



DEPARTMENT OF DEFENSE
DEFENSE CIVILIAN PERSONNEL ADVISORY SERVICE
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FOR: CIVILIAN PERSONNEL POLICY COUNCIL MEMBERS

FROM: Defense Civilian Personnel Advisory Service Director, Ms. Michelle LoweSolis

SUBJECT: Department of Defense Force Health Protection Guidance for the Novel Coronavirus Outbreak (Supplements 6, 7, and 8)

AUDIENCE: Nonappropriated Fund and Appropriated Fund Employees

ACTION: Disseminate to all Department of Defense (DoD) Human Resources Practitioners

REFERENCE(S):

- (a) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 6) – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Diagnostic Testing Services," dated April 7, 2020 (attached)
- (b) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 7) – Department of Defense Guidance for the Use of Cloth Face Coverings, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Coronavirus Disease Pandemic," dated April 8, 2020 (attached)
- (c) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 8) – Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic," dated April 13, 2020 (attached)

BACKGROUND/INTENT: The above referenced memoranda provides Department-wide force health protection guidance on laboratory testing (reference a), cloth face masks (reference b), and restricting workplace access (reference c). The guidance on laboratory testing includes direction on the appropriateness of testing civilian employees. The guidance on cloth face masks provides procedures on the use of face masks, exceptions for wearing face masks, and processing through security checkpoints. The guidance on restricting workplace access directs Components to restrict access to DoD-controlled workplaces for Service members, civilian employees, and contractor personnel to the fullest extent practical consistent with mission needs.

Force health protection documents are available at:
<https://www.defense.gov/Explore/Spotlight/Coronavirus/>.

POINT(S) OF CONTACT: DCPAS Emergency Preparedness email: dodhra.mc-alex.dcpas.list.emergency-preparedness@mail.mil.

Attachment(s):
As stated

www.dcpas.osd.mil

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

Reference a

APR - 7 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF
DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
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DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Force Health Protection (Supplement 6) – Department of Defense Guidance for
Coronavirus Disease 2019 Laboratory Diagnostic Testing Services

This memorandum provides DoD laboratory testing guidance to supplement force health protection (FHP) guidance for the coronavirus disease 2019 (COVID-19) pandemic response. The Centers for Disease Control and Prevention (CDC) continues to update laboratory testing guidance found at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>. This FHP supplement incorporates aspects of the CDC testing guidance for DoD use. Effective immediately, DoD Components will comply with this guidance to protect at-risk populations, maximize critical testing capability, and enable optimal public health decision-making. Diagnostic testing will be used in support of patient care.

Testing Determinations:

Asymptomatic individuals and mildly symptomatic **should generally not be tested** with the currently available diagnostic tests as this usually will not provide actionable information and may deprive tests from those symptomatic individuals who have the urgent need for testing. However, the guiding principle is that a negative test result in an asymptomatic individual does not rule out exposure to the virus, and **must not** be used to clear that individual for duty (see Attachment 1 for case management and disposition).

Healthcare providers, in consultation with military and local public health authorities, will determine whether a patient should be tested based on having signs and symptoms compatible with COVID-19, along with level of local community transmission, and an increased exposure risk or potential for severe outcomes. Many confirmed COVID-19 individuals have developed

fever (either subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing, or shortness of breath). Providers should use the following guidelines to determine testing applicability:

- Hospitalized patients with signs and symptoms compatible with COVID-19 should be tested to inform patient care, as well as infection prevention and control decisions.
- Other symptomatic individuals who may be tested include those who may be at higher risk or have potential for poor outcomes such as older adults and those with underlying medical conditions, e.g., conditions such as diabetes, heart disease, immunosuppression, chronic lung disease, or other conditions.
- Testing of other symptomatic, mission essential individuals or those in high risk settings (e.g., training commands, shipboard settings, etc.) may be conducted at command direction, in consultation with medical staff.
- Individuals with mild symptoms who can recover at home or other comparable settings should not be tested. However, if during home isolation, mild symptoms progress into severity, individuals should be re-evaluated for potential testing.
- 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, per CDC guidance.

