



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

MAR 17 2021

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Force Health Protection Guidance (Supplement 18) – Department of Defense
Guidance for Protecting All Personnel in Department of Defense Workplaces
During the Coronavirus Disease 2019 Pandemic

- References:
- (a) Department of Defense Instruction (DoDI) 6200.03, "Public Health Emergency Management (PHEM) Within the DoD," March 28, 2019
 - (b) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 15) Revision 1 – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Testing Services," March 15, 2021
 - (c) Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces During the Public Health Emergency of the Coronavirus Disease 2019 Pandemic," April 13, 2020 (hereby rescinded)
 - (d) DoDI 5400.11, "DoD Privacy and Civil Liberties Programs," January 29, 2019, as amended
 - (e) DoD Manual 6025.18, "Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs," March 13, 2019
 - (f) DoDI 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping," June 6, 2011, as amended
 - (g) DoDI 6055.12, "Hearing Conservation Program (HCP)," August 14, 2019, as amended
 - (h) Secretary of Defense Memorandum, "Use of Masks and Other Public Health Measures," February 4, 2021

This memorandum further supplements requirements regarding the coronavirus disease 2019 (COVID-19) pandemic in accordance with reference (a) and rescinds reference (c). The Centers for Disease Control and Prevention (CDC) is continuously updating science-based guidance to slow the spread of the COVID-19 pandemic, including guidance to prevent transmission of the disease in workplaces. All DoD Components will continually implement appropriate procedures to protect all personnel from disease transmission in DoD workplaces.

Restrict Workplace Access

Subject to mission requirements, commanders and supervisors will take the following steps: minimize close contact between individuals in the workplace to maintain at least 6 feet of separation from others where possible; and assign telework if possible to decrease normal space occupancy.

DoD Components will further restrict access to DoD-controlled workplaces by individuals whom the CDC recommends¹ not go to work or otherwise enter work spaces, to the fullest extent practical consistent with mission needs. Current CDC Guidance for Businesses and Employers may be found at: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html#anchor_1609683582250. Additional requirements follow:

- Personnel who have symptoms of COVID-19 (e.g., fever, cough, or shortness of breath) should notify their supervisor and stay home (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>). Personnel who develop any symptoms consistent with COVID-19 during the workday must immediately isolate, notify their supervisor, and promptly leave the workplace.
- Sick personnel should follow CDC-recommended steps, which may be found at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>. Personnel who had COVID-19 should not return to work until the criteria to discontinue home isolation, which may be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>, are met, and in consultation with healthcare providers and State and local health departments.
- Asymptomatic, non-immunized personnel with potential exposure to COVID-19 based upon close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case should notify their supervisor. They should follow CDC-recommended precautions at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>. “Close contact” means a person has spent more than a total of 15 minutes in a 24-hour period within 6 feet of a COVID-19 infected individual. Close contact includes the time period of contact starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection). If individuals become symptomatic during the duty period, they should be sent home immediately.
 - As a general rule, such asymptomatic, non-immunized personnel with potential exposure to COVID-19 should not return to the workplace until they have a confirmed negative COVID-19 test as described in reference (b) or following the appropriate self-quarantine period (e.g., 14 days starting on the last day traveling or starting on the date on which close contact occurred). Quarantine may be done

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

in the same residence with separate rooms and a separate bathroom, if the COVID-19 positive individual is a family member or other co-inhabitant. Personnel performing duties outside the United States also will follow applicable geographic Combatant Commander guidance as to whether and how to address host nation policies. Supervisors of DoD civilian employees should also consult with human resources to determine the appropriate status for the employee.

- In cases of mission-essential activities that must be conducted on site, as determined by those with the authority to provide exceptions as indicated below, non-immunized asymptomatic personnel who otherwise would be self-quarantining may be granted an exception to continue to work on site provided they remain asymptomatic, do not have a positive test for COVID-19, and comply with the following key practices for 14 days after the last exposure: obtain a COVID-19 test following CDC's testing guidelines at: <https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>; conduct daily pre-screening with temperature checks; self-monitor with supervision by a commander or supervisor; wear a mask, practice hand and cough hygiene; do not share headsets or other objects used near the face; continue to social distance as much as possible; and clean and disinfect their workspaces daily. This exception may be granted by the first general/flag officer or member of the Senior Executive Service (SES), or equivalent, in the chain of command/chain of supervision and, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. If the individual becomes symptomatic during the duty period, he/she will be sent home immediately. Additional CDC guidance on implementing safety practices for essential services may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/essential-services.html>.
- Personnel who have tested positive for COVID-19 within the past 3 months and who have recovered are not required to remain out of the workplace even if they have been in close contact with someone who is suspected or confirmed to be infected with COVID-19 in accordance with CDC guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>.
- Fully vaccinated personnel as defined by CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html> are not required to remain out of the workplace if they have been in close contact with a person who has a laboratory confirmed, clinically diagnosed or presumptive case of COVID-19.

