.

2. DoD contractor personnel with CRA will maintain their most recent COVID-19 test result and show the result to authorized DoD personnel upon request.
- c. After COVID-19 screening testing procedures are established, personnel subject to screening testing are required to have a negative COVID-19 screening test result for entry into a DoD facility. DoD Components may bar DoD civilian employees who refuse required screening testing from their worksites on the installation or facility to protect the safety of others. If the COVID-19 screening test is administered offsite, the negative result must be from a test performed within the prior 72 hours. If a COVID-19 screening test is administered onsite, the test will be administered before DoD civilian employees and contractor personnel go to their work areas. Personnel who have tested positive for COVID-19 are exempted from regular screening testing for 90 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.
- d. 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. If the confirmatory test is negative, the individual is not considered to be COVID-19 positive and will be allowed into the workplace.
- e. For DoD civilian employees, COVID-19 screening testing is expected to take no more than 1 hour of regular duty time, per test, to complete required testing as directed by the DoD Component. Laboratory-based confirmatory COVID-19 testing for initial positive screening test results is expected to take no more than 2 hours of duty time. This includes time for travel to the testing site, time to complete testing, and time to return to work. Commanders and supervisors will monitor duty time usage and keep duty time used for testing within these parameters to the extent possible.
- f. A religious or medical exemption from COVID-19 vaccination is not an exemption from required COVID-19 screening testing. If a DoD civilian employee requires a religious or medical exemption from participation in COVID-19 screening tests, DoD Components should follow existing processes to determine if an appropriate flexibility or accommodation may be provided.

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. 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 in accordance with all applicable Federal, State, local, and DoD requirements.
 - 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 concern¹⁷ 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.

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.

¹⁷ The President’s “National Strategy for the COVID-19 Response and Pandemic Preparedness,” January 21, 2021.

- Symptomatic DoD personnel will be managed in accordance with current guidance.
- DoD Components may, in consultation with public health advisors, conduct screening testing of Service members to reduce risk in 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.
- 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.

4.4 COVID-19 CONTACT TRACING AND TESTING.

DoD Components will conduct contact tracing on all COVID-19 cases identified through testing activities. Follow-on quarantine or isolation measures and testing will be implemented as indicated.

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.
- Avoid close contact (within 6 feet of any individual for a total of 15 minutes or more over a 24-hour period) with people.
- Stay home if 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>.
- Launder or replace masks regularly 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.

b. Installations will post signage about specific measures applicable to the installation, such as mask wearing and physical distancing requirements, and on installation websites, as appropriate.

5.2. PHYSICAL DISTANCING.

Supervisors will maintain at least six feet of separation between individuals in DoD workplaces whenever possible and regardless of the CDC COVID-19 Community Levels. Installation commanders will implement measures designed to ensure at least six feet of separation in indoor areas whenever possible (including common areas, elevators, stairs, and escalators) and outdoor areas which are crowded or in which personnel are required to congregate, such as building entrances and security checkpoints.

Supervisors will limit requirements for face to face interactions in circumstances when physical distance cannot be maintained and will consider use of telecommunication tools even when onsite.

Installation commanders will determine whether stairwells or sides of stairwells should be designated as “up” and “down” to promote physical distancing. Installation commanders will consider placing signs limiting the number of personnel allowed inside elevators and use floor markings showing where personnel should stand in elevator lobbies and within elevators to reinforce physical distancing.

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.
- 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 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;

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

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.

