



# Defense Health Agency

## ADMINISTRATIVE INSTRUCTION

NUMBER 3020.01

June 4, 2020

*Change 2, November 3, 2020*

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AD-CS

SUBJECT: Return to the Workplace Staffing Plan in the Coronavirus Disease 2019 Environment

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) through (b) and in accordance with the guidance of References (c) through (z3), establishes the Defense Health Agency's (DHA) plan to return to full operations and support the whole-of-government response, during the Coronavirus Disease 2019 (COVID-19) pandemic. This DHA-AI also provides a preventive plan to monitor and assess for the appearance of new cases and implement those processes that will prevent them from impacting the workforce. The processes describe herein are intended to offer an actionable plan for the workforce to re-enter DHA Administrative Offices. See Appendix 1 for a summary of the DHA Administrative Office Reopening Plan. The plan uses the Force Health Protection Guidance and Health Protection Conditions (HPCON), in accordance with Reference (d), to ensure protection for the workforce, including the most vulnerable-to-serious complications from the virus while enabling DHA Administrative Offices to continue its mission. See Appendix 2 for the conceptual HPCON framework.

2. APPLICABILITY. This DHA-AI applies to all personnel aligned to DHA Administrative Offices to include: military uniformed services personnel (MIL), including members of the Commissioned Corps, civilian employees (CIV), and contractor employees (CTR) (when required by the terms of the applicable contract). This DHA-AI does not apply to military medical treatment facilities (MTF), military dental treatment facilities (DTF), and veterinary treatment facilities (VTF). Supplemental information on return to full operations at MTFs, DTFs, or VTFs is available elsewhere. Outside the Continental United States personnel should follow installation guidance. See Appendix 3 for the list of applicable DHA Administrative Offices.

3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (w), that DHA:

a. Institute agency workplace policies, procedures, and protocols, regarding social distancing and workplace controls, including: self-symptoms monitoring and self-temperature screening; testing, isolating, and contact tracing; workplace engineering and environmental controls, administrative controls and safe work practices and protective equipment; sanitation; use and disinfection of common and high-traffic areas; and business travel, in accordance with References (e), (x), and (y).

b. Begin transitioning operations to align with the phase of each geographic location where the DHA Administrative Office is located, while accounting for agency operational needs, in accordance with Reference (f).

c. Coordinate with the Office of Management and Budget (OMB) and the Office of Personnel Management (OPM) as decisions are made, in order to apply consistent regional operational decisions where practical, in accordance with Reference (f).

d. The Director, DHA, Assistant Directors (AD), and Designated Officials (DO), considers all existing policy, in accordance with References (e) through (w).

e. Consider variances among workforce demographics, geographic locations, occupations, facilities, and resources in determinations to operationalize an orderly phased transition to normal operations, in accordance with Reference (f).

f. Collect and maintain information consistently with the DoD Personnel Accountability and Assessment System, Defense Program of Record (DPR) 39 DoD, in accordance with References (g) through (i).

g. Comply with applicable labor obligations to the extent such obligations do not hinder the DHA's ability to carry out its mission during this pandemic, in accordance with Reference (g).

h. Work with Contracting Officers and Contracting Officers' Representatives (COR) to instruct contractors to take the steps necessary to ensure their employees, whose place of duty is in a DHA Administrative Office, adhere to the workplace access restrictions, in accordance with Reference (g). Contractor employees will discuss any implementation questions or concerns with their contract team lead and their employer.

i. Instruct supervisors to communicate with their personnel regarding when it is appropriate to return to their designated office location(s).

j. The plan may be adapted for different DHA Administrative Offices depending upon local conditions and circumstances, which inform workplace policies, procedure, and protocols, including workplace hazard controls consistent with CDC guidance and References (x) and (y).

4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.
6. RELEASABILITY. **Cleared for public release.** This DHA-AI is available on the Internet from the Health.mil site at: [www.health.mil/DHAPublications](http://www.health.mil/DHAPublications) and is also available to authorized users from the DHA SharePoint site on the SECURE Internet Protocol Router Network at: <https://info.health.mil/cos/admin/pubs/SitePages/Home.aspx>.
7. EFFECTIVE DATE. This DHA-AI:
  - a. Is effective upon signature.
  - b. Will be reissued or cancelled as new scientific data and processes become available, the course of the pandemic changes, or there is no further need for its implementation.
8. FORMS
  - a. DD Form 3112, Personnel Accountability and Assessment Notification for Public Health Emergency is available at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf>.
  - b. DHA 156, Travel Waiver is available at [https://info.health.mil/cos/admin/DHA\\_Forms\\_Management/DHA\\_Forms1/DHA%20156.pdf](https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20156.pdf).
  - c. DCIR form – DHA “Director’s Critical Information Report (DCIR) is available at [https://info.health.mil/sites/DCIR/LP%20Documents/DHA\\_DCIR\\_Form.pdf](https://info.health.mil/sites/DCIR/LP%20Documents/DHA_DCIR_Form.pdf)
9. SUMMARY OF CHANGES. Updated procedures in Enclosure (3).

//s//  
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LTG, MC, USA  
Director

Enclosures

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ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) Secretary of Defense Memorandum, “Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic” May 19, 2020
- (e) White House Coronavirus Disease 2019 Task Force, “Guidelines for Opening up America Again,” April 16, 2020<sup>1</sup>
- (f) Office of Personnel Management and Office of Management and Budget Memorandum, “Aligning Federal Agency Operations with the National Guidelines for Opening up America Again,” April 20, 2020<sup>2</sup>
- (g) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic,” April 13, 2020<sup>3</sup>
- (h) Chief Management Officer Memorandum, “Required Reporting for Suspected COVID-19 Cases and Positive COVID-19 Cases for Defense Agencies and Field Activities,” April 16, 2020<sup>4</sup> DCIR form – DHA “Director’s Critical Information Report (DCIR)”
- (i) Office of the Secretary, DoD/Joint Staff, Defense Program of Record 39 DoD, “DoD Personnel Accountability and Assessment System,” March 24, 2010<sup>5</sup>
- (j) Chairman of the Joint Chiefs of Staff Instruction 3150.25G, “Joint Lessons Learned Program,” January 31, 2015<sup>6</sup>
- (k) Chairman of the Joint Chiefs of Staff Manual 3150.25A, “Joint Lessons Learned Program,” September 12, 2014<sup>7</sup>

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<sup>1</sup> This reference can be found at: <https://www.whitehouse.gov/openingamerica>.

<sup>2</sup> This reference can be found at: <https://www.whitehouse.gov/wp-content/uploads/2020/04/M-20-23.pdf>.

<sup>3</sup> This reference can be found at: <https://media.defense.gov/2020/Apr/13/2002280147/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-8.PDF>.

<sup>4</sup> This reference can be found at: [https://www.whs.mil/Portals/75/Coronavirus/CMO\\_Required%20Reporting%20for%20Suspected%20COVID-19%20Cases%20and%20Positive%20COVID-19%20Cases%20for%20Defense%20Agencies%20and%20Field%20Activities%2016%20April%202020.pdf](https://www.whs.mil/Portals/75/Coronavirus/CMO_Required%20Reporting%20for%20Suspected%20COVID-19%20Cases%20and%20Positive%20COVID-19%20Cases%20for%20Defense%20Agencies%20and%20Field%20Activities%2016%20April%202020.pdf).

<sup>5</sup> This reference can be found at: <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570699/dpr-39-dod>.

<sup>6</sup> This reference can be found at: [https://www.jcs.mil/Portals/36/Documents/Doctrine/jlld/cjcsi3150\\_25g.pdf?ver=2018-05-02-174441-650](https://www.jcs.mil/Portals/36/Documents/Doctrine/jlld/cjcsi3150_25g.pdf?ver=2018-05-02-174441-650).

<sup>7</sup> This reference can be found at: [https://www.jcs.mil/Portals/36/Documents/Doctrine/jlld/cjcs3150\\_25.pdf](https://www.jcs.mil/Portals/36/Documents/Doctrine/jlld/cjcs3150_25.pdf).

- (l) Secretary of Defense Memorandum, “Department of Defense Guidance on the Use of Cloth Face Coverings,” April 5, 2020<sup>8</sup>
- (m) Under Secretary of Defense for Personnel and Readiness Memorandum, “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,” April 8, 2020<sup>9</sup>
- (n) Defense Health Agency Memorandum, “Requirement to Wear Cloth Face Coverings in Defense Health Agency Facilities to Prevent the Spread of Coronavirus Disease 2019,” May 11, 2020
- (o) Secretary of Defense Memorandum, “Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions” May 22, 2020<sup>10</sup>
- (p) Director Defense Health Agency Memorandum, “Directive on Defense Health Agency Travel during Coronavirus Disease 2019 Outbreak,” April 1, 2020
- (q) House Resolution 1722, “Telework Enhancement Act of 2010,” December 9, 2010<sup>11</sup>
- (r) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019<sup>12</sup>
- (s) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 12) – Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Outbreak,” August 6, 2020<sup>13</sup>
- (t) DoD Instruction 6200.03 “Public Health Emergency Management (PHEM) within the DoD,” March 28, 2019<sup>14</sup>
- (u) Assistant Secretary of Defense for Health Affairs Memorandum, “Extension of Department Defense Public Health Emergency Declarations,” April 27, 2020<sup>15</sup>
- (v) Force Health Protection (Supplement 13) - Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Diagnostic Testing Services, August 24, 2020<sup>16</sup>
- (w) Centers for Disease Control and Prevention, “CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening America Up Again,” May 2020<sup>17</sup>

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<sup>8</sup> This reference can be found at: <https://media.defense.gov/2020/Apr/05/2002275059/-1/-1/1/DOD-GUIDANCE-ON-THE-USE-OF-CLOTH-FACE-COVERINGS.PDF?source=GovDelivery>.

<sup>9</sup> This reference can be found at: <https://media.defense.gov/2020/Apr/09/2002278076/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-7.PDF>.

<sup>10</sup> This reference can be found at: [https://media.defense.gov/2020/Aug/26/2002484645/-1/-1/1/FORCE\\_HEALTH\\_PROTECTION\\_GUIDANCE\\_SUPPLEMENT\\_13.PDF](https://media.defense.gov/2020/Aug/26/2002484645/-1/-1/1/FORCE_HEALTH_PROTECTION_GUIDANCE_SUPPLEMENT_13.PDF).

<sup>11</sup> This reference can be found at: <https://media.defense.gov/2020/May/26/2002305766/-1/-1/1/TRANSITION-TO-CONDITIONS-BASED-PHASED-APPROACH-TO-%20COVID-19-PERSONNEL-MOVEMENT-AND-TRAVEL-RESTRICTIONS.PDF>

<sup>12</sup> This reference can be found at: <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/540011p.pdf>.

<sup>13</sup> This reference can be found at: <https://media.defense.gov/2020/Aug/06/2002472408/-1/-1/1/FHP-GUIDANCE-SUPPLEMENT-12.PDF>.

<sup>14</sup> This reference can be found at: <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/620003p.pdf>.

<sup>15</sup> This reference can be found at: [https://media.defense.gov/2020/Aug/26/2002484645/-1/-1/1/FORCE\\_HEALTH\\_PROTECTION\\_GUIDANCE\\_SUPPLEMENT\\_13.PDF](https://media.defense.gov/2020/Aug/26/2002484645/-1/-1/1/FORCE_HEALTH_PROTECTION_GUIDANCE_SUPPLEMENT_13.PDF).

<sup>16</sup> This reference can be found at: [https://media.defense.gov/2020/Aug/26/2002484645/-1/-1/1/FORCE\\_HEALTH\\_PROTECTION\\_GUIDANCE\\_SUPPLEMENT\\_13.PDF](https://media.defense.gov/2020/Aug/26/2002484645/-1/-1/1/FORCE_HEALTH_PROTECTION_GUIDANCE_SUPPLEMENT_13.PDF).

<sup>17</sup> This reference can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf>.

- (x) Occupational Safety and Health Administration, OSHA 3990-03 2020, "Guidance on Preparing Workplaces for COVID-19"
- (y) Occupational Safety and Health Administration, OSHA 4045-06 2020, "Guidance on Returning to Work"
- (z) Director Defense Health Agency Memorandum, "Coronavirus Disease 2019 (COVID-19) External Reporting Requirements," June 5, 2020
- (z1) Defense Health Agency-Procedural Instruction 3700.01, with Change 2, "Director's Critical Information Requirements (DCIR) Situation Report (SITREP)," June 8, 2020
- (z2) Protection of Civil Liberties in the DoD, Office of the Secretary of Defense 12888-10, November 1, 2010
- (z3) The Defense Health Agency Administrative Instruction, Number 64, Health Affairs (HA)/DHA Civil Liberties Program, amended January 14, 2017
- (z4) Office of Management and Budget Memorandum, "Updated Guidance on Telework Flexibilities in Response to Coronavirus," March 12, 2020
- (z5) Office of Management and Budget Memorandum, "Updated Guidance for the National Capital Region on Telework Flexibilities in Response to Coronavirus," March 15, 2020
- (z6) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Civilian Personnel Guidance for DoD Components in Responding to Coronavirus Disease 2019," March 8, 2020
- (z7) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Civilian Duty Status and Use of Weather and Safety Leave during COVID-19 Pandemic," March 30, 2020

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<sup>17</sup> This reference can be found at: <https://www.osha.gov/Publications/OSHA3990.pdf>

<sup>18</sup> This reference can be found at: <https://www.osha.gov/Publications/OSHA4045.pdf>



ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, will:

- a. Coordinate with OMB and OPM to apply consistent regional operational decisions where practical.
- b. Provide oversight and decision approval for all sites with regards to any change of phase, considering changes to the Health Protection Condition (HPCON) levels, in accordance with References (d) and (f). See Appendix 4 for the phase progression criteria.
- c. Coordinate with Assistant Directors (AD), Special Staff, and Deputy Assistant Directors (DAD) to develop and implement a communication plan that outlines these procedures and employs risk communication techniques.