Case Management and Return to Duty:

- Clinical management of hospitalized patients may be guided by the “DoD COVID-19 Practice Management Guide,” found at: <https://health.mil/Reference-Center/Technical-Documents/2020/03/24/DoD-COVID-19-Practice-Management-Guide>.
- **Attachment 1** is a recommended algorithm for testing and management that outlines 1) defining/testing a person or patient under investigation; 2) management and disposition of cases (those in isolation); 3) management of close contacts (those in isolation); 4) testing in isolation; and 5) guidance for contacts of contacts.

Approved Diagnostic Laboratories and Tests:

- DoD Components will conduct diagnostic testing at approved DoD laboratories, or at state, territorial, and local public health laboratories and commercial laboratories, as available. For DoD Component activities outside the United States, partner host-nation test results from tests approved by host nation regulatory authorities may also

be used pursuant to DoD Component approval or host nation agreements, as applicable.

- DoD Components must comply with Food and Drug Administration (FDA) regulations for diagnostic testing, to include compliance with COVID-19 emergency use authorization (EUA) requirements consistent with and not to exceed the terms of the EUA. Specifically, deviating from the manufacturer's instructions, (e.g., combining samples from different individuals) is prohibited by this guidance, unless otherwise authorized by the FDA. The FDA COVID-19 EUA list is at: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd>.
- The Defense Health Agency Center for Laboratory Medicine Services (CLMS) collaborates with the DoD Laboratory Network Gatekeeper and works with the Office of the Assistant Secretary of Defense for Health Affairs and the Military Departments to advise and approve expanding capability where needed. The CLMS may be contacted at: <https://www.milsuite.mil/book/groups/dod-clinical-lab-services>.

COVID-19 Laboratory Tests Not Under FDA EUA for Public Health Decision-Making:

- Use of COVID-19 laboratory assays that have not received EUA status will not be used to diagnose individuals. Such assays include research use only (RUO) molecular surveillance assays and laboratory developed tests (LDT) that are not being submitted for EUA. However, DoD Components can use such assays to inform public health decision-making to protect their personnel and preserve mission execution.
- Laboratories able to perform RUO tests, LDT, or environmental or surveillance tests may apply for certification to conduct clinical diagnostic testing in accordance with DoD Manual 6440.02, "Clinical Laboratory Improvement Program (CLIP) Procedures," dated May 29, 2014, and FDA guidance, "Policy for Diagnostic Tests for Coronavirus Disease-2019 during the Public Health Emergency – Immediately in Effect Guidance for Clinical Laboratories, Commercial Manufacturers, and Food and Drug Administration Staff."

Eligibility of Personnel, Other Beneficiaries, and Other Populations for Testing:

- DoD Components may test Service members who meet the criteria described in the "Testing Determinations" section of this guidance. Civilian employees (who are not otherwise DoD health care beneficiaries) who meet this criteria may also be tested if their supervisor has determined that their presence is urgently required in the DoD workplace.

- Subject to availability, DoD Components may test DoD family members who are Military Health System beneficiaries who meet the “Testing Determinations” criteria in this guidance to meet the mission of delivering care to eligible beneficiaries.
- Other individuals with limited eligibility for DoD health care services, such as DoD contractor personnel in deployed locations, will use established processes for medical care to access testing.

DoD FHP documents are at: <https://www.defense.gov/Explore/Spotlight/Coronavirus/>.
My point of contact for this guidance is COL Jennifer M. Kishimori, who may be reached at (703) 681-8179 or jennifer.m.kishimori.mil@mail.mil.



