



SECRETARY OF THE AIR FORCE  
WASHINGTON

23 Aug 2022

MEMORANDUM FOR ALMAJCOM-ALFLDCOM-FOA-DRU/CC  
DISTRIBUTION C

SUBJECT: Department of the Air Force Supplement to the Consolidated Department of  
Defense Coronavirus Disease 2019 Force Health Protection Guidance

On April 4, 2022, the Under Secretary of Defense for Personnel and Readiness issued the Consolidated Department of Defense Coronavirus Disease 2019 (COVID-19) Force Health Protection Guidance, which presents a uniform and consolidated policy for DoD's continued response to COVID-19, and also serves as the DoD COVID-19 Workplace Safety Plan required by Executive Order 13991. The Department of the Air Force (DAF) document attached supplements the DoD parent document (including Revisions 1 and 2), as well as consolidates and replaces the listed DAF memoranda and guidance documents. It complies with applicable court orders and is consistent with Presidential directives, Office of Management and Budget, Safer Federal Work Force Task Force, and DoD guidance. This DAF supplemental document will be expeditiously revised as necessary when Federal and/or DoD guidance and requirements dictate, in the same "page-replacement" form as the parent DoD guidance. This document also utilizes the same "line strikethrough" method as the parent document. DAF supplemental portions of this document focus on civilian employees (including Non-Appropriated Fund employees), however this document applies DAF-wide. Additional DAF supplemental guidance applicable to other personnel categories (Service Members, contractors, etc.) may be included in future updates.

In accordance with Executive Order 14043, *Requiring Coronavirus Disease 2019 Vaccination for Federal Employees*, dated September 9, 2021, and reference (1) attached herein, all DAF civilian employees must be fully vaccinated against COVID-19, unless the employee is granted an exemption required by law, or has an exemption request pending, in those limited circumstances where the employee is legally entitled to an accommodation based on disability or sincerely held religious beliefs. The deadline for becoming fully vaccinated was November 22, 2021, unless the employee has a properly approved reason for delay in accordance with DAF guidance. *However, at this time, the vaccination mandate remains on hold and no action is to be taken to enforce it or to begin the process of reviewing requests for vaccination exemption until further notice.* The DAF will obtain vaccination status via the DD Form 3175 and accompanying vaccination documents as proof of their status. All DAF civilian employees (regardless of whether they are authorized to telework or perform remote work), must attest to their vaccination status by completing Section A of the DD Form 3175 "Civilian Employee Certification of Vaccination."

Additionally, in accordance with reference (1), Section 6: Meetings and Section 7: Travel, I hereby delegate approval authority for any planned in-person meetings with more than fifty in-person participants in a county or equivalent jurisdiction where the Centers for Disease Control

and Prevention (CDC) COVID-19 Community level is high, and the authority for determining “mission critical” official travel beyond that authorized by the DoD FHP, to the Under Secretary of the Air Force. These delegations are not further delegable. Furthermore, in accordance with reference (I) Section 2: Vaccination Verification and Measures Based on Vaccination Status, paragraph 2.4, the decision authority to exempt a DAF civilian employee from the requirements in attachment (I), (with the exception of mask wear), is designated as follows:

- For DAF civilian employees at Installation Level – Wing/Delta Commanders (for Air Force Materiel Command, Wing Commander, Vice Wing Commander, or equivalent);
- For DAF civilian employees at Headquarters/Staff Organizations (including Field Operating Activities (FOA) and Direct Reporting Units (DRU) and Bureau (ANG)) – Organization heads will designate, in writing, a single Management Official as decision authority at a level no lower than O-6/GS-15;
- For DAF civilian employees at Combatant Commands (for which DAF is the Combatant Command Support Agent) – The Management Official with decision authority is the Air Force Element Commander, and may be further delegated to a single DAF Management Official within the Combatant Command at a level no lower than O-6/GS-15.
- In accordance with DoD requirements in Section 5.3.c of this document, exemption requests from mask wearing will be determined at a level no lower than general/flag officer in the grade of O-7, Senior Executive Service (or equivalent), or, for installations that do not have officials at these levels, O-6 installation commanders.

Also, in accordance with reference (I), Section 1.2., the authority to determine Health Protection Condition (HPCON) levels is hereby delegated to DAF installation commanders (or equivalent) in the grade of O-6 or higher, and this may not be further delegated.

Finally, in accordance with reference (I), Section 1.4., the authority to grant exemptions for workplace occupancy limits is hereby delegated to DAF installation commanders (or equivalent) in a grade no lower than O-6, and this may not be further delegated.

Implementation of collective and coordinated Force Health Protection (FHP) measures continues to be critical to maintaining the on-going health of the DAF civilian workforce, preserving mission readiness and ultimately winning the fight against this disease. Questions regarding this document may be referred to [AF.A1CP.Workflow@us.af.mil](mailto:AF.A1CP.Workflow@us.af.mil).



Frank Kendall  
Secretary of the Air Force

Attachment:

Department of the Air Force Supplement to the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance

# **Department of the Air Force Supplement to the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance**

This guidance issued by the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) presents a uniform and consolidated DoD policy for the Department's response to the coronavirus disease 2019 (COVID-19) pandemic and serves as the DoD **(Added DAF) and DAF** COVID-19 Workplace Safety Plan.<sup>1</sup> Implementation of this guidance will comply with: 1) applicable court orders, Presidential directives, and Office of Management and Budget (OMB) and Safer Federal Workforce Task Force guidance; and 2) applicable labor obligations to the extent such obligations do not hinder the DoD Components' ability to carry out their missions during this public health emergency. Prior delegations and exceptions made pursuant to the rescinded references remain valid unless rescinded by the authorizing official. Individual sections of this guidance will be updated as necessary by the USD (P&R). **(Added DAF) DAF supplemental portions of this document focus primarily on civilian employees (including Non-Appropriated Fund employees). Additional DAF supplemental guidance applicable to other personnel categories (Service Members, contractors, etc.) will be provided as necessary in future updates. Upon release of DoD written guidance modifying or discontinuing any "DoD-wide" travel restrictions, vaccination, surveillance, attestation, screening, testing, and/or other force health protection requirements (in whole or in part), the corresponding DAF guidance shall be considered superseded and the DoD guidance may immediately be implemented.**

This guidance will be posted, and updated as necessary, at:  
<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>.  
DoD Components should monitor this website to obtain the most current version of this guidance. Change from the previous version will be identified in bold and italics.

Furthermore, this guidance consolidates, incorporates, and rescinds the following DoD policies and guidance:

- Secretary of Defense Memorandum, "Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease 2019 Pandemic," April 29, 2021
- Secretary of Defense Memorandum, "Use of Masks and Other Public Health Measures," February 4, 2021
- Secretary of Defense Memorandum, "Updated Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions." March 15, 2021
- Secretary of Defense Memorandum, "Way Forward for SARS-CoV-2 Testing Within the Department of Defense," April 29, 2021
- Deputy Secretary of Defense Memorandum, "Updated Coronavirus Disease 2019 Guidance Related to Travel and Meetings," September 24, 2021
- Deputy Secretary of Defense Memorandum, "Mandatory Coronavirus Disease 2019 Vaccination of DoD Civilian Employees," October 1, 2021
- Under Secretary of Defense Memorandum, "Administrative Leave for Coronavirus Disease 2019 Vaccination of Department of Defense Employees," April 14, 2021

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<sup>1</sup> Executive Order (EO) 13991, "Protecting the Federal Workforce and Requiring Mask-Wearing," January 20, 2021.

- Under Secretary of Defense Memorandum, "Force Health Protection Guidance for

- the Novel Coronavirus,” January 30, 2020, and all supplements
- Under Secretary of Defense Memorandum, “Civilian Personnel Guidance for DoD Components in Responding to Coronavirus Disease 2019,” March 8, 2020
- Under Secretary of Defense Memorandum, “Updated Guidance for Mask and Screening Testing for all Department of Defense Installations and Other Facilities,” March 1, 2022

Note: The Deputy Secretary of Defense approved the rescission of listed Deputy Secretary of Defense and Secretary of Defense memoranda and consolidation of these references into this guidance in the Deputy Secretary of Defense Memorandum, “Updated Coronavirus Disease 2019 Guidance Related to Travel and Meetings,” September 24, 2021. This September 24, 2021 memorandum authorized the USD (P&R) to rescind memoranda issued by the Secretary of Defense or the Deputy Secretary of Defense for purposes of updating and consolidating force health protection guidance on travel, meetings, or any other COVID-19 personnel or health-related matter.

**(Added DAF)** This DAF supplemental guidance will be posted, and updated as necessary, at: <https://usaf.dps.mil/teams/COVID-19/SitePages/Home.aspx>. DAF Components should monitor this website to obtain the most current version of this guidance. Changes from the previous version will be identified in bold and italic fonts.

**(Added DAF)** This DAF supplemental guidance consolidates, incorporates, and rescinds the following DAF policies and guidance:

- **(Added)(DAF)** Secretary of the Air Force, “Department of the Air Force Guidance on the Use of Masks,” 16 February 2021
- **(Added)(DAF)** Secretary of the Air Force Memorandum, “Mandatory Coronavirus Disease 2019 Vaccination of Department of the Air Force Civilian Employees,” 8 October, 2021
- **(Added)(DAF)** Secretary of the Air Force Memorandum, “Delegation of Authority for Deciding Exemptions for Mandatory Coronavirus Disease 2019 Vaccination of Department of the Air Force Civilian Employees,” November 3, 2021
- **(Added)(DAF)** Deputy Chief of Staff, Manpower, Personnel and Services Memorandum, “Updated DAF Civilian Employee Mandatory COVID-19 Vaccination Guidance”, 19 January 2022
- **(Added)(DAF)** Secretary of the Air Force Memorandum, “Delegation of Authority, COVID-19 Guidance Related to Travel and Meetings,” November 3, 2021
- **(Added)(DAF)** Secretary of the Air Force Memorandum, “Department of the Air Force (DAF) Guidance for Commanders’ Risk-Based Responses and Implementation of the Health Protection Condition Framework during the Coronavirus Disease 2019 Pandemic,” May 19, 2021
- **(Added)(DAF)** Department of the Air Force Civilian Force Management Directorate, AF/A1, “DAF Civilian Employee Mandatory COVID-19 Vaccination Guide,” 6 November 2021, and subsequent revisions
- **(Added)(DAF)** Secretary of the Air Force, “Supplemental Coronavirus Disease 2019 Vaccination Policy,” 7 December 2021
- **(Added)(DAF)** Deputy Chief of Staff, Manpower, Personnel and Services

- Memorandum, “Updated DAF Civilian Employee Mandatory COVID-19 Vaccination Guidance,” 19 January 2022
- **(Added)(DAF)** Under Secretary of the Air Force, “Approval – Memorandum, “COVID-19 Restrictions for DAF-Sponsored In-Person Events With Less Than 250 Participants,” 9 March”, 4 May 2022

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## EXECUTIVE SUMMARY

The DoD is committed to providing safe working environments across the entire DoD enterprise, which consists of an approximately 2.9 million-person global workforce deployed or stationed in nearly 150 countries, including military Service members and their families, and DoD civilian and contractor personnel that work in a highly complex and large number of diverse and unique environments. This force health protection (FHP) Guidance (“Guidance”) was developed to protect the DoD workforce, contractor personnel, other occupants, and visitors (collectively referred to as “personnel”) before, during, and after our orderly and final return to the physical workplace (“final reentry”). The Guidance is intended to meet the direction of the President’s EOs<sup>2</sup> and guidance from the Safer Federal Workforce Task Force (“Task Force”) and OMB,<sup>3, 4</sup> and articulate steps the DoD has been and will be taking to halt the spread of COVID-19.

Consistent with Task Force and OMB guidance, this Guidance includes policies and procedures that incorporate the best available data and science-based measures and activities that focus on health and safety and on workplace operations. DoD uses the latest guidance from the Centers for Disease Control and Prevention (CDC), and requirements from the Occupational Safety and Health Administration (OSHA) and other relevant Federal agencies as the starting point for developing COVID-19 policy and guidance.

The Department began publishing FHP guidance and policy to address COVID-19 in January 2020. In February 2021, the Secretary of Defense directed the review of all guidance and policy memoranda previously issued for COVID-19.<sup>5</sup> The review was completed in April 2021, and subsequent updates align DoD COVID-19 policy and guidance with current Task Force, OMB, CDC, and OSHA guidance as appropriate.

The DoD COVID-19 Task Force is responsible for recommending updated DoD COVID-19 policy. The Deputy Secretary of Defense and the Vice Chairman of the Joint Chiefs of Staff co-chair the DoD COVID-19 Task Force which assembles as needed for meetings virtually and in person and includes representatives from senior leadership across the Department, including the Secretaries of the Military Departments (MILDEPs), Under Secretaries of Defense, and Combatant Commanders.

DoD has long recognized the threat posed by pandemics and disease outbreaks and has previously issued guidance, planning, and policy documents to prepare for and respond to such threats. The DoD also recognizes that successfully managing the COVID-19 pandemic requires the flexibility to adapt to changing conditions (e.g., variants, and disease prevalence or virulence) and new information (e.g., evolving best health and safety practices).

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<sup>2</sup> EO 14042, “Executive Order on Ensuring Adequate COVID Safety Protocols for Federal Contractors,” September 9, 2021; EO 14043, “Executive Order on Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,” September 9, 2021

<sup>3</sup> Documents from the Safer Federal Workforce Task Force are available at: <https://www.saferfederalworkforce.gov/overview/>

<sup>4</sup> Office of Management and Budget Memorandum, Office of Personnel Management, and General Services Administration, M-21-25, “Integrating Planning for A Safe Increased Return of Federal Employees and Contractorsto Physical Workplaces with Post-Reentry Personnel Policies and Work Environment,” June 10, 2021

<sup>5</sup> Secretary of Defense Memorandum, “Strategic Review and Reissuance of All Coronavirus Disease 2019 Policy Documents,” February 2, 2021



The DoD is committed to protecting its workforce and stakeholders from the effects of the COVID-19 pandemic, while preserving our ability to complete its mission. As data becomes available, science-based evidence emerges, and the CDC, OSHA, and other cognizant agencies, departments, and other elements of the Federal Government revise and develop new recommendations to protect the workforce, the DoD (**Added DAF**) and **DAF** will incorporate them into its current and future policies and guidance as appropriate.

# SECTION 1: HEALTH PROTECTION CONDITION (HPCON) FRAMEWORK

## 1.1. HPCON FRAMEWORK.

Installations<sup>1</sup> will manage COVID-19 health protection measures using HPCON levels. HPCON 0 is the base level for the HPCON Framework and represents a return to normal operations.

Table 1, below, contains FHP activities installation commanders will undertake at each HPCON level. **Installation commanders must change the HPCON level no later than 2 weeks after the CDC Community Level has been elevated and may change the HPCON level 2 weeks after the CDC Community Level has been decreased.** Installation commanders may deem it necessary to take additional precautions for select personnel and medically vulnerable populations (e.g., those who are elderly, have underlying health conditions or respiratory diseases, or are immunocompromised) and are both encouraged and authorized to do so. Installation commanders may further impose additional requirements appropriate for a particular local setting, **operational requirement**, and/or based on transmission risk regardless of HPCON level.