2. ASSISTANT DIRECTORS (AD) and SPECIAL STAFF. The ADs are the AD, Combat Support (CS); AD, Health Care Administration (HCA); and AD, Management (M). The ADs and Special Staff (Chief of Staff, Office of General Counsel (OGC), Office of Inspector General (OIG), Equal Employment Opportunity (EEO), and Strategic Communications (STRATCOM)) must:

- a. Monitor health surveillance information provided by the DHA Armed Forces Health Surveillance Division (AFHSD) and by local and state officials cross-checked with established gating criteria recommendation tailored to regional or local area.
- b. Monitor information received from the DADs regarding workforce status as applied to specific location, site functions and mission impact, and communicate to the Director, DHA.
- c. Monitor information received from the DADs regarding workforce status and mission impact and communicate to the Director, DHA.

3. DEPUTY ASSISTANT DIRECTORS (DAD). The DADs must:

- a. Develop directorate-specific protocols for implementing this DHA-AI within their directorate and to ensure the success of the phased return to the workplace approach.
- b. Ensure Supervisors/Managers understand the phased approach including the definition of higher-risk/vulnerable individuals and cohabiting family members, and their supervisory authority to implement this DHA-AI (e.g., telework policy, social distancing requirements).

c. Communicate with Supervisors/Managers about any changes to the phases or plan based on the guidance of the Director, DHA and ADs.

d. Communicate challenges with implementation to the Director, DHA and ADs.

e. Serve as the “Lesson Manager” or appoint subordinate MIL, members of the Commissioned Corps, or CIV personnel to be the “Lesson Manager” for his/her respective Directorate.

f. Ensure Supervisors/Managers execute reporting and follow-up procedures as outlined in Appendix 11.

4. DHA EDUCATION AND TRAINING. DHA Education and Training must develop all training on virtual collaboration tools, where practicable, to ensure efficiency is maintained throughout phases.

5. DHA SUPERVISORS/MANAGERS. DHA Supervisors/Managers must:

a. Enforce, implement, and communicate phase progression and/or regression with personnel.

b. The Personnel Return to the Workplace Assessment Tool (Appendix 5) and Personnel Return to the Workplace Assessment Algorithm (Appendix 6).

c. Consider special circumstances that could prevent or impact personnel from returning to the workplace (e.g., school and childcare closures, employees’ need to care for vulnerable, ill, and/or quarantined family members, COVID-19 risk status of members of the employee’s household, and the availability of transportation (public transportation, vanpool, carpool, etc.)) In accordance with Reference (z4), (z5), (z6), and (z7).

d. Execute reporting and follow-up procedures as outlined in Appendix 11. Ensure that any personally identifiable information (PII) collected from personnel is only requested when absolutely necessary, and is only shared with other DHA supervisors and managers with a need to know it in accordance with Reference (z2) and (z3).

e. Ensure that the activities related to each phase of this DHA AI is limited in its scope and duration to the purpose for which it is intended and as deemed necessary by appropriate public health authorities.

6. DIVISION CHIEF, ARMED FORCES HEALTH SURVEILLANCE DIVISION (AFHSD). The Division Chief, AFHSD must:

a. Routinely analyze prior 14-day case total and incidence data [monitoring in Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) and the Defense Medical Surveillance System (DMSS) for trends in Influenza-Like Illness (ILI), COVID-19 Like Illnesses (CLIs) and COVID-19 diagnoses per 100,000 population] for states/counties and military MTFs in close proximity or co-located with DHA Administrative Offices. See Appendix 7 for the state gating criteria released from the White House Task Force and Appendix 8 for a list of websites to monitor state and local COVID-19 updates.

b. Post results on AFHSD's COVID-19 Dashboard available in the DoD COVID-19 Resource page <https://intelshare.intelink.gov/sites/HDI-DSCA/2019-nCoV/SitePages/Home.aspx> and the AFHSD Health Surveillance Explorer (HSE) mapping platform. First time HSE users should request access at: <https://health.mil/HSE>.

c. Develop a mechanism for communicating surveillance alerts that would impact phase progression or regression to DHA leadership and DOs.

**7. DOs, SENIOR OFFICIALS (SO), AND SENIOR AGENCY OFFICIALS (SAO) AT DHA ADMINISTRATIVE OFFICES.** DOs, SOs, and SAOs are the highest ranking DHA official in the DHA Administrative Office and must:

a. Complete the DHA Administrative Office Phase Change Assessment Tool for designated sites/localities, if sites are located in the same vicinity and under the same local guidance, prior to progression or regression to each phase. See Appendix 9.

b. Ensure compliance and preparedness for resuming workplace operations in the DHA Administrative Office aligned.

c. Monitor HPCON levels and gating criteria for locality, MTF, Market if present, state, and counties/cities.

d. Develop site-specific protocols for use of amenities within DHA Administrative Offices including entry requirements and use of face coverings in accordance with guidance in this DHA-AI.

e. Serve as the Public Health Advisor or identify a DHA employee within designated location to fulfill PHA role to the DO.

f. Coordinate with DHA Headquarters before implementing a phase change.

g. Communicate with supervisors/managers regarding any changes to return to the workplace access procedures and workforce clearance criteria.

h. Communicate workplace staffing plan changes to the installation commanders where DHA personnel are assigned.

- i. Communicate with other applicable stakeholders (e.g., building tenants).
- j. Ensure DADs and Supervisors/Managers execute reporting and follow-up procedures as outlined in Appendix 11.
- k. DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) standards and guidance (<https://www.ashrae.org/>), and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

8. DHA PHAs. DHA, PHAs must:

- a. Establish and maintain contact with the nearest public health authority (i.e., state or local public health department, and the closest DoD installation Public Health Emergency Officer (PHEO), as appropriate).
- b. Coordinate with the AFHSD to monitor gating criteria status for locations of DHA Administrative Offices.
- c. Assist DHA Administrative Office DOs with performing or interpreting epidemiologic data pertinent to the DHA Administrative Office.
- d. Facilitate health and safety of the workforce by ensuring personnel adhere to quarantine and isolation requirements and identify other impacted personnel by exposure.

9. CONTRACTING OFFICERS INCLUDING CONTRACTING OFFICER REPRESENTATIVES (COR). Contracting Officers, including CORs, must:

- a. Ensure contractors comply with the return to the workplace expectations and restrictions.
- b. Coordinate information flow between DHA leadership and contractors regarding any change in phase, policy implemented or changed, and/or modifications to the workplace access procedures.
- c. Ensure contractors comply with workplace instructions and their specific contract terms and condition (inclusive of telework) upon commencement of phase 4 return to workplace unless an exception is coordinated through the COR, KO, and government program official.

10. DIVISION CHIEF, STRATEGIC COMMUNICATIONS DIVISION. The Division Chief, Strategic Communications Division must:

- a. Implement the DHA Return to the Workplace Communications Plan, including ensuring communication of the plan and phase progression, via communication outlets.
- b. Develop communication tools (i.e., signage, screen savers, messaging, etc.) and promulgate and facilitate compliance with CDC guidance (including social distancing, maintaining hand hygiene, using face coverings, etc.).
- c. Communicate, to DHA leadership, feedback received from personnel via the communication outlets.

11. LESSON MANAGERS. The Lesson Managers must:

- a. Oversee, in pursuant to References (j) and (k), the collection of lessons learned throughout the phases by leveraging the Joint Lessons Learned Information System (JLLIS).
- b. Communicate lessons learned to DHA leadership.
- c. Submit lessons learned to the DHA COVID-19 Lessons Learned SharePoint site (<https://info.health.mil/hco/j35/CAT/Pages/covid19/Observations.aspx>) or DHA Lessons Learned Group e-mail box ([dha.ncr.dha-cs-mgt.mbx.joint-lessons-learned-prog@mail.mil](mailto:dha.ncr.dha-cs-mgt.mbx.joint-lessons-learned-prog@mail.mil)).

12. DHA MILITARY PERSONNEL, CIVILIAN EMPLOYEES, COMMISSIONED CORPS AND CONTRACTOR EMPLOYEES. DHA military personnel, civilian employees, members of the Commissioned Corps, and contractor employees must:

- a. Adhere to DoD, DHA, and CDC guidance and comply with all current applicable policies and regulations (i.e., travel, face coverings, etc.)
- b. Inform their respective supervisors of changes to their COVID-19 status in accordance with policy, including special circumstances that may prevent or impact their return to the workplace (e.g., school and childcare closures, employees' need to care for vulnerable, ill, and/or quarantined family members, COVID-19 risk status of members of the employee's household and the availability of transportation (public transportation, vanpool, carpool, etc.)).
- c. Provide as warranted an update to their respective supervisors regarding their ability to work without restriction; confirm that they have not been exposed to anyone who has been diagnosed with COVID-19; and confirm that they are not experiencing symptoms consistent with COVID-19. This will be accomplished by daily self-screening, using the questions found in Appendix 10, prior to departing for the workplace.

ENCLOSURE 3

PROCEDURES

1. PHASE 0

a. Public Health Assessment of Workforce

(1) Prior to initiating return to workplace (RTW) procedures, supervisors will identify which personnel meet the criteria to return during each phase, in accordance with References (e) through (h), and Appendices 1, 5, and 6, to maximize protection of personnel in workplaces. When contemplating who should return to the DHA Administrative Offices, consideration should be given to continuing the mission while protecting the workforce. Factors to weigh include the size of the workspace and the ability to maintain social distancing. For example, personnel with private offices could be returned to the workplace earlier than those who sit in cubicles.

(2) Telework where possible and feasible with business operations is maximized. Apply the breadth of telework flexibilities, dependent on mission needs, OMB and OPM guidance, and the Telework Enhancement Act of 2010, in accordance with Reference (q). Suggested Target: 20% of personnel in office spaces; 80% of personnel telework, depending upon conditions at that location. In accordance with Reference (z4), (z5), (z6), and (z7).

(3) Supervisors will determine which personnel might need to take extra precautions (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>). This may be accomplished by personnel self-reporting.

(a) Personnel who need to take extra precautions should continue to telework/work remotely or take Weather and Safety Leave, with approval from their supervisor. In accordance with Reference (z4), (z5), (z6), and (z7).

(b) Supervisors are not required to, but have the authority to, request verification from a medical authority that an employee needs to take extra precautions, but supervisors may not inquire about the condition requiring extra precautions. Supervisors will comply with labor laws, EEO requirements, and federal privacy laws by ensuring that this information is only collected where necessary and only shared with DHA personnel with a genuine need to know it.

(4) Supervisors will take into consideration school and childcare closures, employees' need to care for vulnerable, ill, and/or quarantined family members, COVID-19 risk status of members of the employee's household and the availability of transportation (public transportation, vanpool, carpool, parking, etc.).

(5) Supervisors will ensure that release from COVID-19-related quarantine or isolation is verified by monitoring the duration of the quarantine or isolation and document the release by:

(a) If the individual interacted with a health professional or public health department, ensure the employee provides documentation. The release should include, at a minimum: the date of letter, the employee's name, statement annotating release from quarantine or isolation, the name and title of the individual providing the release, and the signature of individual providing the release. Ideally the release will be printed on letterhead and include the provider's National Provider Identifier (NPI) number.

(b) If the employee did not interact with a health professional or public health department, the individual should adhere to the CDC's guidelines for discontinuing home isolation (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>) and may complete the Personnel Return to the Workplace Assessment Tool (Appendix 5) and submit the document to his/her supervisor.

(6) The site DO will complete the DHA Administrative Office Phase Change Assessment Tool (See Appendix 9) and monitor gating criteria, in accordance with Reference (e), for his/her site and communicate with other appropriate stakeholders such as local health authorities, installation commanders, building owners, and other building tenants, as applicable. The DO will implement guidance to progress or regress through the phases. The DO will coordinate with DHA Headquarters before implementing a change.

(7) Upon making the determination to move between phases, DHA Headquarters leadership, the DO, and other appropriate stakeholders such as installation commanders, building owners, and other tenants will determine a date to execute the plan for the change of phase.

b. Facility Management

(1) Prior to personnel returning to the office, increased cleaning and disinfecting must be performed in accordance with the CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>), and sufficient hygiene supplies, including but not limited to hand sanitizer, hand soap, paper towels, toilet paper, and disinfecting wipes, must be maintained and readily available to personnel within the DHA Administrative Office.