In States and localities that require members of the general public to stay at home, DoD Service members and civilian employees may report to work as directed to do so by a commander or supervisor.

Collecting Information Necessary to Protect the Workplace

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

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

- This collection of information is consistent with requirements of the health information privacy regulations under reference (e).
- This collection of information also does not conflict with recent COVID-19 guidance from the Equal Employment Opportunity Commission under the Rehabilitation Act of 1973, 29 U.S.C. § 791, et seq., as amended.
- All personally identifiable information (PII) on individuals must be appropriately safeguarded in accordance with reference (d). In implementing this memorandum, DoD Components may collect, use, maintain, and/or disseminate only the minimum amount of PII necessary to prevent the spread of COVID-19 and to protect personnel in DoD workplaces.
- If an individual reports to their supervisor that they believe they contracted COVID-19 due to exposure in the workplace, the supervisor will report this as a suspected occupational illness to supporting safety and occupational health staff as required by reference (f). The determination of work-relatedness and required recording and reporting will follow part 1904 of title 29, Code of Federal Regulations, as interpreted at: <https://www.osha.gov/coronavirus/faqs#reporting>.

Implementing Procedures

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

- Information will be collected and maintained consistent with the Privacy Act, as applicable. For reference, please note that the Privacy Act system of records notice for personnel accountability and assessment may be found at: <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>.
- Implementation of this guidance will also comply with applicable labor obligations to the extent such obligations do not hinder the DoD Component's ability to carry out its missions during this emergency.

- DoD Components will, through applicable contracting officers, instruct contractors to take the steps necessary to ensure that their employees whose place of duty is in a DoD workplace adhere to the workplace access restrictions required by this memorandum.

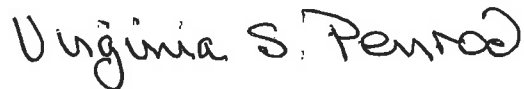
Annual Audiometric Testing

The annual survey requirements specified in paragraph 3.8.c of reference (g) may be suspended by DoD Components during the COVID-19 pandemic so long as there is a good faith effort to complete required services and compliance is not otherwise possible. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return to HPCON "0," whichever comes later.

Frequently Asked Questions (FAQs)

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

DoD force health protection guidance regarding COVID-19 may be found at <https://www.defense.gov/Explore/Spotlight/Coronavirus>. Commanders, supervisors, and individuals should frequently check the CDC COVID-19 website for additional updates at: <https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/index.html>. In addition, the Occupational Safety and Health Administration has published worker protection guidance at: <https://www.osha.gov/>. My point of contact for this guidance is Mr. Steve Jones, who may be reached at steven.p.jones10.civ@mail.mil or (703) 681-7335.



Virginia S. Penrod
Acting

Attachment:
As stated

ATTACHMENT

Department of Defense
Safety and Occupational Health
FAQs Regarding COVID-19

Personal Protective Measures

1. QUESTION. What measures can personnel take to protect themselves from COVID-19 illness?

ANSWER. Personnel should wear masks and, when available, obtain vaccination. In addition, personnel should frequently wash hands with soap and water for at least 20 seconds. When soap and running water are not available, they should use an alcohol-based hand sanitizer, with at least 60-percent ethanol or 70-percent isopropanol as active ingredients, and rub their hands together until they are dry. In addition, employees should be advised to:

- Avoid touching their eyes, nose, or mouth with unwashed hands.
- Cover coughs and sneezes or cough/sneeze into the inside of their elbow/upper sleeve.
- Avoid close contact (within 6 feet of any individual for a total of 15 minutes or more over a 24-hour period) with people and practice physical distancing with coworkers and the public.
- Stay home if sick.
- Frequently clean high-touch surfaces at work and at home.
- Recognize personal risk factors. According to the CDC, certain people, including older adults and those with underlying conditions such as cancer, heart or lung disease, chronic kidney disease requiring dialysis, liver disease, diabetes, immune deficiencies, or obesity, are at higher risk for developing more serious complications from COVID-19. See additional information on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.

