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MAY 19 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF
DEFENSE
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SUBJECT: Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic

- References:
- (a) Secretary of Defense Memorandum, "Guidance for Commanders on the Implementation of the Risk Based Responses to the COVID-19 Pandemic," April 1, 2020
 - (b) DoD Instruction 6200.03, "Public Health Emergency Management (PHEM) within the DoD," March 28, 2019
 - (c) "Guidelines for Opening Up America Again," <https://www.whitehouse.gov/openingamerica/>
 - (d) DoD Directive 6490.02E, "Comprehensive Health Surveillance," February 8, 2012
 - (e) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 2) – Department of Defense Guidance for Military Installation Commanders' Risk-Based Measured Responses to the Novel Coronavirus Outbreak," February 25, 2020

I continue to be extremely proud of all our Service members, DoD civilian employees, contractor personnel, and their families for their superb contributions to carrying out my three priorities for the Coronavirus disease 2019 (COVID-19) pandemic response: 1) protect our military and civilian personnel and their families; 2) safeguard our national security capabilities;

and 3) support the whole-of-nation response to the pandemic. Specifically, I thank our leaders and health care personnel who have done an outstanding job in keeping all of our installations safe.

This memorandum supplements reference (a) and provides guidance for commanders to consider when making decisions to change health protection condition (HPCON) levels as COVID-19 pandemic conditions on and adjacent to our installations begin to improve. I am also delegating the authority to change HPCON levels for the Pentagon Reservation and the Armed Forces Retirement Home to the Chief Management Officer.

Changing HPCON Levels

Commanders, in consultation with their medical leadership, shall exercise their authority by making deliberate, risk-based decisions to change HPCON levels as conditions allow and in accordance with references (a) and (b). These decisions must be informed by local conditions based on public health surveillance data; guidance from the Centers for Disease Control and Prevention; collaboration with State, territorial, and local authorities; and advice from the command Public Health Emergency Officer and local military medical treatment facility (MTF).

Commanders may set HPCON levels that are more stringent than surrounding community requirements based on mission and other risk considerations. Setting HPCON levels that are less stringent must first be reviewed by the next higher commander in the chain of command. Commanders shall coordinate changes in HPCON levels with other DoD installations in their local commuting area to facilitate consistency.

Conditions for Changing HPCON Levels

Prior to changing HPCON levels, commanders shall ensure the following gating criteria are met and there are no indications that conditions are worsening. The gating criteria, which are consistent with the President's guidelines in reference (c), are:

- Symptoms: Downward trajectory of reported cases of influenza-like and COVID-like illnesses over the preceding 14-day period.
- Cases: Downward trajectory of documented COVID-19 cases or of positive tests as a percent of total tests over the preceding 14-day period.
- Medical Facilities: Military Medical Treatment Facilities or local hospitals have the capacity to treat all patients without situational standards of care as defined in reference (b) and have an adequate diagnostic COVID-19 testing program in place for at-risk healthcare workers and those exhibiting symptoms of COVID-19.

Commanders, in consultation with their medical leadership, shall ensure comprehensive health surveillance processes are in place in accordance with reference (d). Processes shall include monitoring for influenza-like and COVID-like illnesses in DoD's Electronic Surveillance System for Early Notification of Community-Based Epidemics, as well as surveillance

laboratory testing, as appropriate. Public health surveillance efforts will inform installation commanders as to whether the gating criteria for changing HPCON levels are met.

Actions to Take When Changing HPCON Levels

Table 1 (attached) contains measured activities commanders shall consider allowing individuals on the installation to undertake at each HPCON level. These activities are consistent with references (a) and (b). Commanders may deem it necessary to take additional precautions for vulnerable populations (e.g., elderly, underlying health conditions, respiratory diseases, immunocompromised, etc.) and are both encouraged and authorized to do so. Concurrent with any HPCON changes, installations commanders must ensure there are established plans and ready capability for COVID-19 testing, contact tracing, patient isolation, and quarantine measures for those returning or arriving from high exposure locations or exposed to positive COVID-19 cases.

If upward trajectories related to these criteria are observed or medical facilities become significantly burdened by the treatment of individuals who have contracted COVID-19, then commanders shall consider increasing the HPCON level. Reference (e) provides actions for installation commanders to consider when elevating the HPCON level. The Military Departments and Combatant Commands will continue to provide weekly installation status updates to the DoD COVID-19 Task Force in accordance with reference (a).