Matthew P. Donovan

Attachment:
As stated

ATTACHMENT 1

Force Health Protection Guidance Supplement 6 - Attachment 1
Testing and Management - COVID-19
(Based on current CDC published guidance¹)

Defining and Testing a Patient Under Investigation²:

- Isolate and test based on clinical judgment of patient with **signs and symptoms** of COVID-19, along with level of local community transmission and an increased exposure risk or potential for severe outcomes.
 - **If lab positive:** they become a case and must be isolated.
 - **If lab negative:** they should be clinically followed to ensure they improve clinically.
 - **If lab negative and clinically improved:** they have no restrictions.
 - **If lab negative and they do NOT clinically improve or worsen,** and no other etiology is found, then you can consider re-testing the patient for COVID-19.

Management and Disposition of Laboratory Confirmed Cases and Clinically Diagnosed Cases in Isolation:

- Isolate either at home or in a hospital (if required) until below criteria met:
- Criteria to discontinue isolation (**Non-test** based):
 - At least 3 days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications) **and**
 - improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
 - At least 7 days have passed since symptoms first appeared.
- Criteria to discontinue isolation (**Test** based):
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
 - Negative results from at least two **consecutive** nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).

Management of Close Contacts³ of a Laboratory Confirmed or Clinically Diagnosed Case:

- Isolation for 14 days and monitor for symptoms of COVID-19.
- Individuals **cannot test-out** of isolation; individuals must remain in isolation for the full 14 day incubation period.
 - The lab test is a diagnostic test; it is NOT a screening test; this means:
 - A positive result **IS** meaningful: they are infected and become a lab confirmed case.
 - A negative test is **NOT** meaningful. A negative could mean the individual does not yet have a high enough virus circulating to trigger a positive test; that result could change (i.e., become positive) with more time. Therefore they must remain in isolation for the 14 days.
- Do NOT test persons at the end of their isolation period. They may be released if they are asymptomatic.

Testing in Isolation:

- Only test persons in isolation who develop symptoms commonly associated with COVID-19 infections
 - **If lab positive:** they become a case (See above)
 - **If lab negative:** they should be clinically followed to ensure they improve clinically
 - **If lab negative and clinically improved:** they **go back** into isolation for the remainder of the 14 days to see if they become symptomatic for COVID-19
 - **If lab negative and they do NOT clinically improve or worsen,** and no other etiology is found, then consider re-testing the patient for COVID-19

Contacts of Contacts:

- There is no indication to isolate these individuals

¹ As of 27 MAR: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

² Patient under investigation (PUI) is defined as an individual with sign and symptoms of COVID-19 who either have a test pending or would have been tested had a test been available.

³ Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (>10 minutes); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case; or, b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).



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APR 08 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF
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SECRETARIES OF THE MILITARY DEPARTMENTS
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SUBJECT: Force Health Protection Guidance (Supplement 7) – Department of Defense
Guidance for the Use of Cloth Face Coverings, Personal Protective Equipment, and
Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Pandemic

References: (a) Secretary of Defense Memorandum, “Department of Defense Guidance on the
Use of Cloth Face Coverings,” dated April 5, 2020 (copy attached)
(b) Office of the Under Secretary of Defense for Personnel and Readiness
Memorandum, “Force Health Protection Guidance (Supplement 3) –
Department of Defense Guidance for the Use of Personal Protective Equipment
and Non-Pharmaceutical Interventions during the Coronavirus Disease 2019
Outbreak,” dated March 10, 2020 (hereby rescinded)

This memorandum implements reference (a). The DoD continues to rapidly adapt its
response to the coronavirus disease 2019 (COVID-19) pandemic to protect the force and ensure
the continuation of DoD missions. This memorandum rescinds reference (b), and replaces it
with the guidance below on cloth face coverings and updated guidance on personal protective
equipment (PPE) and non-pharmaceutical interventions (NPIs).

