SUBJECT: Return to the Workplace Staffing Plan in the Coronavirus Disease 2019 (COVID-19) 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 (w), 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 and in preparation for regression or resurgence in COVID-19 cases that could impact the workforce. DHA’s mission as a Combat Support Agency (CSA), leading the military health system (MHS) integration of readiness and health to deliver the Quadruple Aim, continues as the DHA develops a phased plan for the workforce to re-enter DHA Administrative Offices. See Appendix 1 for a summary of the DHA Administrative Office Reopening Plan. The health, safety, and protection of the DHA’s workforce and partners are priorities as the DHA returns to full operations, all while minimizing the risks to the mission. 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). 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 will be released at a later date. 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 protective equipment, including: symptom monitoring and temperature checks; testing, isolating, and contact tracing; sanitation; use and disinfection of common and high-traffic areas; and business travel, in accordance with Reference (e).

   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 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.

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 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 expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-Procedural Instruction (DHA-PI) 5025.01 (Reference (c)).

8. **FORMS**
   
   
   b. DHA 156, Travel Waiver is available at https://info.health.mil/cos/admin/DHA_Forms_Management/DHA_Forms1/DHA%20156.pdf.

9. **SUMMARY OF CHANGES.** Updated procedures in Enclosure (3).

/S/
RONALD J. PLACE
LTG, MC, USA
Director

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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
(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
(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
(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
(i) Office of the Secretary, DoD/Joint Staff, Defense Program of Record 39 DoD, “DoD Personnel Accountability and Assessment System,” March 24, 2010
(j) Chairman of the Joint Chiefs of Staff Instruction 3150.25G, “Joint Lessons Learned Program,” January 31, 2015
(k) Chairman of the Joint Chiefs of Staff Manual 3150.25A, “Joint Lessons Learned Program,” September 12, 2014

1 This reference can be found at: https://www.whitehouse.gov/openingamerica.
2 This reference can be found at: https://www.whitehouse.gov/wp-content/uploads/2020/04/M-20-23.pdf.
3 This reference can be found at: https://media.defense.gov/2020/Apr/13/2002280147/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-8.PDF.
5 This reference can be found at: https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570699/dpr-39-dod.
6 This reference can be found at: https://www.jcs.mil/Portals/36/Documents/Doctrine/jlld/cjcsi3150_25g.pdf?ver=2018-05-02-174441-650.
7 This reference can be found at: https://www.jcs.mil/Portals/36/Documents/Doctrine/jlld/cjcsm3150_25.pdf.
(l) Secretary of Defense Memorandum, “Department of Defense Guidance on the Use of Cloth Face Coverings,” April 5, 2020

(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


(o) Secretary of Defense Memorandum, “Modification and Reissuance of DoD Response to Coronavirus Disease 2019 – Travel Restrictions,” April 20, 2020

(p) Director Defense Health Agency Memorandum, “Directive on Defense Health Agency Travel during Coronavirus Disease 2019 Outbreak,” April 1, 2020


(r) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019

(s) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 4) – Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Outbreak,” March 11, 2020

(t) DoD Instruction 6200.03 “Public Health Emergency Management (PHEM) within the DoD,” March 28, 2019

(u) Assistant Secretary of Defense for Health Affairs Memorandum, “Extension of Department Defense Public Health Emergency Declarations,” April 27, 2020


(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

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8 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.

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

10 This reference can be found at: https://media.defense.gov/2020/Apr/20/2002284791/-1/-1/1/MODIFICATION%20AND%20REISSUANCE%20OF%20DOD%20RESPONSE%20TO%20CORONAVIRUS%20DISEASE%202019%20-%20TRAVEL%20RESTRICTIONS%20OSD%2003915-20%20RES%20FINAL.PDF.

11 This reference can be found at: https://www.congress.gov/bill/111th-congress/house-bill/1722/text.

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

13 This reference can be found at: https://media.defense.gov/2020/Mar/11/2002263241/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-4.PDF.

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

15 This reference can be found at: https://media.defense.gov/2020/Apr/08/2002277466/-1/-1/1/FORCE-HEALTH-PROTECTION-SUPPLEMENT-6.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 regarding gating criteria status.

   b. Communicate with the DADs regarding phase progression and/or regression decision-making.

   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.