(2) Authorized account holders at each location, or within area of responsibility, is required to purchase cleaning and disinfecting supplies and other materials necessary to lessen the potential for disease transmission (e.g., foot stops for doors).

(3) Prior to initiating the RTW procedures the DO will ensure that the DHA Administrative Office will remain compliant with References (g), (l), (m), and (n) with regards to the use of face coverings.

(4) Prior to initiating the RTW procedures DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) standards and guidance (<https://www.ashrae.org/>), and any DoD policy or guidance

for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

(5) Each site will assess high-touch surfaces for possible modifications to lessen the potential for disease transmission (e.g., foot stops for doors). Identified modifications must be made before personnel return to the office.

(6) Common areas, cafeterias, and gyms under the control of the DHA will remain closed.

(7) Facility contracts for DHA Administrative Offices will be amended, if necessary.

c. Facility Access and Personnel Monitoring

(1) Each site will establish a procedure for access control including who will perform each function with modifications to be implemented at each phase. Depending on gating criteria and established occupancy thresholds for buildings and sections, screening for personnel or visitors may not be conducted if a low number of personnel occupying specific areas is not deemed a safety risk. The requirement to wear face coverings which are compliant with all DoD and CDC guidance and recommendations, and the implementation of other CDC preventive measures (e.g., social distancing, symptom awareness, hand-washing education) is required.

(2) Each site will establish a procedure to ensure contact tracing is conducted for any probable or confirmed COVID-19 personnel in accordance with CDC guidelines with modifications to be implemented at each phase (<https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing.html>).

(3) Contracting officers, contracting representatives, and DOs will coordinate to determine when contractor employees return to DHA Administrative Offices.

d. Workplace Social Distancing and Face Coverings

(1) Each site will establish a procedure to provide for maximum protection of personnel in the DHA Administrative Office based on local space configuration and engineering considerations (e.g., other occupants in the building) with modifications to be implemented at each phase. Each site must:

(a) Determine maximum occupancy of: meeting/conference rooms, dining areas, etc., based on maintenance of social distancing without use of face coverings.

(b) Place signage to indicate maximum occupancy and place floor markings to maintain social distancing.



(c) Determine and establish a work space layout which maximizes the ability to maintain social distancing without requiring the use of face coverings.

(2) Face coverings which are compliant with all DoD and CDC guidance and recommendations are mandatory for use by personnel and visitors, including the general public, if individuals cannot maintain social distance as defined by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>) and DoD guidance.

(a) Personnel may contact their supervisor regarding the procurement of face coverings to be in compliance with Reference (n).

(b) Persons entering a DHA Administrative Office may be required to remove/raise their face coverings at Access Control Points to enable security personnel to verify facial recognition with Common Access Card credential or another authorized credential.

(c) Personnel who may not be able to wear a face covering will not be able to return to work until it is determined by the Director, DHA, that it is the appropriate phase to enter the workplace without presenting a risk to self or others. Individuals who are unable to wear a face covering must submit to their Supervisor, within a week from notification, a written explanation or justification, in accordance with Reference (n).

e. Business Travel

(1) Supervisors will ensure that all DHA personnel will have access to current DoD and DHA travel policies and any associated documents or forms (including DHA Form 156, Travel Waiver).

(2) Any request for travel must be in accordance with References (o) and (p) and use of DHA Form 156 is required.

f. Communication and Training

(1) Prior to initiating the RTW procedures the Director, DHA, ADs, Special Staff (Chief of Staff, OGC, IG, EEO, and STRATCOM), and DADs will develop and implement a communication plan that outlines these procedures and employs risk communication techniques.

(2) Prior to initiating the RTW procedures, Supervisors will notify personnel at which phase they may be expected to RTW and supervisors will provide updates regarding any changes.

(3) Senior Leadership will ensure that all personnel are informed that a change of phase is being executed well in advance of the change of phase.

(4) Resources will be provided to supervisors regarding how to manage during a pandemic, how to make decisions on who should return to work, how to manage those who have tested positive to COVID-19, how to manage those who have been in close contact to/with someone who has COVID-19, and how to manage those who have symptoms consistent with COVID-19. (view Appendix 11 for resources)

(5) DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.

## 2. PHASE 1 (RESTRICTED)

### a. Public Health Assessment of Workforce

(1) DHA leadership and DO will monitor local conditions, HPCON levels, DoD, and OMB and OPM guidance, and CDC guidelines to determine if a move to another PHASE is appropriate.

(2) Telework where possible and feasible with business operations is maximized. Continue to apply the breadth of telework flexibilities, dependent on mission needs, OMB and OPM guidance, and the Telework Enhancement Act of 2010, in accordance with Reference (q). Suggested Target: 20-30% of personnel in office spaces; 70-80% of personnel teleworking, depending upon conditions at that location. In accordance with Reference (z4), (z5), (z6), and (z7).

(3) Personnel who need to take extra precautions should continue to telework/work remotely or take Weather and Safety Leave, with approval from their supervisor. In accordance with Reference (z4), (z5), (z6), and (z7).

(4) Leadership (or supervisors) in (or at) DHA Administrative Offices must maximize telework flexibilities specifically for eligible workers within those populations that the CDC has identified as being at higher risk for serious complications from COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>) and for other populations identified by the CDC as needed to take extra precautions (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions>).

### b. Facility Management.

(1) Facilities Management will clean and disinfect workspaces and common areas in accordance with CDC standards. Sufficient hygiene supplies, including but not limited to hand sanitizer, hand soap, paper towels, toilet paper, and disinfecting wipes, must be maintained and readily available to personnel within the DHA Administrative Office in accordance with CDC and OSHA guidelines.

(2) Prior to initiating a phase change, DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, ASHRAE standards and guidance (<https://www.ashrae.org/>), and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

c. Facility Access and Personnel Monitoring

(1) Depending on gating criteria and established occupancy thresholds for buildings and sections, screening for personnel or visitors may not be conducted if a low number of personnel occupying specific areas is not deemed a safety risk.

(a) Personnel will perform a self-screening using the DHA Administrative Office Pre-Entry Screening Questionnaire, Appendix 10, prior to departing for the work place to begin their scheduled period of work and notify their immediate supervisor if they are unable to answer “NO” to all of the questions.

(b) Verbally ask about the presence of fever (based on temperature measurement, see below for temperature threshold, taken prior to departing for the workplace) or subjective fever, of returning employees and visitors prior to entry to a DHA Administrative Office in accordance with local public health and/or DO and in coordination with closest DoD Installation Public Health or Preventive Medicine assets. Deny access if a person’s temperature is outside acceptable level (equal to or greater than 100.0 degrees F or 37.8 degrees C) or if the individual reports the presence of fever or subjective fever.

(c) Personnel and visitors must undergo the DHA Administrative Office Pre-Entry Screening Questionnaire (Appendix 10) prior to entry to a DHA Administrative Office, once daily. Any response of “I don’t know”, “maybe”, or a refusal to answer any one or more questions will result in the individual being denied access to the DHA Administrative Office.

(d) Personnel and visitors denied access will be recommended to consult with a medical provider and must inform their supervisor, visitors will be recommended to contact the individual they were scheduled to visit

1. Personnel denied access that are determined by a medical authority to require COVID-19 related work restrictions, will follow all procedures, including RTW procedures in accordance with this DHA-AI and all other applicable OPM and DoD policies.

2. Personnel denied access that are determined by a medical authority to require non-COVID-19 related work restrictions, will follow all procedures, including RTW procedures in accordance with this DHA-AI and all other applicable OPM and DoD policies.

(e) Designated personnel shall conduct daily screenings of personnel and visitors prior to permitting them to enter facility/space. Medical personnel are not required for screening.

Designated personnel will only request “yes” or “no” answers to screening questions (Appendix 10). Discussion about responses to the screening questions will be referred to the appropriate supervisor/leadership/individual being visited of the person being screened.

(f) Throughout the day, employees must self-monitor for COVID-19-related symptoms and report to their supervisor as symptoms are detected. For the duration of the time within a DHA Administrative Office, all visitors should be encouraged to self-monitor for COVID-19-related symptoms and report to the individual whom the visitor was scheduled to visit as symptoms are detected.

d. Workplace Social Distancing and Face Coverings

(1) Personnel returning to the workplace in Phase 1, should be returned to work in cohorts to minimize risk of exposure and infection and to protect mission success (e.g., workforce shifts, alternating days, office configuration/layout).

(2) Common areas where personnel are likely to congregate and interact (such as cafeterias and gyms) must be closed or social distancing protocols must be enforced.

(3) Gatherings shall not consist of more than 10 people or in compliance with local law, whichever is more restrictive, and those in attendance must be able to maintain social distancing.

(4) When social distancing cannot be maintained (such as in mass transit hubs, lines to obtain products or services, parking lots, sidewalks, entrances and exits, hallways, elevators, escalators, bathrooms, concessions, and automated teller machines), face coverings which are compliant with all DoD and CDC guidance and recommendations must be worn, in accordance with Reference (g), (l), (m), and (n) by personnel and visitors, including the general public.

(a) Personnel who may not be able to wear a face covering will not be able to return to work until it is determined by the Director, DHA, that it is the appropriate phase to enter the workplace without presenting a risk to self or others, in accordance with Reference (n).

1. Personnel may contact their supervisor regarding the procurement of face coverings to be in compliance with Reference (n).

2. Individuals who are unable to wear a face covering must submit to their Supervisor, within a week from notification, a written explanation or justification. This document must include the reason explaining why they are unable to wear a face covering.

e. Business Travel

(1) Non-essential travel will be minimized and comply with to DoD, CDC, and local guidelines. CDC guidelines regarding quarantine after travel shall be followed. Travel into areas that would increase the cost due to travel quarantines requires Flag Officer approval. CDC guidelines regarding quarantine after travel shall be followed.

(2) Any request for travel must be in accordance with References (o) and (p) and DHA Form 156, Travel Waiver must be used.

f. Communication. Leadership will continue to communicate operating status and any changes to staff.

(1) DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.

3. PHASE 2 (MODERATE). Incremental returns.

a. Public Health Assessment of Workforce

(1) DHA leadership will monitor local conditions, HPCON levels, DoD policy, OMB and OPM guidance, and CDC guidelines to determine if a move to another PHASE is appropriate.

(2) Telework where possible and feasible with business operations is encouraged. Continue to apply the breadth of telework flexibilities, dependent on mission needs, OMB and OPM guidance, and the Telework Enhancement Act. Suggested Target: 30-60% of personnel in office spaces; 40-70% of personnel teleworking, depending upon conditions at that location. In accordance with Reference (z4), (z5), (z6), and (z7).

(3) All military personnel are expected to return to their physical place of duty unless otherwise specified by the DHA Chain of command (AD and DAD) due to exceptions outlined below.

(a) Those personnel conforming to one or more of the 'high risk' conditions outlined in CDC recommendations. Validation of a specific diagnosis is not required, only that an individual is at 'at-risk'. Supervisors should refer to the DHA HIPAA office for any assistance. Personnel unable to provide appropriate validation from their provider may be required to report to their place of duty. (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions>)

(4) Personnel who need to take extra precautions should continue to telework or take Weather and Safety Leave, with approval from their supervisor. In accordance with Reference (z4), (z5), (z6), and (z7).

(a) Leadership (or supervisors) in (or at) DHA Administrative Offices must maximize telework flexibilities specifically for eligible workers within those populations that the CDC has identified as being at higher risk for serious complications from COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>) and for other populations identified by the CDC as needed to take extra precautions (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions>).

b. Facility Management.

(1) Facilities Management will clean and disinfect workspaces and common areas in accordance with CDC standards. Sufficient hygiene supplies, including but not limited to hand sanitizer, hand soap, paper towels, toilet paper, and disinfecting wipes, must be maintained and readily available to personnel within the DHA Administrative Office in accordance with CDC and OSHA guidelines.

(2) Prior to initiating a phase change, DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, ASHRAE standards and guidance (<https://www.ashrae.org/>), and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

c. Facility Access and Personnel Monitoring

(1) All personnel and visitors will be screened, daily. The following are the minimum measures to be implemented, the Military Departments and individual DHA Administrative Offices outside of the NCR may exercise more stringent measures, based on local conditions and additional local guidance from outside DHA.

(a) Personnel will perform a self-screening using the DHA Administrative Office Pre-Entry Screening Questionnaire, Appendix 10, prior to departing for the work place to begin their scheduled period of work and notify the immediate supervisor if they are unable to answer “NO” to all of the questions.

(b) Verbally ask about the presence of fever (based on temperature measurement, see below for temperature threshold, taken prior to departing for the workplace) or subjective fever, of returning employees and visitors prior to entry to a DHA Administrative Office in accordance with local public health and/or DO and in coordination with closest DoD Installation Public Health or Preventive Medicine assets. Deny access if a person’s temperature is outside acceptable level (equal to or greater than 100.0 degrees F or 37.8 degrees C).

(c) Personnel and visitors must complete the DHA Administrative Office Pre-Entry Screening Questionnaire (Appendix 10) prior to entry to a DHA Administrative Office once daily. Any response of “I don’t know”, “maybe”, or a refusal to answer any one or more questions will result in the individual being denied access to the DHA Administrative Office.