2. QUESTION. What actions should commanders and supervisors take if there are persons exhibiting signs and symptoms of COVID-19 (available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) while at work?

ANSWER. Persons who appear to have symptoms upon arrival at work, or who develop symptoms during their work shift, should immediately be separated from other workers, customers, and visitors, sent home, and encouraged to seek medical attention. It is the responsibility of the employee's supervisor to inform the employee of any alternative work arrangements such as telework or leave options if an employee is sent home from the workplace. Workers diagnosed with COVID-19 may return to work when they meet the requirements for leaving isolation prescribed in the attachment to reference (b).

3. QUESTION. I have recently received both shots of the COVID-19 vaccine. Does this affect my access to the workplace? Do I still need to wear a mask and avoid close contact with others at work?

ANSWER. Personnel who have been fully vaccinated as defined by CDC at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>, or personnel who have tested positive for COVID-19 within the past 3 months and who have recovered, are not required to remain out of the workplace even if they have been in close contact with someone who is suspected or confirmed to be infected with COVID-19. However, such personnel must still follow current force health protection guidance with respect to mask wearing and social distancing.

Commander and Supervisor Actions for Worker Protection

4. QUESTION. What measures should commanders and supervisors take to assess employee exposure to the virus which causes COVID-19 illness?

ANSWER. Supervisors should assess their employees' potential exposure to COVID-19 based on job requirements. Examples of personnel in high-risk exposure groups include health care workers, emergency response workers, laboratory personnel, and retail establishment workers. The Occupational Safety and Health Administration (OSHA) has published guidance at <https://www.osha.gov/coronavirus/hazards>, which includes recommended actions supervisors can take to assess and classify exposure risks to the virus which causes COVID-19 and the implementation of appropriate exposure controls to mitigate or minimize the exposure risk at: <https://www.osha.gov/coronavirus/control-prevention>.

5. QUESTION. What are some measures that commanders and supervisors can use to limit the spread of COVID-19 in the workplace?

ANSWER. Measures should include a combination of controls, prioritized as follows: elimination, engineering controls, workplace administrative policies and practices, and use of personal protective equipment (PPE). Examples of such controls include isolation of personnel who have (or who may have) contracted COVID-19; instructing such workers to stay home and isolate or quarantine; implementing physical distancing, and maximizing teleworking policies to keep workers away from work (elimination); installing physical barriers where distancing cannot be maintained and improving ventilation (engineering); increasing the frequency of cleaning and providing supplies for personal hygiene (administrative); using face shields, gloves, and N95 respirators (PPE); and making available hand sanitizer that contains at least 60-percent ethanol or 70-percent isopropanol, particularly near frequently touched surfaces. Common strategies employed by supervisors to reduce person-to-person workplace interactions and COVID-19 transmission while sustaining mission requirements are: maximizing telework options, modifying work schedules (e.g., duty-period start and stop times); and managing work schedules by groups or cohorts in order to reduce the variation in on-site personnel occupying the same work area.

6. QUESTION. Is there additional training that commanders and supervisors should provide to their employees concerning the presence and control of COVID-19 in their work spaces?

ANSWER. Personnel should receive training about COVID-19 basic facts, including how it is spread and the importance of physical distancing, use of masks, and hand hygiene (see <https://www.osha.gov/coronavirus/safework#what-workers-need-to-know> and https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Ftransmission.html). Training also should include workplace policies and procedures implemented to protect workers from COVID-19 hazards, operation and use of controls, and the requirement for personnel who are sick to remain away from work. All training should be provided in a language that employees understand. DoD Components should comply with any applicable labor relations obligations related to training.

Screening/Symptom Monitoring

7. QUESTION. Are there acceptable procedures to screen personnel so that persons who are infected with the virus that causes COVID-19 do not enter the workplace?

ANSWER. Yes. In addition to any screening mechanisms developed by DoD Components for workplace access, commanders and supervisors should ask individuals to evaluate themselves for signs/symptoms of COVID-19 before coming to work, and to stay home if they are not well. A symptom list requiring immediate medical attention can be accessed on the CDC website at: <https://www.cdc.gov/screening/index.html>. Any individual who develops any symptoms consistent with COVID-19 during the workday must immediately isolate, notify his or her supervisor, and promptly leave the workplace. The DoD Component should have processes in place to provide advice and support to supervisors on any related reporting or human resources requirements. Screening and health checks will not identify asymptomatic individuals and are not a replacement for other protective measures such as social distancing, wearing of masks, hand washing, and personal hygiene. The CDC has provided information for screening considerations at: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html#anchor_1609683211941.