## 1.2. AUTHORITY TO DETERMINE HPCON LEVELS.

The authority to determine HPCON levels (“HPCON implementation”) **subject to the requirements in section 1.1**, is delegated to the Secretaries of the MILDEPs and Geographic Combatant Commanders and may be further delegated in writing to a level no lower than installation commanders in the grade of O-6 or higher. **(Added DAF) SecAF has delegated this authority in writing to DAF installation commanders (or equivalent) in the grade of O-6 or higher, but it cannot be further delegated.** The Director of Administration and Management (DA&M) has HPCON implementation authority for the Pentagon Reservation, **subject to the requirements in section 1.1.** The Defense Logistics Agency (DLA) has HPCON implementation authority for four locations.<sup>2</sup> ~~Those with HPCON implementation authority will coordinate changes in HPCON levels with other military installations, affected Geographic Combatant Commands (GCCs), and/or Direct Reporting Units in the same local commuting area (i.e., within approximately 30 miles) to the greatest extent practicable to facilitate consistency in response and unity of messaging.~~

**(Added DAF) Authority to determine HPCON level is delegated to military installation commanders. Commanders will consider local CDC COVID-19 Community Levels when making installation HPCON level determinations. Additionally, authority to grant exemptions for workplace occupancy limits is delegated to installation commanders in a grade no-lower than O-6. Tenant mission owners will coordinate with installation commanders to request work place**

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<sup>1</sup> For the purposes of this guidance, a military installation is a base, camp, post, station, yard, center, homeport facility for any ship, or other activity under the jurisdiction of the Secretary of a Military Department or the Secretary of Defense, including any leased facility, which is located within any State, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, the Virgin Islands, the Commonwealth of the Northern Marianas Islands, or Guam. In the case of an activity in a foreign country, a military installation is any area under the operational control of the Secretary of a Military Department or the Secretary of Defense, without regard to the duration of operational control. **(Added DAF) Official government events and events held in space leased or rented by the government are subject to the provisions of this guidance.**

<sup>2</sup> DLA Land & Maritime (Columbus, OH), DLA Distribution HQ (New Cumberland, PA), DLA Aviation (Richmond, VA), and DLA Distribution (San Joaquin, CA).

occupancy exemptions. DAF-wide categorical exemptions to HPCON-driven occupancy limitations are as follows:

- (1) Command and Control facilities ( e.g. Base Defense Operations Centers, Maintenance Operations Centers, wing operations centers, Command Posts, etc.)
- (2) Critical installation security activities (e.g. guard mount facilities, armory, etc.)
- (3) Medical Treatment Facilities
- (4) Deployment and Passenger Processing Facilities
- (5) Maintenance facilities (e.g. depots, flightlines, logistics, supply facilities, etc.)
- (6) Air Traffic Control facilities (e.g. Air Traffic Control Towers, Terminal Radar Control Facilities, etc.)
- (7) Aircrew, missile, space and range operations facilities (e.g. planning, briefing, life support, alert facilities, etc.)
- (8) Formal military and civilian training (e.g. BMT, formal flying training, tech training, etc.) and education (e.g. ACSC, USAFA, etc.) programs and facilities
- (9) Special Compartmented Information Facilities and/or Special Access Program Facilities
- (10) Child and Youth Programs and facilities (e.g. Child Development Centers, Youth Centers, etc
- (11) On-installation schools (PK-12)

Geographic Combatant Commanders have authority to determine HPCON implementation policy in accordance with operational requirements, and to match relevant Host Nation (HN) and allied forces standards, as applicable. Installation commanders outside the United States have unique geographic constraints and operational considerations for FHP. U.S. personnel should respect relevant HN and allied forces standards, as applicable, and should consult with relevant HN authorities, including public health and medical authorities, when deciding to change HPCON levels.

### 1.3. CRITERIA FOR CHANGING HPCON LEVELS.

HPCON level determinations for COVID-19 ~~should be~~ based on the CDC COVID-19 Community Levels reported by the CDC,<sup>3</sup> which include screening levels that make use of new case-rates and health and health care systems-related information. HPCON Levels A, B, and C correspond directly to CDC COVID-19 Community Levels of low, medium, and high community transmission, respectively.<sup>4</sup>

Installations outside the United States should utilize local community-level data, if available, in setting HPCON levels. Otherwise, installation commanders should consider consulting country-level data for their HN and case-rate information available from the CDC at: <https://covid.cdc.gov/covid-data-tracker/#global-counts-rates> and the World Health Organization at <https://covid19.who.int/>. Other sources of data on which installation commanders may rely include academic institutions if such HN data is inaccessible.<sup>5</sup>

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<sup>3</sup> An overview of the CDC COVID-19 Community Levels is available at: <https://www.cdc.gov/coronavirus/2019-%20ncov/science/community-levels>

<sup>4</sup> County Community Levels are available for U.S. states and territories is available at: <https://www.cdc.gov/coronavirus/2019-%20ncov/science/community-levels>. Find community levels by “State or Territory” and then by “County or Metro Area.” Jurisdictions which are not counties, such as the District of Columbia, also are listed under “County or Metro Area.” The Pentagon is in Arlington County, Virginia.

<sup>5</sup> Note: local areas within a country may experience very different COVID-19 case rates than country-specific data.

Elevation to HPCON D should be based on the determination that there is substantial loss of medical capabilities in the local community. The factors listed in Table 1, below, must be considered when determining whether to move to or from HPCON D.

Table 1, below, includes FHP measures that installation commanders may undertake at each HPCON level, in addition to those required elsewhere in this guidance.

**TABLE 1: Force Health Protection Measures by HPCON Level for the COVID-19 Pandemic**

<b>HPCON D</b> <b>Severe</b>	<b><u>High COVID-19 Community Level* Risk, with degraded availability of medical countermeasures, and substantial loss of medical capability</u></b>	<b>Utilize measures from HPCON A, B and C with the following modifications:</b>
	<b>High COVID-19 Community Level* in the county in which the installation is located.</b>	
	<b>AND any of the following</b>	
	<p><b>Civilian healthcare capability and utilization (percent and trend)*:</b>            &gt;50 percent staffed of hospital beds filled with individuals who have COVID-19 as the primary admission criteria; or            &gt;70 percent of staffed intensive care unit (ICU) beds filled with individuals who have COVID-19 as the primary admission criteria; or            Overall staffed hospitals and ICUs have limited to no capacity.</p>	<ul style="list-style-type: none"> <li>a. Less than 25 percent of normal occupancy in the workplace, or the minimum required on-site for essential operations that must be conducted in person.</li> <li>b. Strongly consider declaring a local Public Health Emergency.</li> <li>c. Consider limiting visitor access to the installation to only those required for mission essential activities.</li> <li>d. Cancel non-mission-essential activities.</li> <li>e. Close non-essential services (e.g., fitness centers, leisure and recreational facilities, beauty/barber shops, non-essential retail, dine-in eating establishments).</li> <li>f. Consider potential delay or cancelation of exercises.</li> <li>g. Restrict or suspend social gatherings to the greatest extent possible.</li> <li>h. Follow any other applicable force health protection guidance at: <a href="https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/">https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/</a>.<sup>6</sup></li> </ul>
	<p><b>OR</b></p> <p><b>Military Health System (MHS) health care capability and utilization (percent and trend):</b>            Degradation of MHS capabilities requiring Crisis Status operations; and &gt;95 percent staffed bed occupancy; or            &gt;50 percent military medical treatment facility (MTF) staff in isolation or quarantine or unvaccinated; or            &gt;60 percent staff absent who provide urgent or emergent care; and            Local emergency departments on divert or inability of civilian health care to absorb excess MHS patients; or            Clinical or appointment capability reduced &gt;60 percent in key departments.</p>	
	<p><b>OR</b></p> <p><b>Other factors:</b>            Loss of vaccine effectiveness in available vaccines resulting in vaccinated individuals routinely experiencing severe disease, hospitalization or death.</p>	

<sup>6</sup> For information about masking and screening testing at the various HPCON levels, refer to sections 2.1 and 5.3.

Elevated case levels resulting in significant curtailment of essential services either on installation or in civilian communities immediately adjacent to the installation (e.g., emergency response, security, facility maintenance, and energy/communication).

**\*CDC COVID-19 Community Level (by county) can be found at:**

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

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**HPCON C**  
High

**High COVID-19 Community Level\* Risk**

**High COVID-19 Community Level\* in the county in which the installation is located.**

**\*CDC COVID-19 Community Level (by county) Civilian county level data can be found at:**

**<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.htm>**

**Utilize measures from HPCON A and B with the following modifications:**

- a. Less than 50 percent of normal occupancy in the workplace.
- b. Consider limiting visitor access to the installation for non-essential mission-related/operational activities.
- c. Limit social gatherings to less than 50 percent facility/room occupancy.
- d. MTFs may limit elective surgeries in accordance with guidance from the Defense Health Agency and the Assistant Secretary of Defense for Health Affairs.
- e. Consider re-scoping, modifying, or potentially canceling exercises.
- f. Indoor common areas and large venues may be closed. Dining establishments may be limited to takeout.
- g. Gyms may be closed at this level or operate at diminished occupancy.
- h. Schools operated by the Department of Defense Education Activity (DoDEA) will operate remotely.
- i. Maximize telework to the greatest extent practical.
- j. Follow any other applicable force health protection guidance at:  
<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>.

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**HPCON B**  
Moderate

**Medium COVID-19 Community level\***  
**Risk**

**Medium COVID-19 Community Level\*  
in the county in which the installation is  
located.**

**\*CDC COVID-19 Community Level (by  
county) Civilian county level data can be  
found at:**

**<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.htm>.**

**Utilize measures from HPCON A with the  
following modifications:**

- a. Less than 80 percent of normal occupancy in the workplace.
- b. Permit liberal telework where possible, especially for individuals who self-identify as immunocompromised or being at high risk for severe disease.
- c. Consider limiting occupancy of common areas where personnel are likely to congregate and interact by marking approved sitting areas or removing furniture to maintain physical distancing.
- d. Follow any other applicable Force Health Protection Guidance at:  
<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>.

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**HPCON A**  
Low

**Low COVID-19 Community Level\* Risk**

**Low COVID-19 Community Level\* in the  
county in which the installation is  
located.**

**\*CDC COVID-19 Community Level (by  
county) Civilian county level data can be  
found at:**

**<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.htm>.**

- a. Less than 100 percent of normal occupancy in the workplace, with telework as appropriate.
- b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.
- c. Common areas and large venues (e.g., sit-down dining, movie theaters, gyms, sporting venues, and commissaries) should adhere to established cleaning and sanitation protocols
- d. DoDEA schools will operate following CDC recommendations and guidelines specific to schools as implemented in operational procedures and guidance from the Director, DoDEA.<sup>7</sup> Children are not required to mask. Any DoD guidance that is more stringent than CDC guidance must be followed.
- e. Follow any other applicable Force Health Protection Guidance at:  
<https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>.

<sup>7</sup> <https://www.dodea.edu/covid-operations.cfm>.

**HPCON 0**     **Normal Baseline**

- a. Resume routine standard operations.
  - b. Maintain standard precautions such as routine hand washing, cough on sleeve, good diet, exercise, vaccinations, education, routine health alerts, and regular preparedness activities.
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#### 1.4. WORKPLACE OCCUPANCY LEVELS WITHIN THE HPCON FRAMEWORK.

Workplace occupancy limits for each HPCON level are included as measures in Table 1. The workplace occupancy levels in ~~the chart~~ **Table 1** are ceilings, not goals. Reduced workplace occupancy may be achieved through telework, remote work, flexible scheduling, and other methods, as appropriate. At HPCON A or higher, DoD Components are granted an exception to policy from Enclosure 3, paragraph 3.j.(2) of Department of Defense Instruction 1035.01, “Telework Policy,” and may allow DoD civilian employees to telework with a child or other person requiring care or supervision present at home. **(Added DAF)** Even when returning to “re-entry” occupancy levels, managers may authorize civilian employees to telework when they may also have dependent care responsibilities, so long as work and non-work hours are appropriately accounted for. Managers should refer to DODI1035.01\_DAF36-816 for additional guidance on the DAF telework and remote work program.

DoD Component heads have the authority to grant exemptions for workplace occupancy limits that are required for national security and the success of critical missions. DoD Component heads, other than the Secretaries of the MILDEPs, may delegate this workplace occupancy limit authority in writing to a level no lower than a general/flag officer or Senior Executive Service (SES) member (or equivalent). Secretaries of the MILDEPs may delegate workplace occupancy limit exemption authority in writing to a level no lower than an O-6 installation commander. **(Added DAF)** SecAF has delegated this authority in writing to DAF installation commanders (or equivalent) in a grade no than O-6, but it cannot be further delegated. The DA&M has workplace occupancy limit exemption authority for all DoD Components located on the Pentagon Reservation and other facilities within the National Capital Region managed by Washington Headquarters Services. This authority may be delegated at the discretion of the DA&M. DLA has workplace occupancy limit exemption authority for four locations.<sup>8</sup> When considering a workplace occupancy limit exemption, those with exemption authority must take into account the ability to maintain distance between personnel and other public health and workplace safety measures contained in this Guidance.

A record of all workplace occupancy limit exemptions will be retained by the exemption authority for the duration of the pandemic and until returning to HPCON 0 and provided for awareness to the public health office concerned and to the installation commander, if different from the exemption authority. FHP measures and other appropriate mitigation measures shall be used rigorously in all areas and especially in areas for which an occupancy exemption has been granted.

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<sup>8</sup> DLA Land & Maritime (Columbus, OH), DLA Distribution HQ (New Cumberland, PA), DLA Aviation(Richmond, VA), and DLA Distribution (San Joaquin, CA).

## SECTION 2: VACCINATION VERIFICATION AND MEASURES BASED ON VACCINATION STATUS

### 2.1 VACCINATION AND TESTING REQUIREMENTS.

#### 1. Service members:

Service members (members of the Armed Forces under DoD authority on active duty or in the Selected Reserve, including members of the National Guard) are required to be fully vaccinated against COVID-19, subject to any identified contraindications, any administrative or other exemptions established in DoD policy, and any applicable court orders. Service members' vaccination status will be validated utilizing their Military Service-specific Individual Medical Readiness (IMR) system. If a Service member has been vaccinated against COVID-19 outside the military health system, that Service member must show official proof of his or her COVID-19 vaccination status to update the IMR system.

Once the applicable mandatory vaccination date has passed, COVID-19 screening testing is required at least weekly for Service members who are not fully vaccinated, including those who have an exemption request under review or who are exempted from COVID-19 vaccination and are entering a DoD facility located in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high or medium. Service members who are not on active duty and who also are DoD civilian employees or DoD contractor personnel must follow the applicable requirements in section 2.3 for DoD civilian employees or in section 2.4 for DoD contractor personnel.

**(Added DAF)** On 14 Jul 22, a U.S. district court judge issued a nationwide preliminary injunction prohibiting enforcement of COVID-19 vaccination requirements for a class of service members consisting of Airmen and Guardians, including USAFA and ROTC cadets, who, as of 1 Sep 21, have submitted a timely Religious Accommodation Request (RAR) that has either been denied or has not been acted upon. This prohibition applies to members of the Reserve Component and Air National Guardsman in federal status. "Enforcing the mandate" is interpreted to mean pausing the entire disciplinary and adverse action process based on failure to obey the order to receive the COVID-19 vaccine for any member of the class pending resolution of the TRO. However, Force Health Protection measures described in this guidance can continue to be enforced for unvaccinated personnel, such as masking, testing, and social distancing. Finally, assignment, TDY, and deployment decisions - including travel limitations for unvaccinated personnel - are not affected by this injunction and guidance in this FHP applies. For additional information on this injunction, please contact your local base legal office.