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: All individuals, regardless of vaccination status, must wear a mask on DoD transportation assets (e.g., planes, water transport, buses, trains, taxis, and ride-shares) traveling into, within, or out of the United States, and indoor DoD transportation hubs. Masks are not required in outdoor areas of conveyances (if such outdoor areas exist on the conveyance) or while outdoors at transportation hubs, if these areas are uncrowded. These requirements apply whether the DoD transportation assets and hubs are located inside or outside the United States, but exclude ships, submarines, aircraft, and other tactical vehicles and craft in their operational environment. Individuals will wear a mask in Government cars, vans, or other low occupancy transportation assets in areas where the CDC COVID-19 Community Level is high when traveling with others. Masks are optional in areas where the CDC COVID-19 Community Level is low or medium for all individuals if traveling in Government low occupancy transportation.

e. Notwithstanding the above, masks must be worn by personnel working in DoD health care facilities (including military medical, dental, and veterinary treatment facilities) in accordance with requirements specified in 29 CFR § 1910.502 and in accordance with OSHA and CDC guidelines. Masks will be worn by visitors and patients to DoD military medical and dental treatment facilities except while undergoing medical examinations or procedures that interfere with those activities.

f. Each installation and other facility will post signage regarding mask-wearing and physical distancing requirements. Such signage may vary as needed given local requirements and conditions. Information about these requirements at specific installations and other facilities should be publicly available on website(s) and regularly communicated to all personnel.

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 (as determined by contact tracing):¹⁹

- When the close contact is a Service member fully vaccinated with an FDA licensed or authorized COVID-19 vaccine, or a World Health Organization Emergency Use Listing COVID-19 vaccine, quarantine is required unless the individual has: (1) received an FDA licensed or authorized COVID-19 booster dose; (2) it has been less than 5 months since completion of the primary series with an mRNA vaccine (i.e., Pfizer-BioNTech/Comirnaty or Moderna/Spikevax); or (3) it has been less than 2 months since receiving a Johnson and Johnson COVID-19 vaccine dose as a primary vaccination. Regardless of vaccination status, close contacts must wear a mask around others for 10 days, even if mask wearing is not otherwise required by DoD guidance, and if *practical, test on day 5 following exposure*. If *symptoms develop*, then the individual must get tested and isolate until test results are complete.
- Close contact Service members who are not fully vaccinated must quarantine for 5 days. The Service member should wear a mask at all times when around other individuals, regardless of those individuals' vaccination status, and even if mask wearing is not otherwise required by DoD guidance. Testing should occur on day 5 after exposure, if practical. If no symptoms develop, quarantine may end after 5 days, but the Service member must continue to wear a mask around others for an additional 5 days (i.e., masks must be worn for a total of 10 days after exposure, including the time in quarantine). If any symptoms develop at any time, the individual should be tested for COVID-19 and advised to isolate.

¹⁹ 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>.

- Exceptions to the above protocols for asymptomatic Service members with potential exposure based on close contact who are not fully vaccinated, and whose presence is required in the workplace, may be considered in cases of mission-essential activities that must be conducted on site. This exception may be granted in writing by the first general/flag officer, SES member, or equivalent, in the chain of command/chain of supervision or, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. Vaccination status of the Service member should be considered in granting an exception, as more risk will be assumed in granting an exception for a Service member who is not fully vaccinated. Service members who develop signs or symptoms consistent with COVID-19 during the duty period, he/she will be ordered to return to quarters and provided instructions for compliance with this guidance. Service members granted an exception must comply with the following practices for 5 days after the last exposure:
 - Obtain a COVID-19 test on calendar day 5;
 - Conduct daily pre-screening with temperature checks;
 - Wear a mask in the workplace for 10 calendar days after exposure, even if mask wearing is not otherwise required by DoD guidance;
 - Practice hand and cough hygiene;
 - Refrain from sharing headsets or other objects used near the face;
 - Continue to physically distance as much as possible; and
 - Clean and disinfect their workspace daily
- In all situations, for a full 10 days after last contact with a confirmed case, Service members must continue to self-monitor, and practice strict adherence to all non-pharmaceutical intervention mitigation strategies, and, if not fully vaccinated, 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.

Testing Quarantined Individuals Who Develop Symptoms:

Test eligible Service members in quarantine who develop symptoms commonly associated with COVID-19.

- If laboratory positive: The Service member becomes a case and must be isolated (see above).
- If laboratory negative: The Service member must continue to follow procedures for quarantine as outlined above.