My point of contact for this guidance is Dr. David Smith, at (703)-697-2111 or david.j.smith152.civ@mail.mil.

//SIGNED//
MARK ESPER
US SECRETARY OF DEFENSE

Attachment:
As stated

TABLE 1: ACTIONS FOR INSTALLATION COMMANDERS TO CONSIDER WHEN CHANGING HPCON LEVELS

Severe HPCON D	Widespread community transmission. People are infected with COVID-19, but how or where they became infected may not be known; the spread is ongoing and includes the majority of regions.	
Substantial HPCON C	Consider changing to this level if: Widespread COVID-19 transmission is no longer evident, but there remains evidence of sustained COVID-19 transmission in the local community.	<ul style="list-style-type: none"> • Vulnerable individuals (e.g., elderly, underlying health conditions, respiratory disease, immunocompromised, etc.): Continue to shelter in place. • Work: Individuals who return to work and are living with vulnerable individuals should take precautions to isolate themselves from the vulnerable individuals. Continue to encourage telework whenever possible and feasible, especially for vulnerable populations. • Social Distancing: Continue to practice physical distancing (6 ft) and when physical distancing is not possible, use precautionary measures (face covering). • Social Activities: Avoid social settings of 10 or more people that do not allow for appropriate social distancing. • Common Areas: Continue to close common areas where personnel are likely to congregate and interact, or enforce strict social distancing protocols. • Schools/Childcare: Schools and childcare facilities that are currently closed should remain closed. • Elective Surgeries: Resume outpatient elective surgeries/procedures in accordance with Assistant Secretary of Defense for Health Affairs guidance.
Moderate HPCON B	Consider changing to this level if: Sustained transmission is no longer evident, but there remains evidence of continued COVID-19 transmission in the local community.	<ul style="list-style-type: none"> • Vulnerable individuals: Continue to shelter in place. • Work: Individuals who return to work and are living with vulnerable individuals should take precautions to isolate themselves from the vulnerable individuals. Continue to encourage telework whenever possible and feasible, especially for vulnerable populations. • Social Distancing: Continue to practice physical distancing and when physical distancing is not possible, use precautionary measures (face covering). • Common Areas: Continue to close common areas where personnel are likely to congregate and interact, or enforce social distancing protocols. • Schools/Childcare: Schools, childcare facilities, and organized youth activities can reopen with precautionary measures, e.g., social distancing, face coverings, good hygiene. • Elective Surgeries: Resume inpatient elective surgeries/procedures in accordance with Assistant Secretary of Defense for Health Affairs guidance. • Large Venues (e.g., sit-down dining, movie theaters, sporting venues, places of worship): Can operate under social distancing protocols. • Outdoor recreation areas (to include parks and picnic areas, beaches, campgrounds, marinas, golf courses, and other outdoor facilities): May reopen/operate if they implement social distancing and sanitation protocols. • Gyms: May reopen if they implement social distancing and adhere to sanitation protocols.
Limited HPCON A	Consider changing to this level if: Local COVID-19 transmission is focal and sporadic.	<ul style="list-style-type: none"> • Vulnerable individuals: Can resume public interactions, but practice social distancing and minimize exposure to social settings. • Work: Resume unrestricted staffing of worksites. Telework practices return to normal. Vulnerable populations may need to continue to telework. • Social Distancing: Encourage physical distancing but face covering is no longer required except as directed for appropriate categories of personnel. • Social Activities: All should consider minimizing time spent in crowded environments. • Common Areas and Large venues (e.g., sit-down dining, movie theaters, sporting venues, places of worship): Can operate under relaxed physical distancing (3 ft) protocols. • Outdoor recreation areas (to include parks and picnic areas, beaches, campgrounds, marinas, golf courses, and other outdoor facilities): May reopen/operate if they implement sanitation protocols. • Gyms: May reopen/operate if they adhere to sanitation protocols.
Routine HPCON 0	Consider changing to this level if: COVID-19 is no longer detected or reported in the local area, or when a large enough portion of the population has been either vaccinated or recovered from COVID-19 infection that allows for herd immunity.	<ul style="list-style-type: none"> • Resume unrestricted activities.