#### 2. DoD civilian employees:

Currently, the requirement for all Federal civilian employees to be vaccinated is not in effect. A U.S. district court judge issued a nationwide preliminary injunction prohibiting implementation and enforcement of civilian employee vaccination requirements based on EO 14043. Requirements subject to the injunction and not currently in effect are included in this guidance in a strikeout form for ease of reinstatement by USD(P&R) should the injunction be lifted.

At least weekly COVID-19 testing is required for those DoD civilian employees who are not fully vaccinated when the CDC COVID-19 Community Level is high or medium in the county or equivalent jurisdiction where the DoD facility is located. DoD civilian employees who are not fully vaccinated and who telework or work remotely on a full-time basis are not subject to weekly testing, but must provide a negative result (from a test performed within the prior 72 hours) for entry into a DoD facility located in the county where the COVID-19 Community Level is high or medium.

~~To ensure the safety of the DoD workforce,<sup>13</sup> DoD civilian employees are required to be fully vaccinated, unless they have received a temporary or permanent exemption, (Added DAF) as required by law such as those limited circumstances where an employee is legally entitled to an accommodation based on medical condition or disability or sincerely held religious beliefs. “DoD civilian employee” includes foreign nationals employed by DoD outside the United States, to the maximum extent possible while respecting host nation agreement and laws. It also includes DoD civilian employees who are engaged in full-time telework or remote work.~~

~~(Added DAF) If not already accomplished, Commanders and supervisors must immediately ensure that all DAF civilian employees who are not currently fully vaccinated (as defined herein) are directed (i.e. ordered), in writing, to meet the requirement to be fully vaccinated. (See Attachment. 1 “Sample COVID-19 Vaccination Mandate Directive-Memorandum, and Attachment. 2 “Sample Information on Why to Get a COVID-19 Vaccine”).~~

If they have not already done so, supervisors of DoD civilian employees must ask DoD civilian employees whether they are fully vaccinated. Employees who indicate they are fully vaccinated must provide proof of that vaccination status to their supervisors. **(Added DAF)** [Note: For purposes of the requirements herein, “supervisor” includes authorized human resources officials.]

Acceptable proof includes:

- a. A copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813\_r, published on September 3, 2020);
- b. A copy of medical records documenting the vaccination;
- c. A copy of immunization records from a public health or State immunization information system; or
- d. A copy of any other official documentation containing the data points required to be verified by the supervisor.

**(Added DAF)** Administratively acceptable documentation must be identifiable to the employee (i.e., contain their name) and must contain the following required data points, which the supervisor must verify:

- a. Type of vaccine administered;
- b. Number of doses received;
- c. Date(s) of administration; and
- d. Name of the health care professional(s) or clinic site(s) administering the vaccine(s).

**(Added DAF)** Proof of vaccination may be submitted in hard copy form or in an electronic format, and the proof may be a photocopy or photograph of the vaccination record, provided that it clearly and legibly displays the required data points listed above. Any format submitted must be capable of being retained by management.

<sup>13</sup> Executive Order 14043, “Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,” September 9, 2021.

~~(Added DAF) The DAF will obtain civilian employee vaccination status via the DD-Form 3175 and accompanying vaccination documents as proof of their status. All DAF civilian employees (regardless of whether they are authorized to telework or perform remote work), must attest to their vaccination status by completing Section A of the DD Form 3175 “Civilian Employee Certification of Vaccination,” and must provide accompanying vaccination documents as proof of their status. The form completion process includes the submission of vaccination proof documents and supervisory verification of vaccination status. Completion of the DD Form 3175 is required even if a DAF civilian employee already completed the DD Form 3150 or otherwise previously attested to their vaccination status.~~

~~(Added DAF) DAF civilian employees with access to milConnect will complete the DD-Form 3175 via milConnect at: <https://milconnect.dmde.osd.mil/>. (User Guides for the Electronic DD Forms 3175 and 3150 can be found in Attachment 3.) If milConnect is not available, hard-copy form completion is acceptable, as well as “batch” uploading of information from hard-copy forms (when this function is made available), and/or uploading by supervisors or authorized Human Resources officials, provided a hard-copy, employee-signed form is submitted by the employee. DAF civilian employees using a hard-copy form will provide the hard-copy to the supervisor and those hard-copies will be maintained in accordance with this guidance. DAF civilian employees cannot be required to use their own personal equipment (e.g., their cell phones) for the purpose of providing proof documents or completing the DD Form 3175 (although they may do so voluntarily). DAF civilian employees who submit proof of vaccination or the DD Form 3175 in an electronic format are encouraged to use encrypted email or password-protected files with DoD SAFE file transfer (<https://safe.apps.mil/>).~~

When necessary for implementing FHP measures related to workplace access in section 5.5.c.1. ~~(Added DAF)~~ or additional mitigation measures over those indicated by HPCON or community levels, supervisors of DoD civilian employees may ask DoD civilian employees whether they are up to date with COVID-19 vaccinations. ~~(Added DAF)~~ [Note: the definition of “up to date” differs from “fully vaccinated” and has additional implications for potential mitigation measures that may be necessary or appropriate.] If there is a supervisory concern about the accuracy of the DoD civilian employee’s response, DoD civilian employees are required to provide proof of up-to-date vaccination status. Supervisors must not inquire about disabilities when asking DoD civilian employees about up-to-date vaccination status. ~~(Added DAF)~~ DAF commanders have responsibility for implementing this guidance and establishing and monitoring Force Health Protection guidelines and workplace safety measures and therefore need information regarding their DAF civilian employees’ vaccination status.

~~DoD requires that individuals who started their Government service after November 22, 2021, be fully vaccinated prior to their start date, except in limited circumstances where an accommodation is legally required. (Added DAF) If a new hire wishes to request an exemption, their start date should be delayed until the exemption process is complete and they have either been approved for an exemption or they are fully vaccinated. However, should DoD have an urgent, mission-critical hiring need to onboard new staff prior to those new staff becoming fully vaccinated, the DoD head may delay the vaccination requirement in the case of such limited delays, DoD will require new hires to be fully vaccinated within 60 days of their start date and to follow safety protocols for not fully vaccinated individuals until they are fully vaccinated. (Added~~

~~DAF) [Note: The authority to delay the vaccination requirement is not delegable.]~~

~~(Added DAF) Job opportunity announcements and tentative and final offer letters must address the COVID-19 vaccination requirement. For hiring actions currently underway, hiring organizations must issue revised tentative and final offer letters. Sample language can be found in reference (e). For purposes of this paragraph, the term “new hire” includes current DAF civilian employees who are being hired into a new or different position, to include internal placement actions (i.e. reassignment, promotion, change to lower grade, and conversions).~~

DoD civilian employees are eligible to receive the COVID-19 vaccine at any DoD vaccination site, including military medical treatment facilities. **(Added DAF) DAF civilian employees are not *required* to receive vaccinations at their worksite.** They may also opt to receive the COVID-19 vaccine at locations other than DoD vaccination sites, such as retail stores, private medical practices, and/or local and State public health department sites.

**(Added DAF)** If vaccination is offered to a DAF civilian employee through a DoD source at no cost to the employee, then the employee will not be eligible for reimbursement of the cost to get vaccinated if they opt to do so through their private provider.

**(Added DAF)** Follow on care (other than the administration of a second vaccine dose and/or booster dose) will be provided through DAF civilian employee’s existing health care plans or personal health care providers.

**(Added DAF)** If no FDA approved or authorized vaccine is available at a local DAF vaccination site, the employee should be directed to another nearby DoD vaccination site, or to a vaccination site in the community (Federal, State and local government organizations, or private health care organizations, pharmacies, retail stores, etc) that has FDA approved or authorized vaccines available. In such cases, employees would be eligible for reimbursement of the cost to be vaccinated, to include travel expenses (local or TDY) in accordance with applicable travel requirements.

DoD civilian employees are authorized administrative leave to receive COVID-19 vaccination doses **(Added DAF) and such leave will be granted and scheduled when mission permits.** ~~DoD civilian employees are authorized official duty time **(Added DAF)**, which will be granted, and scheduled when mission permits, to receive COVID-19 vaccination doses, including first, second, and booster shots. For DoD civilian employees who are unable to receive a COVID-19 vaccination within their duty hours, regular overtime rules are applicable.~~ In most circumstances, DoD authorizes employees to take up to 4 hours to travel to the vaccination site, complete any vaccination dose, and return to work—for example, up to 8 hours of duty time for employees receiving two doses (If an employee needs to spend less time getting the vaccine, only the needed amount of duty time should be granted). Employees taking longer than 4 hours must document the reasons for the additional time (e.g., they may need to travel long distances to get the vaccine). **(Added DAF) Such time for these purposes will be granted.** Reasonable transportation costs that are incurred as a result of obtaining the vaccine from a site preapproved by DoD are handled the same way as local travel or temporary duty cost reimbursement is handled based on DoD policy.

DoD civilian employees who experience an adverse reaction to a COVID-19 vaccination should be granted no more than 2 workdays of administrative leave for recovery associated with a single COVID-19 vaccination dose. **(Added DAF) Such time will be granted. If a DAF civilian employee requests more than two workdays to recover, other appropriate leave (e.g. sick leave) may be granted to cover the additional absence. This policy on granting administrative leave is specific to the current COVID-19 pandemic situation and is designed to support the DAF mission by promoting the health and safety of the DAF workforce. For purposes of acting on a request for administrative leave for recovery, supervisors may ask DAF civilian employees about the time and location of the vaccination event and whether the employee experienced a reaction to the vaccine requiring a period of recovery. Supervisors may also require supporting medical documentation, in accordance with applicable leave policies and labor agreements.**

DoD will grant leave-eligible employees up to 4 hours of administrative leave per dose to accompany a family member who is receiving any COVID-19 vaccination dose. For example, up to a total of 12 hours of leave for a family member receiving three doses—for each family member the employee accompanies. If an employee needs to spend less time accompanying a family member who is receiving the COVID-19 vaccine, DoD will grant only the needed amount of administrative leave. Employees should obtain advance approval from their supervisor before being permitted to use administrative leave for COVID-19 vaccination purposes. Employees are not credited with administrative leave or overtime work for time spent outside their tour of duty helping a family member get vaccinated.

DoD civilian employees should use the time and attendance code for “physical fitness” to record administrative leave for COVID-19 vaccination recovery time that prevents the employee from working or for taking a family member to be vaccinated for COVID-19) The type hour code is “LN” and the environmental/hazard/other code is “PF.” Non-appropriated fund employers should code administrative leave related to COVID-19 in a way that can be easily reported.

**(Added DAF) Travel Expense Reimbursement - DAF civilian employees will not be reimbursed for travel-related expenses while on administrative leave to accompany family members to vaccination events.**

### 3. DoD contractor personnel:

Vaccination requirements for DoD contractor personnel are outlined in several references.<sup>14</sup> In implementing EO 14042, the DoD will comply with all relevant court orders. Onsite DoD contractor personnel will complete the DD Form 3150, “Contractor Personnel and Visitor Certification of Vaccination”;<sup>15</sup> maintain a current completed copy; and show it to authorized DoD personnel upon request when they work at a DoD facility where the CDC COVID-19 Community Level is high or medium. Failure to complete the DD Form 3150 may result in denying DoD contractor personnel access to the DoD facility to which access is sought.

<sup>14</sup> Safer Federal Workforce Task Force, “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors,” September 24, 2021; Principal Director for Defense Pricing and Contracting Memorandum, “ClassDeviation 2021-00009-Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors,” October 1, 2021; EO 14042, “Ensuring Adequate COVID Safety Protocols for Federal Contractors,” September 9, 2021;<sup>15</sup> <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3150.pdf>

Onsite DoD contractor personnel who are not fully vaccinated against COVID-19, because they are not performing under a covered contract that requires COVID-19 vaccination, due to a legally required accommodation, or who decline to provide information about their COVID-19 vaccination status, will be subject to COVID-19 screening testing at least weekly when the CDC COVID-19 Community Level for the facility in which they work is high or medium. DoD contractor personnel who refuse required COVID-19 screening testing will be denied access to DoD facilities.

**(Added DAF)** In accordance with applicable contracts, DAF contractor personnel may be offered, but are not required, to receive COVID-19 vaccines at their DoD worksites.

**(Added DAF)** DAF contractor personnel who are subject to the requirements in this guidance may incur additional expenses not initially contemplated by the original contract. If this occurs, the original contract terms may need to be modified and the contractor may be entitled to additional compensation (i.e. a request for equitable adjustment or through the submission of a claim). When the original contract needs to be modified, DAF employees must work with the Contracting Officer **before** taking action.

For purposes of the requirements regarding providing information about vaccination status and screening testing, “contractor personnel” are those individuals issued a credential by DoD that affords the individual recurring access to DoD facilities, classified herein as “credentialed recurring access” (CRA) (e.g., Common Access Cardholders) who are performing under a contractor or subcontract between their employer and the DoD. “Contractor personnel” do not include employees of DoD contractors or subcontractors receiving ad hoc access to DoD facilities (e.g., delivery personnel, taxi services) or employees of DoD contractors or subcontractors who have access to the grounds of, but not the buildings on, DoD installations (e.g., contract groundskeepers, fuel delivery personnel, household goods transportation personnel).

#### 4. Official visitors:

“Official visitors”, **(Added DAF)** including official DAF volunteers, are non-DoD individuals seeking access, one time or recurring, in association with the performance of official DoD business (such as to attend a meeting), but who do not have CRA. “Official visitors” do not include personnel receiving ad hoc access to DoD facilities (e.g., delivery personnel, taxi services); individuals who have access to the grounds of, but not the buildings on, DoD installations (e.g., contract groundskeepers, fuel delivery personnel, household goods transportation personnel); personnel accessing DoD buildings unrelated to the performance of DoD business (e.g., residential housing); or personnel accessing DoD facilities to receive a public benefit (e.g., commissary; exchange; public museum; air show; military medical treatment facility; Morale, Welfare and Recreation resources).

Official visitors will complete DD Form 3150; maintain a current completed DD Form 3150; and show it to authorized DoD personnel, upon request when they are visiting a DoD facility where the CDC COVID-19 Community Level is high or medium. Failure to complete the DD Form 3150 may result in denial of an official visitor’s access to the DoD facility to which access is sought. **(Added DAF)** (For hard copy use, the form may be accessed at



<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3150.pdf>) Service members not on active duty or active duty for training are also subject to the requirements in this paragraph.

When visiting a DoD facility where the CDC COVID-19 Community Level is high or medium, official visitors who are not fully vaccinated against COVID-19, or who decline to provide information about their vaccination status, must show an electronic or paper copy of negative results from an FDA-authorized or approved COVID-19 test administered no earlier than 72 hours prior to their visit. If unable to show a negative COVID-19 test result, the official visitor may be provided onsite self-testing, if available, or will be denied access to the DoD facility (or facilities) to which access is sought. Service members who are not on active duty or on active duty for training at the time of their official visit are subject to the requirements in this paragraph.

Official visitors will follow applicable DoD policies and procedures, as well as the policies and procedures of the Department or Agency they are visiting, if different from the DoD's. See section 6, below, on Meetings, for how requirements apply to attendees of in-person in meetings, events, and conferences hosted by the DoD.

All official visitors must comply with all applicable FHP guidance.

Currently, the requirement for all Federal civilian employees to be vaccinated is not in effect. A U.S. district court judge issued a nationwide preliminary injunction prohibiting implementation and enforcement of civilian employee vaccination requirements based on EO 14043. Requirements subject to the injunction and not currently in effect are included in this guidance in a strikeout form for ease of reinstatement by USD(P&R) should the injunction be lifted.

