MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic

This memorandum further supplements requirements regarding the coronavirus disease 2019 (COVID-19) in accordance with the DoD Instruction (DoDI) 6200.03 “Public Health Emergency Management (PHEM) Within the DoD,” dated March 28, 2019. The Centers for Disease Control and Prevention (CDC) is continuously updating guidance to slow the spread of the COVID-19 pandemic, including guidance to prevent transmission of the disease in workplaces. All DoD Components will immediately implement appropriate procedures to protect all personnel from disease transmission in DoD workplaces.

Restrict Workplace Access

Components will restrict access to DoD-controlled workplaces by individuals whom the CDC recommends¹ not go to work to the fullest extent practical consistent with mission needs. This restriction applies to Service members, civilian employees, and contractor personnel. Current CDC Interim Guidance for Businesses and Employers may be found here: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html. Current guidance states:

- Personnel who have symptoms (e.g., fever, cough, or shortness of breath) should notify their supervisor and stay home (https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html).

¹ Because the COVID-19 pandemic requires evolving assessments and recommendations, DoD components must regularly consult CDC guidance for updated recommendations.
• Sick individuals should follow CDC-recommended steps, found at: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html. Sick personnel should not return to work until the criteria to discontinue home isolation 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 personnel with potential exposure to COVID-19 (either based upon travel or based upon close contact with a person who has a laboratory confirmed or 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 10 minutes within 6 feet of a COVID-19 infected individual without appropriate protective measures.
  
  ○ As a general rule, these personnel should not return to the workplace until they have self-isolated for 14 days from the COVID-19 positive individual (which may be done 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). Additionally, the workplace supervisor, in consultation with the appropriate Component medical authority, must determine the individual does not present a threat to the safety of the work force.

  ○ In cases of mission essential activities, asymptomatic personnel who otherwise would be self-isolating may be granted an exception to continue to work provided they remain asymptomatic and comply with the following key practices for 14 days after the last exposure: daily pre-screening with temperature checks, self-monitoring with employer supervision, wearing a face covering, and not sharing headsets or other objects used near the face; continuing to social distance as much as possible; and cleaning and disinfecting their workspace daily. This exception may be granted by the first General/Flag Officer or member of the Senior Executive Service (or equivalent) in the chain of command/chain of supervision. If the individual becomes symptomatic during the duty period, he/she should be sent home immediately. Additional CDC guidance on implementing safety practices for critical infrastructure positions may be found at https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf.

• Minimize close contact between individuals in the workplace by assigning work tasks that allow maintaining six feet of separation from other workers, customers, and visitors, or assign telework, if possible. Mandate use of cloth face coverings in situations where social distancing is difficult to maintain, in accordance with previous force health protection guidance.
Additional Guidance:

- In States and localities which generally require the public to stay at home, DoD Service members and civilian employees are to report to work only as directed to do so by a commander or supervisor (e.g., key and essential personnel whose presence is determined to be critical to Component operations or who provide essential on-site services). DoD Components will continue to maximize use of telework to the extent consistent with mission requirements, and to use weather and safety leave as appropriate pursuant to Under Secretary of Defense for Personnel and Readiness Memorandum, “Civilian Duty Status and Use of Weather and Safety Leave during COVID-19 Pandemic,” dated March 30, 2020.

Collecting Information Necessary to Protect the Workplace

In view of the public health emergency, the collection by DoD Components of COVID-19-related 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. The form is located at: https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf.

- This collection of information does not conflict with requirements of the health information privacy regulations under the Health Insurance Portability and Accountability Act (HIPAA). Information reported by individuals to their employers is not covered by HIPAA.²


- All personally identifiable information (PII) on individuals must be appropriately safeguarded pursuant to DoDI 5400.11, “DoD Privacy and Civil Liberties Programs,” dated January 29, 2019. 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.

² Even in the case of information from health care providers, disclosures without patient authorization to appropriate DoD officials are authorized in these public health emergency circumstances to prevent an imminent and serious threat to the health of coworkers. For Service members, disclosures regarding infectious diseases are permitted to appropriate command authorities to ensure proper execution of military missions.
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 a Privacy Act system of records notice for personnel accountability and assessment, DPR 39 DoD, was recently updated and may be found at: https://dpcld.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 Component’s ability to carry out their missions during this emergency.