(d) Personnel and visitors denied access will be recommended to consult with a medical provider and must inform their supervisor, visitors will be recommended to contact the individual they were scheduled to visit.

(e) Designated personnel shall conduct daily screenings of personnel and visitors prior to allowing them to enter facility/space. Medical personnel are not required for screening.

Designated personnel will only request “yes” or “no” answers to screening questions (Appendix 10). Discussion about responses to the screening questions will be referred to the appropriate supervisor/leadership/individual being visited of the person being screened.

(f) Throughout the day, employees must self-monitor for COVID-19-related symptoms and report to their supervisor as symptoms are detected. For the duration of the time within a DHA Administrative Office, all visitors should be encouraged to self-monitor for COVID-19-related symptoms and report to the individual whom the visitor was scheduled to visit as symptoms are detected.

d. Workplace Social Distancing and Face Coverings

(1) Common areas where personnel are likely to congregate and interact (such as cafeterias and gyms) should be closed or social distancing protocols should be enforced.

(2) Gatherings shall not be of more than 50 people or in compliance with local law, whichever is more restrictive, and those in attendance must be able to maintain social distancing.

(3) When social distancing cannot be maintained (such as in mass transit hubs, lines to obtain products or services, parking lots, sidewalks, entrances and exits, hallways, elevators, escalators, bathrooms, concessions, and automated teller machines), face coverings which are compliant with all DoD and CDC guidance and recommendations must be worn, in accordance with Reference (g), (l), (m), and (n), by personnel and visitors, including the general public.

(a) Personnel who may not be able to wear a face covering will not be able to return to work until it is determined by the Director, DHA, that it is the appropriate phase to enter the workplace without presenting a risk to self or others, in accordance with Reference (n).

1. Personnel may contact their supervisor regarding the procurement of face coverings to be in compliance with Reference (n).

2. Individuals who are unable to wear a face covering must submit to their Supervisor, within a week from notification, a written explanation or justification. This document must include the reason explaining why they are unable to wear a face covering.

e. Business Travel. Non-essential travel can resume, in accordance with DoD and DHA policy.

f. Communication. Leadership will continue to communicate operating status and any changes to staff.

(1) DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.

4. PHASE 3 (NEW NORMAL). Unrestricted staffing of worksites.

a. Public Health Assessment of Workforce

(1) Unrestricted staffing of worksite may resume. Staffing of personnel in office spaces should closely approximate pre-existing levels, adjusted for those personnel restricted from RTW by this policy. Suggested Target: 60-90% of personnel in office spaces; 10-40% of personnel teleworking, depending upon conditions at that location. In accordance with Reference (z4), (z5), (z6), and (z7).

(2) All civilian employees, other than those who have documentation from their medical provider indicating the civilian employee has a medical condition or conditions that place them in the high-risk conditions as defined by the CDC, will return to the regular worksite. Employees may also request a reasonable accommodation in accordance with DHA-AI 053, Reasonable Accommodation (RA). ADs and DADs may waive the requirement to return to the worksite for civilian employees with the following responsibilities or limitations: child-care or other dependent care responsibilities resulting from daycare, camp, or school closures; the presence of an individual in a CDC-identified category for people at increased risk in the home; or have limited public transportation to the worksite. Civilian employees who have childcare or other dependent care responsibilities resulting from daycare, camp, or school closures due to COVID19 will be required to provide the AD/DAD with the name of the school, age of the child, place of care, and/or child care provider that has closed or become unavailable, in order for the AD/DAD to consider whether to waive the requirement that they will return to the worksite. Civilian employees who may have an individual in a CDC-identified category for people at increased risk in the home self-certify for AD/DAD consideration. "People at increased risk" <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>. In accordance with Reference (z4), (z5), (z6), and (z7).

b. Facility Management.

(1) Facilities Management will clean and disinfect workspaces and common areas in accordance with CDC standards. Sufficient hygiene supplies, including but not limited to hand sanitizer, hand soap, paper towels, toilet paper, and disinfecting wipes, must be maintained and readily available to personnel within the DHA Administrative Office in accordance with CDC and OSHA guidelines.

(2) Prior to initiating a phase change, DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, ASHRAE standards and guidance (<https://www.ashrae.org/>), and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

c. Facility Access and Personnel Monitoring



(1) Personnel and visitors will be screened, once daily, at a percentage and frequency based on local conditions.

(a) Supervisors/visitor's sponsors will verbally ask about the presence of fever (based on temperature measurement, see below for temperature threshold, taken prior to departing for the workplace) or subjective fever, of returning employees and visitors prior to entry to a DHA Administrative Office in accordance with local public health and/or DO and in coordination with closest DoD Installation Public Health or Preventive Medicine assets. Deny access if a person's temperature is outside acceptable level (equal to or greater than 100.0 degrees F or 37.8 degrees C).

(b) Personnel and visitors must complete the DHA Administrative Office Pre-Entry Screening Questionnaire (Appendix 10).

(c) Personnel denied access will be advised to consult with their medical provider and must inform their supervisor.

(d) Designated personnel shall conduct daily screenings of personnel and visitors prior to allowing them to enter facility/space. Medical personnel are not required for screening. Personnel will only request "yes" or "no" answers to screening questions (Appendix 10). Discussion about responses to the screening questions will be referred to the appropriate supervisor/leadership of the person being screened.

(e) Throughout the day, employees must self-monitor for COVID-19-related symptoms and report to their supervisor as symptoms are detected.

d. Workplace Social Distancing and Face Coverings

(1) Social distancing is encouraged whenever possible.

(2) Face coverings which are compliant with all DoD and CDC guidance and recommendations may be worn in accordance with DoD, Service, and DHA policy.

(3) Meeting/conference room occupancy may be restricted to provide a means to continue social distancing.

e. Business Travel. Non-essential business travel can resume, in accordance with DoD and DHA policy.

f. Communication. Leadership will continue to communicate operating status and any changes to personnel.

(1) DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.

5. PHASE 4 (RESILIENCE)

a. Public Health Assessment of Workforce

(1) Unrestricted staffing of worksite continues. Staffing of personnel in office spaces should closely approximate pre-existing levels, adjusted for those personnel restricted from RTW by this policy.

(2) Personnel who need to take extra precautions should continue to monitor for COVID-19 related health threats and considerations; and supervisors should make reasonable accommodations. In accordance with Reference (z4), (z5), (z6), and (z7).

(3) All civilian employees who have not already returned to the regular worksite will return unless they have been approved for 100% telework as a reasonable accommodation. In accordance with Reference (z4), (z5), (z6), and (z7).

b. Facility Management.

(1) Facilities Management will clean and disinfect workspaces and common areas in accordance with CDC standards. Sufficient hygiene supplies, including but not limited to hand sanitizer, hand soap, paper towels, toilet paper, and disinfecting wipes, must be maintained and readily available to personnel within the DHA Administrative Office in accordance with CDC and OSHA guidelines.

(2) Prior to initiating a phase change, DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, ASHRAE standards and guidance (<https://www.ashrae.org/>), and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

c. Facility Access and Personnel Monitoring

(1) Personnel and visitors continue self-monitoring for COVID-19-related symptoms.

(2) Maintain capability to ramp up screening if necessary.

d. Workplace Social Distancing and Face Coverings

(1) Social distancing is encouraged whenever possible.

(2) Replenish and maintain supply of face coverings which are compliant with all DoD and CDC guidance and recommendations.

(3) Gatherings are not restricted.

e. Business Travel. Non-essential travel continues, in accordance with DoD and DHA policy.

f. Communication. Leadership will continue to communicate operating status and any changes to personnel.

(1) DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.

6. SPECIAL CONSIDERATIONS. Special considerations must be taken for those who have symptoms consistent with COVID-19, have been diagnosed with COVID-19, have had a potential exposure to COVID-19, have been identified as being in close contact with someone diagnosed with COVID-19 and have been ordered to quarantine, or cannot take the necessary precautions to enter DHA Administrative Offices.

a. COVID-19 Diagnosed Personnel. Personnel who have been diagnosed with COVID-19 and whose treatment is not being provided in a healthcare setting (i.e., those who are self-isolating) and who have not met the CDC criteria for discontinuation of home isolation (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>) should follow the guidance of their healthcare provider and local and/or state health department. These individuals shall provide a daily status update to their supervisor.

b. Symptomatic Personnel. Personnel who have symptoms consistent with COVID-19 as identified by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) should remain home, contact their healthcare provider, notify their supervisor and provide a daily status update to their supervisor.

c. Asymptomatic personnel. Asymptomatic personnel with potential exposure (either based upon travel or having had close contact (fewer than 6 feet away for greater than fifteen minutes and/or direct contact with infectious secretions (e.g., coughed or sneezed on)), as defined by the CDC with someone who has symptomatic COVID-19, shall not report to work, shall notify their supervisor and shall provide a daily status update to their supervisor. Return to work will be in accordance with CDC guidelines, References (g), (h), and this DHA-AI.

d. Required Documentation. DCIR SITREP and DD Form 3112 “Personnel Accountability and Assessment Notification” must be completed upon initial identification of a DHA HQ personnel meeting CDC criteria of a close contact or presumed or confirmed case of COVID-19 and updates provided in accordance with references (z) and (z1).

e. Discontinuation of Isolation. Supervisors will ensure that release from COVID-19-related quarantine or isolation is verified.

f. Pre-Entry Screening. Individuals who answer “Yes” or “I don’t know” to any of the pre-entry screening questions (Appendix 10) will be denied entry to the worksite and advised to consult with a medical provider.

(1) Personnel denied access that are determined by a medical authority to require COVID-19 related work restrictions, will follow all procedures, including RTW procedures, in accordance with this DHA-AI.

(2) Personnel denied access that are determined by their medical provider to require non-COVID-19 related work restrictions, will follow all procedures, including RTW procedures, in accordance with this DHA-AI and all other applicable OPM and DoD policies.

g. Personnel Who Cannot Wear Face Coverings. Personnel who may not be able to wear a face covering will not be able to return to work until it is determined by the Director, DHA, that it is the appropriate phase to enter their workplace without presenting a risk to self or others. Individuals who are unable to wear a face covering must submit to their Supervisor, within a week from notification, a written explanation or justification, in accordance with Reference (n).

## 7. APPLICATION OF LESSONS LEARNED

a. Throughout all phases, follow the JLLIS standard process to discover, validate, resolve, evaluate, and disseminate lessons learned (e.g., observations, best practices) from all phases, in accordance with References (j) and (k).

b. Apply lessons learned through phase progression and in preparation for future epidemics.

## 8. EFFECTIVENESS OF TELEWORK AND PERFORMANCE MANAGEMENT

a. The Defense Health Agency is a team of highly skilled professionals who bring increased value and performance in the form of collaboration and team work. The value of interpersonal contact and discourse is a vital part of our analysis and decision making processes that are difficult to replace. Leaders at all levels will take this dynamic into account when considering telework options and the measurement of team performance quality.

b. Effective performance management is the same regardless of a DoD civilian employee(s) duty location in the workplace or a DoD civilian employee(s) who teleworks / remote works. Supervisors will continue to measure DoD civilian employee(s) performance by results, not physical presence AND expectations for performance should be clearly addressed in DoD civilian employee(s) performance plans, regardless of whether or not DHA personnel telework / remote work. Supervisors will hold DoD civilian employee(s) who are teleworking / remote working accountable for meeting work expectations as defined in their performance plans’ critical elements and standards.

c. Supervisors should ensure performance standards and work expectations are Specific, Measurable, Achievable, Relevant, and Timely (SMART). SMART standards will allow for the appropriate level of both DoD civilian employee(s) and supervisor accountability in a telework / remote work environment. Supervisors should proactively assign and follow up on work to leverage teleworking / remote working DoD civilian employee(s), monitor their progress, and provide feedback. Supervisors should also consider using routine status update emails, daily check in and check out emails, project schedules, key milestones, status reports, team reviews, telework / remote work activity logs and recurring team meetings. Supervisors can maintain team cohesion by leveraging available connectivity tools like virtual meeting platforms and the DoD Commercial Virtual Remote Environment.

## 9. CAREGIVING RESPONSIBILITIES

a. Civilian employees with school-age children who are old enough to remain at home alone in accordance with State and local laws and policies will be required to return to the worksite. In exceptional circumstances where the employee cannot return to the worksite because the child is unable to remain at home alone, the employee may request to continue to telework from their respective AD/DAD. AD/DADs will review and approve on a case-by-case basis dependent on the individual facts presented.

b. Civilian employees who have caregiving responsibilities for children who are not old enough to remain at home alone in accordance with State and local laws and policies due to closure of schools and/or unavailability of care providers as a result of locally-directed precautions for COVID-19, will be able to continue to telework if approved by the AD/DAD.

c. Supervisors who have civilian employees teleworking with children at home will ensure that their employees are available during the work day and are meeting work expectations by keeping in close communication and providing frequent feedback. Telework will be disapproved for employees who fail to meet the work expectations of their supervisor.

d. Military personnel family care plans (FCP) are a Command Function of the MILDEP the individuals are assigned. The FCP is employed to support military response to contingency operations. Policy implementation of this program comes from the slated commander/OICs of those personnel to manage, by virtue of their position appointment from the MILDEPs who in-turn provide those commands supplementary guidance. Any policy directive regarding a command program such as this must come from the Commanders.

e. Military personnel must comply with their Military Department's Family Care Plan requirements to ensure that family care responsibilities do not interfere with duty obligations.

f. Military single-parent personnel requiring the ability to continue working from home (DUE TO COVID-19) for the purpose of child care must verify their requirement and gain approval from their supervisor. Dual-military or married personnel will create a schedule with their supervisor that permits them to report to their physical place of duty for 50% of the daily

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work week. Similarly, those service members claiming care requirements for a senior, high-risk parent must also verify this requirement and gain the approval of their supervisor.