## ~~2.2. ENFORCEMENT OF DOD CIVILIAN EMPLOYEE COVID-19 VACCINATION REQUIREMENT.~~

~~a. DoD civilian employees who refuse to be vaccinated, or to provide proof of vaccination, **(Added DAF)** or to comply with the requirements herein, are subject to disciplinary measures, up to and including removal from Federal service, unless the DoD civilian employee has received an exemption or the DoD civilian employee's timely request for an exemption is pending a decision. **(Added DAF)** Commanders and supervisors should begin enforcement action as soon as circumstances warrant for DAF civilian employees who are not fully vaccinated and who do not have an exemption request approved or pending. Any decision to delay action should only be made after consultation with the servicing civilian personnel and legal offices. Commanders and supervisors should generally follow the recommended guidelines in reference (d), and in accordance with DAF policy, including AFI 36-704, "Discipline and Adverse Actions of Civilian Employees", 3 July 2018, or AFI 34-301, Nonappropriated Funds Personnel Management and Administration, 1 July 2019, and any applicable collective bargaining agreements.~~

~~b. Progressive enforcement actions include, but are not limited, to:~~

- ~~(1) A 5 calendar-day period of counseling and education;~~
  - ~~(2) A short suspension without pay, generally 14 calendar days or less, with an appropriate notice period. SES members may only be suspended for more than 14 calendar days;~~
  - ~~(3) Removal from Federal service for failing to follow a direct order. **(Added DAF)** Removal from Federal service must include a proper notice period, and potential charges could include failing to follow a directive, instruction, or order.~~
- ~~e. During the notice periods preceding adverse employment actions, DoD civilian employees generally should not be placed on administrative leave. DoD Components should require DoD civilian employees to continue to telework or report to the worksite and follow all mitigation measures applicable to not fully vaccinated DoD civilian employees when reporting to the worksite.~~
- ~~d. DoD Components will designate officials, at the appropriate organizational level, to handle the disciplinary process to promote consistent application of disciplinary measures. Such officials will decide each case with due regard to the facts and circumstances of that case. **(Added DAF)** Any progressive enforcement actions taken must be taken in accordance with an individualized assessment of mitigating and aggravating factors, commonly referred to as the *Douglas Factors*. Commanders and supervisors should consider the totality of circumstances of each case, along with the recommended guidelines, and work closely with servicing civilian personnel and legal offices before determining proposed discipline penalties. Additional information in the form of FAQs will be provided to civilian personnel sections under separate cover.~~
- ~~e. Supervisors should contact their servicing human resources and legal offices to discuss options available to address individual situations regarding enforcement of this requirement.~~
- ~~f. DoD Components are encouraged to identify an occupational health office, medical office, or other resource with which a DoD civilian employee may consult during the period of counseling and education.~~

**2.3. EXEMPTIONS FROM DOD CIVILIAN EMPLOYEE COVID-19 VACCINATION REQUIREMENT.** **(Added DAF)** [Note: Section 2.3 as written by DoD applies only to exemption requests from the requirement to be vaccinated against COVID-19. It is DAF policy that all requests for COVID-19 related exemptions, including exemptions from vaccination, masking, screening testing, etc., will follow a similar process, including processing through the Decision Authority Support Office (DASO) with decisions being made according to the decision authorities established by DAF policy. DAF-specific exemption policy and procedures can be found in section 2.4 below.]

~~a. DoD civilian employees may request an exemption on the basis of a medical condition or circumstance or a sincerely held religious belief, practice or observance. Because all DoD civilian employees must now be vaccinated against COVID-19 as a condition of employment, exemptions will be granted in limited circumstances and only where legally required. The information collected must be handled in accordance with the privacy requirements in section 8.~~

~~b. Personnel.~~

~~(i) Decision Authority. Management official(s) will be designated to serve as Decision Authorities to make decisions concerning requests for exemption from the COVID-19 vaccination requirement, in consultation with the organization's servicing legal office. Decision Authorities will be at an appropriate level within the organization to consider the impact, if any, that granting a request will have on the DoD Component operations and to promote similar cases being handled in a consistent manner, with due regard for the facts and circumstances of each case. Each employee's request must be considered on its own merits.~~

~~(ii) Subject Matter Experts. DoD Components may identify subject matter experts in areas such as human resources (HR), equal employment opportunity (EEO), medicine, and religious matters to serve as advisors to assist Decision Authorities. Such advisors may provide individual advice, as needed by the Decision Authority, but may not be used to develop a group or consensus recommendation or decision.~~

~~(iii) Administrative Support. DoD Components will provide appropriate personnel and other resources to administratively support the Decision Authorities, including support necessary to assist the Decision Authorities with preparing written products.~~

~~c. Employee Notice. DoD Components will inform DoD civilian employees how to make a request for an exemption. Requests needed to have been submitted no later than November 8, 2021, absent extenuating circumstances, to be considered timely.~~

~~d. Employee Requests. To make a request for exemption from the COVID-19 vaccination requirement, DoD civilian employees must submit a request to their direct supervisor. For purposes of submitting this exemption request, "direct supervisor" includes an authorized human resources official. The employee must provide an official statement which describes the medical or religious reason the employee objects to vaccination against COVID-19. Generally, such requests must be in writing. DoD civilian employees may use DD Form 3176 or DD Form 3177 to submit their requests. DoD civilian employees who make oral requests may be provided a sample written request format and/or be interviewed to develop the basis for the request. While the use of the DD Form 3176 and DD Form 3177 is optional for DoD civilian employees, when DoD civilian employees make a request, they must provide the following information:~~

~~(1) Medical Exemption Requests.~~

- ~~• A description of the medical condition or circumstance that is the basis for the request for a medical exemption from the COVID-19 vaccination requirement;~~
- ~~• An explanation of why the medical condition or circumstance prevents the employee from being safely vaccinated against COVID-19;~~
- ~~• If it is a temporary medical condition or circumstance, a statement concerning when it will no longer be a medical necessity to delay vaccination against COVID-19; and~~

- ~~Any additional information, including medical documentation that addresses the employee's particular medical condition or circumstance, which may be helpful in resolving the employee's request for a medical exemption from the COVID-19 vaccination requirement.~~

~~(2) Religious:~~

- ~~A description of the religious belief, practice, or observance that is the basis for the request for a religious exemption from the COVID-19 vaccination requirement;~~
- ~~A description of when and how the DoD civilian employee came to hold the religious belief or observe the religious practice;~~
- ~~A description of how the DoD civilian employee has demonstrated the religious belief or observed the religious practice in the past;~~
- ~~An explanation of how the COVID-19 vaccine conflicts with the religious belief, practice, or observance;~~
- ~~A statement concerning whether the DoD civilian employee has previously raised an objection to a vaccination, medical treatment, or medicine based on a religious belief or practice. If so, a description of the circumstances, timing, and resolution of the matter; and~~
- ~~Any additional information that may be helpful in resolving the DoD civilian employee's request for a religious exemption from the COVID-19 vaccination requirement.~~

~~e. Supervisor Responsibilities:~~

~~i. Following receipt of an employee's request for exemption, supervisors must update Section B of the employee's DD Form 3175 to indicate that a request for exemption determination is pending.~~

~~ii. As necessary, supervisors will engage with the employee to ensure completeness of the employee's exemption request.~~

~~iii. In coordination with human resources officials, supervisors will prepare an exemption request package that contains factual information about the circumstances of the employee's request. A complete exemption request package will include the basis for the employee's request and any supporting documentation submitted by the employee, a description of the nature of the employee's job responsibilities and work environment, and any circumstances relevant to a management-level assessment of the reasonably foreseeable effects on the agency's operations, including protecting the agency's workforce and members of the public with whom the employee interacts in the workplace from COVID-19, if the employee remains unvaccinated.~~

~~iv. Supervisors will forward the exemption request package to the Decision Authority Support Office.~~

~~f. Decision Authority Support Office.~~

~~i. DoD Components will establish Decision Authority Support Offices to support exemption request Decision Authorities.~~

~~ii. The Decision Authority Support Office will intake exemption request packages and, under the supervision of the Decision Authority, provide administrative support to the Decision Authority.~~

~~iii. At the request of the Decision Authority, the Decision Authority Support Office may coordinate with subject matter experts to obtain written documentation which includes relevant factual information and, as necessary, a professional opinion related to the factual information, for inclusion in the exemption request package.~~

~~iv. The Decision Authority Support Office may not provide a consensus opinion or recommendation to the Decision Authority.~~

~~g. Decision Authority Determination.~~

~~i. The Decision Authority first analyzes the exemption request package. As necessary, the Decision Authority may request additional information and consult with subject matter experts.~~

~~ii. After conducting a review of the exemption request, the Decision Authority makes a determination, prepares a written statement that includes the reasons for the determination (which may involve drafting assistance based on the Decision Authority's instructions regarding its contents), and obtains a legal review of the determination.~~

~~iii. In cases where the exemption is temporary or denied, the Decision Authority's determination must specify a date by which the DoD civilian employee must be fully vaccinated against COVID-19. In specifying that date, DoD civilian employees must be given a minimum period of 14 days to receive their first (or only) dose of a COVID-19 vaccine.~~

~~h. Employee Notification of Determination. The Decision Authority Support Office will transmit the Decision Authority's written determination to the DoD civilian employee's supervisor, who, in turn, provides the DoD civilian employee with a copy of the written determination, updates the DD Form 3175, and informs the DoD civilian employee of next steps.~~

i. A chart illustrating the exemption request process is below.

<b>Position</b>	<b>Role/Responsibility</b>	<b>Output</b>	<b>Submit to</b>
Requesting employee	Provide vaccination status via DD Form 3175 to indicate exemption pending.	Completed DD Form 3175.	Supervisor
Requesting employee	Request exemption.	Completed DD Form 3176 (medical) or DD Form 3177 (religious), as appropriate, or other request that contains the information required by FHP 23, Revision 3.	Supervisor
Supervisor, in consultation with HR officials	Provide relevant information concerning employee's occupation and work environment, including: availability of measures to physically distance requestor from co-	Exemption request package that includes employee's request and supervisory information concerning employee's occupation, work environment, and other circumstances of the request.	Decision Authority Support Office

	workers and members of the public, the volume of exemption requests in the organization, and any other relevant information concerning the circumstances of the employee's request.		
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Decision Authority Support Office	Receive and track processing of exemption request package. Supplement package with individual advice from subject matter experts and relevant factual information, as directed by the Decision Authority.	Exemption request package that includes employee's request; supervisor information concerning employee's occupation, work environment, and other circumstances of the request; and any supporting documentation relevant to the Decision Authority's analysis.	Decision Authority
Decision Authority	Review submitted documentation, request any reasonably necessary additional information, and prepare written decision in consultation with legal advisors and with the advice of subject matter experts, as appropriate.	Written decision that addresses employee's individual circumstances and has been reviewed by appropriate legal advisors.	Supervisor
Supervisor	Receive decision, discuss with employee. If exemption approved, implement mitigation measures and, if	If approved, employee continues to comply with generally applicable mitigation measures (for instance, as	Employee

	necessary, address any follow-on requests for accommodation in accordance with Component EEO procedures. If disapproved, provide opportunity for counseling by	applicable, screening testing, masking, and physical distancing) and any other mitigation measures directed by the Decision Authority or management officials. If disapproved,	
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	<p>medical professional or other appropriate expert/ initiate requirement for vaccination. Work with the legal advisor(s) and, as appropriate, HR LMER and EEO offices.</p>	<p>vaccination tracking and/or progressive discipline.</p>	
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~~j. Exemption Criteria.~~

~~i. Religious Exemption Requests. Requests for religious exemption will be analyzed pursuant to the Religious Freedom Restoration Act of 1993 (RFRA), 42 U.S.C. § 2000bb et seq. RFRA prohibits the Government from substantially burdening a person's exercise of religion, unless it demonstrates that application of the burden to the person is in furtherance of a compelling governmental interest and is the least restrictive means of furthering that compelling governmental interest. In the first instance, Decision Authorities are to determine whether the requestor has met his or her burden to establish that the vaccination requirement imposes a substantial burden on exercise of a sincerely held religious belief. If so, Decision Authorities analyze the request to determine whether the burden on religious exercise is the least restrictive means of furthering the Government's compelling interest in health and safety of the DoD workforce, and the health and safety of members of the public with whom they interact. If vaccination is not the least restrictive means, the exemption will be granted and supervisors will implement the less restrictive means.~~

~~ii. Medical Exemption Requests. Pursuant to the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 791 et seq. Decision Authorities will analyze requests for medical exemption to determine whether the medical condition or circumstance prevents the employee from safely being vaccinated. If so, the employee will be exempt from vaccination (temporarily or permanently, as appropriate). Supervisors will direct compliance with applicable FHP guidance and direct any mitigation measures that are necessary to prevent the spread of the virus that causes COVID-19 in the workplace and to the members of the public with whom the employee interacts. If such measures result in the employee being unable to perform the essential functions of the position, such matters will be referred to the equal employment opportunity reasonable accommodation process.~~

~~k. Additional Guidance.~~

~~(1) Information collected concerning medical and religious exemption requests must be maintained in accordance with the privacy requirements in section 8. Requests for medical exemption will be treated as medical records to be maintained separately from other personnel files.~~

~~(2) Discipline for failure to meet the COVID-19 vaccination requirement will not be initiated against a DoD civilian employee while a request for a medical or religious exemption from the COVID-19 vaccination requirement is pending determination. If a DoD civilian employee submits a request after discipline is initiated, disciplinary measures may be held in abeyance where appropriate.~~



~~(3) DoD civilian employees who are not fully vaccinated but who have a pending request for exemption from vaccination are required to comply with any mitigation measures that are applicable to all DoD civilian employees in the worksite who are not fully vaccinated. Requests for reasonable accommodation related to those mitigation measures will be combined with any pending medical or religious exemption to vaccination request, for purposes of making a final determination concerning those measures. Without making a finding concerning whether a sufficient basis for a reasonable accommodation concerning those measures exists, the supervisor may use the normal interactive process to pursue a temporary accommodation that protects the health and safety of the workplace while a decision concerning those measures is pending. Otherwise, requests for reasonable accommodation related to force health protection and mitigation measures may be analyzed separately from requests for exemption from vaccination.~~

~~(4) A DoD civilian employee who receives an exemption from the vaccination requirement may, because of the exemption, be unable to perform the duties and responsibilities of the position without a change in working conditions. Supervisors will immediately implement any mitigation measures required by the Decision Authority and applicable FHP guidance. Supervisors may engage in the normal interactive process concerning any other measures necessary to protect the health and safety of the workplace.~~

~~(5) Requests for exemption from candidates for employment will be handled consistent with the procedures in this section.~~

~~(6) Unless responsibility is otherwise established in a written support agreement, the Combatant Command Support Agent identified in DoD Directive 5100.03, "Support of the Headquarters of Combatant and Subordinate Unified Command," is responsible for administration of exemption processes applicable to DoD employees assigned, detailed, or otherwise deployed to a Combatant Command area of responsibility.~~

## **2.4 (Added DAF) DAF CIVILIAN PROCESS FOR EXEMPTIONS AND ACCOMMODATIONS BASED ON MEDICAL CONDITION OR RELIGIOUS BELIEF**

A DAF civilian employee may request an exemption from the requirement(s) herein on the basis of a disability, medical condition/circumstance, or a sincerely held religious belief, practice or observance.

a. In keeping with DoD's requirement that exemption decision authority be placed at an appropriate level to consider the impact of the volume of requests and to promote similar cases being handled in a consistent manner, the decision authority to exempt a DAF civilian employee from the requirements herein (with the exception of mask wear) is designated as follows:

- For DAF civilian employees at Installation Level – Wing/Delta Commanders (for Air Force Materiel Command, Wing Commander, Vice Wing Commander, or equivalent);
- For DAF civilian employees at Headquarters/Staff Organizations (including Field Operating Activities (FOA) and Direct Reporting Units (DRU) and Bureau (ANG)) –

- Organization heads will designate, in writing, a single Management Official as decision authority at a level no lower than O-6/GS-15;
- For DAF civilian employees at Combatant Commands (for which DAF is the Combatant Command Support Agent) – The Management Official with decision authority is the Air Force Element Commander, and may be further delegated to a single DAF Management Official within the Combatant Command at a level no lower than O-6/GS-15.
- In accordance with DoD requirements in Section 5.3.c of this document, exemption requests from mask wearing will be determined at a level no lower than general/flag officer in the grade of O-7, SES member (or equivalent), or, for installations that do not have officials at these levels, O-6 installation commanders.

b. MAJCOM/FLDCOM Commanders and equivalent civilian leaders are ultimately responsible for the exemption processes put in place within their commands and organizations. At a minimum, this oversight responsibility includes ensuring the exemption processes put in place comply with all applicable Federal, DoD and DAF requirements.

c. In order to ensure that decision authorities can fully understand the effects of accommodation requests on DAF operations and to help ensure timely review of such requests, DAF civilian employees should as a general matter promptly notify supervisors that they are seeking a legally required exception ~~to the vaccination mandate, or~~ to other accommodation(s), and should have **submitted their request no later than November 8, 2021**, absent extenuating circumstances, to be considered timely. An employee's failure to submit a timely request for exemption is not a basis to deny a request, but may be relevant in evaluating the request.

d. If a DAF civilian employee has requested an exemption (e.g., a reasonable accommodation based on a medical condition/disability or religious beliefs, practices, or observances) from any portion of this guidance, decision authorities should determine if an appropriate flexibility or accommodation is legally required in accordance with the appropriate legal standard, and whether one can be provided. Commanders must ensure that exemption requests are processed as expeditiously as possible. While exemption requests are pending decision, employees should be granted a temporary accommodation, such as a delay in compliance with ~~the vaccination mandate or~~ the other requirement for which exemption is being requested. ~~Discipline for failure to meet the COVID-19 vaccination requirement will not be initiated against a DAF civilian employee while a timely request for a medical or religious exemption from the COVID-19 vaccination requirement is pending determination.~~ If an employee submits a request after discipline is initiated, disciplinary measures may be held in abeyance, where appropriate.

e. In order to ensure that decision authorities are proactive in seeking out and considering possible accommodations and flexibilities, and are consulting with appropriate resources for assistance, installations will establish a Decision Authority Support Office (DASO) (previously referred to as the Exemption Review Team (ERT)). [Note – DASO/ERTs may also be established as appropriate at the Center, Numbered Air Force, or Headquarters-level, as applicable.] Similar to the Religious Resolution Team used in the Service member religious exemption process, the DASO/ERT will include (at minimum) subject matter experts (SMEs)

from servicing offices in the areas of legal, occupational health, equal employment opportunity, Disability Program Manager (DPM), religious matters (for religious-based requests), and civilian human resources, and may include other SMEs as deemed appropriate (e.g. public health).

f. Installation commanders must ensure adequate resources, including appropriate administrative support, are provided to the DASO/ERT to process an expected high volume of exemption requests. While exemption requests are pending decision, employees should be granted a temporary accommodation, such as a delay in compliance with ~~the vaccination mandate~~ or the other requirement for which exemption is being requested, ~~and no enforcement action should be taken during this time period.~~

g. The DASO/ERT SMEs will serve as advisors to the decision authority, assist in determining the facts and circumstances of each request, and will provide individual consultation and advice to the decision authority as necessary. The DASO/ERT will also assist the decision authority, as needed, in obtaining reasonably necessary additional information (e.g., medical documentation, an interview of the requesting employee, supervisory statement, workplace environment information, etc.) and will provide subject matter expertise to the decision authority. Decision authority officials will consult with their servicing DASO/ERT SMEs, as necessary and appropriate, for both medical and religious-based requests. DASO/ERT SMEs are not to be used to develop a “group” or consensus recommendation or decision.

h. DAF Occupational Health personnel used on the DASO/ERT may include SGP (Chief of Aerospace Medicine), Occupational Medicine Physician, Flight Surgeon, or a credentialed DoD healthcare provider with occupational medicine background/training.

i. An exemption from COVID-19 vaccination is not an exemption from COVID-19 screening testing, or from other force health protection and workplace health and safety mitigation measures. DAF civilian employees who are not fully-vaccinated, but who have a pending request for exemption from vaccination are required to comply with any mitigation measures that are applicable to all not-fully-vaccinated employees in the worksite (for example screening testing, masking, and physical distancing). Requests for accommodation related to those other mitigation measures are separate and distinct from vaccination exemption requests. ~~If an employee requests multiple exemptions (exemption from vaccination as well as from one or more mitigation measures), those separate requests should be processed and considered together, as they inform and have impact on each other.~~

j. DAFI 36-2710 is the applicable guidance document for processing requests for reasonable accommodations based on disabilities. It is DAF policy that **all** requests for exemption from requirements herein (whether based on disability, medical condition or circumstance, or religious beliefs) will follow a similar process to that outlined in DAFI 36-2710, and as outlined herein, incorporating advice and consultation from a DASO/ERT.

k. Determining whether an exemption is legally required must be an individualized assessment of the particular facts and circumstances of the requesting employee’s situation. It will include consideration of factors such as: the basis for the claim; the nature of the DAF civilian employee’s job responsibilities; the impact, if any, of the volume of requests; and the reasonably foreseeable effects on the DAF’s mission and operations, including protecting other employees and the public from COVID-19. Decision authorities should consider viable alternatives to

exemptions that allow for accommodation of the religious belief or medical conditions without putting others at risk. Examples of such possible alternatives include, but are not limited to: telework; altering work schedules; and lateral reassignment to a different position or to different duties that may allow for telework. [NOTE: Additional information regarding assessing exemption requests and the function of the DASO/ERT SMEs has been issued under separate cover and is still applicable.]

l. Because exemption request determinations must be based on individualized assessments, which include the particular facts and circumstances (both personal and job-related) of the requesting employee's situation, an approved exemption does not "transfer" with an employee from one job to another, from one location to another, or from one agency to another. An employee should submit a new exemption request based on the new situational circumstances in such cases.

m. A DAF civilian employee who receives an exemption from ~~the vaccination requirement~~ (or other mitigation measure requirements) may, because of the exemption, be unable to perform the duties and responsibilities of the position without a change in working conditions. Such matters will be referred to the reasonable accommodation process.

## 1. Medical Condition-Based Requests

a. Requests by DAF civilian employees for a reasonable accommodation, based on a disability or medical condition or circumstance that contraindicates ~~obtaining a COVID-19 vaccination or~~ complying with other requirements of this policy, will be submitted and processed in accordance with DAFI 36-2710, *Equal Opportunity Program*, and this guidance.

b. To make a request for exemption from ~~vaccination or~~ other mitigation measures, a civilian employee must submit their request to their supervisor (or authorized human resources official). The request consists of an official statement that describes the medical reason or basis the employee objects to ~~vaccination against COVID-19 (or other requirement from which the employee is seeking exemption)~~. Such requests generally must be in writing, ~~and employees may use the DD Form 3176, "Request for a Medical Exemption or Delay to the COVID-19 Vaccination Requirement" to submit their request.~~ [Note: if a DAF civilian employee makes an oral request, they may be provided a sample written request format and/or be interviewed to develop the basis for the request.] ~~While the use of the DD Form 3176 is optional for DAF civilian employees,~~ when they make such a request, they must provide the following information:

- A description of the medical condition or circumstance that is the basis for the request for a medical exemption from the requirement;
- An explanation of why the medical condition or circumstance prevents the employee ~~from being safely vaccinated against COVID-19, or~~ from meeting the other requirement(s);
- If it is a temporary medical condition or circumstance, a statement concerning when it

will no longer be a medical necessity to ~~delay vaccination against COVID-19, or to refrain from complying with the other requirement; and~~

- Any additional information, to include supporting medical documentation that addresses the employee's particular medical condition or circumstance, which may be helpful in resolving the employee's request for a medical exemption.

c. The general request process for civilian employees (for both medical and religious-based exemption requests) is summarized as follows [Note – The below is only a general summary. The provisions of DAFI 36-2710 generally still apply to medical accommodation requests]:

- The DAF civilian employee should initiate the process by submitting their request to their supervisor or authorized human resources official.
- The supervisor/authorized human resources official will engage in an interactive process with the employee to ensure all necessary and relevant information is included with the request (to include a written statement regarding the nature of the DAF civilian employee's job responsibilities and work environment and the potential impact on these if the requested exemption is approved) and then submit the request package to the servicing DASO/ERT (for medical requests, to the DPM DASO/ERT member). ~~The supervisor/authorized human resources official will then update the employee's DD-Form 3175, Section B, (via milConnect if used to submit the original form) to reflect that a request for exemption has been received and is pending. The employee will also update their DD-Form 3175, Section A, to indicate they have submitted an exemption request.~~
- The appropriate DASO/ERT member will enter the request into the designated tracking tool. The DASO/ERT HR representative will work with the supervisor as necessary to ensure a complete request package is developed.
- To ensure the decision authority has all the relevant and necessary information by which to make their decision, as well as to ensure consistent application of appropriate considerations and guidelines, the appropriate DASO/ERT SMEs will review each request and provide advice and consultation to the decision authority as appropriate and necessary. In order to ensure timely action, packages will be submitted from the supervisor directly to the DASO/ERT without intermediate review or concurrence. If the DASO/ERT believes additional information is reasonably necessary for the decision authority to properly evaluate the request, the HR DASO/ERT representative should contact the supervisor and/or appropriate SMEs to obtain the information.
- It is expected that decision authorities will need the advice and consultation of DASO/ERT SMEs to ensure all relevant information is properly considered. It is therefore DAF policy that decision authorities will request that DASO/ERT SMEs provide any additional information the SMEs deem relevant to each case, including written documentation of factual information (for example CDC recommendations for medical exemption criteria), and as necessary, *individual (not consensus)* professional opinions related to the factual information, for inclusion in each exemption request

package. DASO/ERT SMEs will not provide approval/disapproval recommendations to the decision authority, nor will they provide “consensus” opinions or recommendations. Each SME should provide advice based on their individual area of expertise. (For example, medical SMEs shall provide recommendations as to whether: medical

exemption justification meets CDC recommendations, and determine the impact on occupational health workplace mitigation actions, and advise on any recommended actions regarding additional or alternative mitigation actions.) [Note: it is not the occupational medicine SME’s role to re-evaluate the employee’s private medical provider’s assessment, but rather to determine the impact of such assessment on the employee’s workplace environment.] Recommendations MAY be made however, regarding such things as additional mitigation measures that should be implemented for a specific case, or alternate accommodations that may be considered. [NOTE: Additional guidance regarding assessing exemption requests and the function of the DASO/ERT SMEs has been issued under separate cover and is still applicable.]

- After review, the DASO/ERT will forward the request package to the decision authority.
- The decision authority will review the request and further consult with DASO/ERT SMEs as necessary and appropriate for each case. The decision authority must ensure the package includes a complete written factual record before making their decision. [Note – per the authority designation herein, if the decision is to deny the accommodation request, no further review or endorsement is required.] The decision authority prepares the written statement (with drafting assistance as necessary from the DASO/ERT), which includes the reasons for the decision based on the employee’s individual circumstances.
- The decision will then be reviewed for legal sufficiency. (The DASO/ERT legal representative may perform this review when staffing and workload in servicing legal offices does not allow for a different person to perform this task.)
- The decision will be forwarded to the supervisor/authorized HR official to be communicated in writing to the employee. If the request is denied, the written decision must include the reason(s) for the decision, as well as a directive/order to begin taking the necessary steps to come into compliance and the date by which the employee must be fully vaccinated against COVID-19.
- ~~The DAF civilian employee and their supervisor/authorized human resources official must then properly annotate/update the employee’s DD Form 3175, both Sections A and B.~~

**[NOTE – The above is only a general summary of the process and is not intended to supersede the requirements outlined in DAFI 36-2710.]**

d. Development of a written factual record will include:

- Basis for the request and any supporting documentation submitted by the employee;
- Description of the nature of the DAF civilian employee's job responsibilities and work environment; and
- Any circumstances relevant to a management-level assessment of the reasonably foreseeable effects on the organization's operations and DAF mission, including protecting other DAF employees and members of the public with whom the employee interacts in the workplace from COVID-19, if the employee remains not-fully-vaccinated or is exempted from other mitigation measures.

e. Generally, DAF civilian employees whose request is denied (or who are granted only a temporary exemption) should be directed to begin taking the necessary steps to come into compliance; ~~specifically, they should be given a date by which they must be fully vaccinated against COVID-19, and they must be given a minimum period of 14 days to receive their first (or only) dose of a COVID-19 vaccine.~~

~~f. Even in cases where a DAF civilian employee does not meet the legal definition of "disability" to be entitled to an accommodation under the Rehabilitation Act, in some limited circumstances a decision authority may grant an extension to a vaccination deadline based upon other medical considerations. Decision authorities in receipt of documented medical reasons that may not qualify as a disability, but that necessitate a delay in vaccination, should grant extensions; but they should also specify, consistent with the nature of the medical necessity, by what date the employee must become fully vaccinated.~~

g. During the period in which vaccination is delayed, a DAF civilian employee must follow applicable masking, physical distancing, and testing protocols (and any other mitigation measures deemed necessary) for not-fully-vaccinated individuals, as well as applicable travel guidance. There may be circumstances in which a supervisor or commander determines that the nature of a DAF civilian employee's job responsibilities requires heightened safety protocols during the intervening time.

h. Requests for medical exemption will be treated as medical records to be maintained separately from the employee's personnel file and in accordance with the requirements of Section 8 of this document.

## 2. Religion-Based Requests

a. DAF civilian employees with a sincerely held religious objection to ~~vaccination~~ or other requirements of this policy may request an exemption as an accommodation. [Note: DAFI 52-201, *Religious Freedom in the Department of the Air Force*, does not apply to DAF civilian employees, with the exception of paragraph 10.] Requests will be processed in accordance with this guidance; generally, such requests for religious-based exemptions will follow the same process as outlined in the section above, "**MEDICAL CONDITION-BASED REQUESTS**", excepted as noted below.

b. To make a request for exemption from ~~vaccination or other~~ requirements herein, a DAF civilian employee must submit their request to their supervisor (or authorized human resources official). The request consists of an official statement which describes the religious reason the employee objects to ~~vaccination against COVID-19 (or other requirement from which the employee is seeking exemption)~~. Such requests generally must be in writing, ~~and employees may use the DD Form 3177, "Request for a Religious Exemption to the COVID-19 Vaccination Requirement" to submit their request.~~ [Note: if a DAF civilian employee makes an oral request, they may be provided a sample written request format and/or be interviewed to develop the basis for the request.] ~~While the use of the DD Form 3177 is optional for DAF civilian employees,~~ when they make such a request, they must provide the following information:

- A description of the religious belief, practice, or observance that is the basis for the request for a religious exemption from the requirement;
- A description of when and how the DAF civilian employee came to hold the religious belief or observe the religious practice;
- A description of how the employee has demonstrated the religious belief or observed the religious practice in the past;
- An explanation of how the requirement conflicts with the religious belief, practice, or observance;
- A statement concerning whether the DAF civilian employee has previously raised an objection to a ~~vaccination~~, medical treatment, or medicine based on a religious belief or practice. If so, a description of the circumstances, timing, and resolution of the matter; and
- Any additional information that may be helpful in resolving the employee's request for a religious exemption.

c. The DAF civilian employee is responsible for notifying their supervisor of the conflict between the requirement/policy and the religious observance, practice, or belief, and for submitting the required exemption request package.

d. Supervisors/authorized human resources officials are responsible for ensuring an interactive discussion is held with the employee to inform a thorough evaluation of the employee's request; a determination may be made without this discussion, but it is not advisable. The discussion should include a mutual sharing of information necessary to understand and process the request as well as all possible alternatives/least restrictive methods that could eliminate the conflict on a case-by-case basis. The decision authority is not obligated to provide the employee's *preferred* method of accommodation.