Face Masks/Coverings

8. QUESTION. When and how should personnel wear masks to protect themselves and fellow employees from COVID-19 illness?

ANSWER. Personnel should follow the requirements in reference (h). This includes personnel who have been vaccinated. If a respirator, such as an N95, is needed for conducting work activities, the respirator must be worn and a mask worn when not using the respirator (e.g., during breaks, while commuting on public transportation). Masks should be made of at least two layers of a tightly woven breathable fabric, such as cotton, and should not have exhalation valves or vents. They should fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. Face shields may be provided for use with masks to protect them from getting wet and soiled, but they do not provide protection by themselves. Workers in a setting where masks

may increase the risk of heat-related illness or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery) may consult with their supervisors or supporting safety and occupational health professionals to determine the appropriate mask for their setting. Wearing a mask does not eliminate the need for social distancing.

Environmental Cleaning and Facilities/Workspace Management Considerations

9. QUESTION. What procedures should be followed to clean and disinfect a workspace with particular focus on areas previously occupied by someone who is known or suspected to have been infected with COVID-19 or common areas and equipment used and shared by multiple personnel?

ANSWER. The CDC and OSHA have established enhanced cleaning and disinfection guidance for the cleaning and disinfection of work areas—including those areas previously occupied by workers with known or suspected COVID-19. Enhanced cleaning and disinfection should also be performed for common use, high-touch, high-density spaces and equipment such as in lobbies, restrooms, break areas, office elevators, and stairwells. It should also include tools and equipment that are shared by multiple users. This guidance is available at:

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Forganizations%2Fcleaning-disinfection.html and **<https://www.osha.gov/coronavirus/safework>**. Use all disinfectants in accordance with the manufacturer’s labeling. Additionally, the Environmental Protection Agency (EPA) has a list of recommended disinfectants available on their website at: **<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>**.

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

ANSWER. Personnel should wear gloves, face shields (if there is a risk of splash), disposable gowns or aprons, and other protection as recommended on the Safety Data Sheet or EPA label of the cleaning or disinfectant product. When using electrostatic sprayers for disinfection, personnel should wear an N95 filtering facepiece respiration (FFR) or half-face elastomeric respirator as specified in the EPA product label. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance at: **<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>** and **<https://www.cdc.gov/niosh/docs/2012-126/pdfs/2012-126.pdf>**.

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

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

12. QUESTION. What are some actions that leaders and facilities managers can take to prevent the spread of COVID-19 in elevators?

ANSWER. Personnel should be encouraged to take the stairs when possible and where feasible. Certain stairwells or sides of stairwells should be designated as “up” and “down” to promote social distancing. Consider placing signs limiting the number of personnel allowed inside elevators and use floor markings showing where personnel should stand in elevator lobbies and within elevators to reinforce social distancing. Additional information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html>.

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

ANSWER. If possible, delay the maintenance work. If the maintenance is necessary, the resident should be asked to remove all items that would impede the work of the maintenance personnel. The resident should clean the area of any dirt, debris, dust, etc., that would impact the effectiveness of surface disinfectant used by maintenance personnel. Workers should maintain a distance of at least 6 feet from the resident who is known to have or suspected of having contracted COVID-19. Ask that the resident remain in a separate room while maintenance is conducted. If a separate room for the resident is unavailable and the worker is unable to remain 6 feet in distance from the resident during the work, appropriate protective equipment for close contact must be worn by the worker. If necessary, clean and disinfect the work area following the CDC-prescribed procedures described in FAQ #9, and follow the procedures for personnel protection described in FAQ #10.