APPENDIX 1

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICE REOPENING PLAN-SUMMARY

<b>GUIDANCE FOR ALL PHASES</b>	
Guidance	Adhere to Force Health Protection Guidance; comply with HPCON related guidance. In accordance with Reference (z4), (z5), (z6), and (z7).
Travel	Adhere to DoD travel restrictions; waivers may be approved for 1) travel that is mission essential; 2) humanitarian reasons; or 3) undue hardship.
Symptoms	If you are sick or ill, stay home, contact your supervisor and seek medical attention. Throughout the phased reopening, take your temperature before coming to the office even if you feel well. Stay home if your temperature is equal to or greater than 100° F or 37.8° C.
Exposure	If you live with someone who has contracted COVID-19, stay home and self-quarantine; if you have been otherwise exposed to someone who has contracted COVID-19, stay home and self-quarantine.
Social Distancing	Continue to maintain social distancing – no closer than 6 feet in accordance with CDC guidelines and DoD policy; Continue to practice good hand hygiene and sneeze/cough etiquette.
Face Coverings	Mandatory use of face coverings at all DHA Administrative Offices if you cannot maintain social distancing in accordance with CDC guidelines and DoD policy.
Cleaning and Disinfecting	DHA Administrative Offices will clean and disinfect office spaces in accordance with CDC guidance. Coordinate cleaning of office spaces with facility owner/building managers. Facilities will ensure cleaning and disinfection of rooms or areas occupied by those suspected to have or confirmed to have contracted COVID-19. See <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html">https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html</a> .
Personnel who need to take extra precautions	Supervisors should maximize telework for those personnel who self- identify as being at increased risk in DHA Administrative Offices in States or regions that remain in the gating period Phase 1 or Phase 2 or as otherwise defined by CDC or DoD guidance. This includes populations that the CDC has identified as being at increased risk for serious complications from COVID-19 (CDC People at Increased Risk), such as older adults and people of any age who have underlying medical conditions and to other CDC-identified special populations, including pregnant women. See <a href="https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html">https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html</a> . In accordance with Reference (z4), (z5), (z6), and (z7).
Facilities Management	Prior to initiating a phase change, DO/SO/SAO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC standards and guidance, OSHA guidance, ASHRAE standards and guidance ( <a href="https://www.ashrae.org/">https://www.ashrae.org/</a> ), and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater system operations, and other environmental controls.

<b>PHASE-SPECIFIC GUIDANCE</b>									
PHASE	HPCON	WORKFORCE (Recommended)	TELEWORK (Recommended)	PERSONNEL WHO NEED TO TAKE EXTRA PRECAUTIONS (Recommended)	FACE COVERIN GS (Mandatory)	SOCIAL DISTANCING (Mandatory)	SYMPTOMS (Mandatory)	ENTRANCE SCREENING (Recommended)	FACILITIES (Recommended)
Phase 0	Local HPCON	Mission necessary to perform in physical work location  ≤20% in office spaces	Maximize telework  80% telework goal	Stay at home (Weather-Safety Leave or Telework/ Remote Work)	Mandatory if you cannot maintain 6 feet social distance	6 feet  No gatherings	Stay home if temperature is ≥100.0 degrees F or 37.8 degrees C or have COVID-19 symptoms	No screening for personnel and visitors	Increased cleaning and disinfecting  Common areas closed  Cafeteria closed  Gym closed
<b>AFTER FIRST GATE</b> 14-day downward trajectory of influenza-like illness AND COVID-like symptoms; AND 14-day downward trajectory of COVID cases AND positive tests; AND health care available with robust testing									
Phase 1 (Restricted)	CHARLIE	Mission necessary to perform in physical work location and/or private workspace  ≤20-30% in office spaces	Maximize telework  70% telework goal	Stay at home (Weather-Safety Leave or Telework/ Remote Work)	Mandatory if you cannot maintain 6 feet social distance	6 feet  Gatherings <10 people	Stay home if temperature is ≥100.0 degrees F or 37.8 degrees C or have COVID-19 symptoms or any “YES” answer to screening questions in Appendix 10	Screening for all personnel and visitors for temperature or subjective fever and entry questions in Appendix 10, in accordance with local procedures	Increased cleaning and disinfecting  Social distancing in common areas  Limited cafeteria options  Gym closed
<b>AFTER SECOND GATE</b> 14-day downward trajectory of influenza-like illness AND COVID-like symptoms; AND 14-day downward trajectory of COVID cases AND positive tests; AND health care available with robust testing									



Phase 2 (Moderate)	BRAVO	Mission and non-mission essential  ≤30-60% in office spaces	Encourage telework  40% telework goal	Stay at home (Weather-Safety Leave or Telework/ Remote Work)	Mandatory if you cannot maintain 6 feet social distance	6 feet  Gathering <50 people	Stay home if temperature is ≥100.0 degrees F or 37.8 degrees C or have COVID-19 or any “YES” answer to screening questions in Appendix 10	Screening for all personnel and visitors for temperature or subjective fever and entry questions in Appendix 10, in accordance with local procedures	Increased cleaning and disinfecting  Social distancing in common areas  Limited cafeteria options  Gym open with increased cleaning
<b>AFTER THIRD GATE</b> 14-day downward trajectory of influenza-like illness AND COVID-like symptoms; AND 14-day downward trajectory of COVID cases AND positive tests; AND health care available with robust testing									
Phase 3 (New Normal)	ALPHA	Staffing of personnel in office spaces closely approximate pre-existing levels  ≤60-90% in office spaces	Normal telework (~10%)	Return to office spaces and monitor threat to vulnerable workforce	On hand and use in accordance with DoD policy	Not required, but encouraged, to maintain 6 feet  Gathering not restricted	Stay home if temperature is ≥100.0 degrees F or 37.8 degrees C or have COVID-19 symptoms	Screening for personnel and visitors, at a percentage and frequency based on local conditions and procedures	Increased cleaning and disinfecting  Common areas open  Normal cafeteria options  Gym open with increased cleaning
<b>AFTER NEW NORMAL</b> Continue to monitor for resurgence of Influenza or COVID-19; Increased medical surveillance and tracing; Incorporate lessons learned and prepare for next epidemic									
Phase 4 (Resilience)	ALPHA OR ZERO	Optimized workforce  Increased opportunities for distributed and virtual work	Optimized telework  10% telework goal	At office spaces and monitor threat to vulnerable workforce	Replenish and maintain supply of face coverings, disinfectants, cleaning supplies	Gatherings not restricted	Recommend monitor health daily	Maintain capability to ramp up screening if necessary	Increased cleaning and disinfecting  Common areas open  Normal cafeteria options  Gym open with increased cleaning

APPENDIX 2

CONCEPTUAL HEALTH PROTECTION CONDITION FRAMEWORK

<b>SITUATION</b>	<b>HPCON</b>	<b>EXAMPLE HEALTH PROTECTION MEASURES</b>
Normal baseline	0	Routine: Normal operations. Maintain standard precautions such as routine hand washing, cough on sleeve, good diet, exercise, vaccinations, education, routine health alerts, and regular preparedness activities
Report of unusual health risk or disease	A	Limited: Health Alert. Communicate risk and symptoms of health threat to installation; review plans and verify training, stocks, and posture; prepare to diagnose, isolate, and report new cases
Outbreak or heightened exposure risk	B	Moderate: Strict hygiene (no handshaking, wipe common-use items); if exposed, self-isolate (remain home); avoid contaminated water/food or risk area; vector control if applicable
High morbidity epidemic or contamination	C	Substantial: Social distancing (limit or cancel in-person meetings, gatherings, temporary duty assignments); shelter in-place indoors; utilize face coverings; mass distribution of medical countermeasures (MCM)
High mortality epidemic or contamination	D	Severe: Restriction of movement (e.g., quarantine); mass evacuation; mass decontamination; subsist on secure food/water sources

APPENDIX 3

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICES

<b>FACILITY OWNER: WASHINGTON HEADQUARTERS SERVICES (WHS)</b>						
<b>STATE</b>	<b>COMMON NAME</b>	<b>ADDRESS</b>	<b>COUNTY</b>	<b>CITY</b>	<b>CBSA</b>	<b>NEAREST INSTALLATION</b>
VA	Defense Health Headquarters (DHHQ) (Combined)	7700 Arlington Blvd Falls Church, VA 22042	-	Falls Church, VA	Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area (MSA)	Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906
VA	Skyline VI	5109 Leesburg Pike Falls Church, VA 22041	-	Falls Church, VA	Washington-Arlington-Alexandria, DC-VA-MD-WV MSA	Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906
VA	8111 Gatehouse Road	8111 Gatehouse Rd Vienna, VA 22042	Fairfax	Vienna, VA	Washington-Arlington-Alexandria, DC-VA-MD-WV MSA	Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906
VA	1501 Wilson Blvd	1501 Wilson Blvd Arlington, VA 22209	Arlington	Arlington, VA	Washington-Arlington-Alexandria, DC-VA-MD-WV MSA	Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906
VA	Rosslyn Metro Center	1700 N. Moore St Arlington, VA 22209	Arlington	Arlington, VA	Washington-Arlington-Alexandria, DC-VA-MD-WV MSA	Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906
VA	Crystal Park 4	2345 Crystal Dr Arlington, VA 22202	Arlington	Arlington, VA	Washington-Arlington-Alexandria, DC-VA-MD-WV MSA	Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906
MD	Silver Spring Metro Center I (Combined)	1335 East-West Hwy Silver Spring, MD 20910	Montgomery	Silver Spring, MD	Washington-Arlington-Alexandria, DC-VA-MD-WV MSA	Joint Base Anacostia-Bolling 20 MacDill Blvd SE Washington, DC 20032 202-767-0450

MD	AFHSD	11800 Tech Rd Silver Spring, MD 20904	Montgomery	Silver Spring, MD	Washington-Arlington-Alexandria, DC- VA-MD-WV MSA	Fort George G. Meade 4409 Llewellyn Ave Fort Meade, MD 20755 (301) 677-2300
MD	National Museum of Health and Medicine	2500 Linden Ln Silver Spring, MD 20910	Montgomery	Silver Spring, MD	Washington-Arlington-Alexandria, DC- VA-MD-WV MSA	Joint Base Anacostia-Bolling 20 MacDill Blvd SE Washington, DC 20032 202-767-0450
<b>FACILITY OWNER: US ARMY INSTALLATION MANAGEMENT COMMAND</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
MD	DHA Medical Logistics (MEDLOG)	693 Neiman St, 3rd Floor Ft. Detrick, MD 21702	Frederick	Detrick, MD	Washington-Arlington-Alexandria, DC- VA-MD-WV MSA	Fort Detrick 810 Schreider St Fort Detrick, MD 21702 (301) 619-7314
MD	Defense Medical Research and Development	1077 Patchel St Ft. Detrick, MD 21702	Frederick	Detrick, MD	Washington-Arlington-Alexandria, DC- VA-MD-WV MSA	Fort Detrick 810 Schreider St Fort Detrick, MD 21702 (301) 619-7314
MD	Joint Medical Logistics Functional Development Center (JMLFDC)	1681 Nelson St Fort Detrick, MD 21702	Frederick	Detrick, MD	Washington-Arlington-Alexandria, DC- VA-MD-WV MSA	Fort Detrick 810 Schreider St Fort Detrick, MD 21702 (301) 619-7314
<b>FACILITY OWNER: GENERAL SERVICES ADMINISTRATION (GSA)</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
AK	US Federal Building James M. Fitzgerald	222 W 7th Ave Anchorage, AK 99513	-	Anchorage, AK	Anchorage, AK MSA	Joint Base Elmendorf-Richardson 10480 Sijan Ave, Ste 123 Richardson, AK 99506 (907) 552-1110
CA	1 Columbia Place	401 W A St San Diego, CA 92101	San Diego	San Diego, CA	San Diego-Chula Vista-Carlsbad, CA MSA	Naval Base San Diego 3455 Senn St San Diego, CA 92136 (619) 556-1011
CA	1350 Third Ave., San Diego, CA	1350 3rd Ave San Diego, CA 92101	San Diego	San Diego, CA	San Diego-Chula Vista-Carlsbad, CA MSA	Naval Base Point Loma Nimitz Blvd & Harbor Dr San Diego, CA 92147 (619) 524-1689