## **SECTION 3: CONDUCTING TESTING FOR SUSPECTED COVID-19 CASES AND GENERAL ELIGIBILITY FOR DOD-CONDUCTED TESTING**

This section provides guidance on COVID-19 testing for eligible persons suspected of having contracted COVID-19.

### **3.1. TESTING CONSIDERATIONS.**

Health care providers will use their clinical judgment and awareness of laboratory testing resource availability, and will work closely with local and installation public health authorities or Public Health Emergency officers, to guide COVID-19 diagnostic testing. Providers are encouraged to test for other causes of respiratory illness as clinically indicated. The CDC testing priorities may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing.html>.

Asymptomatic individuals may be tested based on a clinician's judgment and as deemed appropriate by public health professionals and in accordance with current guidance.

DoD Components must ensure appropriate infection prevention and control procedures are followed throughout the entire testing process. This includes employing the appropriate biosafety precautions when collecting and handling specimens, consistent with CDC guidance.

### **3.2. DOD LABORATORIES AND TESTS.**

The DoD is committed to maximizing testing capability for operational needs and to increasing standardization and synchronization of testing across the Department. However, differences among operational environments, deployment cycles, and congregate setting limitations drive differences in testing demands to mitigate operational risk. This testing includes molecular tests and, for certain limited circumstances, alternative options such as serial rapid antigen testing.

DoD Components will ensure that diagnostic testing and screening testing **performed by laboratories within the Military Health System** are conducted at laboratories designated by the Defense Health Agency's (DHA) Center for Laboratory Medicine Services (CLMS). CLMS manages diagnostic and screening testing policy, certification, and exceptions in accordance with current guidance. CLMS may be contacted at: [dha.ncr.clinic-support.mbx.clms@mail.mil](mailto:dha.ncr.clinic-support.mbx.clms@mail.mil).

DoD Components must comply with Food and Drug Administration (FDA) regulations for diagnostic testing and screening testing, including by complying with COVID-19 emergency use authorizations (EUAs) or biologics license applications (BLAs), and other current guidance. The FDA COVID-19 EUA list is available at: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

DoD Components may consider non-clinical, Research Use Only molecular tests<sup>16</sup> for surveillance testing using a pooled specimen testing protocol, consistent with applicable law and regulations. Results from any positive pools will only be reported in aggregate and must not be placed into any individual's medical record. Any positive pool must be followed by testing every individual sample in that pool with an FDA EUA-authorized molecular test, or an FDA-EUA or BLA authorized test (when available), and performed in a clinical laboratory registered by CLMS, or an equivalent civilian laboratory.

FDA EUA-authorized diagnostic and screening tests that are authorized for pooled testing for screening testing purposes may be performed at Clinical Laboratory Improvement Program-registered laboratories, in accordance with the terms of the applicable EUA.

DoD Components must coordinate planned updates to pooled testing protocols with the Assistant Secretary of Defense for Health Affairs (ASD(HA)). The Secretaries of MILDEPs will retain authority to prioritize pooled testing populations and assignments to MILDEP pooled testing laboratories and resources.

DoD Components are encouraged to employ next-generation sequencing (NGS) technology for COVID-19 surveillance testing. As with testing completed via pooled testing, testing requirements using NGS must be coordinated with the ASD(HA).

DoD Components must record COVID-19 diagnostic and screening testing results in the electronic health record or occupational health record of the individual tested in accordance with Department of Defense Instruction (DoDI) 6040.45, "DoD Health Record Life Cycle Management," and applicable processes for DoD contractor personnel. DHA will assist DoD Components, as needed, to ensure this occurs.

### **3.3. ELIGIBILITY OF DOD PERSONNEL, OTHER BENEFICIARIES, AND OTHER POPULATIONS FOR TESTING.**

DoD Components may test Service members (including members of the Reserve Components when on active duty for a period of more than 30 days, or on full-time National Guard duty of more than 30 days) suspected of having contracted COVID-19, for purposes of disease surveillance, and for official travel in accordance with this guidance. Reserve Component Service members on active duty for a period of 30 days or less will follow their Component's guidelines.

DoD civilian employees (who are not otherwise DoD health care beneficiaries) suspected of having contracted COVID-19 may be offered screening testing if their supervisor has determined that their presence in the DoD workplace or official travel is required. DoD civilian employees may also be offered screening testing in connection with workplace disease surveillance.

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<sup>16</sup> Research Use Only assays are products in the laboratory research phase of development and are not approved for clinical diagnostic use (<https://www.fda.gov/media/87374/download>)

DoD contractor personnel suspected of having contracted COVID-19, or for whom testing is required for workplace surveillance or official travel, may be offered screening testing, subject to available funding, if such testing is necessary to support mission requirements and is consistent with applicable contracts. For example, if testing is explicitly called for under the contract; or if testing is required to access a DoD facility and the contractor personnel must access the DoD facility to perform under the contract. DoD contracting officers may also modify existing contracts to require contractors to test their personnel, or to permit DoD to test their personnel, as necessary to support mission requirements and subject to available funding.

For testing of foreign national employees in locations outside the United States who are suspected of having contracted COVID-19, DoD Components should refer to country-specific labor agreements or contracts and consult with supporting legal counsel for guidance and any limitations concerning such tests.

## SECTION 4: SURVEILLANCE AND SCREENING TESTING

### 4.1. CONDUCTING REQUIRED SCREENING TESTING

To establish COVID-19 screening testing for individuals for whom weekly screening testing is required, DoD Components will:

- a. Execute the screening testing requirement with FDA approved or authorized COVID-19 self-collection kits or self-tests at least weekly (depending on the type of test kit used). Testing should be performed primarily onsite at the installation or facility with proper supervision and documentation of testing results. If onsite COVID-19 screening testing is not feasible, as an alternative self-testing may be performed at home or in other locations. (Note: these COVID-19 self-tests do not require a health care provider's clinical care order and are, therefore, considered an over-the-counter test and do not require medical support to complete).

1. COVID-19 self-tests must have Instructions for Use and FDA approval, 510(k) premarket clearance or have an FDA EUA. These tests will be made available through the DLA. **(Added DAF) DAF Commanders will procure (through DLA) and provide these COVID-19 screening self-tests to DAF civilian employees (as well as contractors and official visitors if available) and establish local processes for where and how the tests will be distributed and conducted for not-fully-vaccinated individuals, and how results are to be reported. Commanders (or their designees) should work with their servicing MTF leadership, installation Public Health Emergency Officer and the MTF Logistics Flight to resource, order and supply organizations with approved testing kits. Organizations are responsible for funding required COVID-19 screening tests. Additional information regarding the ordering of test kits can be found in Attachment 4, "COVID-19 Home Test Kits Ordering Procedures". These self-collection kits/self-tests are to be used within the FDA approved indication and the instructions should be carefully followed to increase the accuracy of the results. [Note: The instructions of a particular test kit may require, for example, that 2 tests be taken 24-36 hours between each test, and such instructions would therefore require more than the 1-time-per-week testing.]**

2. Funding for COVID-19 screening testing, if self-collection kits or self-tests are not available:

- i. Each DoD Component will reimburse Service members and DoD civilian employees for COVID-19 screening tests that require payment for purposes of meeting the screening testing requirement (e.g., if the screening test is not available through the DoD Component and must be administered by a facility who charges for the test).

**a) (Added DAF) If self-collection kits or self-tests as referenced above are not available to DAF civilian employees through DAF, employees will be reimbursed for COVID-19 screening tests that require payment for the purposes of meeting the screening testing requirement e.g., if the screening test is not**

available through the DAF and must be administered by a facility who charges for the test). Individuals should not purchase or pay for tests without prior supervisory or commander approval. Reasonable travel costs that are incurred as a result of a DAF civilian employee obtaining a required screening test from a site preapproved by the agency should be handled the same way as local travel or temporary duty (TDY) cost reimbursement is handled based on DAF policy.

b) **(Added DAF)** Cost reporting for purchase of testing materials or reimbursement for DAF civilian employee tests should be in accordance with reference (j).

c) **(Added DAF)** DAF civilian employees seeking reimbursement should work with the applicable organization's resource advisor to submit OF 1164 Miscellaneous Pay Package to their local comptroller for processing. SAF/FM will provide additional guidance to comptrollers regarding reimbursements under separate cover.

- ii. For COVID-19 screening testing of DoD contractor personnel with CRA, DoD Components will offer, if available, COVID-19 screening testing similar to that offered to DoD civilian employees at the DoD Component's expense and at no cost to the contractor personnel or the contractor.
  - iii. **(Added DAF)** When DAF does not provide test kits, Host Nation employees may utilize Host Nation FDA-equivalent approved test kits.
3. **(ADDED DAF)** Commanders will procure (through Defense Logistics Agency (DLA)) and provide these COVID-19 screening self-tests to DAF civilian employees (as well as contractors and official visitors if available) and establish local processes for where and how the tests will be distributed and conducted for not-fully-vaccinated individuals, and how results are to be reported. Commanders (or their designees) should work with their servicing MTF leadership, installation Public Health Emergency Officer and the MTF Logistics Flight to resource, order and supply organizations with approved testing kits. Organizations are responsible for funding required COVID-19 screening tests. In exceptional circumstances, and in accordance with AFMAN 41-209, Medical Logistics Support, and AFI 64-117, Government Purchase Card Program, commanders may authorize the purchase of self-test kits from sources other than DLA, such as for the purchase of alternative test kits as an accommodation in lieu of the nasal swab test.
- b. Establish guidance for where and how these tests will be distributed and conducted, and how results are to be reported. **(Added DAF)** Commanders will determine the appropriate manner to execute the DAF screening testing requirement with a locally established testing process.
1. DoD civilian employees are responsible for providing documentation of negative COVID-19 test results, upon receipt, to the appropriate supervisor. **(Added DAF)** This documentation or evidence will likely consist of the paper test result (or photo thereof), or an electronic result displayed on a cell phone application.

For purposes of screening testing requirements, “supervisor” includes authorized human resources officials. DoD civilian employees may not be required to use their own personal equipment for the purpose of documenting test results; offsite tests may not be used if there is not a means to document results using Government equipment. The supervisor is responsible for maintaining any COVID-19 test results provided by DoD civilian employees in accordance with the privacy protection measures in section 8.

2. **(Added DAF)** If an individual wishes to undergo a screening test using a test other than that provided by DAF, a “viral test” (which includes both antigen and molecular tests) can be used provided it meets the requirements of section 4.1 above.
  3. **(Added DAF)** Although screening testing is to be conducted at least weekly, commanders may require more frequent testing based on local community transmission, an installation outbreak, HPCON levels (e.g., HPCON Charlie and Delta), and/or the specific type of test kit used. Commanders and supervisors must consult with their servicing MTFs in establishing the testing frequency in order to ensure their process complies with test kit requirements as well as to ensure the process complies with the requirement for a negative test result no more than 72 hours prior to accessing DoD facilities). Commanders must be aware of the rationale for following the test kit package instructions to ensure test validity. Units with no servicing MTF should defer to associated Public Health Emergency Officer (PHEO) or MAJCOM/FLDCOM PHEO for consultation.
  4. **(Added DAF)** Commanders are responsible for tracking, maintaining (and reporting when required) compliance with screening testing requirements for DAF civilian employees in their organizations. Such compliance tracking need only consist of documenting that each individual who was required to test did so, with the frequency required and date completed.
  5. **(Added DAF)** For the purposes of complying with this policy, there is no requirement to maintain a record of the screening test *results* at the individual level. However, if test results are maintained, Commanders are responsible for ensuring that supervisors maintain any COVID-19 test results provided by employees in accordance with applicable law and policy, including appropriate privacy protection measures in accordance with the requirements of Section 8 herein, including keeping such records in a confidential file separate from other employee records. Any document which contains a test result along with personally identifiable information is considered a medical record and must be treated in accordance with law and policy applicable to medical records.
  6. DoD contractor personnel with CRA will maintain their most recent COVID-19 test result and show the result to authorized DoD personnel upon request.
- c. After COVID-19 screening testing procedures are established, personnel subject to

screening testing are required to have a negative COVID-19 screening test result for entry into a DoD facility. DoD Components may bar DoD civilian employees who refuse required screening testing from their worksites on the installation or facility to protect the safety of others. If the COVID-19 screening test is administered offsite, the negative result must be from a test performed within the prior 72 hours. If a COVID-19 screening test is administered onsite, the test will be administered before DoD civilian employees and contractor personnel go to their work areas. Personnel who have tested positive for COVID-19 are exempted from regular screening testing for 90 days following the documented date of their initial positive test of COVID-19. Documented proof of this positive test date shall be provided upon request.

1. **(Added DAF)** If DAF civilian employees are not fully vaccinated and refuse required screening testing, Commanders may deny them access to DoD facilities. If the employee is not denied access, (i.e., they are directed to continue working) the Commander and/or supervisor must ensure appropriate mitigation measures are established to ensure the health and safety of others. Such measures may include, but are not limited to: masking, screening testing, physical distancing, off-shift assignment, teleworking, temporary reassignment to alternate duties, physical work space relocation or alterations (e.g., plexiglass screening), etc.
  2. **(Added DAF)** If a DAF civilian employee who is not fully vaccinated refuses screening testing that has been mandated due to their vaccination status (including those with a pending or approved *vaccination exemption*) supervisors may take appropriate corrective personnel action, including adverse employment action, up to and including removal from Federal service (after consultation with servicing civilian personnel and legal offices).
- d. DoD civilian employees and DoD contractor personnel with CRA with positive COVID-19 screening tests will be offered, but not required to take, FDA approved or authorized confirmatory laboratory-based molecular (i.e., polymerase chain reaction) testing paid for by the relevant DoD Component **(Added DAF)** and administered through local MTFs as resources allow. Contact tracing and mitigation measures will be conducted in accordance with sections 4.4 and 5.5. If the confirmatory test is negative, the individual is not considered to be COVID-19 positive and will be allowed into the workplace.
- e. **(Added DAF)** Those who are already eligible to receive care at MTFs should engage the normal appointment system to determine how best to obtain a confirmatory test. Those not already eligible to receive care at an MTF should contact an MTF to determine their capacity to provide the test. MTFs should be prepared for an increase in confirmatory testing, including ensuring adequate collection supplies and viable testing pathways to process the expected increase. If confirmatory testing is not available through an MTF, DAF civilian employees may be reimbursed for the cost of obtaining the test through a private provider. If confirmatory testing IS available at an MTF, but a DAF civilian employee declines to be tested there, they will not be eligible for reimbursement of any testing obtained through a private provider.