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. Consider mission assurance obligations when implementing force protection and force health protection measures. Ensure personnel meet criteria to return to the workplace, using the Personnel Return to the Workplace Clearance Tool (Appendix 5) and Personnel Return to the Workplace Clearance 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.))

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.

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 (PHA) 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).

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.

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 pursuance 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).
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 (NOW)**

   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.

      (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.

         (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 and EEO requirements.

      (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 complete the Personnel Return to the Workplace Clearance 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, the DO will coordinate with DHA Facility Operations to ensure that DHA Administrative Offices are CDC standards and guidance (https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html) and American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) standards and guidance (https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic) and are cleared for reentry.
(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. No screening for personnel or visitors will be conducted due to the low number of personnel occupying buildings, the requirement to wear face coverings, and the implementation of other CDC preventive measures (e.g., social distancing, symptom awareness, hand-washing education).

(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.

(4) Screening should occur with the individual and screener at least 6 feet apart from one another. If the screening must occur within 6 feet of one another, both parties must wear face coverings.

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 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.
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.

      (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.

   b. Facility Management. Facilities Management will maintain cleaning and disinfection in
      accordance with CDC guidelines.

   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 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 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 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.

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.

(3) Personnel who need to take extra precautions should continue to telework or take Weather and Safety Leave, with approval from their supervisor.
(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. Facilities Management will maintain cleaning and disinfection in accordance with CDC standards.

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 workplace 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.
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 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.

**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.

(2) Personnel who need to take extra precautions return to workplace; however, they should continue to monitor themselves for COVID-19-related health threats. Supervisors should consider reasonable accommodations for these individuals.

b. Facility Management. Facilities Management will clean and disinfect workspaces and common areas in accordance with CDC standards.

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 DoD 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 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.

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.

b. Facility Management. Facilities management will maintain cleaning and disinfection in accordance with CDC standards.

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.

(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.
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 follow ([https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)) should 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](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 ten 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.** DD Form 3112 “Personnel Accountability and Assessment Notification” must completed, daily, by the employee or by an approved designee.

   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” 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.
APPENDIX 1

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICE REOPENING PLAN-SUMMARY

<table>
<thead>
<tr>
<th>GUIDANCE FOR ALL PHASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guidance</strong></td>
</tr>
<tr>
<td><strong>Travel</strong></td>
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<tr>
<td><strong>Symptoms</strong></td>
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<td><strong>Exposure</strong></td>
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<td><strong>Social Distancing</strong></td>
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<td><strong>Face Coverings</strong></td>
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<tr>
<td><strong>Cleaning and Disinfecting</strong></td>
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<tr>
<td><strong>Personnel who need to take extra precautions</strong></td>
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</table>
### PHASE-SPECIFIC GUIDANCE