CO	Aurora Field Office	16401 E Centre Tech Pky Aurora, CO 80011	-	Aurora, CO	Denver-Aurora-Lakewood, CO MSA	Buckley Air Force Base 18500 E 6th Ave Aurora, CO 80011 (720) 847-5613
TX	Bank of America Plaza	300 Convent St San Antonio, TX, 78205	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
TX	Lincoln Center	7800 IH-10 West San Antonio, TX 78230	Bexar	San Antonio, TX	San Antonio MSA	Joint Base San Antonio Bullis 6457 Camp Bullis Rd San Antonio, TX 78257 (210) 221-2222
WA	Auburn Government Approved Laboratory (GAL) (Combined)	1901 C St SW Auburn, WA 98001	-	Auburn, WA	-	Joint Base Lewis-McChord 714 Battery Rd Lewis Mcchord, WA 98438 (253) 982-1910

**FACILITY OWNER: JOINT BASE SAN ANTONIO (AF 502ND CIVIL ENGINEER SQUADRON)**

STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
TX	Fort Sam Houston (FSH) North Beach Pavilion Bldg (Bldg 2372)	2710 Howitzer Rd Fort Sam Houston, TX 78234	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
TX	FSH Building 2272	2720 Howitzer Rd Fort Sam Houston, TX 78234	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
TX	FSH Building 2792 Medical Command (MEDCOM) HQ	2748 Worth Road JBSA Fort Sam Houston, TX 78234-6009	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
TX	FSH Building 1070	4270 Gorgas Cir Fort Sam Houston, TX 78234	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
TX	FSH Building 4188 (Warehouse)	2202 Commissary Rd Fort Sam Houston, TX 78234	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886

TX	FSH Building 3611	3400 Rawley E. Chambers Ave, Bldg 3611 Fort Sam Houston, TX 78234	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
TX	Lackland AFB Building 4554	2200 Bergquist Dr, Suite 1 Lackland AFB, Texas 78236	Bexar	San Antonio, TX	San Antonio MSA	Lackland Air Force Base W Military Dr Lackland AFB, TX 78236 (210) 671-1110
TX	Kelly AFB Bldg 1 Bay 2	3515 S. General McMullen San Antonio, TX 78245	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
<b>FACILITY OWNER: US ARMY CORPS OF ENGINEERS</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
TX	FSH Old Brooke Army Medical Center (BAMC) (Bldg 1000)	2450 Stanley Rd Fort Sam Houston, TX 78234	Bexar	San Antonio, TX	San Antonio MSA	Fort Sam Houston San Antonio, TX 78234 (210) 221-1886
<b>FACILITY OWNER: NAVAL STATION (NAVAL FACILITIES ENGINEERING COMMAND)</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
IL	Great Lakes	2834 Green Bay Rd, Ste 304 Great Lakes, IL 60088	Lake	Great Lakes, IL	Chicago-Naperville-Elgin, IL-IN-WI MSA	Naval Station Great Lakes 2601E Paul Jones St Great Lakes, IL 60088 (847) 688-2430
<b>FACILITY OWNER: NAVAL STATION POINT LOMA (NAVAL FACILITIES ENGINEERING COMMAND)</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
CA	DoD HIV/AIDS Prevention Program	Naval Base Point Loma San Diego, CA	San Diego	San Diego, CA	San Diego-Chula Vista-Carlsbad, CA MSA	Naval Base Point Loma 140 Sylvester Rd San Diego, CA 92106 (619) 553-1011
<b>FACILITY OWNER: AIR FORCE ACADEMY, FORT CARSON</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
CO	DoD Medical Examination Review Board (DoDMERB)	8034 Edgerton Dr, Suite 132 USAFA, CO 80840	El Paso	-	Colorado Springs, CO MSA	US Air Force Academy 4102 Pinion Dr, Ste 100 USAF Academy, CO 80840 (719) 333-5142

CO	Defense and Veterans Brain Injury Center (DVBIC) - Outcomes Assessment Center	660 Southpointe Ct Colorado Springs, CO	El Paso	Colorado Springs, CO	Colorado Springs, CO MSA	Fort Carson 6001 Wetzel Ave Fort Carson, CO 80913 (719) 526-5811
<b>FACILITY OWNER: DOVER AIR FORCE BASE (AF 436TH CIVIL ENGINEER SQUADRON)</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
DE	Armed Forces Medical Examiner System (AFMES)	115 Purple Heart Dr Dover Air Force Base, DE 19902	Kent	Dover, DE	Dover, DE MSA	Dover Air Force Base 10th St Dover Air Force Base, DE 19902 (302) 677-3000
<b>FACILITY OWNER: WRIGHT PATTERSON AIR FORCE BASE AF 88TH CIVIL ENGINEER SQUADRON)</b>						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
OH	Building 6 F/20006, Area B	Building 6 - F/20006, Area B Wright-Patterson AFB	Greene and Montgomery	-	Dayton, OH MSA	Wright-Patterson Air Force Base 5135 Pearson Rd Wright Patterson AFB, OH 45433 (937) 257-1110

APPENDIX 4

DEFENSE HEALTH AGENCY RETURN TO THE WORKPLACE PHASE PROGRESSION CRITERIA

The below are criteria to proceed to each phase of the plan. In addition, HPCON levels, state, and local guidance will be monitored and followed by the DHA. All White House, OMB/OPM, and DoD criteria must be met or followed when making any phase change (progression or regression). Progression or regression decisions will be made at the discretion of senior leaders.

<b>Lines of Effort (LOE)</b>	<b>Criteria to Proceed to Phase 1 (RESTRICTED) – Lowest Risk Personnel Return</b>	<b>Criteria to Proceed to Phase 2 (MODERATE) – Incremental Returns</b>	<b>Criteria to Proceed to Phase 3 (NEW NORMAL) – Unrestricted Staffing of Worksites</b>	<b>Criteria to Proceed to Phase 4 (RESILIENCE) – Stabilized State</b>
<b>Public Health Assessment of the Workforce</b>	<ul style="list-style-type: none"> <li>• Establish procedure for completion of the DD Form 3112 ‘Personnel Accountability and Assessment Notification’ for applicable personnel.</li> <li>• Higher risk/vulnerable individuals have been identified and have been given permission to continue to telework.</li> </ul>	<ul style="list-style-type: none"> <li>• State and local stay at home orders have expired.</li> <li>• All gating criteria have been met upon reassessment.</li> </ul>	<ul style="list-style-type: none"> <li>• State and local stay at home orders have expired.</li> <li>• All gating criteria have been met upon reassessment.</li> <li>• Public health officials have determined that it is safe for high-risk individuals to return to the workplace.</li> </ul>	<ul style="list-style-type: none"> <li>• Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.</li> <li>• The COVID-19 public health emergency declaration is no longer in effect.</li> </ul>
<b>Facility Management</b>	<ul style="list-style-type: none"> <li>• Facility assessments meet cleaning and disinfection requirements, in accordance with CDC guidelines. Contracts are modified if necessary.</li> <li>• DHA Administrative Offices are open and have a plan for cleaning and disinfecting the work environment, in accordance with CDC guidelines.</li> <li>• Facilities have increased air exchanges where possible.</li> <li>• DHA Administrative Offices implement all requirements, and recommendations where</li> </ul>	<ul style="list-style-type: none"> <li>• DHA administrative facilities maintain standards for cleaning and disinfected worksites in accordance with CDC guidelines.</li> <li>• For any confirmed COVID-19 cases of personnel in the facility, the appropriate locations within the facility have been cleaned and disinfected in accordance with CDC guidelines.</li> <li>• DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC, OSHA, ASHRAE, and</li> </ul>	<ul style="list-style-type: none"> <li>• DHA administrative facilities maintain standards for cleaning and disinfected worksites in accordance with CDC guidelines</li> <li>• For any confirmed COVID-19 cases of personnel in the facility, the appropriate locations within the facility have been cleaned and disinfected in accordance with CDC guidelines.</li> <li>• DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC, OSHA, ASHRAE, and</li> </ul>	<ul style="list-style-type: none"> <li>• Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.</li> <li>• The COVID-19 public health emergency declaration is no longer in effect.</li> <li>• DHA Administrative Offices implement all requirements, and recommendations where practicable, contained within CDC, OSHA, ASHRAE, and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater systems</li> </ul>



	practicable, contained within CDC, OSHA, ASHRAE, and any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater systems operations, and other environmental controls.	any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater systems operations, and other environmental controls.	any DoD policy or guidance for ventilation, air handling, HVAC, water, and wastewater systems operations, and other environmental controls.	operations, and other environmental controls.
<b>Facility Access and Personnel Monitoring</b>	<ul style="list-style-type: none"> <li>Personnel have been identified whose duties are required to be conducted in a DHA administrative facility.</li> <li>Directorates have a plan in place for tracking progress towards mission activities.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel are adhering to reporting requirements in the event of required COVID-19-related absence.</li> <li>Progression towards mission activities has not be compromised.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel are adhering to reporting requirements in the event of required COVID-19-related absence.</li> <li>Progression towards mission activities has not be compromised.</li> </ul>	<ul style="list-style-type: none"> <li>Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.</li> <li>The COVID-19 public health emergency declaration is no longer in effect.</li> </ul>
<b>Workplace Social Distancing and Face Coverings</b>	<ul style="list-style-type: none"> <li>Directorates have a schedule in place for staggering personnel reporting to the DHA administrative facility.</li> <li>DHA Administrative Offices have sufficient supply of face coverings, which are compliant with all DoD and CDC guidance and recommendations, available for returning personnel.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel are adhering to social distancing requirements and all non-pharmaceutical interventions in accordance with CDC guidelines.</li> <li>Supply of face coverings is maintained, and personnel are compliant with use, in accordance with DoD guidance.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel are adhering to social distancing requirements and all non-pharmaceutical interventions in accordance with CDC guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.</li> <li>The COVID-19 public health emergency declaration is no longer in effect.</li> </ul>
<b>Business Travel</b>	<ul style="list-style-type: none"> <li>Continue to monitor US Department of State travel advisories and prohibit non-essential travel to locations that are restricted.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel are adhering to US Department of State travel advisories.</li> </ul>	<ul style="list-style-type: none"> <li>Personnel are adhering to US Department of State travel advisories.</li> </ul>	<ul style="list-style-type: none"> <li>Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.</li> <li>The COVID-19 public health emergency declaration is no longer in effect.</li> </ul>

<p style="text-align: center;"><b>Communication and Training</b></p>	<ul style="list-style-type: none"> <li>• Leadership, management, personnel and facility owners have been notified of the plan to return to the workplace.</li> <li>• Managers and supervisors have been provided with tools necessary to execute phase 1 of the return to the workplace plan.</li> <li>• Communication channels have been established for managers, supervisors, and personnel to ask COVID-19 related questions.</li> <li>• DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership, management, personnel, and facility owners are adhering to guidelines and communicating with DHA leadership when there is confusion or a concern.</li> <li>• Inform other building occupants/organizations that the DHA is proceeding to Phase 2 of the Return to the Workplace Plan.</li> <li>• Managers and supervisors have been provided with tools necessary to execute phase 2 of the return to the workplace plan.</li> <li>• DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership, management, personnel, and facility owners are adhering to guidelines and communicating with DHA leadership when there is confusion or a concern.</li> <li>• Inform other building occupants/organizations that the DHA is proceeding to Phase 3 of the Return to the Workplace Plan.</li> <li>• Managers and supervisors have been provided with tools necessary to execute phase 3 of the return to the workplace plan.</li> <li>• DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.</li> </ul>	<ul style="list-style-type: none"> <li>• Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.</li> <li>• The COVID-19 public health emergency declaration is no longer in effect.</li> <li>• DADs and supervisors/managers will report employees who have tested positive for COVID-19 and/or who are close contacts of individuals that have tested positive for COVID-19, in accordance with Appendix 11.</li> </ul>
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APPENDIX 5

PERSONNEL RETURN TO THE WORKPLACE ASSESSMENT TOOL

ASSESSING PERSONNEL FOR RETURN TO THE WORKPLACE DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC							
APPLICABILITY, PRIVACY, AND RECORDKEEPING							
This tool may be used for all Military Uniformed Services Personnel (MIL), including members of the Commissioned Corps (CC), Civilian Employees (CIV), and Contractors (CTR) aligned to a Defense Health Agency (DHA) Administrative Office. Per direction of the Senior Agency Official for Privacy, Office of the Secretary of Defense, all personally identifiable information, including health information protected under the Privacy Act, maintained on DoD personnel and affiliated individuals, should be collected, used, and disclosed only as necessary to safeguard public health and safety in accordance with relevant privacy laws, regulations, and policies. The information collected on personnel when using this tool may contain medical information, and therefore must not be maintained in the individual's personnel record. A best practice is for supervisors to maintain a separate file for each individual that is itself separate from his/her personnel file. The files must be kept secured under lock and key.							
1. Employee Name (Last Name, First, Middle Initial)			2. Today's Date (YYYY/MM/DD)				
3. Home Address (City, State, Zip Code)		4. Work Address (Include Building and Room/Cubicle Number)					
5. Home/Cellular Telephone (Include Area Code)		6. Work Telephone (Include Area Code)					
7. Position Title		8. Occupation					
<b>Instructions.</b> Individuals may complete this tool and submit to their supervisor prior to reintegrating into the DHA Administrative Office during each phase, based on the guidance provided the DHA Administrative Instruction (DHA-AI), "Return to the Workplace Staffing Plan in the COVID-19 Environment".							
Decision Points				Yes	No	N/A	
1	Have you traveled from a high-risk area within the past 14 days?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Have you had close contact with a person with probable or confirmed COVID-19 within the past 14 days?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Have you experienced any COVID-19-related symptoms within 14 days of your last exposure or return from travel to or through a high-risk area?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Have you ever been diagnosed with COVID-19 by a medical provider? (If yes, skip to question 6)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	Have you undergone a diagnostic test for COVID-19 (i.e., diagnostic test results are pending)? (COVID-19 diagnostic testing does NOT include COVID-19 antibody testing.)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Have you received a clearance note from a medical provider to discontinue isolation?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are you part of the 'people at increased risk' population for COVID-19, as defined by the U.S. Centers for Disease Control and Prevention (CDC)?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	Is a member of your household part of the higher risk population for COVID-19, as defined by CDC?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	Do you have any other special circumstances that could impact your return to the workplace?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TO BE COMPLETED BY SUPERVISOR							
<b>Assessment of earliest return to the workplace:</b> <input type="checkbox"/> Cleared to Return to the Workplace <input type="checkbox"/> Not Cleared to Return to the Workplace <input type="checkbox"/> Other (Explain): <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/>				Employee Name, Position, Phone Number, Signature		Supervisor Name, Position, Phone Number, Signature	
Earliest possible date the individual may return to workplace.							