Cloth face coverings:

We now know a significant proportion of individuals with COVID-19 are asymptomatic
and can transmit the virus before showing symptoms. As a result, the Centers for Disease
Control and Prevention (CDC) now recommends wearing cloth face coverings in public settings
where social distancing is difficult to maintain (e.g., grocery stores and workplaces). Cloth face
coverings will slow the spread of COVID-19 by reducing transmission from people who do not
realize they are infected.

In accordance with reference (a), to the extent practical, all individuals on DoD property, installations, and facilities are required to wear cloth face coverings when they cannot maintain 6 feet of social distance in public areas or work centers. Exceptions to this requirement, for reasons such as impracticality, health, or other bases, may be approved by commanders, supervisors, and contracting officers, as appropriate. Exceptions should be documented in writing and a copy provided to the recipient and the next higher level of command or supervision. Upon request, individuals will lower face coverings at security checkpoints to allow their identities to be verified. Components will comply with applicable labor obligations (to the extent such obligations do not conflict with the agency's ability to conduct operations during this emergency).

A cloth face covering shall extend above the nose without interfering with eyewear, and below the chin to cover the mouth and nostrils completely. It shall fit snugly but comfortably against the sides of the face and be secured (e.g., by being tied in place or with ear-loops). Cloth face coverings shall be laundered regularly to maintain good hygiene. The Military Departments will issue guidance on uniform wear for Service members. Pending that guidance, Service members will wear cloth face coverings in neutral colors. CDC guidance on use and instructions for homemade face coverings (including no-sew options using common household items) may be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

Medical PPE such as N-95 respirators or surgical masks will not be issued for this purpose as these items are reserved, as described below.

PPE:

Due to increasing medical care requirements for COVID-19 patients, follow these guidelines to prioritize and optimize the use of PPE in this supply constrained environment:

- Respirators, including N-95 respirators. These items are not recommended for use outside of healthcare, discrete COVID-19 support missions, and other specifically authorized settings. N-95 respirators must be fit-tested on the user to provide optimal protection.
- Surgical Masks. These items are intended to reduce the spread of viruses when worn by patients and healthcare workers.
- Gloves, gowns, and eye protection. These items should be used primarily for patient care (e.g., en route care during patient transport). Between patient encounters, non-disposable eye protection must be cleaned and disinfected, and gloves and gowns must be changed at prescribed intervals.

To optimize the supply and use of PPE, Components should follow CDC-published strategies found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Additionally, the below table prescribes prioritized categories for PPE use, subject to available supply and direction from local commanders and supervisors.

Priority	Category	Examples	Measures
1	Source control	A COVID-19 patient or person under investigation (PUI)	Surgical Masks
2	Healthcare Delivery	Military Treatment Facility Patient Care Requirements Emergency Medical Services Ancillary Healthcare Providers (e.g., Dental, Veterinary)	N-95 Respirators/ Surgical Masks Eye Protection Gowns Gloves
3	Discrete COVID-19 Support Missions	COVID-19 Patient or PUI Transport Quarantine and PUI Support Mortuary Affairs Teams	N-95 Respirators/ Surgical Masks Eye Protection Gowns Gloves
4	Increased Risk in performance of official duties	Commanders, in consultation with their Public Health Emergency Officers, may include special public-facing duties and incorporate CDC considerations for other special groups.	Gloves Cloth Face Covering

Non-pharmaceutical Interventions (NPI):

Cloth face coverings and PPE are part of a larger strategy for using NPIs to limit transmission of COVID-19. Further CDC information on NPIs may be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>. It is important to continue to consistently practice the following NPIs:

- Frequent hand sanitation using soap and water or hand sanitizer.
- Properly covering coughs and sneezes.
- Social distancing, staying home when sick, and use of telecommunications in place of face-to-face interactions.
- Frequently cleaning and disinfecting common touch points, including gym equipment, keyboards, laptops, door handles, etc.