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

Frequently Asked Questions (FAQs) Concerning Occupational Safety and Health Issues

Attached is a listing of frequently asked questions with responses that provide guidance for a consistent approach to address 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/index.html. My point of contact for this guidance is Mr. Steve Jones at steven.p.jones10.civ@mail.mil or (571) 314-6329.

Matthew P. Donovan

Attachment:
As stated
ATTACHMENT
Department of Defense
Safety and Occupational Health
Frequently Asked Questions Regarding Response to Coronavirus Disease 2019
(April 10, 2020)

1. QUESTION. What procedures should be followed to clean and disinfect a workspace previously occupied by someone who is known or suspected to have contracted coronavirus disease 2019 (COVID-19)?

ANSWER. The Centers for Disease Control and Prevention (CDC) have established guidance for the cleaning and disinfection of work areas—to include those areas previously occupied by workers who are known or suspected to have contracted COVID-19. This guidance is available at: https://www.cdc.gov/COVID-19/2019-ncov/community/organizations/cleaning-disinfection.html and https://www.cdc.gov/coronavirus/2019-ncov/prepare/disinfecting-building-facility.html. Use all disinfectants in accordance with the manufacturer’s labeling. Additionally, the Environmental Protection Agency (EPA) lists recommended disinfectants, found at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.

2. 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 prior to cleaning and disinfection is necessary. When the cleaning and disinfection procedures described above are completed, demarcation of areas where the individuals previously worked is not necessary.

3. QUESTION. What personal protective equipment (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 of the cleaning or disinfectant product. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance, which may be found at: https://www.cdc.gov/COVID-19/2019-ncov/community/organizations/cleaning-disinfection.html.
4. **QUESTION.** Are there any special procedures workers should use 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 surficial debris, dust, etc., that would impact the effectiveness of surface disinfectant used by maintenance personnel. Workers should maintain a distance of at least six feet from the resident who has 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 maintain six feet of 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 1, and follow the procedures for personnel protection described in FAQ 3.

5. **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 current data, COVID-19 is spread primarily from person-to-person through close contact (within 6 feet); thus, there is no need to shut down HVAC and air handling systems. The CDC generally recommends increasing ventilation rates and the circulation of fresh air within HVAC and air handling systems. [https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html)

6. **QUESTION.** The Occupational Safety and Health Administration (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 appropriately?

**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 according to the most recent CDC guidance [see: https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html](https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html); (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 at: [https://www.osha.gov/SLTC/covid-19/standards.html](https://www.osha.gov/SLTC/covid-19/standards.html).
7. **QUESTION.** Can I suspend the completion of routine industrial hygiene and safety surveys required by Department of Defense Instruction (DoDI) 6055.05, “Occupational and Environmental Health,” during this pandemic in order to minimize the potential spread of COVID-19, devote maximum resources to COVID-19 response activities, and provide maximum flexibility for employees to telework?

**ANSWER.** Yes. To ensure maximum compliance with the 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, until travel restrictions are lifted the workplace returns HPCON “0, whichever comes later.”

8. **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. Can we suspend this requirement for the duration of the COVID-19 pandemic?

**ANSWER.** Yes. The annual survey requirements specified in subparagraphs 3.8.c.(2) and (3) of DoDI 6055.12 may be suspended 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.”

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

**ANSWER.** Spirometry testing requires a forced expiratory maneuver which 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. In accordance with the April 1, 2020 Secretary of Defense Memorandum, “Guidance to Commanders on Implementation of the Risk-Based Responses to the COVID-19 Pandemic,” occupational health clinics can 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.
10. **QUESTION.** Some of the N-95 respirators in the pandemic stockpiles have exceeded their manufacturer’s recommended shelf-life and expiration date. Should they be discarded?

**ANSWER.** No. Current CDC guidance addresses this issue and may be found at: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html](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 guidance concerning stockpiled N-95 respirators that have exceeded their recommended shelf lives may be found at: [https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html](https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html).

11. **QUESTION.** Are there requirements to decontaminate N-95 respirators and other disposable filtering facepiece respirators (FFRs) before reuse and, if so, what are the acceptable decontamination procedures?

**ANSWER.** The CDC has published guidelines for the circumstances in which disposable FFRs should be reused and decontaminated, and the appropriate procedures to follow when decontamination is necessary. These guidelines may be found at: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html).

12. **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 list of websites that should be consulted for additional guidance on occupational safety and health considerations during the COVID-19 pandemic.

- OSHA: [https://www.osha.gov/SLTC/covid-19/](https://www.osha.gov/SLTC/covid-19/)