Ventilation

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

ANSWER. No. Based on what is currently known, COVID-19 is spread primarily from person-to-person via close contact (within 6 feet). There is no need to shut down air HVAC and air handling systems. Ensure existing HVAC systems in buildings are functioning properly, ensure the amount of outside air supplied to the HVAC system is maximized to the extent appropriate and compatible with the HVAC systems’ capabilities, and ensure the use of air filters that have a Minimum Efficiency Reporting Value-13 or higher filter where the system can accommodate this type of filtration efficiency. In addition to the requirements for existing HVAC systems, building managers should consider other measures to improve ventilation in accordance with CDC guidance (e.g., opening windows and doors) at: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>. Complete guidance for improving ventilation is found at: <https://www.osha.gov/coronavirus/safework#improving-ventilation>

OSHA-Required Illness Recordkeeping

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

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

Suspension of Routine Safety and Occupational Health Services

16. QUESTION. May I suspend the completion of routine industrial hygiene and safety surveys required by DoDI 6055.05, "Occupational and Environmental Health," and DoDI 6055.01, "DoD Safety and Occupational Health (SOH) Program," during this pandemic in order to minimize the potential spread of the COVID-19, devote maximum resources to COVID-19 response activities, and provide maximum flexibility of employees to telework?

ANSWER. Yes. To ensure maximum compliance with CDC's social distancing guidance and DoD Components' telework arrangements, routine industrial hygiene and safety surveys may be discontinued at the discretion of the Component Designated Agency Safety and Health Official, or his or her designated representative, for the duration of the pandemic and until travel restrictions are lifted and the workplace returns to HPCON "0," whichever comes later. OSHA provides discretion for curtailment of training, auditing, inspections, and other essential safety and industrial hygiene services so long as there is a good-faith effort to complete required services and, where compliance is not possible, to ensure employees are not exposed to hazards for which they are not prepared. Please see additional details at:

<https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>.

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

ANSWER. Yes. The annual survey requirements specified in paragraph 3.8.c. of DoDI 6055.12 may be suspended by DoD Components during the COVID-19 pandemic. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return

to HPCON “0,” whichever comes later. OSHA provides discretion for curtailment of training, auditing, inspections, and other essential safety and industrial hygiene services so long as there is a good faith effort to complete required services and where compliance is not otherwise possible, to ensure employees are not exposed to hazards for which they are not prepared. Please see additional details at: <https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>.

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

ANSWER. Spirometry testing requires a forced expiratory maneuver that is likely to spread respiratory droplets into the air and increase the risk of COVID-19 transmission, particularly to the employees administering the spirometry examination. Occupational health clinics may suspend routine occupational spirometry unless medically essential when determined by the medical activity commanding officer in order to reduce the risk of COVID-19 transmission to occupational health staff. Any suspension of services must be coordinated with supported commands. OSHA provides discretion for curtailment of training, auditing, inspections, and other essential services so long as there is a good-faith effort to complete required services and, where compliance is not possible, to ensure employees are not exposed to hazards for which they are not prepared. Please see additional details at: <https://www.osha.gov/memos/2020-04-16/discretion-enforcement-when-considering-employers-good-faith-efforts-during>.

Respiratory Protection

19. QUESTION. Some of the N95 respirators in the pandemic stockpiles have exceeded their manufacturer’s recommended shelf-life and expiration date. Should these be discarded?

ANSWER. No. Current CDC guidance addresses this issue and can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html>. Over time, the components of the N-95 respirator such as the strap may degrade, which can affect the quality of the fit and seal. The manufacturer should be contacted for additional guidance. At a minimum, use of expired respirators may be prioritized for situations where personnel are not exposed to the virus that causes COVID-19, such as for training and fit testing. Additional CDC and OSHA guidance concerning the use of stockpiled N95 respirators that have exceeded their recommended shelf-lives can be found at <https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html> and <https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus>. In addition, this website contains additional OSHA guidance on extended use or reuse of N95 respirators.

20. QUESTION. Are there acceptable practices to decontaminate N95 respirators and other disposable FFRs before reuse, and, if so, what are the acceptable decontamination procedures?

ANSWER. The CDC has published guidelines for when disposable FFRs should be reused and decontaminated and the appropriate procedures to follow when decontamination is necessary at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>. In addition, OSHA has published guidance on acceptable decontamination procedures for FFRs used in health care settings at: **<https://www.osha.gov/memos/2020-04-24/enforcement-guidance-decontamination-filtering-facepiece-respirators-healthcare>**.

Sources of Additional Information

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

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

- CDC: **<https://www.cdc.gov/COVID-19/2019-nCoV/index.html>**
- OSHA: **<https://www.osha.gov/SLTC/covid-19/>**
- DoD: **<https://www.defense.gov/Explore/Spotlight/Coronavirus/Latest-DOD-Guidance/>** and **<https://health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus>**