



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 3020.01

June 4, 2020

AD-CS

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.

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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

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.

/S/
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ENCLOSURE 1REFERENCES

- (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, 2020¹
- (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, 2020²
- (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, 2020³
- (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, 2020⁴
- (i) Office of the Secretary, DoD/Joint Staff, Defense Program of Record 39 DoD, “DoD Personnel Accountability and Assessment System,” March 24, 2010⁵
- (j) Chairman of the Joint Chiefs of Staff Instruction 3150.25G, “Joint Lessons Learned Program,” January 31, 2015⁶
- (k) Chairman of the Joint Chiefs of Staff Manual 3150.25A, “Joint Lessons Learned Program,” September 12, 2014⁷
- (l) Secretary of Defense Memorandum, “Department of Defense Guidance on the Use of Cloth Face Coverings,” April 5, 2020⁸

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>.

⁴ 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.

⁵ This reference can be found at: <https://dpcl.d.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/cjcs3150_25.pdf.

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>.

- (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, 2020⁹
- (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, “Modification and Reissuance of DoD Response to Coronavirus Disease 2019 – Travel Restrictions,” April 20, 2020¹⁰
- (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, 2010¹¹
- (r) DoD Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019¹²
- (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, 2020¹³
- (t) DoD Instruction 6200.03 “Public Health Emergency Management (PHEM) within the DoD,” March 28, 2019¹⁴
- (u) Assistant Secretary of Defense for Health Affairs Memorandum, “Extension of Department Defense Public Health Emergency Declarations,” April 27, 2020
- (v) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection (Supplement 6) – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Diagnostic Testing Services,” April 7, 2020¹⁵
- (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 2020¹⁶

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%20OSD003915-20%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/620003p.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>.

¹⁶ This reference can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.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.

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 (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 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)).

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.

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.

1. 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 guidelines.

c. Facility Access and Personnel Monitoring

(1) All personnel and visitors will be screened, once daily.

(a) Perform temperature checks of returning employees 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 undergo the DHA Administrative Office Pre-Entry Screening Questionnaire, once daily (Appendix 10).

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

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.

(d) 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. 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) 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, once daily.

(a) Perform temperature checks of returning employees 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) 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) Perform temperature checks of returning employees 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 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>) 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>) 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 be 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

GUIDANCE FOR ALL PHASES	
Guidance	Adhere to Force Health Protection Guidance; comply with HPCON related guidance.
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 until Phase 3; Continue to practice good hand hygiene and sneeze/cough etiquette.
Face Coverings	Mandatory use at the DHA Administrative Office if you cannot maintain social distancing until Phase 3.
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 https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html .
Personnel who need to take extra precautions	Supervisors should maximize telework for those personnel who self- identify as being at higher risk in DHA Administrative Offices in States or regions that remain in the gating period Phase 1 or Phase 2. This includes populations that the CDC has identified as being at higher risk for serious complications from COVID-19 (CDC High Risk Populations), such as older adults and people of any age who have serious underlying medical conditions and to other CDC-identified special populations, including pregnant women (CDC Special Populations). See https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html .

PHASE-SPECIFIC GUIDANCE									
PHASE	HPCON	WORKFORCE (Recommended)	TELEWORK (Recommended)	PERSONNEL WHO NEED TO TAKE EXTRA PRECAUTIONS (Recommended)	FACE COVERINGS (Mandatory)	SOCIAL DISTANCING (Mandatory)	SYMPTOMS (Mandatory)	ENTRANCE SCREENING (Recommended)	FACILITIES (Recommended)
Phase 0 (Now)	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

AFTER FIRST GATE									
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	Screening for all personnel and visitors for temperature and entry questions, in accordance with local procedures	Increased cleaning and disinfecting Social distancing in common areas Limited cafeteria options Gym closed
AFTER SECOND GATE									
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	Screening for all personnel and visitors for temperature and entry questions, in accordance with local procedures	Increased cleaning and disinfecting Social distancing in common areas Limited cafeteria options Gym open with increased cleaning
AFTER THIRD GATE									
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

AFTER NEW NORMAL		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

SITUATION	HPCON	EXAMPLE HEALTH PROTECTION MEASURES
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

FACILITY OWNER: WASHINGTON HEADQUARTERS SERVICES (WHS)						
STATE	COMMON NAME	ADDRESS	COUNTY	CITY	CBSA	NEAREST INSTALLATION
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
FACILITY OWNER: US ARMY INSTALLATION MANAGEMENT COMMAND						
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
FACILITY OWNER: GENERAL SERVICES ADMINISTRATION (GSA)						
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
FACILITY OWNER: US ARMY CORPS OF ENGINEERS						
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
FACILITY OWNER: NAVAL STATION (NAVAL FACILITIES ENGINEERING COMMAND)						
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
FACILITY OWNER: NAVAL STATION POINT LOMA (NAVAL FACILITIES ENGINEERING COMMAND)						
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
FACILITY OWNER: AIR FORCE ACADEMY, FORT CARSON						
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
FACILITY OWNER: DOVER AIR FORCE BASE (AF 436th Civil Engineer squadron)						
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
FACILITY OWNER: WRIGHT PATTERSON AIR FORCE BASE (af 88th civil engineer squadron)						
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.