Recommendations for Testing During the Period Following Initial Diagnosis of COVID-19:²⁰

- 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

²⁰ Beyond the 90-day recovery window, Service members revert to protocols for individuals who have never been diagnosed with COVID-19.

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 (whether or not they are a close contact of a case) they must self-isolate immediately and be evaluated by a health care provider to determine if they may have been re-infected with SARS-CoV-2 or if symptoms are caused by another etiology. Isolation may be warranted during this time, particularly if symptoms developed within 10 days after close contact with 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.

Contacts of Contacts: There is no indication to quarantine asymptomatic Service members who are contacts of contacts; they should continue to self-monitor for symptoms.

5.5. RESTRICTING WORKPLACE ACCESS – PERSONNEL OTHER THAN SERVICE MEMBERS

a. Personnel other than Service members who have signs or symptoms consistent with COVID-19²¹ 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. Regardless of COVID-19 vaccination status, personnel who test positive for COVID-19 will remain out of the workplace for 5 days. Individuals may return to the DoD workplace after 5 days, if either: (1) they have no symptoms; or (2) if they are afebrile for more than 24 hours and any remaining symptoms are resolving. Mask wearing must continue in the workplace for an additional 5 days, even if mask wearing otherwise is not required by DoD guidance.

c. Personnel with potential exposure to COVID-19 based on close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case of COVID-19 will notify their supervisor.

1. Asymptomatic personnel with potential exposure to COVID-19 based on close contact who are: (1) not fully vaccinated; (2) are more than 5 months out from their second mRNA vaccine dose (i.e., Pfizer-BioNTech/Comirnaty or Moderna/Spikevax) and have not received a COVID-19 booster dose; or (3) more than 2 months out from their Johnson & Johnson/Janssen vaccine and have not received a COVID-19 booster dose will remain out of the workplace for 5 days. Regardless of vaccination status, asymptomatic personnel with potential

²¹ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

exposure to COVID-19 based on close contact must wear a mask in the workplace for 10 days, even if mask wearing otherwise is not required by DoD guidance.

2. In cases of mission-essential activities that must be conducted on site, asymptomatic personnel with potential exposure to COVID-19 based on close contact, who otherwise would need to remain out of the workplace, may be granted an exception to continue to work on site provided they remain asymptomatic, do not have a positive test for COVID-19, and comply with the following key practices for 5 days after the last exposure:

- Obtain a COVID-19 test on day 5;
- Conduct daily pre-screening with temperature checks;
- Wear a mask in the workplace for 10 days after exposure, even if mask wearing is not otherwise required by DoD guidance,
- Practice hand and cough hygiene;
- Refrain from sharing headsets or other objects used near the face;
- Continue to physically distance as much as possible; and
- Clean and disinfect their workspaces daily.

This exception may be granted by the first general/flag officer or member of the SES, or equivalent, in the chain of command/chain of supervision or, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. If the individual develops signs or symptoms consistent with COVID-19 during the duty period, he/she will be sent home immediately.

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

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 2 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.²² 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 is no need to shut down air HVAC, air handling systems, or air vents to prevent the spread of

²² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

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 in accordance with CDC guidance (e.g., opening windows and doors to let in outside air) at: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>.

5.10. OSHA-REQUIRED ILLNESS RECORDKEEPING

COVID-19 is a recordable occupational illness if a worker contracts the virus as a result of performing his or her occupational duties and if all of the following conditions are met: (1) COVID-19 illness is a confirmed case; (2) contraction of COVID-19 is work-related as described in 29 CFR § 1904.5 (this condition will require a determination by the 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 CFR § 1904.7 (e.g., medical treatment beyond first aid is required, the number of calendar days away from work meets the stated threshold).²³

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 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

²³ 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>.

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.²⁴

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 a distance of at least 6 feet 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 remain 6 feet in distance from the resident during the work, appropriate protective equipment for close contact must be worn by the worker. If necessary, clean and disinfect the work area following the procedures for personnel protection described in section 5.8.