- f. For DoD civilian employees, COVID-19 screening testing is expected to take no more than 1 hour of regular duty time, per test, to complete required testing as directed by the DoD Component. Laboratory-based confirmatory COVID-19 testing for initial positive screening test results is expected to take no more than 2 hours of duty time. This includes time for travel to the testing site, time to complete testing, and time to return to work. Commanders and supervisors will monitor duty time usage and keep duty time used for testing within these parameters to the extent possible.
1. **(Added DAF)** Commanders and supervisors should only authorize a DAF civilian employee to spend time obtaining a test during the employee's basic tour of duty hours and only for the amount of time necessary to travel to/from and obtain the test. If, due to unforeseen circumstances, the employee is unable to obtain the test during basic tour of duty hours, the normal overtime hours of work rules apply.
  2. **(Added DAF)** Timecard Coding: DAF civilian employees must apply JON "COVTEST" to all labor hours, both regular and premium, used to obtain a required COVID-19 screening test or a subsequent confirmatory test.
- g. A religious or medical exemption from COVID-19 vaccination is not an exemption from required COVID-19 screening testing. If a DoD civilian employee requires a religious or medical exemption from participation in COVID-19 screening tests, DoD Components should follow existing processes to determine if an appropriate flexibility or accommodation may be provided. **(Added DAF)** Requests for exemption from screening testing, or other mitigation measures, will be submitted and processed in accordance with DAF procedures outlined in Section 2.4. While such mitigation measure exemption requests are separate and distinct from vaccination exemption requests, if an employee requests multiple exemptions (~~exemption from vaccination as well as from one or more mitigation measures~~), those separate requests should be processed and considered together, as they inform and have impact on each other.

## 4.2 HEALTH SURVEILLANCE ACTIVITIES.

To assess the threat and inform our understanding of COVID-19 transmission, DoD Components will continue to employ existing syndromic, respiratory, and COVID-19 surveillance programs and efforts. **Appropriate** DoD Components will continue, and expand as feasible, the following core surveillance activities:

- Syndromic surveillance through the Electronic Surveillance System for Early Notification of Community-based Epidemics to monitor for COVID-19-like illness.
- Respiratory surveillance testing of samples occurring at sites participating in the DoD Global Respiratory Pathogen Surveillance program for influenza-like-illness, including COVID-19.



- Surveillance for acute or febrile respiratory diseases or illnesses at initial entry training sites, with data collection and reporting in accordance with DoD Component testing plans.
- Clinical diagnoses of COVID-19 cases identified in military medical treatment facilities and reported through case-based surveillance in the Disease Reporting System-internet.
- Contact tracing of confirmed COVID-19 positive cases to infected persons in accordance with all applicable Federal, State, local, and DoD requirements.
- Continued reporting of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)/COVID-19 test results in accordance with all applicable Federal, State, local, and DoD requirements, and as appropriate, to respect HN guidelines.
- Expansion of whole genome sequencing efforts for respiratory surveillance testing with a focus on variants of concern<sup>17</sup> and interest to the DoD, and cases of re-infection and infection in vaccinated individuals (i.e., “vaccine breakthroughs”). Sequencing efforts are led by the Global Emerging Infections Surveillance Program([dha.ncr.health-surv.mbx.promis@mail.mil](mailto:dha.ncr.health-surv.mbx.promis@mail.mil)).
- Leverage alternative technologies, such as wastewater surveillance, to supplement existing COVID-19 surveillance systems as a capability that provides an efficient pooled community sample to understand more fully the extent of COVID-19 infections in communities.

#### **4.3 METHODS FOR OPERATIONAL RISK REDUCTION.**

- DoD Components may perform COVID-19 testing of asymptomatic DoD personnel prior to deployment or redeployment and may perform COVID-19 tests prior to start of Service member training, as determined appropriate by the medical staff and approved by the commander or supervisor, in accordance with DoD Component plans.
- DoD Components will ensure DoD personnel who are tested using a screening testing protocol are notified of their test results.
- Symptomatic DoD personnel will be managed in accordance with current guidance.
- DoD Components may, in consultation with public health advisors, conduct screening testing of Service members to reduce risk in congregate settings, on ships, at training sites, during events, or in remote locations where early identification, isolation, and quarantine are important. Screening testing protocols may involve testing of all Service members prior to participation in an event (such as an exercise or training

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<sup>17</sup> The President’s “National Strategy for the COVID-19 Response and Pandemic Preparedness,” January 21, 2021.

evolution) with or without testing during the event. Finally, screening testing may be performed using a surveillance protocol in which a specified percentage of randomly selected Service members are tested during regular intervals over a period of heightened vulnerability such as when case rates are very high or medical resources are in high demand.

- Voluntary testing of eligible family members, DoD civilian employees, and DoD contractor personnel (if appropriate and permitted in accordance with applicable contracts) who, if infected with COVID-19, could impact the DoD workforce and missions, may be conducted in support of the DoD's effort to interrupt transmission of the virus among our populations. Testing will be conducted based on availability and managed at the DoD Component level.

#### **4.4 COVID-19 CONTACT TRACING AND TESTING.**

DoD Components will conduct contact tracing on all COVID-19 cases identified through testing activities **and prioritize investigation of COVID-19 cases, clusters, and outbreaks involving high-risk congregate settings, unusual clusters of cases, and considered for novel or emerging variants that pose a significant risk for severe disease, hospitalization, or death.** Follow-on quarantine or isolation measures and testing will be implemented as indicated.

**(Added DAF)** Diagnostic and screening tests for COVID-19 will be accomplished in accordance with the Centers for Disease Control and Prevention (CDC), Department of Defense (DoD) and other Federal requirements. As outlined in *Safer Federal Workforce Task Force, Initial Implementation Guidance for Federal Agencies on COVID-19 Community Levels and Mask-Wearing* (reference m), screening testing in CDC COVID-19 Community Level MEDIUM or HIGH should be utilized to identify people with COVID-19 infections among asymptomatic people who are not fully vaccinated and work onsite in order to slow the spread of SARS-CoV-2.

**(Added DAF)** Surveillance testing (systematic testing of a specific group of people regardless of their symptoms) enables early detection of transmission among our force and identifies the need for additional mitigation measures. If the CDC COVID-19 Community Level is HIGH, and testing resources are available, surveillance testing of up to 10% of the population is recommended. Individuals have the option to decline participation in surveillance testing.

**(Added DAF)** As the DoD moves into the endemic phase of the COVID-19 pandemic, universal case investigation and contact tracing for COVID-19 is no longer recommended by the CDC. Case investigations should focus on clusters and outbreaks in high-risk congregate settings or mission critical capabilities and, in those instances, on personnel with symptom onset or positive test in the past 5 days. Installation medical resources "should prioritize elicitation and notification of close contacts with exposure in the previous 5 days who are identified during the priority case investigations." Not all case investigations warrant notification of close contacts. Decisions to increase or redirect case investigation and contact tracing should be made in consultation with state and local health officials and installation Public Health Emergency Officer.

## SECTION 5: PROTECTING PERSONNEL

### 5.1. GENERAL MEASURES FOR PERSONNEL

a. 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, personnel 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 elbows/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.
- **Self-screen for COVID-19 symptoms <sup>18</sup> before entering a DoD facility or interacting with members of the public in person as part of your official duties. Stay home if you have symptoms or feel sick, including “not feeling well,” or “start of a cold or allergies,” and similar circumstances.**
- 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/>.
- Launder or replace masks regularly to promote good hygiene.
- To prevent the spread of COVID-19 in elevators, take the stairs when possible.
- Regularly disinfect surfaces commonly touched by others such as touch screens, mice, and desktops with an alcohol or germicidal wipe as described in section 5.8.
- Installations will post signage about specific measures applicable to the installation, such as mask wearing and physical distancing requirements, and on installation websites, as appropriate.
- **(Added DAF) Commanders and supervisors maintain the authority to mandate more rigorous workplace mask (or other mitigation measures) requirements when they deem it appropriate to protect health and safety in the workplace. All DAF civilian employees and service members who are not fully vaccinated, including those who have medical or religious-based exemptions approved or pending, must comply with all requirements for individuals who are not fully vaccinated, including requirements related to masking, physical distancing, and travel.**

### 5.2. PHYSICAL DISTANCING.

Supervisors will maintain at least six feet of separation between individuals in DoD workplaces whenever possible and regardless of the CDC COVID-19 Community Levels.

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<sup>18</sup> COVID-19 symptoms can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptomstesting/symptoms.html>.

**This requirement does not apply to students in DoD schools.** Installation commanders will implement measures designed to ensure at least six feet of separation in indoor areas whenever possible (including common areas, elevators, stairs, and escalators) and outdoor areas which are crowded or in which personnel are required to congregate, such as building entrances and security checkpoints.

Supervisors will limit requirements for face to face interactions in circumstances when physical distance cannot be maintained and will consider use of telecommunication tools even when onsite.

Installation commanders will determine whether stairwells or sides of stairwells should be designated as “up” and “down” to promote physical distancing. Installation commanders will 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 physical distancing.

### 5.3. MASKS.

a. The following masking guidance applies to all DoD installations and other facilities owned, leased, or otherwise controlled by the DoD:

- When the CDC COVID-19 Community Level<sup>18</sup> is high in the county or equivalent jurisdiction where a DoD installation or facility is located, indoor mask-wearing is required for all individuals, including Service members, DoD civilian employees, onsite DoD contractor personnel (collectively, “DoD personnel”), and visitors, regardless of vaccination status.
- When the CDC COVID-19 Community Level is medium or low in the county where a DoD installation or facility is located, indoor mask-wearing is not required.
- Individuals may choose to wear a mask regardless of the COVID-19 Community Level.

b. Exceptions to mask wearing are limited to:

1. When an individual is alone in an office with a closed door and floor-to-ceiling walls;
2. Brief periods of time when eating and drinking while maintaining distancing and in accordance with instructions from commanders and supervisors;
3. When the mask is required to be lowered briefly for identification or security purposes;
4. When necessary as a reasonable accommodation for a person with a disability or to reasonably accommodate participation in a religious service;
5. When clear or unrestricted visualization of verbal communication is required for safe and effective operations (e.g., air traffic control, emergency dispatch, police/fire/emergency services);
6. When the person who would be wearing the mask is under the age of two, sleeping, unconscious, incapacitated, or otherwise unable to remove the mask without assistance;

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<sup>18</sup> See section 1.3 for information about CDC COVID-19 Community Levels.

7. When engaged in training in which mask wearing is not feasible or creates a hazard, such as swim qualification, amphibious, and aquatic training events;
8. When individuals are alone (or with members of their household or close social pod) in their housing, private outdoor space, or personally owned vehicle;
9. When personnel are operating machinery, tools, and/or other items during the use of which a mask would present a safety hazard (for example, the use of a gaiter may be needed for flight line safety reasons);
10. When environmental conditions are such that mask wearing presents a health and safety hazard (e.g., extreme elevated temperatures); and
11. When individuals are enrolled in a respiratory protection program and are wearing a respirator during the performance of duties requiring respiratory protection.

c. Case-by-case exceptions to the requirements for mask wearing as determined at a level no lower than a general/flag officer in the grade of O-7, SES member (or equivalent), or, for installations that do not have officials at these levels, O-6 installation commanders. **(Added DAF) DAF-specific information related to exemption authorities can be found in Section 2.4.a of this document.**

d. Transportation: All individuals, **regardless of vaccination status**, must wear a mask on DoD **transportation assets (e.g., planes, water transport, buses, trains, taxis, and rideshares) aircraft, boats and other maritime conveyances, and buses** traveling into, within, or out of the United States, and indoor DoD transportation hubs, **regardless of vaccination status and the CDC COVID-19 Community Levels**. Masks are **optional** in outdoor areas of **these** conveyances (if such outdoor areas exist on the conveyance) or while outdoors at transportation hubs, if these areas are uncrowded. **Masking** requirements apply whether the DoD **aircraft, boats and other maritime conveyances, and buses** are located inside or outside the United States, but exclude **these conveyances** and other tactical vehicles and craft in their operational environment. **It is recommended that individuals** wear a mask in Government cars, vans, or other low occupancy transportation assets, **regardless of** the CDC COVID-19 Community Level.

e. Notwithstanding the above, **and regardless of the CDC Community Level**, masks must be worn by personnel working in DoD health care facilities (including military medical, dental, and veterinary treatment facilities) in accordance with requirements specified in 29 CFR § 1910.502 and in accordance with OSHA and CDC guidelines. Masks will be worn by visitors and patients to DoD military medical and dental treatment facilities except while undergoing medical examinations or procedures that interfere with those activities.

f. Each installation and other facility will post signage regarding mask-wearing and physical distancing requirements. Such signage may vary as needed given local requirements and conditions. Information about these requirements at specific installations and other facilities should be publicly available on website(s) and regularly communicated to all personnel.

#### **5.4 CASE MANAGEMENT AND RESTRICTING WORKPLACE ACCESS – SERVICE MEMBERS.**

##### **Testing of Service members:**

- Test based on clinical judgment and public health considerations.
  - If laboratory positive: The Service member becomes a COVID-19 case and must be isolated.
    - The Service member will stay isolated for 5 days (day 0 is the day symptoms started or date of specimen collection if asymptomatic).
    - The Service member may leave isolation after 5 days, if no symptoms are present or if he/she is afebrile for more than 24 hours and any remaining symptoms are resolving. Mask wearing must continue for 5 days after leaving isolation when around others, even if mask wearing is not otherwise required by DoD guidance.
    - If fever, shortness of breath, or severe fatigue start or persist, the Service member will stay isolated until these symptoms resolve. The Service member should be seen and managed by medical personnel.
    - A negative test is not required to discontinue isolation due to difficulty interpreting persistent positive results. This is consistent with the CDC's recommendation to NOT test during the 90-day period following initial diagnosis. This applies to all viral testing methodologies, including antigen testing.
  - If laboratory negative: The Service member should be followed to ensure he/she clinically improves.
    - If laboratory negative and asymptomatic or clinically improved: The Service member has no restrictions.
    - If laboratory negative and the Service member does NOT clinically improve or worsens, and no other etiology is found, then consider re-testing for COVID-19.

#### Management of Close Contacts of a Case (as determined by contact tracing):<sup>19</sup>

- ~~**When the close contact is a Service member fully vaccinated Quarantine is not required for Service members who are close contacts and who are up-to-date**~~ with an FDA licensed or authorized COVID-19 vaccine, or a World Health Organization Emergency Use Listing COVID-19 vaccine. ~~**quarantine is required unless the individual has: (1) received an FDA licensed or authorized COVID-19 booster dose; (2) it has been less than 5 months since completion of the primary series with an mRNA vaccine (i.e., Pfizer-BioNTech/Comirnaty or Moderna/Spikevax); or (3) it has been less than 2 months since receiving a Johnson and Johnson COVID-19 vaccine dose as a primary vaccination.**~~
- Regardless of vaccination status, close contacts must wear a mask around others for 10 days, even if mask wearing is not otherwise required by DoD guidance, and if *practical*, test on day 5 following exposure. If symptoms develop, then the individual must get tested and isolate until test results are complete.
- Close contact Service members who are not ~~fully vaccinated~~ **up-to-date with the COVID-19 vaccine** must quarantine for 5 days. The Service member should wear a mask at all times when around other individuals, regardless of those individuals' vaccination status, and even if mask wearing is not otherwise required by DoD guidance. Testing should occur on day 5 after

<sup>19</sup> For more information on contact tracing with respect to Service members, see: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/>

exposure. ~~if practical.~~ If no symptoms develop, quarantine may end after 5 days, but the Service member must continue to wear a mask around others for an additional 5 days (i.e., masks must be worn for a total of 10 days after exposure, including the time in quarantine). If

any symptoms develop at any time, the individual should be tested for COVID-19 and advised to isolate.