Lines of Effort (LOE)	Criteria to Proceed to Phase 1 (RESTRICTED) – Lowest Risk Personnel Return	Criteria to Proceed to Phase 2 (MODERATE) – Incremental Returns	Criteria to Proceed to Phase 3 (NEW NORMAL) – Unrestricted Staffing of Worksites	Criteria to Proceed to Phase 4 (RESILIENCE) – Stabilized State
Public Health Assessment of the Workforce	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> State and local stay at home orders have expired. All gating criteria have been met upon reassessment. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 Monitoring	<ul style="list-style-type: none"> Personnel have been identified whose duties are required to be conducted in a DHA administrative facility. 	<ul style="list-style-type: none"> Personnel are adhering to reporting requirements in the event of required COVID-19-related absence. 	<ul style="list-style-type: none"> Personnel are adhering to reporting requirements in the event of required COVID-19-related absence. 	<ul style="list-style-type: none"> Federal, state, and local leaders and health officials have declared that conditions have remained stable or are

	<ul style="list-style-type: none"> • Directorates have a plan in place for tracking progress towards mission activities. 	<ul style="list-style-type: none"> • Progression towards mission activities has not be compromised. 	<ul style="list-style-type: none"> • Progression towards mission activities has not be compromised. 	<ul style="list-style-type: none"> • improving. • The COVID-19 public health emergency declaration is no longer in effect.
Workplace Social Distancing and Face Coverings	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Personnel are adhering to social distancing requirements and all non-pharmaceutical interventions in accordance with CDC guidelines. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Continue to monitor US Department of State travel advisories and prohibit non-essential travel to locations that are restricted. 	<ul style="list-style-type: none"> • Personnel are adhering to US Department of State travel advisories. 	<ul style="list-style-type: none"> • Personnel are adhering to US Department of State travel advisories. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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						
<p>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.</p>						
1. Employee Last Name, First, Middle Initial			2. Today's Date (YYYY/MM/DD)			
3. Home Address (City, State, Zip Code)		4. Work Address (Include Building Number)				
5. Home/Cellular Telephone (Include Area Code)		6. Work Telephone (Include Area Code)				
7. Position Title		8. Occupation				
<p>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".</p>						
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 COVID-19 symptoms within 14 days of their 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?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)?			<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"/>
<p>TO BE COMPLETED BY SUPERVISOR</p> <p>Disposition</p> <p><input type="checkbox"/> Cleared to Return to the Workplace</p> <p><input type="checkbox"/> Not Cleared to Return to the Workplace</p> <p><input type="checkbox"/> Other (Explain): _____</p>				<p>Employee Name, Position, Phone Number, Signature</p> <p>X _____</p> <p>Date: _____</p>		
<p>Earliest possible date the individual may return to workplace.</p> <p>X _____</p> <p>Date: _____</p>				<p>Supervisor Name, Position, Phone Number, Signature</p> <p>X _____</p> <p>Date: _____</p>		

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.