²⁴ 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 with more than 50 participants in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high, the meeting organizer will obtain advance written approval from the DoD or Office of the Secretary of Defense (OSD) Component head concerned to hold the meeting. The DoD or OSD Component head concerned may delegate this authority in writing to their Principal Deputy (or equivalent) but no lower.

For any in-person meetings 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 show a completed DD Form 3150, “Contractor Personnel and Visitor Certification of Vaccination.”

In-person attendees who are not fully vaccinated, or who decline to provide information about their vaccination status, may not attend the meeting if they do not show the meeting organizer proof of a negative FDA approved or authorized COVID-19 test completed no earlier than 72 hours prior to the meeting, and at least weekly if the meeting is greater than one week in duration. Meetings do not include military training and exercise events conducted by 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 GCCs, and the Commander, U.S. Transportation Command, 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.

7.1. GENERAL TRAVEL GUIDANCE

Fully vaccinated individuals are not restricted from official travel, both domestic and international. Individuals who are not fully vaccinated, or who decline to provide information about their vaccination status, are limited to mission-critical official travel, both domestic and international. "Mission-critical" will be determined by the traveler's DoD or OSD Component head, who may delegate this authority in writing to the Component's Principal Deputy (or equivalent) but no lower. Travel in connection with Authorized or Ordered Departures issued by the Department of State for purposes of this FHP guidance is deemed to be "mission-critical."

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. In addition to completion of required or recommended ROM, 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.

For travel via military airlift (contracted or organic), Aerial Point of Embarkation (APOE) health screening is mandatory. Travelers who have a medical issue identified during screening or who refuse to be screened at the APOE may be denied travel.

The waiver authority available to the Secretaries of the MILDEPs, heads of OSD Components, Chief of the National Guard Bureau, and Commanders of the GCCs for official travel is specified in section 7.4. 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 RISK ASSESSMENT PRIOR TO TRAVEL

It is important for the appropriate commander or supervisor, assisted by medical personnel, to complete a risk assessment for each traveler before travel, as set forth below, including an assessment of the health status and itinerary. Specifically:

- For Service members, a risk assessment is required before all travel.
- For DoD family members, reimbursement for official travel may only occur after the Service members certifies, to the best of his or her knowledge, that family members have completed a risk assessment. DoD family members are strongly encouraged to complete a risk assessment before unofficial travel as well.
- For DoD civilian employees, a risk assessment is required before official travel. DoD civilian employees are strongly encouraged to complete a risk assessment before unofficial travel as well.
- For DoD contractor personnel, DoD contracting officers will ensure that all contracts that include performance requiring official travel outside the United States require DoD contractor personnel to complete a risk assessment. DoD contractor personnel are strongly encouraged to complete a risk assessment before unofficial travel as well.

The risk assessment of the health status of the traveler will include, at a minimum, determining:

- Whether the individual is familiar with how to self-monitor, and what actions to take, if he or she develops signs or symptoms consistent with COVID-19 or contracts COVID-19;
- Whether the individual has exhibited any signs or symptoms consistent with COVID-19 within the previous 10 days;
- Whether the individual has had close contact with anyone having, or known to have exhibited, signs or symptoms consistent with COVID-19, or who has tested positive for COVID-19 within the previous 10 days;
- Whether the individual has recently recovered from COVID-19 and, if so, when and if they have documentation of a positive viral test and documentation of recovery from a health care provider;
- Whether the individual is fully vaccinated or up-to-date with COVID-19 vaccines and, if so, when, and whether they have proof of vaccination (CDC vaccination card or other medical documentation);
- Whether the individual has traveled to a country, state, territory, county, or city with high or increasing risk of COVID-19 as defined by the CDC in Travel Health Notices;
- Whether the individual is at increased risk of severe illness of COVID-19 as defined by the CDC. Additional details can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>. For DoD civilian personnel, disclosure of this information is voluntary; and
- The status of community spread of COVID-19 for the travel destination.