<table>
<thead>
<tr>
<th>PHASE</th>
<th>HPCON</th>
<th>WORKFORCE (Recommended)</th>
<th>TELEWORK (Recommended)</th>
<th>PERSONNEL WHO NEED TO TAKE EXTRA PRECAUTIONS (Recommended)</th>
<th>FACE COVERINGS (Mandatory)</th>
<th>SOCIAL DISTANCING (Mandatory)</th>
<th>SYMPTOMS (Mandatory)</th>
<th>ENTRANCE SCREENING (Recommended)</th>
<th>FACILITIES (Recommended)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 0</td>
<td>Local HPCON</td>
<td>Mission necessary to perform in physical work location ≤20% in office spaces</td>
<td>Maximize telework 80% telework goal</td>
<td>Stay at home (Weather-Safety Leave or Telework/Remote Work)</td>
<td>Mandatory if you cannot maintain 6 feet social distance</td>
<td>6 feet No gatherings</td>
<td>Stay home if temperature is ≥100.0 degrees F or 37.8 degrees C or have COVID-19 symptoms</td>
<td>No screening for personnel and visitors</td>
<td>Increased cleaning and disinfecting</td>
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<td>Common areas closed</td>
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<td>Cafeteria closed</td>
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<td>Gym closed</td>
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<tr>
<td>AFTER FIRST GATE</td>
<td>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</td>
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<tr>
<td>Phase 1</td>
<td>CHARLIE</td>
<td>Mission necessary to perform in physical work location and/or private workspace ≤20-30% in office spaces</td>
<td>Maximize telework 70% telework goal</td>
<td>Stay at home (Weather-Safety Leave or Telework/Remote Work)</td>
<td>Mandatory if you cannot maintain 6 feet social distance</td>
<td>6 feet Gatherings &lt;10 people</td>
<td>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</td>
<td>Screening for all personnel and visitors for temperature or subjective fever and entry questions in Appendix 10, in accordance with local procedures</td>
<td>Increased cleaning and disinfecting</td>
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<td>Social distancing in common areas</td>
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<td>Limited cafeteria options</td>
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<td></td>
<td>Gym closed</td>
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<tr>
<td>AFTER SECOND GATE</td>
<td>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</td>
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<tr>
<td>Phase 2</td>
<td>BRAVO</td>
<td>Mission and non-mission essential ≤30-60% in office spaces</td>
<td>Encourage telework 40% telework goal</td>
<td>Stay at home (Weather-Safety Leave or Telework/Remote Work)</td>
<td>Mandatory if you cannot maintain 6 feet social distance</td>
<td>6 feet Gathering &lt;50 people</td>
<td>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</td>
<td>Screening for all personnel and visitors for temperature or subjective fever and entry questions in Appendix 10, in accordance with local procedures</td>
<td>Increased cleaning and disinfecting</td>
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<td>Social distancing in common areas</td>
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<td>Gym open with increased</td>
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**APPENDIX 1**
<table>
<thead>
<tr>
<th>Phase 3 (New Normal)</th>
<th>ALPHA</th>
<th>Staffing of personnel in office spaces closely approximate pre-existing levels ≤60-90% in office spaces</th>
<th>Normal telework (~10%)</th>
<th>Return to office spaces and monitor threat to vulnerable workforce</th>
<th>On hand and use in accordance with DoD policy</th>
<th>Not required, but encouraged, to maintain 6 feet</th>
<th>Stay home if temperature is ≥100.0 degrees F or 37.8 degrees C or have COVID-19 symptoms</th>
<th>Screening for personnel and visitors, at a percentage and frequency based on local conditions and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFTER THIRD GATE</td>
<td>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</td>
<td>Increased cleaning and disinfecting</td>
<td>Common areas open</td>
<td>Normal cafeteria options</td>
<td>Gym open with increased cleaning</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Phase 4 (Resilience)</td>
<td>ALPHA OR ZERO</td>
<td>Optimized workforce Increased opportunities for distributed and virtual work Optimized telework 10% telework goal</td>
<td>At office spaces and monitor threat to vulnerable workforce</td>
<td>Replenish and maintain supply of face coverings, disinfectant s, cleaning supplies</td>
<td>Gatherings not restricted</td>
<td>Recommend monitor health daily</td>
<td>Maintain capability to ramp up screening if necessary</td>
<td>Increased cleaning and disinfecting</td>
</tr>
<tr>
<td>AFTER NEW NORMAL</td>
<td>Continue to monitor for resurgence of Influenza or COVID-19; Increased medical surveillance and tracing; Incorporate lessons learned and prepare for next epidemic</td>
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</tbody>
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APPENDIX 2

CONCEPTUAL HEALTH PROTECTION CONDITION FRAMEWORK

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>HPCON</th>
<th>EXAMPLE HEALTH PROTECTION MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal baseline</td>
<td>0</td>
<td>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</td>
</tr>
<tr>
<td>Report of unusual health risk or disease</td>
<td>A</td>
<td>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</td>
</tr>
<tr>
<td>Outbreak or heightened exposure risk</td>
<td>B</td>
<td>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</td>
</tr>
<tr>
<td>High morbidity epidemic or contamination</td>
<td>C</td>
<td>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)</td>
</tr>
<tr>
<td>High mortality epidemic or contamination</td>
<td>D</td>
<td>Severe: Restriction of movement (e.g., quarantine); mass evacuation; mass decontamination; subsist on secure food/water sources</td>
</tr>
</tbody>
</table>
## APPENDIX 3

### DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICES

<table>
<thead>
<tr>
<th>STATE</th>
<th>COMMON NAME</th>
<th>ADDRESS</th>
<th>COUNTY</th>
<th>CITY</th>
<th>CBSA</th>
<th>NEAREST INSTALLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>Defense Health Headquarters (DHHQ) (Combined)</td>
<td>7700 Arlington Blvd Falls Church, VA 22042</td>
<td>-</td>
<td>Falls Church, VA</td>
<td>Washington-Arlington-Alexandria, DC-VA-MD-WV Metropolitan Statistical Area (MSA)</td>
<td>Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906</td>
</tr>
<tr>
<td>VA</td>
<td>Skyline VI</td>
<td>5109 Leesburg Pike Falls Church, VA 22041</td>
<td>-</td>
<td>Falls Church, VA</td>
<td>Washington-Arlington-Alexandria, DC-VA-MD-WV MSA</td>
<td>Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906</td>
</tr>
<tr>
<td>VA</td>
<td>8111 Gatehouse Road</td>
<td>8111 Gatehouse Rd Vienna, VA 22042</td>
<td>Fairfax</td>
<td>Vienna, VA</td>
<td>Washington-Arlington-Alexandria, DC-VA-MD-WV MSA</td>
<td>Joint Base Myer-Henderson Hall Sheridan Ave and Carpenter Rd Fort Myer, VA 22211 (703) 696-6906</td>
</tr>
<tr>
<td>MD</td>
<td>Silver Spring Metro Center I (Combined)</td>
<td>1335 East-West Hwy Silver Spring, MD 20910</td>
<td>Montgomery</td>
<td>Silver Spring, MD</td>
<td>Washington-Arlington-Alexandria, DC-VA-MD-WV MSA</td>
<td>Joint Base Anacostia-Bolling 20 MacDill Blvd SE Washington, DC 20032 202-767-0450</td>
</tr>
<tr>
<td>STATE</td>
<td>COMMON NAME</td>
<td>ADDRESS</td>
<td>COUNTY</td>
<td>CITY</td>
<td>CBSA</td>
<td>NEAREST INSTALLATION</td>
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</tr>
<tr>
<td>MD</td>
<td>DHA Medical Logistics (MEDLOG)</td>
<td>693 Neiman St, 3rd Floor Ft. Detrick, MD 21702</td>
<td>Frederick</td>
<td>Detrick, MD</td>
<td>Washington-Arlington-Alexandria, DC-VA-MD-WV MSA</td>
<td>Fort Detrick 810 Schreider St Fort Detrick, MD 21702 (301) 619-7314</td>
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<tr>
<td>MD</td>
<td>Defense Medical Research and Development</td>
<td>1077 Patchel St Ft. Detrick, MD 21702</td>
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<tr>
<td>MD</td>
<td>Joint Medical Logistics Functional Development Center (JMLFDC)</td>
<td>1681 Nelson St Fort Detrick, MD 21702</td>
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<td>Fort Detrick 810 Schreider St Fort Detrick, MD 21702 (301) 619-7314</td>
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**FACILITY OWNER: GENERAL SERVICES ADMINISTRATION (GSA)**

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<td>222 W 7th Ave Anchorage, AK 99513</td>
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<td>Anchorage, AK</td>
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<td>Joint Base Elmendorf-Richardson 10480 Sijan Ave, Ste 123 Richardson, AK 99506 (907) 552-1110</td>
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<td>1 Columbia Place</td>
<td>401 W A St San Diego, CA 92101</td>
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<td>Naval Base San Diego 3455 Senn St San Diego, CA 92136 (619) 556-1011</td>
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<td>Naval Base Point Loma Nimitz Blvd &amp; Harbor Dr San Diego, CA 92147 (619) 524-1689</td>
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<td>Aurora, CO</td>
<td>Denver-Aurora-Lakewood, CO MSA</td>
<td>Buckley Air Force Base 18500 E 6th Ave Aurora, CO 80011 (720) 847-5613</td>
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<td>TX</td>
<td>Bank of America Plaza</td>
<td>300 Convent St San Antonio, TX, 78205</td>
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<td>Fort Sam Houston San Antonio, TX 78234 (210) 221-1886</td>
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<td>TX</td>
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<td>7800 IH-10 West San Antonio, TX 78230</td>
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<td>Joint Base San Antonio Bullis 6457 Camp Bullis Rd San Antonio, TX 78257 (210) 221-2222</td>
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<tr>
<td>WA</td>
<td>Auburn Government Approved Laboratory (GAL) (Combined)</td>
<td>1901 C St SW Auburn, WA 98001</td>
<td>-</td>
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<td>Joint Base Lewis-McChord 714 Battery Rd Lewis Mcchord, WA 98438 (253) 982-1910</td>
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**FACILITY OWNER: JOINT BASE SAN ANTONIO (AF 502ND CIVIL ENGINEER SQUADRON)**