Proper and consistent use of cloth face coverings, PPE, and NPIs reduce risk to DoD personnel and our communities. This guidance is consistent with CDC COVID-19 guidance, which should be checked regularly at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. My point of contact for this guidance is COL Christopher Warner, who may be reached at (703) 697-2111 or christopher.h.warner.mil@mail.mil.



Matthew P. Donovan

Attachment:
As stated



PERSONNEL AND
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UNDER SECRETARY OF DEFENSE

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WASHINGTON, D.C. 20301-4000

APR 13 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF
DEFENSE

SECRETARIES OF THE MILITARY DEPARTMENTS
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SUBJECT: Force Health Protection Guidance (Supplement 8) – Department of Defense
Guidance for Protecting Personnel in Workplaces during the Response to the
Coronavirus Disease 2019 Pandemic

This memorandum further supplements requirements regarding the coronavirus disease 2019 (COVID-19) in accordance with the DoD Instruction (DoDI) 6200.03 “Public Health Emergency Management (PHEM) Within the DoD,” dated March 28, 2019. The Centers for Disease Control and Prevention (CDC) is continuously updating guidance to slow the spread of the COVID-19 pandemic, including guidance to prevent transmission of the disease in workplaces. All DoD Components will immediately implement appropriate procedures to protect all personnel from disease transmission in DoD workplaces.

Restrict Workplace Access

Components will restrict access to DoD-controlled workplaces by individuals whom the CDC recommends¹ not go to work to the fullest extent practical consistent with mission needs. This restriction applies to Service members, civilian employees, and contractor personnel. Current CDC Interim Guidance for Businesses and Employers may be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>. Current guidance states:

- Personnel who have symptoms (e.g., fever, cough, or shortness of breath) should notify their supervisor and stay home (<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>).

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

- Sick individuals should follow CDC-recommended steps, found at: **<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>**. Sick personnel should not return to work until the criteria to discontinue home isolation found at **<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>** are met, and in consultation with healthcare providers and state and local health departments.

- Asymptomatic personnel with potential exposure to COVID-19 (either based upon travel or based upon close contact with a person who has a laboratory confirmed or clinically diagnosed or presumptive case) should notify their supervisor. They should follow CDC recommended precautions at **<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>**. “Close contact” means a person has spent more than 10 minutes within 6 feet of a COVID-19 infected individual without appropriate protective measures.
 - As a general rule, these personnel should not return to the workplace until they have self-isolated for 14 days from the COVID-19 positive individual (which may be done in the same residence with separate rooms and a separate bathroom, if the COVID-19 positive individual is a family member or other co-inhabitant). Additionally, the workplace supervisor, in consultation with the appropriate Component medical authority, must determine the individual does not present a threat to the safety of the work force.

 - In cases of mission essential activities, asymptomatic personnel who otherwise would be self-isolating may be granted an exception to continue to work provided they remain asymptomatic and comply with the following key practices for 14 days after the last exposure: daily pre-screening with temperature checks, self-monitoring with employer supervision, wearing a face covering, and not sharing headsets or other objects used near the face; continuing to social distance as much as possible; and cleaning and disinfecting their workspace daily. This exception may be granted by the first General/Flag Officer or member of the Senior Executive Service (or equivalent) in the chain of command/chain of supervision. If the individual becomes symptomatic during the duty period, he/she should be sent home immediately. Additional CDC guidance on implementing safety practices for critical infrastructure positions may be found at **<https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf>**.

- Minimize close contact between individuals in the workplace by assigning work tasks that allow maintaining six feet of separation from other workers, customers, and visitors, or assign telework, if possible. Mandate use of cloth face coverings in situations where social distancing is difficult to maintain, in accordance with previous force health protection guidance.