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 in close contact with someone who has tested positive for, and/or been symptomatic of, COVID-19 and requires self-quarantine. 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.

7.3 ROM REQUIREMENTS

a. Steps to Be Taken During ROM. During any required or recommended ROM period, individuals will, to the fullest extent practicable:

- Restrict movement to their residence or other appropriate domicile²⁵ as much as possible.
- Maintain a distance of greater than 6 feet from anyone who did not, or will not, travel with them, including family members or roommates; wear masks at all times around individuals; and employ hand washing practices in accordance with CDC guidance; avoid crowds; avoid the use of public transportation; and avoid close interaction with pets or other animals for 10 days after travel even if the ROM period is shorter than 10 days.
- Consider their ROM location as their authorized duty location.
- Self-monitor for subjective fever (that is, feeling feverish) or actual fever ($\geq 100.4^{\circ}\text{F}$ or $\geq 38^{\circ}\text{C}$) by taking their temperature twice a day, and self-monitor for cough, difficulty breathing, or other COVID-19 signs and symptoms as described by the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. If signs or symptoms consistent with COVID-19 develop during the 14-day self-monitoring period, individuals will, to the fullest extent practicable, immediately self-isolate, limit close contact with others, and, if appropriate, seek advice by telephone or other authorized communication modalities from an appropriate healthcare provider to determine whether medical evaluation and testing for COVID-19 is needed.
- For Service members, notify their chain of command if they, or persons in their household, develop signs or symptoms consistent with COVID-19. Such health information will be used only for FHP purposes and will be protected in accordance with applicable laws and policy.
- DoD civilian employees should notify supervisors if they develop, or have had contact with anyone who exhibits, signs or symptoms consistent with COVID-19. Such health information will be used only for FHP purposes and will be protected in

²⁵ The ROM location for Dynamic Force Employment organizations and individuals will be identified through a case-by-case determination coordinated with the force provider and GCC.

accordance with applicable laws and policy.

- Telework when practicable per direction of their commander or supervisor.
- For personnel whose presence is required in the workplace by their supervisor, consider whether and when to return to work during the ROM period in accordance with section 5.

b. Additional ROM Guidance:

- If ROM is conducted prior to travel, travel to and from an APOE following ROM completion will, to the maximum extent possible, be conducted in a manner that minimizes the risk of personnel being exposed to, or contracting, the virus that causes COVID-19 during travel.
- For MILDEP ships and submarines, underway time from port of embarkation/debarkation to port of debarkation/embarkation may be used to meet ROM requirements provided no cases have occurred while underway and there has been no contact with personnel from other vessels (e.g., resupply vessels) that would permit transmission.

c. Exceptions to ROM:

- Pre- and post-travel ROM is not required for individuals who have fully recovered from a laboratory-confirmed diagnosis of COVID-19 within the previous 90 days prior to travel, or for individuals who are fully vaccinated. Those fully recovered and fully vaccinated will self-monitor for COVID-19 symptoms after travel. However, Service members will isolate and get tested for COVID-19 if they develop signs or symptoms consistent with COVID-19.
- ROM after arrival at the travel destination may or may not be required by the HN if travelers have undergone COVID-19 screening testing prior to travel. If the relevant GCC requires a ROM upon arrival in the country as a means of respecting HN law, then a pre-deployment ROM is not required. 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.

7.4 TESTING REQUIREMENTS

a. Pre-travel, post-travel, and ROM-associated COVID-19 screening testing is authorized for official domestic and international air travel at military medical treatment facilities on a non-reimbursable basis for Service members, DoD civilian employees, DoD contractor employees who are traveling for official DoD business, members of the Selected Reserve (including members of the National Guard), and family members approved to accompany DoD personnel. Testing is authorized for official travel on presentation of an electronic or paper copy of orders at military medical treatment facilities.

b. Personnel (with the exceptions to testing noted below) conducting official international air travel will adhere to the testing indicated below and maintain proof of the

negative test during travel. If the destination location requires a specific test or stricter test timing, personnel must follow the destination location requirement instead, which may be reflected in the Electronic Foreign Clearance Guide. For military flights, personnel will follow this guidance on pre-travel testing unless operational circumstances cannot accommodate.