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<td>2720 Howitzer Rd Fort Sam Houston, TX 78234</td>
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<td>FSH Building 2792 Medical Command (MEDCOM) HQ</td>
<td>2748 Worth Road JBSA Fort Sam Houston, TX 78234-6009</td>
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<td>TX</td>
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<td>2200 Bergquist Dr, Suite 1 Lackland AFB, Texas 78236</td>
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<td>Lackland Air Force Base W Military Dr Lackland AFB, TX 78236 (210) 671-1110</td>
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<td>3515 S. General McMullen San Antonio, TX 78245</td>
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**FACILITY OWNER: US ARMY CORPS OF ENGINEERS**

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**FACILITY OWNER: NAVAL STATION (NAVAL FACILITIES ENGINEERING COMMAND)**

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**FACILITY OWNER: AIR FORCE ACADEMY, FORT CARSON**

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**FACILITY OWNER: MARINE CORPS**

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**FACILITY OWNER: MARINE CORPS**

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### FACILITY OWNER: DOVER AIR FORCE BASE (AF 436TH CIVIL ENGINEER SQUADRON)

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<td>DE</td>
<td>Armed Forces Medical Examiner System (AFMES)</td>
<td>115 Purple Heart Dr, Dover Air Force Base, DE 19902</td>
<td>Kent</td>
<td>Dover, DE</td>
<td>Dover, DE MSA</td>
<td>Dover Air Force Base 10th St, Dover Air Force Base, DE 19902 (302) 677-3000</td>
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### FACILITY OWNER: WRIGHT PATTERSON AIR FORCE BASE AF 88TH CIVIL ENGINEER SQUADRON)

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<td>OH</td>
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<td>Building 6 - F/20006, Area B, Wright-Patterson AFB</td>
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<td>Dayton, OH MSA</td>
<td>Wright-Patterson Air Force Base 5135 Pearson Rd, Wright Patterson AFB, OH 45433 (937) 257-1110</td>
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### 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.