Additional Guidance:

- In States and localities which generally require the public to stay at home, DoD Service members and civilian employees are to report to work only as directed to do so by a commander or supervisor (e.g., key and essential personnel whose presence is determined to be critical to Component operations or who provide essential on-site services). DoD Components will continue to maximize use of telework to the extent consistent with mission requirements, and to use weather and safety leave as appropriate pursuant to Under Secretary of Defense for Personnel and Readiness Memorandum, “Civilian Duty Status and Use of Weather and Safety Leave during COVID-19 Pandemic,” dated March 30, 2020.

Collecting Information Necessary to Protect the Workplace

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

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

- This collection of information does not conflict with requirements of the health information privacy regulations under the Health Insurance Portability and Accountability Act (HIPAA). Information reported by individuals to their employers is not covered by HIPAA.²
- This collection of information also does not conflict with recent COVID-19-related guidance from the Equal Employment Opportunity Commission under the Rehabilitation Act of 1973, 29 U.S.C. § 791, et seq, as amended.
- All personally identifiable information (PII) on individuals must be appropriately safeguarded pursuant to DoDI 5400.11, “DoD Privacy and Civil Liberties Programs,” dated January 29, 2019. In implementing this memorandum, DoD Components may collect, use, maintain, and/or disseminate only the minimum amount of PII necessary to prevent the spread of COVID-19 and to protect personnel in DoD workplaces.

² Even in the case of information from health care providers, disclosures without patient authorization to appropriate DoD officials are authorized in these public health emergency circumstances to prevent an imminent and serious threat to the health of coworkers. For Service members, disclosures regarding infectious diseases are permitted to appropriate command authorities to ensure proper execution of military missions.

Implementing Procedures

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

- Information will be collected and maintained consistent with the Privacy Act, as applicable. For reference, please note that a Privacy Act system of records notice for personnel accountability and assessment, DPR 39 DoD, was recently updated and may be found at:
<https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>.
- Implementation of this guidance will also comply with applicable labor obligations to the extent such obligations do not hinder the Component's ability to carry out their missions during this emergency.
- DoD Components will, through applicable contracting officers, instruct contractors to take the steps necessary to ensure their employees whose place of duty is in a DoD workplace adhere to the workplace access restrictions required by this memorandum.

Frequently Asked Questions (FAQs) Concerning Occupational Safety and Health Issues

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

DoD force health protection guidance regarding COVID-19 may be found at: **<https://www.defense.gov/Explore/Spotlight/Coronavirus>**. Commanders, Supervisors, and Individuals should frequently check the CDC COVID-19 website for additional updates at: **<https://www.cdc.gov/coronavirus/2019-ncov/index.html>**. My point of contact for this guidance is Mr. Steve Jones at steven.p.jones10.civ@mail.mil or (571) 314-6329.



Matthew P. Donovan

Attachment:
As stated

ATTACHMENT

Department of Defense
Safety and Occupational Health
Frequently Asked Questions Regarding Response to Coronavirus Disease 2019
(April 10, 2020)

1. QUESTION. What procedures should be followed to clean and disinfect a workspace previously occupied by someone who is known or suspected to have contracted coronavirus disease 2019 (COVID-19)?

ANSWER. The Centers for Disease Control and Prevention (CDC) have established guidance for the cleaning and disinfection of work areas—to include those areas previously occupied by workers who are known or suspected to have contracted COVID-19. This guidance is available at: <https://www.cdc.gov/COVID-19/2019-ncov/community/organizations/cleaning-disinfection.html> and <https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html>. Use all disinfectants in accordance with the manufacturer’s labeling. Additionally, the Environmental Protection Agency (EPA) lists recommended disinfectants, found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

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

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

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

ANSWER. Personnel should wear gloves, face shields (if there is a risk of splash), disposable gowns or aprons, and other protection as recommended on the Safety Data Sheet of the cleaning or disinfectant product. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance, which may be found at: <https://www.cdc.gov/COVID-19/2019-ncov/community/organizations/cleaning-disinfection.html>.