- Pre-travel viral²⁶ testing is required 1 to 3 days prior to departure of the commercial or military airlift for both travel from the United States to a foreign country or from a foreign country to the United States.
- Travelers arriving in the United States without a valid negative COVID-19 test, vaccination, waiver, or proof of recovery from COVID-19, as required by their destination, will be denied entry and/or follow-on travel.
- Post-international travel viral testing 3 to 5 days after the completion of travel is recommended for active duty Service members and DoD civilian employees.

c. Active duty Service members (with the exceptions to testing noted below) conducting unofficial international air travel will adhere to the testing indicated below and maintain proof of the negative test during travel. Active duty Service members are authorized to receive pre-international and post-international travel testing.

- Pre-travel viral testing is recommended 1 to 3 days before departure of the commercial or military airlift for travel from the United States to a foreign country. Travelers will adhere to the destination testing requirements.
- Pre-travel viral testing is required 1 day before departure of the commercial or military airlift for travel from a foreign country to the United States.
- Post-international travel viral testing 3 to 5 days after the completion of travel is recommended for active duty Service members and DoD civilian employees.

d. Exceptions to Testing: Unless otherwise required by a more restrictive DoD policy or stated in the Electronic Foreign Clearance Guide:

- Individuals fully recovered from a laboratory-confirmed diagnosis of COVID-19 infection within the previous 3 months are not required to undergo viral testing and may instead travel with documentation of recovery from COVID-19 that includes:
 - Their positive COVID-19 viral test result on a sample taken no more than 90 days before the flight's departure from a foreign country; and
 - A letter from a licensed health care provider or a public health official stating that the individual is cleared to travel.
- Individuals who are fully vaccinated are exempt from viral testing prior to travel from the United States to a foreign country, unless such testing is necessary as a means of respecting explicit HN requirements for such testing.

²⁶ Testing in this guidance refers to tests that utilize molecular or, in certain limited circumstances, antigen testing methods, in accordance with the DoD Coronavirus Task Force Diagnostics and Testing Lead Memorandum, "Optimization of Coronavirus Disease 2019 (COVID-19) Testing Resources," March 8, 2021.

e. Additional guidance:

- “Day” for purposes of testing is a calendar day.
- The 1-day time frame is 1 day before the flight’s departure (e.g., if individuals subject to testing under this guidance are scheduled to depart a foreign country at 1:00 PM on a Friday, they can board the flight with a negative test that was taken any time on the prior Thursday).
- If a trip from the United States to a foreign country is shorter than 1 day, a viral test taken in the United States can be used if the specimen was taken no more than 1 day before the return flight to the United States departs.
- Testing requirements for connecting flights:
 - Individuals subject to testing who are connecting through the United States to another country must be tested for COVID-19.
 - Individuals subject to testing who have one or more connecting flights to get to the United States must have their COVID-19 test taken within 1 day before the departure of their first flight.
 - Individuals subject to testing who travel from a U.S. State or territory to another U.S. State or territory, but have to connect through a foreign country (e.g., traveling between the Northern Mariana Islands and the U.S. mainland via Japan) are not required to be tested for COVID-19.
- Testing requirements for delayed flights:
 - Individuals subject to testing are not required to be retested for COVID-19 if their first flight is delayed past the 1-day limit of testing due to a situation outside of their control (e.g., delays because of severe weather or aircraft mechanical problem), and that delay is 24 hours or less past the 1-day limit for testing.
 - Individuals subject to testing are not required to be retested for COVID-19 if their connecting flight is delayed past the 1-day limit of testing due to a situation outside of their control (e.g., delays because of severe weather or aircraft mechanical problem), and that delay is 48 or fewer hours past the 1-day limit for testing.
 - Individuals subject to testing must be retested for COVID-19 if their connecting flight is delayed past the 1-day limit of testing due to a situation outside of their control (e.g., delays because of severe weather or aircraft mechanical problem), and that delay is more than 48 hours past the 1-day limit for testing.