<table>
<thead>
<tr>
<th>Lines of Effort (LOE)</th>
<th>Criteria to Proceed to Phase 1 (RESTRICTED) – Lowest Risk Personnel Return</th>
<th>Criteria to Proceed to Phase 2 (MODERATE) – Incremental Returns</th>
<th>Criteria to Proceed to Phase 3 (NEW NORMAL) – Unrestricted Staffing of Worksites</th>
<th>Criteria to Proceed to Phase 4 (RESILIENCE) – Stabilized State</th>
</tr>
</thead>
</table>
| Public Health Assessment of the Workforce | - Establish procedure for completion of the DD Form 3112 ‘Personnel Accountability and Assessment Notification’ for applicable personnel.  
- Higher risk/vulnerable individuals have been identified and have been given permission to continue to telework. | - State and local stay at home orders have expired.  
- All gating criteria have been met upon reassessment. | - State and local stay at home orders have expired.  
- All gating criteria have been met upon reassessment.  
- Public health officials have determined that it is safe for high-risk individuals to return to the workplace. | - Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
| Facility Management | - Facility assessments meet cleaning and disinfection requirements, in accordance with CDC guidelines. Contracts are modified if necessary.  
- DHA Administrative Offices are open and have a plan for cleaning and disinfecting the work environment, in accordance with CDC guidelines.  
- Facilities have increased air exchanges where possible. | - DHA administrative facilities maintain standards for cleaning and disinfected worksites in accordance with CDC guidelines.  
- 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. | - DHA administrative facilities maintain standards for cleaning and disinfected worksites in accordance with CDC guidelines  
- 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. | - Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
| Facility Access and Personnel | - Personnel have been identified whose duties are required to be conducted in a manner that cannot be teleworkable.  
- Personnel are adhering to reporting requirements in the event of required COVID-19-19. | - Personnel are adhering to reporting requirements in the event of required COVID-19-19. | - Personnel are adhering to reporting requirements in the event of required COVID-19-19. | - Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
| Monitoring | DHA administrative facility.  
- Directorates have a plan in place for tracking progress towards mission activities. | related absence.  
- Progression towards mission activities has not be compromised. | related absence.  
- Progression towards mission activities has not be compromised. | have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
| --- | --- | --- | --- | --- |
| Workplace Social Distancing and Face Coverings | Directorates have a schedule in place for staggering personnel reporting to the DHA administrative facility.  
- DHA Administrative Offices have sufficient face coverings available for returning personnel. | Personnel are adhering to social distancing requirements and all non-pharmaceutical interventions in accordance with CDC guidelines.  
- Supply of face coverings is maintained, and personnel are compliant with use, in accordance with DoD guidance. | Personnel are adhering to social distancing requirements and all non-pharmaceutical interventions in accordance with CDC guidelines. | Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
| Business Travel | Continue to monitor US Department of State travel advisories and prohibit non-essential travel to locations that are restricted. | Personnel are adhering to US Department of State travel advisories. | Personnel are adhering to US Department of State travel advisories. | Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
| Communication and Training | Leadership, management, personnel and facility owners have been notified of the plan to return to the workplace.  
- Managers and supervisors have been provided with tools necessary to execute phase 1 of the return to the workplace plan.  
- Communication channels have been established for managers, supervisors, and personnel to ask COVID-19 related questions. | Leadership, management, personnel, and facility owners are adhering to guidelines and communicating with DHA leadership when there is confusion or a concern.  
- Inform other building occupants/organizations that the DHA is proceeding to Phase 2 of the Return to the Workplace Plan.  
- Managers and supervisors have been provided with tools necessary to execute phase 2 of the return to the workplace plan. | Leadership, management, personnel, and facility owners are adhering to guidelines and communicating with DHA leadership when there is confusion or a concern.  
- Inform other building occupants/organizations that the DHA is proceeding to Phase 3 of the Return to the Workplace Plan.  
- Managers and supervisors have been provided with tools necessary to execute phase 3 of the return to the workplace plan. | Federal, state, and local leaders and health officials have declared that conditions have remained stable or are improving.  
- The COVID-19 public health emergency declaration is no longer in effect. |
APPENDIX 5

PERSONNEL RETURN TO THE WORKPLACE CLEARANCE TOOL

CLEARING PERSONNEL TO RETURN TO THE WORKPLACE DURING THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC

APPLICABILITY, PRIVACY, AND RECORDKEEPING

This tool will 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.

Instructions. Individuals are to 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”.

<table>
<thead>
<tr>
<th>Decision Points</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you traveled from a high-risk area within the past 14 days?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Have you had close contact with a person with probable or confirmed COVID-19 within the past 14 days?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Have you experienced COVID-19 symptoms within 14 days of their last exposure or return from travel to or through a high-risk area?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Have you ever been diagnosed with COVID-19 by a medical provider? (If yes, skip to question 6)</td>
<td>☐</td>
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</tr>
<tr>
<td>5. Have you undergone a diagnostic test for COVID-19 (i.e., diagnostic test results are pending)? <em>(COVID-19 diagnostic testing does NOT include COVID-19 antibody testing.)</em></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Have you received a clearance note from a medical provider?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Are you part of the higher risk population for COVID-19, as defined by the U.S. Centers for Disease Control and Prevention (CDC)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Is a member of your household part of the higher risk population for COVID-19, as defined by CDC?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Do you have any other special circumstances that could impact your return to the workplace?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

To be completed by Supervisor

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Employee Name, Position, Phone Number, Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cleared to Return to the Workplace</td>
<td>X</td>
</tr>
<tr>
<td>☐ Not Cleared to Return to the Workplace</td>
<td></td>
</tr>
<tr>
<td>☐ Other (Explain)</td>
<td></td>
</tr>
</tbody>
</table>

Earliest possible date the individual may return to workplace:

<p>| | |</p>
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Name, Position, Phone Number, Signature

<p>| | |</p>
<table>
<thead>
<tr>
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<tr>
<td>☒</td>
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</tbody>
</table>
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.