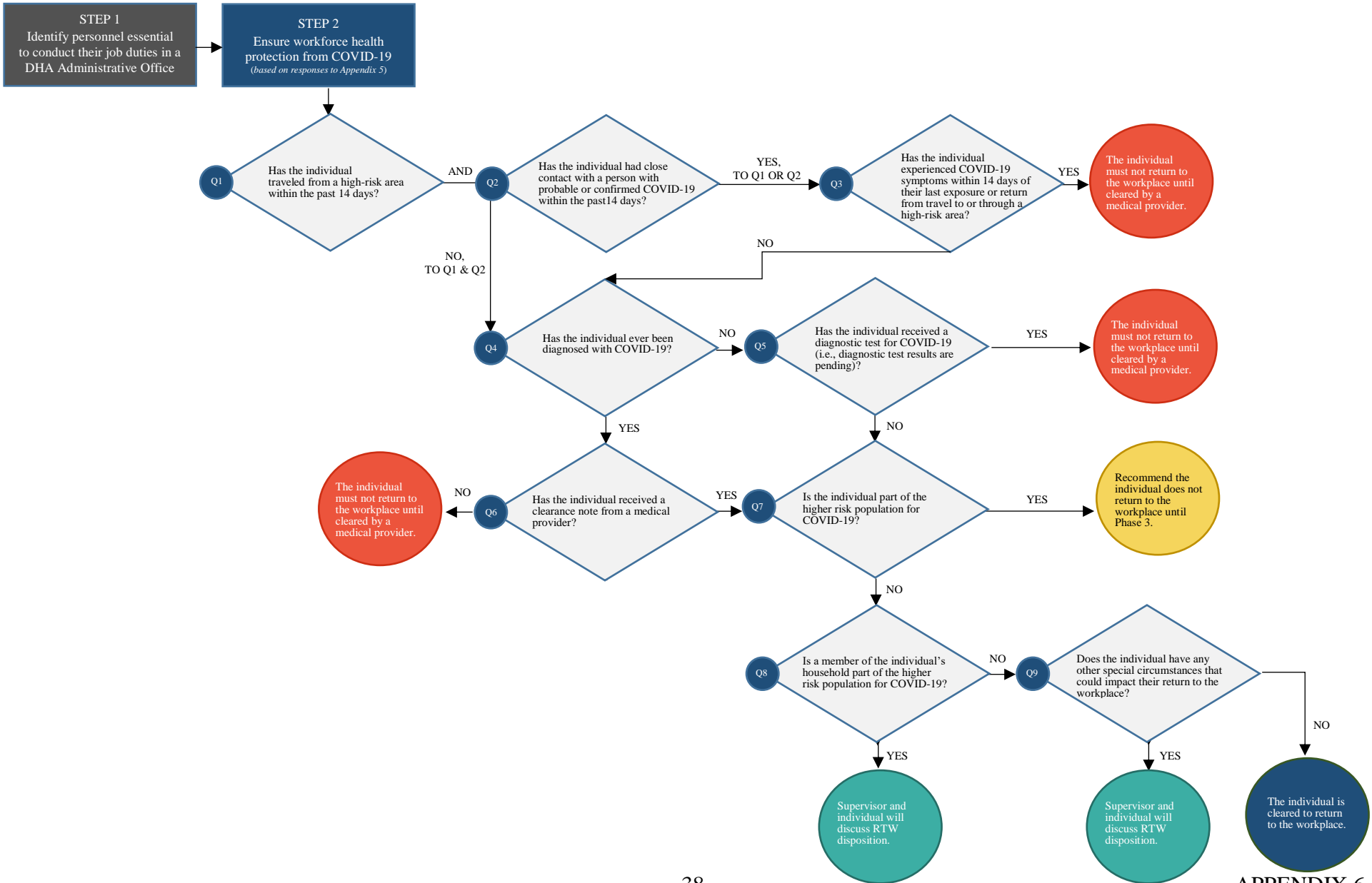
The CDC considers those who may be at higher risk for severe illness from COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>) as:

- 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



¹COVID-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:

SYMPTOMS	CASES	HOSPITALS
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
AND	OR	AND
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

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

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

LOCAL		
LOCALITY	COUNTY/LOCAL HEALTH DEPARTMENT – CORONAVIRUS WEBSITE	PHONE
Anchorage, AK	https://covid-response-moa-muniorg_hub.arcgis.com	907-343-4019
San Diego, CA	https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV.html	2-1-1
Aurora, CO	https://www.tchd.org/818/Coronavirus-COVID-19	303-220-9200
Colorado Springs, CO	https://www.elpasocountyhealth.org/services/coronavirus-disease-2019-covid-19	719-575-8888

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

APPENDIX 9

DEFENSE HEALTH AGENCY ADMINISTRATIVE OFFICE PHASE CHANGE
ASSESSMENT TOOL

LOCATION NAME:		NEAREST INSTALLATION:		
LOCATION ADDRESS:		INSTALLATION POINT OF CONTACT (POC):		
NUMBER OF DHA PERSONNEL	MIL:	CIV:	CC:	CTR:
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.

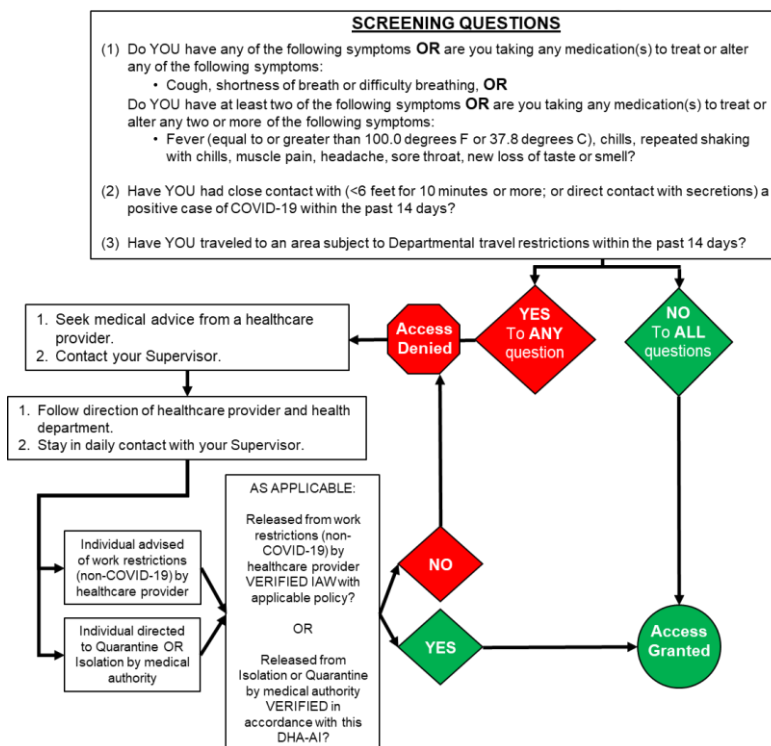
No: Proceed to the next question.

(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” to 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

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
PFFPA	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 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>).