7.5 SPECIFIC GUIDANCE BY TYPE OF TRAVEL

7.5.1 Travel from the United States to a Foreign Country

a) Official Travel

i) Service members

- Will conduct a travel-associated ROM as follows unless a ROM exception described above applies:
 - Upon arrival at the foreign country destination:
 - As a means to respect HN regulations, Service members will observe applicable HN public health measures.
 - ROM will be conducted as follows:

- At least 10 days without testing; or, after an appropriate risk assessment, the head of an OSD Component or Secretary of a MILDEP may, consistent with applicable HN public health measures, decrease to a ROM for 5 days with a negative viral test at the end of the 5-day ROM.
 - MILDEPs maintain the authority to determine how necessary ROM and movement, including the mode of transportation to final destinations, are executed.
 - If it is necessary as a means to respect HN regulations to undertake a pre-arrival ROM to observe applicable HN public health measures, the Service member will follow the 10-day or 5-day ROM procedures described above at an appropriate domicile prior to departure and complete pre-travel testing within 1 to 3 days prior to departure.
 - Only one ROM is required, either before travel or after arrival.
 - Must follow all other 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.
- ii) 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.
- iii) DoD civilian employees
- Will conduct a travel-associated ROM and other FHP practices as described above for Service members.
- iv) 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 (which may include screening, ROM, and testing), as reflected in the Electronic Foreign Clearance Guide, and all applicable HN procedures necessary to respect HN law. The GCC may waive such additional requirements, consistent with existing authorities.
- b) Unofficial Travel
- i) Service members will comply with their respective MILDEP guidance, DoD Component-specific guidance, and/or GCC and applicable HN procedures, as necessary to respect HN law, for the areas to which, and through which, they are traveling.
- ii) DoD family members, DoD civilian employees, and DoD contractor personnel must comply with the guidance and/or applicable HN procedures, as necessary to respect HN law, for the areas to which, and through which, they are traveling, and are strongly recommended to follow the FHP guidance for Service members provided within this document and any other DoD Component-specific guidance.

7.5.2. Travel From or Through a Foreign Country to the United States

b) Official Travel

i) Service members

- Will conduct pre-travel screening and testing as described above, prior to departure. If COVID-19 infection is indicated by the screening or testing, delay travel and consult a health care provider for clearance to travel.
- Will conduct a risk assessment as described in “Determining Whether to Travel” above upon arrival in the United States. Those who become ill, or have had close contact with a person known to have contracted COVID-19, during travel will follow the requirements in section 5 related to workplace access.
- ROM will be conducted as follows: Unless a ROM exception described above applies, if traveling from or having traveled through a foreign country, the Service member will, upon arrival at his or her destination domicile:
 - ROM for at least 10 days without testing.
 - After an appropriate risk assessment, the head of the OSD Component or Secretary of the MILDEP concerned may decrease to a ROM for 5 days with a negative viral test at the end of the 5-day ROM.
 - Personnel whose presence is required in the workplace by their supervisor may return to work during the ROM period in accordance with section 5.
 - For any travel-associated ROM, follow the procedures specified above in the “Steps to Be Taken During ROM” section. The ROM requirements may be reduced or waived by the appropriate head of an OSD Component or Secretary of a MILDEP on a case-by-case basis with appropriate risk assessment and mitigation measures.
 - Comply with all installation, State, and local government guidance.
 - Are recommended to get tested for COVID-19 between 3 and 5 days after arrival, regardless of their vaccination status.

ii) DoD family members will conduct pre-travel screening and testing as described above and are strongly recommended to follow the FHP guidance that is provided within this document for Service members during all travel.

iii) DoD civilian employees and DoD contractor personnel will conduct pre-travel screening and testing as described above and are strongly recommended to follow the FHP guidance for Service members that is provided in this document during all travel. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.