The CDC considers those who may be at higher risk for severe illness from COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html) as:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
  - People with moderate to severe asthma
  - People with chronic kidney disease undergoing dialysis
  - People with chronic lung disease, such as chronic obstructive pulmonary disease (including emphysema and chronic bronchitis), idiopathic pulmonary fibrosis and cystic fibrosis
  - People with diabetes, including type 1, type 2, or gestational
  - People with hemoglobin disorders, such as sickle cell disease and thalassemia
  - People who are immunocompromised. Many conditions and treatments can cause a person to have a weakened immune system (immunocompromised), including cancer treatment, bone marrow or organ transplantation, immune deficiencies, HIV with a low CD4 cell count or not on HIV treatment, and prolonged use of corticosteroids and other immune weakening medications
  - People with chronic liver disease, including cirrhosis
  - People who have serious heart conditions, including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension
  - People with severe obesity (body mass index [BMI] of 40 or above)

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.)
APPENDIX 6

PERSONNEL RETURN TO THE WORKPLACE CLEARANCE ALGORITHM

STEP 1
Identify personnel essential to conduct their job duties in a DHA Administrative Office

STEP 2
Ensure workforce health protection from COVID-19 (based on responses to Appendix 5)

Q1
Has the individual traveled from a high-risk area within the past 14 days?

AND
Q2
Has the individual had close contact with a person with probable or confirmed COVID-19 within the past 14 days?

NO,
Q3
Has the individual received a diagnostic test for COVID-19 (i.e., diagnostic test results are pending)?

Q4
Has the individual received a clearance note from a medical provider?

YES,
Q5
Has the individual experienced COVID-19 symptoms within 14 days of their last exposure or return from travel to or through a high-risk area?

NO, TO Q1 & Q2
The individual must not return to the workplace until cleared by a medical provider.

YES
Q3
Has the individual received a diagnostic test for COVID-19 (i.e., diagnostic test results are pending)?

NO
Q4
Has the individual ever been diagnosed with COVID-19?

YES
Q6
Has the individual had close contact with a person with probable or confirmed COVID-19 within the past 14 days?

NO,
Q2
Has the individual had close contact with a person with probable or confirmed COVID-19 within the past 14 days?

NO
Q1
Has the individual traveled from a high-risk area within the past 14 days?

NO, TO Q1 & Q2
The individual must not return to the workplace until cleared by a medical provider.

YES
Q3
Has the individual experienced COVID-19 symptoms within 14 days of their last exposure or return from travel to or through a high-risk area?

NO
Q4
Has the individual received a diagnostic test for COVID-19 (i.e., diagnostic test results are pending)?

YES
Q5
Has the individual received a clearance note from a medical provider?

NO
Q7
Has the individual ever been diagnosed with COVID-19?

YES,
Q6
Has the individual received a clearance note from a medical provider?

NO
Q8
Is the individual part of the higher risk population for COVID-19?

NO
Q7
Has the individual ever been diagnosed with COVID-19?

YES
Q6
Has the individual received a clearance note from a medical provider?

YES
Q8
Is the individual part of the higher risk population for COVID-19?

YES
Q9
Does the individual have any other special circumstances that could impact their return to the workplace?

YES
Supervisor and individual will discuss RTW disposition.

NO
Supervisor and individual will discuss RTW disposition.

YES
The individual is cleared to return to the workplace.

NO
The individual must not return to the workplace until cleared by a medical provider.

Recommend the individual does not return to the workplace until Phase 3.

NO
Has a member of the individual’s household part of the higher risk population for COVID-19?

YES
Supervisor and individual will discuss RTW disposition.

NO
Supervisor and individual will discuss RTW disposition.

YES
The individual is cleared to return to the workplace.

3COVID-19 diagnostic testing does NOT include COVID-19 antibody testing.
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:

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>CASES</th>
<th>HOSPITALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period</td>
<td>Downward trajectory of documented cases within a 14-day period</td>
<td>Treat all patients without crisis care</td>
</tr>
<tr>
<td><strong>AND</strong></td>
<td><strong>OR</strong></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td>Downward trajectory of COVID-like syndromic cases reported within a 14-day period</td>
<td>Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)</td>
<td>Robust testing program in place for at-risk healthcare workers, including emerging antibody testing</td>
</tr>
</tbody>
</table>
## APPENDIX 8