While considering your response to Questions 7 and 8, we refer you to the CDC's definition for the higher risk population for severe illness from COVID-19 which can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>. According to the CDC, COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

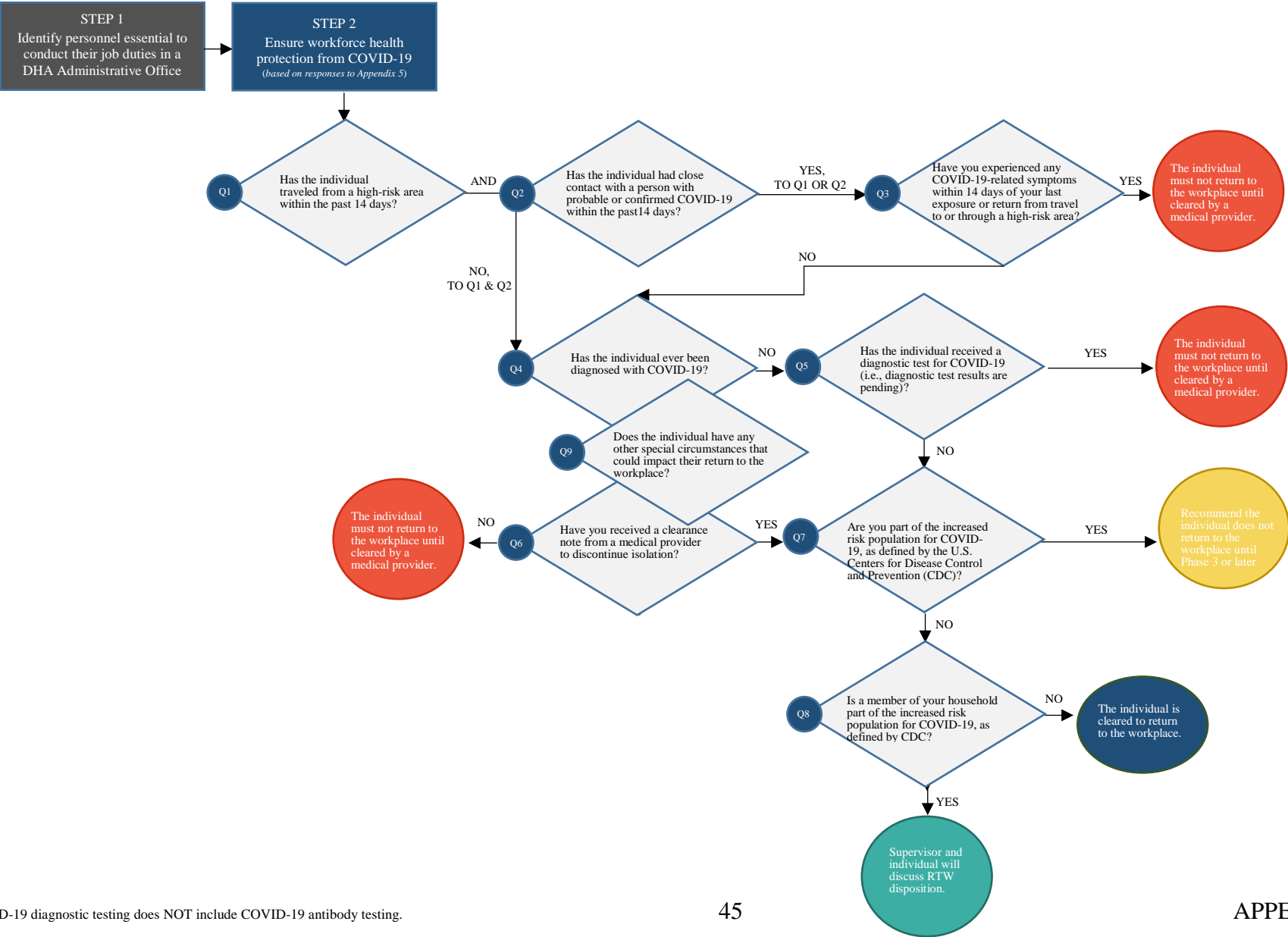
CDC's definition for the "people at increased risk" population for severe illness from COVID-19 which can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>.

While considering your response to Question 9, special circumstances may include, but are not limited to, school and childcare closures, need to care for vulnerable, ill, and/or quarantined family members, and the availability of transportation (public transportation, vanpool, carpool, etc.)

Ref: (z4), (z5), (z6), (z7)

APPENDIX 6

PERSONNEL RETURN TO THE WORKPLACE ASSESSMENT ALGORITHM



<sup>1</sup>COVID-19 diagnostic testing does NOT include COVID-19 antibody testing.

APPENDIX 7

WHITE HOUSE TASK FORCE GATING CRITERIA

The White House Task Force ‘Guidelines for Opening Up America Again’ proposes a three-phased plan that is based upon state, regional, and local medical data and readiness, focused on mitigating the risk of resurgence of COVID-19 while protecting the most vulnerable from serious consequences of this disease. It is implementable on a statewide or county-by-county basis at the Governor’s discretion. The plan focuses on three gates that must be satisfied prior to proceeding to the phased comeback plan or the next phase of the plan.

Pursuant to Reference (e), states should achieve the following gating criteria for at least 14 days before proceeding to Phase 1, and consistently maintain for at least 14 days before progressing to each subsequent phase:

<b>SYMPTOMS</b>	<b>CASES</b>	<b>HOSPITALS</b>
Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period	Downward trajectory of documented cases within a 14-day period	Treat all patients without crisis care
<b>AND</b>	<b>OR</b>	<b>AND</b>
Downward trajectory of COVID-like syndromic cases reported within a 14-day period	Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)	Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

APPENDIX 8

WEBSITES FOR STATE AND LOCAL CORONAVIRUS 2019 UPDATES

<b>CENTRAL</b>	
<b>ENTITY</b>	<b>WEBSITE</b>
U.S. State Health Department After Hours Contact List	<a href="https://www.cste.org/page/EpiOnCall">https://www.cste.org/page/EpiOnCall</a>
U.S. Directory of Local Health Departments	<a href="https://www.naccho.org/membership/lhd-directory">https://www.naccho.org/membership/lhd-directory</a>

<b>STATE</b>			
<b>STATE</b>	<b>STATE GOVERNMENT CORONAVIRUS WEBSITE</b>	<b>STATE HEALTH DEPARTMENT – CORONAVIRUS WEBSITE</b>	<b>PHONE</b>
AK	<a href="https://covid19.alaska.gov">https://covid19.alaska.gov</a>	<a href="http://www.dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx">http://www.dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx</a>	800-478-2221
CA	<a href="https://covid19.ca.gov">https://covid19.ca.gov</a>	<a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx">https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx</a>	833-544-2374
CO	<a href="https://covid19.colorado.gov">https://covid19.colorado.gov</a>	<a href="https://covid19.colorado.gov">https://covid19.colorado.gov</a>	877-462-2911 303-389-1687
DC	<a href="https://coronavirus.dc.gov">https://coronavirus.dc.gov</a>	<a href="https://coronavirus.dc.gov">https://coronavirus.dc.gov</a>	202-442-5955
DE	<a href="https://coronavirus.delaware.gov">https://coronavirus.delaware.gov</a>	<a href="https://de.gov/coronavirus">https://de.gov/coronavirus</a>	2-1-1
IL	<a href="https://coronavirus.illinois.gov">https://coronavirus.illinois.gov</a>	<a href="http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus">http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus</a>	800-889-3931
MD	<a href="https://coronavirus.maryland.gov">https://coronavirus.maryland.gov</a>	<a href="https://coronavirus.maryland.gov">https://coronavirus.maryland.gov</a>	*Call centers by county
OH	<a href="https://coronavirus.ohio.gov">https://coronavirus.ohio.gov</a>	<a href="http://www.coronavirus.ohio.gov">www.coronavirus.ohio.gov</a>	833-427-5634
TX	<a href="https://gov.texas.gov/coronavirus">https://gov.texas.gov/coronavirus</a>	<a href="https://www.dshs.state.tx.us/coronavirus">https://www.dshs.state.tx.us/coronavirus</a>	2-1-1
VA	<a href="https://www.virginia.gov/coronavirus">https://www.virginia.gov/coronavirus</a>	<a href="http://www.vdh.virginia.gov/coronavirus">http://www.vdh.virginia.gov/coronavirus</a>	877-275-8343
WA	<a href="https://coronavirus.wa.gov">https://coronavirus.wa.gov</a>	<a href="https://www.doh.wa.gov/Emergencies/Coronavirus">https://www.doh.wa.gov/Emergencies/Coronavirus</a>	800-525-0127

<b>LOCAL</b>		
<b>LOCALITY</b>	<b>COUNTY/LOCAL HEALTH DEPARTMENT – CORONAVIRUS WEBSITE</b>	<b>PHONE</b>
Anchorage, AK	<a href="https://covid-response-moa-muniorg.hub.arcgis.com">https://covid-response-moa-muniorg.hub.arcgis.com</a>	907-343-4019
San Diego, CA	<a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV.html</a>	2-1-1
Aurora, CO	<a href="https://www.tchd.org/818/Coronavirus-COVID-19">https://www.tchd.org/818/Coronavirus-COVID-19</a>	303-220-9200

Colorado Springs, CO	<a href="https://www.elpasocountyhealth.org/services/coronavirus-disease-2019-covid-19">https://www.elpasocountyhealth.org/services/coronavirus-disease-2019-covid-19</a>	719-575-8888
Dover, DE	<a href="https://coronavirus.delaware.gov">https://coronavirus.delaware.gov</a>	302-739-4776
Great Lakes, IL	<a href="https://www.lakecountyil.gov/4377/Coronavirus-Disease-2019-COVID-19">https://www.lakecountyil.gov/4377/Coronavirus-Disease-2019-COVID-19</a>	847-377-8000
Frederick, MD	<a href="https://health.frederickcountymd.gov/614/Novel-Coronavirus-COVID-19">https://health.frederickcountymd.gov/614/Novel-Coronavirus-COVID-19</a>	301-600-1029
Silver Spring, MD	<a href="https://montgomerycountymd.gov/HHS/RightNav/Coronavirus.html">https://montgomerycountymd.gov/HHS/RightNav/Coronavirus.html</a>	240-777-1755
Greene, OH	<a href="https://covid-19-information-hub-gceo.hub.arcgis.com">https://covid-19-information-hub-gceo.hub.arcgis.com</a>	937-374-5600
Montgomery, OH	<a href="https://phdmc.org/coronavirus-updates">https://phdmc.org/coronavirus-updates</a>	937-225-5700
San Antonio, TX	<a href="https://www.sanantonio.gov/Health">https://www.sanantonio.gov/Health</a> ; <a href="https://www.sanantonio.gov/Health/News/Alerts/CoronaVirus">https://www.sanantonio.gov/Health/News/Alerts/CoronaVirus</a>	210-207-8876
Arlington, VA	<a href="https://health.arlingtonva.us/covid-19-coronavirus-updates">https://health.arlingtonva.us/covid-19-coronavirus-updates</a>	703-228-5580
Falls Church, VA	<a href="https://www.fallschurchva.gov/CivicAlerts.aspx?AID=975">https://www.fallschurchva.gov/CivicAlerts.aspx?AID=975</a>	703-267-3511
Vienna, VA	<a href="https://www.fairfaxcounty.gov/covid19">https://www.fairfaxcounty.gov/covid19</a>	703-267-3511
Auburn, WA	<a href="https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus.aspx">https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus.aspx</a>	206-477-3977