c) Unofficial Travel

i) Service members:

- Will conduct pre-travel testing as described above and follow pre-travel screening and risk assessment and ROM procedures described above in the Official Travel section.
- Will comply with DoD Component-specific guidance and/or procedures of the GCC, including those necessary to respect HN procedures applicable to the countries to which, and through which, they are traveling.
- Will conduct a risk assessment as described in “Determining Whether to Travel” above upon arrival in the United States. Those who become ill, or have had close contact with a person known to have contracted COVID-19 during travel, must

self-isolate (if ill) or quarantine (if exposed but not ill) and notify their chain of command or supervisor. Exception: Individuals fully recovered from a laboratory-confirmed diagnosis of COVID-19 infection within the previous 3 months or those who are fully vaccinated are not required to quarantine as long as they remain symptom-free.

- ii) DoD family members may follow the FHP guidance, including pre-travel screening, for Service members provided within this document.
 - iii) DoD civilian employees and DoD contractor personnel may follow the FHP guidance, including pre-travel screening for Service members provided within this document. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.
- Travel Within the United States
 - a) Official Travel
 - i) Service members
 - Will comply with military installation, State, and local government travel restrictions.
 - Will comply with their DoD Component-specific guidance and/or procedures for screening, ROM, and testing, and should review and consider CDC guidance.
 - ii) DoD family members are strongly recommended to follow the FHP guidance for Service members provided within this document during all travel.
 - iii) DoD civilian employees and DoD contractor personnel will conduct pre-travel screening as described above and are strongly recommended to follow the guidance for Service members provided within this document for Service members during all travel. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.
 - b) Unofficial Travel
 - i) Service members
 - Should consult the COVID-19 Travel Restrictions Installation Status Update available at: <https://www.defense.gov/explore/spotlight/coronavirus/> prior to travel.
 - Will comply with military installation, State, and local government travel restrictions.
 - Will comply with their DoD Component-specific guidance and/or procedures for screening, ROM, and testing.
 - ii) DoD family members are strongly recommended to follow the FHP guidance for Service members provided within this document during all travel.
 - iii) DoD civilian employees and DoD contractor personnel are strongly recommended to follow the guidance for Service members provided above. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.

7.6. 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.

7.7. ADDITIONAL GUIDANCE TO ASSIST COMMANDERS WITH TRAVEL DECISIONS

1. The Department of Defense Joint Travel Regulations are available at: <https://www.defensetravel.dod.mil/site/travelreg.cfm>
2. The DoD COVID-19 Response and Operations Platform, available at <https://covid-status.data.mil/#/>, provides travel scenarios and COVID-19 installation status and information to scope, plan, and approve travel by providing awareness of Health Protection Condition levels and COVID-19 hotspots.
3. The Defense Health Agency's Armed Forces Health Surveillance Division provides a "Trajectory of Civilian COVID-19 Cases by County" for the U.S. at the AFHSB COVID-19 Dashboard, available at:
 - <https://go.intelink.gov/25BWvsS>
 - <https://covid-status.data.mil/#/>
4. Travel Restriction Installation Status Updates, available at: <https://www.defense.gov/Explore/Spotlight/Coronavirus/>
5. COVID-19 Signs and Symptoms are available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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

Close contact. Close contact is defined as someone who was within 6 feet of a person who has contracted COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated and irrespective of whether the person with COVID-19 or the contact of such a person was wearing a face covering or mask or respiratory personal protective equipment.

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, or Moderna/Spikevax 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 or authorized or approved by the FDA; (2) listed for emergency use on the World Health Organization Emergency Use Listing (e.g., AstraZeneca/Oxford); or (3) approved for use in a clinical vaccine trial for which vaccine efficacy has been independently confirmed (e.g., Novavax).

An individual is “not fully vaccinated” if the individual either has not completed the full COVID-19 vaccination 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 masks are non-medical disposable masks; masks made with 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 fit snugly around the nose and chin with no large gaps around the sides of the face.

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) when eligible.