### WEBSITES FOR STATE AND LOCAL CORONAVIRUS 2019 UPDATES

#### CENTRAL

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

#### STATE

<table>
<thead>
<tr>
<th>STATE</th>
<th>STATE GOVERNMENT CORONAVIRUS WEBSITE</th>
<th>STATE HEALTH DEPARTMENT – CORONAVIRUS WEBSITE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>303-389-1687</td>
</tr>
<tr>
<td>TX</td>
<td><a href="https://gov.texas.gov/coronavirus">https://gov.texas.gov/coronavirus</a></td>
<td><a href="https://www.dshs.state.tx.us/coronavirus">https://www.dshs.state.tx.us/coronavirus</a></td>
<td>2-1-1</td>
</tr>
</tbody>
</table>

#### LOCAL

<table>
<thead>
<tr>
<th>LOCALITY</th>
<th>COUNTY/LOCAL HEALTH DEPARTMENT – CORONAVIRUS WEBSITE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anchorage, AK</td>
<td><a href="https://covid-response-moa-muniorg.hub.arcgis.com">https://covid-response-moa-muniorg.hub.arcgis.com</a></td>
<td>907-343-4019</td>
</tr>
<tr>
<td>San Diego, CA</td>
<td><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></td>
<td>2-1-1</td>
</tr>
<tr>
<td>Aurora, CO</td>
<td><a href="https://www.tchd.org/818/Coronavirus-COVID-19">https://www.tchd.org/818/Coronavirus-COVID-19</a></td>
<td>303-220-9200</td>
</tr>
<tr>
<td>Location</td>
<td>Website</td>
<td>Phone</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Dover, DE</td>
<td><a href="https://coronavirus.delaware.gov">https://coronavirus.delaware.gov</a></td>
<td>302-739-4776</td>
</tr>
<tr>
<td>Frederick, MD</td>
<td><a href="https://health.frederickcountymd.gov/614/Novel-Coronavirus-COVID-19">https://health.frederickcountymd.gov/614/Novel-Coronavirus-COVID-19</a></td>
<td>301-600-1029</td>
</tr>
<tr>
<td>Silver Spring, MD</td>
<td><a href="https://montgomerycountymd.gov/HHS/RightNav/Coronavirus.html">https://montgomerycountymd.gov/HHS/RightNav/Coronavirus.html</a></td>
<td>240-777-1755</td>
</tr>
<tr>
<td>San Antonio, TX</td>
<td><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></td>
<td>210-207-8876</td>
</tr>
<tr>
<td>Vienna, VA</td>
<td><a href="https://www.fairfaxcounty.gov/covid19">https://www.fairfaxcounty.gov/covid19</a></td>
<td>703-267-3511</td>
</tr>
</tbody>
</table>
APPENDIX 9

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICE PHASE CHANGE ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>LOCATION NAME:</th>
<th>NEAREST INSTALLATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION ADDRESS:</td>
<td>INSTALLATION POINT OF CONTACT (POC):</td>
</tr>
<tr>
<td>NUMBER OF DHA PERSONNEL</td>
<td>MIL:</td>
</tr>
</tbody>
</table>

STATEWIDE DIRECTIVES

COUNTY-WIDE/CITY DIRECTIVES

INSTALLATION COMMANDER GUIDANCE

STATUS OF PUBLIC TRANSPORTATION OPERATIONS

STATUS OF SCHOOL OPERATIONS

STATUS OF CHILDCARE SERVICES

STATUS OF DEPENDENT CARE SERVICES

STATUS OF OTHER LOCAL SERVICES

AVAILABILITY OF FACE COVERINGS IN OFFICE

CAPACITY FOR ADEQUATE CLEANING OF OFFICE

IS THE HEALTH DEPARTMENT (STATE OR LOCAL) CONDUCTING COVID-19 CONTACT TRACING FOR THE JURISDICTION?
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, 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
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
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-assessment-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-notices.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 that would cause individuals to have a higher risk of severe illness from COVID-19 as: moderate-to-severe asthma, chronic lung disease, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity (body mass index (BMI) >40), chronic liver disease (e.g., cirrhosis), and/or immunocompromised (e.g., receiving cancer treatment, bone marrow or organ transplantation, immune deficiencies, HIV positive with a low CD4 cell count or not receiving HIV treatment, prolonged use of corticosteroids and other immune weakening medications). (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html).