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

ANSWER. If possible, delay the maintenance work. If the maintenance is necessary, the resident should be asked to remove all items that would impede the work of the maintenance personnel. The resident should clean the area of any surficial debris, dust, etc., that would impact the effectiveness of surface disinfectant used by maintenance personnel. Workers should maintain a distance of at least six feet from the resident who has contracted COVID-19. Ask that the resident remain in a separate room while maintenance is conducted. If a separate room for the resident is unavailable and the worker is unable to maintain six feet of distance from the resident during the work, appropriate protective equipment for close contact must be worn by the worker. If necessary, clean and disinfect the work area following the CDC-prescribed procedures described in FAQ 1, and follow the procedures for personnel protection described in FAQ 3.

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

ANSWER. No. Based on current data, COVID-19 is spread primarily from person-to-person through close contact (within 6 feet); thus, there is no need to shut down HVAC and air handling systems. The CDC generally recommends increasing ventilation rates and the circulation of fresh air within HVAC and air handling systems. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

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

ANSWER. COVID-19 is a recordable occupational illness if a worker contracts the virus as a result of performing his or her occupational duties and if all of the following conditions are met: (1) COVID-19 illness is a confirmed case according to the most recent CDC guidance (see: <https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>); (2) contraction of COVID-19 is work-related, as described in 29 CFR 1904.5 (this condition will require a determination by the supervisor, who may require input from the worker's health care provider); (3) the case of illness satisfies the requirement as a recordable illness as set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid is required, the number of days away from work meets the stated threshold). The reporting requirements are described in more detail at: <https://www.osha.gov/SLTC/covid-19/standards.html>.

7. QUESTION. Can I suspend the completion of routine industrial hygiene and safety surveys required by Department of Defense Instruction (DoDI) 6055.05, "Occupational and Environmental Health," during this pandemic in order to minimize the potential spread of COVID-19, devote maximum resources to COVID-19 response activities, and provide maximum flexibility for employees to telework?

ANSWER. Yes. To ensure maximum compliance with the CDC's social distancing guidance and DoD Components' telework arrangements, routine industrial hygiene and safety surveys may be discontinued at the discretion of the Component Designated Agency Safety and Health Official, or his or her designated representative, for the duration of the pandemic, until travel restrictions are lifted the workplace returns HPCON "0, whichever comes later."

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

ANSWER. Yes. The annual survey requirements specified in subparagraphs 3.8.c.(2) and (3) of DoDI 6055.12 may be suspended during the COVID-19 pandemic. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return to HPCON "0, whichever comes later."

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

ANSWER. Spirometry testing requires a forced expiratory maneuver which is likely to spread respiratory droplets into the air and increase the risk of COVID-19 transmission, particularly to the employees administering the spirometry examination. In accordance with the April 1, 2020 Secretary of Defense Memorandum, "Guidance to Commanders on Implementation of the Risk-Based Responses to the COVID-19 Pandemic," occupational health clinics can suspend routine occupational spirometry unless medically essential, when determined by the medical activity commanding officer in order to reduce the risk of COVID-19 transmission to occupational health staff. Any suspension of services must be coordinated with supported commands.

10. QUESTION. Some of the N-95 respirators in the pandemic stockpiles have exceeded their manufacturer’s recommended shelf-life and expiration date. Should they be discarded?

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

11. QUESTION. Are there requirements to decontaminate N-95 respirators and other disposable filtering facepiece respirators (FFRs) before reuse and, if so, what are the acceptable decontamination procedures?

ANSWER. The CDC has published guidelines for the circumstances in which disposable FFRs should be reused and decontaminated, and the appropriate procedures to follow when decontamination is necessary. These guidelines may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>.

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

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

- CDC: <https://www.cdc.gov/COVID-19/2019-nCoV/index.html>
- OSHA: <https://www.osha.gov/SLTC/covid-19/>
- DoD: <https://www.defense.gov/Explore/Spotlight/COVID-19/>
<https://www.health.mil/News/In-the-Spotlight>