APPENDIX 9

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICE PHASE CHANGE  
 ASSESSMENT TOOL

<b>LOCATION NAME:</b>		<b>NEAREST INSTALLATION:</b>		
<b>LOCATION ADDRESS:</b>		<b>INSTALLATION POINT OF CONTACT (POC):</b>		
<b>NUMBER OF DHA PERSONNEL</b>	<b>MIL:</b>	<b>CIV:</b>	<b>CC:</b>	<b>CTR:</b>
<b>STATEWIDE DIRECTIVES</b>				
<b>COUNTY-WIDE/CITY DIRECTIVES</b>				
<b>INSTALLATION COMMANDER GUIDANCE</b>				
<b>STATUS OF PUBLIC TRANSPORTATION OPERATIONS</b>				
<b>STATUS OF SCHOOL OPERATIONS</b>				
<b>STATUS OF CHILDCARE SERVICES</b>				
<b>STATUS OF DEPENDENT CARE SERVICES</b>				
<b>STATUS OF OTHER LOCAL SERVICES</b>				
<b>AVAILABILITY OF FACE COVERINGS IN OFFICE</b>				
<b>CAPACITY FOR ADEQUATE CLEANING OF OFFICE</b>				
<b>IS THE HEALTH DEPARTMENT (STATE OR LOCAL) CONDUCTING COVID-19 CONTACT TRACING FOR THE JURISDICTION?</b>				
<b>STATUS OF IMPLEMENTATION OF REQUIREMENTS, AND RECOMMENDATIONS WHERE PRACTICABLE, CONTAINED WITHIN CDC, OSHA, ASHRAE, AND DOD POLICY AND GUIDANCE FOR VENTILATION, AIR HANDLING AND HVAC, WATER, AND WASTEWATER SYSTEMS OPERATIONS, AND OTHER ENVIRONMENTAL CONTROLS.</b>				

APPENDIX 10

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICE PRE-ENTRY SCREENING QUESTIONNAIRE

Personnel and visitors will be asked daily the following three questions prior to entry in the DHA Administrative Office and/or work area:

(1) Do YOU have any of the following symptoms **OR** are you taking any medication(s) to treat or alter any of the following symptoms:

- Cough, shortness of breath or difficulty breathing, **OR**

Do YOU have at least two of the following symptoms **OR** are you taking any medication(s) to treat or alter any two or more of the following symptoms:

- Fever (equal to or greater than 100.0 degrees F or 37.8 degrees C), chills, repeated shaking with chills, muscle pain, headache, and sore throat, new loss of taste or smell?

Yes: The person is denied access to the DHA Administrative Office.

No: Proceed to the next question.

(2) Have YOU had close contact (<6 ft for a prolonged period of time; or direct contact with secretions) with a positive case of COVID-19 within the past 14 days?

Yes: The person is denied access to the DHA Administrative Office.

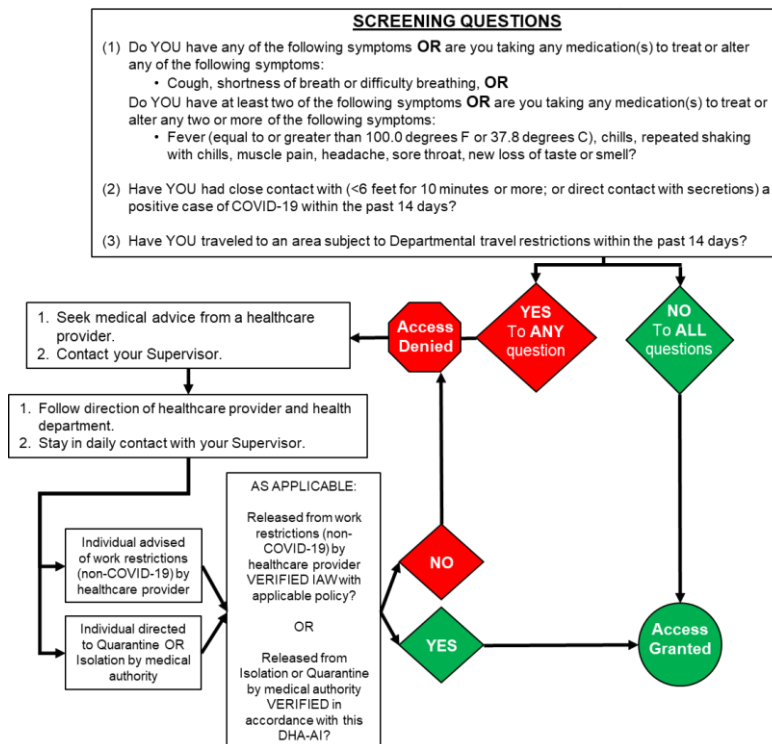
No: Proceed to the next question.

(3) Have YOU traveled to an area subject to Departmental travel restrictions within the past 14 days?

Yes: The person is denied access to the DHA Administrative Office.

No: The person may enter the DHA Administrative Office.

If an individual provides the screener with “maybe” or “I don’t know”, or refuse to answer any question, the person is denied access to the DHA Administrative Office.



**DHA Administrative Office Access Algorithm**

APPENDIX 11

DHA ADMINISTRATIVE OFFICES COVID-19 REPORTING GUIDANCE

In the event of a DHA Administrative Offices personnel (Military, Civilian, Contractor, or USPHS) who is diagnosed as a confirmed or probable case of Coronavirus Disease 2019 (COVID-19), or determined to be a “Close Contact” of a confirmed case of COVID-19, as defined by CDC, Supervisors are responsible for proper reporting in accordance with references (h) and (l).

STEP 1: Submit a DHA Director’s Critical Information Report (DCIR) Form:

(1) Use the DHA DCIR Form available via the “Submit DCIR” button on the DHA SharePoint site: <https://info.health.mil/hco/j35/CAT/Pages/Home.aspx>, OR go directly to the actual DCIR Form at: [https://info.health.mil/hco/j35/CAT/zForms/DHA\\_DCIR\\_Form.pdf](https://info.health.mil/hco/j35/CAT/zForms/DHA_DCIR_Form.pdf)

(2) Complete the DCIR Form (DO NOT include any PII or PHI):

\*\*\* Ensure to include a POC for additional information (Name, email and phone)

\*\*\* If the effected individual is SYMPTOMATIC at the time of DCIR creation, experiencing symptoms consistent with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), please include the date of onset of symptoms and last date the effected individual was in their primary workspace (or any other DHA Administrative Space)

\*\*\* If the effected individual is a confirmed or probable case of COVID-19, please include whether the effected individual was in a DHA Administrative Office within 48 hours prior to symptom onset or date of COVID-19 diagnostic testing

\*\*\* Once complete, email the DCIR Form as an attachment to:

(a) DHA CAT/JOC Ops Mailbox: [dha.ncr.healthcare-ops.mbx.dhahcoops-operations@mail.mil](mailto:dha.ncr.healthcare-ops.mbx.dhahcoops-operations@mail.mil)

(b) Your chain of leadership, as directed by your leadership.

(3) If the effected individual has been in a DHA Administrative Office within 48 hours prior to onset of symptoms or date of diagnostic testing that was positive, the DHA CAT/JOC (or other entity/office) will send a facility-wide email stating the following:

(1) A case of COVID-19 has been identified in the workspace (building name).

(2) Cleaning and disinfection in accordance with CDC guidelines is being conducted.

(3) Contact tracing has begun, in accordance with CDC guidelines, and effected individuals will be contacted.

(JOC notification of the DCIR to DAD-PH triggers contact tracing by DAD-PH (of DHA HQ personnel at DHHQ only). JOC notification of the DCIR to DHA J-1 triggers cleaning and disinfecting of the effected space(s) IAW CDC guidelines.)

STEP 2: Submit a completed DD Form 3112 via encrypted email:

(1) Complete the DD Form 3112 (available at:

<https://info.health.mil/hco/j35/CAT/DHHQ/DD3112%20POSITIVE%20COVID%2019%20REPORTING.pdf>):

\*\*\* Please include whether the effected individual has had COVID-19 Diagnostic Testing [YES, NO, or is PENDING testing],

\*\*\* If the effected individual had diagnostic testing for COVID-19, please provide the date of testing and results of completed COVID-19 diagnostic testing (PENDING, POSITIVE, or NEGATIVE),

\*\*\* Please include the last date the effected individual was in their primary workspace (and the last date they were in any other DHA Administrative Office(s) with the name/location of the office(s)), and

\*\*\* If the effected individual is SYMPTOMATIC, please include the date of onset of symptoms.

(2) Send completed DD Form 3112 via encrypted email to:

(a) DHA COVID-19 Reporting Mailbox: [dha.ncr.operations.mbx.covid-19-reporting@mail.mil](mailto:dha.ncr.operations.mbx.covid-19-reporting@mail.mil)

(b) Your Assistant Director's (or Special Staff) Designee, via your chain of leadership, as directed by your leadership.

**STEP 3:** Email all updates to any information/status for the following items as they change, via encrypted email (same recipients as STEP 2) until the effected individual's STATUS is either "Recovered" or "Deceased":

(1) Any change in COVID-19 Diagnostic Testing and Results information: (Yes/No; Pending/Positive/Negative)

(2) COVID-19-related Symptoms: If initially "Asymptomatic" then later develops symptoms consistent with COVID-19

(3) STATUS: Self-Isolation / Directed Isolation / Hospitalized / Recovered / Deceased.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

AD	Assistant Director
AFHSD	Armed Forces Health Surveillance Division
ASHRAE	American Society of Heating, Refrigerating, and Air-Conditioning Engineers
BAMC	Brooke Army Medical Center
BMI	body mass index
CAC	common access card
CBSA	core-based statistical area
CDC	U.S. Centers for Disease Control and Prevention
CIV	civilian employees
CJCS	Chairman of the Joint Chiefs of Staff
COR	Contracting Officer Representative
COVID-19	Coronavirus Disease 2019
CS	combat support
CSA	Combat Support Agency
CTR	contractor
DAD	Deputy Assistant Director
DD	Directives Division
DHA	Defense Health Agency
DHA-AI	DHA-Administrative Instruction
DHHQ	Defense Health Headquarters
DMSS	Defense Medical Surveillance System
DO	Designated Official
DPR	Defense Performance Review
DTF	dental treatment facility
EEO	Equal Employment Opportunity
ESSENCE	Electronic Surveillance System for the Early Notification of Community-Based Epidemics
FSH	Fort Sam Houston
GAL	Government Approved Laboratory
HCA	Health Care Administration
HSE	Health Surveillance Explorer
JLLIS	Joint Lessons Learned Information System

JLLP	Joint Lessons Learned Program
JMLFDC	Joint Medical Logistics Functional Development Center
LOE	line of effort
M	Management
MCM	Medical Countermeasures
MEDCOM	Medical Command
MEDLOG	Medical Logistics
MIL	military
MHS	military health system
MTF	military medical treatment facility
NPI	National Provider Identifier
OGC	Office of General Counsel
OIG	Office of Inspector General
OMB	Office of Management and Budget
OPM	U.S. Office of Personnel Management
PERSTAT	Personnel Status Report
PFPA	Pentagon Force Protection Agency
PHEO	Public Health Emergency Officer
PHI	protected health information
POC	point of contact
RTW	return to the workplace
SAO	Senior Agency Officials
SECDEF	Secretary of Defense
SO	Senior Officials
STRATCOM	Strategic Communications

## PART II. DEFINITIONS

These terms and their definitions are for the purposes of this DHA-AI.

close contact. The CDC defines close contact as: (a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

DO. The highest ranking official of the primary occupant agency of a Federal facility, or, alternatively, a designee selected by mutual agreement of occupant agency officials.

high-risk areas. Cities, states, countries, or other geographic regions experiencing widespread ongoing transmission of COVID-19. Widespread community transmission is currently present in most countries as of 10 May 2020. The CDC recommendation is to remain in quarantine for 14 days after leaving a foreign country. Specific country guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>. Consult local/state public health department and Installation Public Health Departments for additional guidance as needed.

isolation. Separation from others because public health authorities reasonably believe that you are infected with a communicable disease and potentially infectious to others who are not infected. Isolation may be at a hospital or other locations deemed appropriate by public health professionals. Isolation for public health purposes may be voluntary or directed.

older adults. The CDC defines older adults as adults 65 years of age and older.

people who need to take extra precautions. The CDC defines people who need to take extra precautions against COVID-19 as people at higher risk for severe illness (older adults, people with asthma, people with HIV, people with underlying medical conditions) and people with disabilities, women who are pregnant and breastfeeding, people experiencing homelessness, people in nursing homes or long-term care facilities, and racial and ethnic minority groups. (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>).

quarantine. The separation from others of a person or group of people believed to have been exposed to a communicable disease but not yet symptomatic to prevent the possible spread. This is a law-enforcement action.

social distancing (also called “physical distancing”). Remaining out of congregate settings, avoiding mass gatherings, and maintaining distance of at least 6 feet (2 meters) from others when possible.

underlying medical conditions The CDC defines underlying medical conditions which may pose and increased risk of severe illness from COVID-19 as those available at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>.