- Exceptions to the above protocols for asymptomatic Service members with potential exposure based on close contact who are not fully vaccinated, and whose presence is required in the workplace, may be considered in cases of mission-essential activities that must be conducted on site. This exception may be granted in writing by the first general/flag officer, SES member, or equivalent, in the chain of command/chain of supervision or, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. Vaccination status of the Service member should be considered in granting an exception, as more risk will be assumed in granting an exception for a Service member who is not fully vaccinated. Service members who develop signs or symptoms consistent with COVID-19 during the duty period, he/she will be ordered to return to quarters and provided instructions for compliance with this guidance. Service members granted an exception must comply with the following practices for 5 days after the last exposure:
  - Obtain a COVID-19 test on calendar day 5;
  - Conduct daily **pre-screening COVID-19 symptom screening** with temperature checks;
  - Wear a mask in the workplace for 10 calendar days after exposure, even if mask wearing is not otherwise required by DoD guidance;
  - Practice hand and cough hygiene;
  - Refrain from sharing headsets or other objects used near the face;
  - Continue to physically distance as much as possible; and
  - Clean and disinfect their workspace daily
- In all situations, for a full 10 days after last contact with a confirmed case, Service members must continue to self-monitor, and practice strict adherence to all non-pharmaceutical intervention mitigation strategies, and, if not fully vaccinated, wear masks, avoid crowds and practice physical distancing, hand and cough hygiene, maintain adequate indoor ventilation, and perform environmental cleaning and disinfection. In addition, Service members located outside the United States identified as close contacts must follow host-nation policies, as applicable.

### **Testing Quarantined Individuals Who Develop Symptoms:**

Test eligible Service members in quarantine who develop symptoms commonly associated with COVID-19.

- If laboratory positive: The Service member becomes a case and must be isolated (see above).
- If laboratory negative: The Service member must continue to follow procedures for quarantine as outlined above.

### **Recommendations for Testing During the Period Following Initial Diagnosis of COVID-19:<sup>14</sup>**

- For Service members previously diagnosed with COVID-19 who remain asymptomatic after

<sup>14</sup>Beyond the 90-day recovery window, Service members revert to protocols for individuals who have never been diagnosed with COVID-19.

recovery, polymerase chain reaction retesting is not recommended within 90 days from the date of initial diagnosis. Furthermore, in the event of subsequent close contact with confirmed COVID-19 positive individuals, additional quarantine (including any required post-travel quarantine) is not necessary or recommended for 90 days as long as the Service member remains symptom-free.

- If Service members become symptomatic during this time frame (whether or not they are a close contact of a case) they must self-isolate immediately and be evaluated by a health care provider to determine if they may have been re-infected with SARS-CoV-2 or if symptoms are caused by another etiology. Isolation may be warranted during this time, particularly if symptoms developed within 10 days after close contact with an individual who has contracted COVID-19.

**Aircrew Notification:** In situations where a Service member is identified as a case within 72 hours after medical transport in the en route care system, local public health authorities at the receiving MTF, or at the closest MTF if the case is transferred to a civilian medical facility, must notify the regional Theater Patient Movement Requirements Center to initiate contact tracing and air crew exposure procedures.

**Contacts of Contacts:** There is no indication to quarantine asymptomatic Service members who are contacts of contacts; they should continue to self-monitor for symptoms.

## **5.5. RESTRICTING WORKPLACE ACCESS – PERSONNEL OTHER THAN SERVICE MEMBERS**

a. Personnel other than Service members who have signs or symptoms consistent with COVID-19<sup>21</sup> will notify their supervisor and not come to the DoD workplace. Personnel who develop any signs or symptoms consistent with COVID-19 during the workday must immediately distance from other workers, put on a mask even if mask wearing is not otherwise required by DoD guidance, notify their supervisor, and promptly leave the DoD workplace.

b. Regardless of COVID-19 vaccination status, personnel who test positive for COVID-19 will remain out of the workplace for 5 days **(day 0 is the day symptoms started or date of specimen collection if asymptomatic)**. Individuals may return to the DoD workplace after 5 days, if either: (1) they have no symptoms; or (2) if they are afebrile for more than 24 hours and any remaining symptoms are resolving. Mask wearing must continue in the workplace for an additional 5 days, **(for a total of 10 days post-positive result)**, even if mask wearing otherwise is not required by DoD guidance.

c. Personnel with potential exposure to COVID-19 based on close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case of COVID-19 will notify their supervisor.

1. Asymptomatic personnel with potential exposure to COVID-19 based on close contact who are: (1) not fully vaccinated; **or** (2) are **not up to date with the COVID-19 vaccine**

<sup>21</sup> Beyond the 90-day recovery window, Service members revert to protocols for individuals who have never been diagnosed with COVID-19.



~~more than 5 months out from their second mRNA vaccine dose (i.e., Pfizer-BioNTech/Comirnaty or Moderna/Spikevax) and have not received a COVID-19 booster dose; or (3) more than 2 months out from their Johnson & Johnson/Janssen vaccine and have not received a COVID-19 booster dose~~

will remain out of the workplace for 5 days. Regardless of vaccination status, asymptomatic personnel with potential exposure to COVID-19 based on close contact must wear a mask in the workplace for 10 days, even if mask wearing otherwise is not required by DoD guidance.

2. In cases of mission-essential activities that must be conducted on site, asymptomatic personnel with potential exposure to COVID-19 based on close contact, who otherwise would need to remain out of the workplace, 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 5 days after the last exposure:

- Obtain a COVID-19 test on day 5;
- Conduct daily pre-screening with temperature checks;
- Wear a mask in the workplace for 10 days after exposure, even if mask wearing is not otherwise required by DoD guidance,
- Practice hand and cough hygiene;
- Refrain from sharing headsets or other objects used near the face;
- Continue to physically 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 SES, or equivalent, in the chain of command/chain of supervision or, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. If the individual develops signs or symptoms consistent with COVID-19 during the duty period, he/she will be sent home immediately. **(Added DAF) If commanders do not bar such employees from their worksites, they must ensure appropriate mitigation measures are in place to ensure the safety of all employees.**

3. Personnel performing duties outside the United States will also follow applicable geographic Combatant Commander guidance to address HN policies.

**d. (Added DAF) If a DAF civilian employee's confirmatory test is positive, Installation Public Health/MTF will be notified (for possible contact tracing) and the individual will be required to remain out of the workplace in accordance with the guidance in Section 5.5 herein. While barred from their worksites on the installation or facility, such employees may be required to telework, as appropriate.**

- If the DAF civilian employee is a telework participant, and is asymptomatic/physically able to telework (i.e., not incapacitated from illness), the employee should do so, unless they request and are approved for personal leave.
- If the DAF civilian employee is not a telework participant, and is asymptomatic (i.e., not incapacitated from illness), the employee should be placed on weather and safety leave.
- If the DAF civilian employee is symptomatic, or incapacitated and unable to work due to illness, the employee should use personal leave (e.g., sick leave, annual leave, leave without pay).

e. **(Added DAF)** Commanders are reminded that DAF civilian employees cannot be mandated by DAF authorities to quarantine or isolate, but may be barred from the workplace until authorized to return.

## **5.6. RESTRICTING WORKPLACE ACCESS – STATE AND LOCAL RESTRICTIONS**

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.

## **5.7 ISSUANCE OF MEDICAL PERSONAL PROTECTIVE EQUIPMENT.**

Medical personal protective equipment (PPE) items, such as N95 respirators, are reserved for use in high-risk procedures and for use by those at increased risk of severe disease, and should not be issued outside of these circumstances unless local commanders or supervisors determine they are necessary to respect HN or local jurisdiction guidelines. In those instances, commanders or supervisors, in consultation with public health specialists and legal counsel, and with consideration of national or local jurisdictional agreements, such as Status of Forces Agreements, will determine if medical PPE items will be issued to non-medical personnel to respect such guidelines. The PPE supply must be optimized and the below guidelines should be followed, in addition to consulting CDC-published strategies found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/>.

Although it is likely that expired respirators will be scarce 2 years into the pandemic, stockpiles of new respirators may eventually pass their expiration date. N95 respirators in the pandemic stockpiles that have exceeded their manufacturer's recommended shelf-life and expiration date should not be discarded. Current CDC guidance addresses this issue describing strategies for optimizing the supply of N95 respirators in health care settings where there is a limited supply.<sup>22</sup> 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. The manufacturer should be contacted for additional guidance on the use of expired respirators for any other reasons. Those responsible for ordering respirators should not do so with the idea that expired devices can be readily re-used; rather, expired devices should be discarded as per National Institute for Occupational Safety and Health pre-pandemic policy.

## **5.8 CLEANING AND DISINFECTING**

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.

Personnel who are cleaning workspaces or conducting maintenance activities in areas previously occupied by someone who is known or suspected to have contracted COVID-19 should

<sup>22</sup> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

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 PPE 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>. Segregation of such 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 known or suspected to have contracted COVID-19 previously worked is not necessary.

## **5.9. HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)**

The SARS-CoV-2 virus is transmitted mainly by large respiratory droplets, but infected individuals generate aerosols and droplets across a large range of sizes and concentrations. There is no need to shut down air HVAC, air handling systems, or air vents to prevent the spread of COVID-19 within a building. Increasing indoor air movement and ventilation is a cornerstone of COVID-19 transmission mitigation strategy. 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 to let in outside air) at: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>.

## **5.10. OSHA-REQUIRED ILLNESS RECORDKEEPING**

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 commander or 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 calendar days away from work meets the stated threshold).<sup>23</sup>

## **5.11. SAFETY AUDITS, INSPECTIONS, AND TRAINING**

To ensure maximum compliance with physical distancing guidance and telework arrangements, 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," may be discontinued at the discretion of the Component's Designated Agency Safety and Health Official, for the duration of the pandemic or the workplace returns to HPCON 0, whichever comes sooner.

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<sup>23</sup> The reporting requirements are described in more detail in DoDI 6055.07, "Mishap Notification, Investigation, Reporting, and Record Keeping," and at: <https://www.osha.gov/recordkeeping>.

The annual survey requirements specified in paragraph 3.8 of DoDI 6055.12, “Hearing Conservation Program (HCP),” may be suspended by DoD Components at the discretion of the Component’s Designated Agency Safety and Health Official 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 or the workplace returns to HPCON 0, whichever comes sooner.

Spirometry can be safely performed by following the CDC guidance for increased ventilation and regular room cleaning and disinfection, patient screening, and implementation of single use disposable items. The guidance for pulmonary function tests is contained in the Defense Health Agency Deputy Assistant Director for Medical Affairs Memorandum, “Outpatient Pulmonary Function Tests (PFT) During COVID-19 Pandemic,” August 18, 2020, and interim technical guidance for the safe performance of spirometry is available from the American College of Occupational and Environmental Medicine.<sup>24</sup>

## **5.12. MAINTENANCE**

If workers are planning to conduct maintenance in a residence where a person who is known or suspected to have contracted COVID-19 resides and the maintenance is necessary and cannot be delayed, 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, and 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 procedures for personnel protection described in section 5.8.

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<sup>24</sup> <https://acoem.org/COVID-19-Resource-Center/COVID-19-Vaccine-Messaging>

## SECTION 6: MEETINGS

For any planned in-person meetings, events, and conferences (referred collectively herein as “meetings”) sponsored by DoD with more than 50 participants in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high, the meeting organizer will obtain advance written approval from the DoD or Office of the Secretary of Defense (OSD) Component head concerned to hold the meeting. The DoD or OSD Component head concerned may delegate this authority in writing to their Principal Deputy (or equivalent) but no lower. **For the Pentagon Reservation, the approval authority is the DA&M and this authority may not be further delegated.** (Added DAF) SecAF has delegated this authority in writing to the Under Secretary of the Air Force, but it cannot be further delegated. Commanders may request approval from the Under Secretary of the Air Force (USecAF) by submitting a request through the MAJCOM/FLDCOM/DRU/DOA chain of command to [saf-dse.workflow@us.af.mil](mailto:saf-dse.workflow@us.af.mil).

For any in-person meetings in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high or medium, the meeting organizer will require all attendees, including Service members and DoD civilian employees, to show a completed DD Form 3150, “Contractor Personnel and Visitor Certification of Vaccination” **and will follow the applicable requirements in section 5.2 for physical distancing.** **For any in-person meetings in a county or equivalent jurisdiction where the CDC COVID-19 Community level is low, the meeting organizers will follow the applicable requirements in section 5.2 for physical distancing.**

In-person attendees who are not fully vaccinated, or who decline to provide information about their vaccination status, may not attend the meeting if they do not show the meeting organizer proof of a negative FDA approved or authorized COVID-19 test completed no earlier than 72 hours prior to the meeting, and at least weekly if the meeting is greater than one week in duration.

## SECTION 7: TRAVEL

This section covers official and unofficial travel and provides current pre- and post-travel guidance for Service members, DoD family members, DoD civilian employees, and DoD contractor personnel.

Heads of DoD and OSD Components may implement more restrictive guidance and additional FHP measures based on mission requirements and local risk assessments, in consultation with their medical staffs and public health authorities.

The Secretaries of the MILDEPs, heads of OSD Components, Commanders of the GCCs, and the Commander, US Transportation Command (**USTRANSCOM**) may choose to exempt assigned aircrew and aircraft maintenance recovery team members on commercial, military contracted, and organic military aircraft from this section, to the extent permissible, consistent with applicable legal requirements. In addition, patients and their attendants in the en-route care system are exempt from restriction of movement (ROM) requirements and may be exempted from testing requirements by the Theater Validating Flight Surgeon until they arrive at their final treatment destination. Medical care will not be delayed due to ROM requirements.

**The Commander, USTRANSCOM, may further waive the requirements of this section in order to continue execution of the Joint Deployment and Distribution Enterprise as required to project and sustain the joint force globally. This includes forces (aircrews, vessel crews, and mission essential personnel) ordered on prepare-to-deploy orders alert status, air refueling, global patient movement, mortuary affairs support, inland surface, sea, and air sustainment missions, support to other federal departments and agencies (as approved by the Secretary of Defense); and moves of personnel and equipment that support USTRANSCOM's global posture requirements.**

### 7.1. GENERAL TRAVEL GUIDANCE

Fully vaccinated individuals are not restricted from official travel, both domestic and international. **(Added DAF) PCS is considered official travel for both military members and civilian employees. Additionally, movement for civilian employees that includes an authorized relocation incentive (or equivalent) is also considered official travel.** Individuals who are not fully vaccinated, or who decline to provide information about their vaccination status, are limited to mission-critical official travel, both domestic and international. "Mission-critical" will be determined by the traveler's DoD or OSD Component head, who may delegate this authority in writing to the Component's Principal Deputy (or equivalent) but no lower. **For the purpose of this FHP guidance, travel associated with permanent change of station, travel** in connection with Authorized or Ordered Departures issued by the Department of State, **or travel in evacuations ordered by the appropriate DoD official** is deemed to be mission critical. **(Added DAF) For other types of travel requiring a "mission critical" determination, SecAF has delegated this authority in writing to the Under Secretary of the Air Force, but it cannot be further delegated. Commanders may request approval from the Under Secretary of the Air Force by submitting a request through the MAJCOM/FLDCOM chain of command to [saf-dse.workflow@us.af.mil](mailto:saf-dse.workflow@us.af.mil). [Note: An approved or pending request for accommodation or exemption from vaccination does NOT negate the requirement to obtain separate Under Secretary of the Air Force approval for official travel under this guidance.] Upon release of updated DoD written guidance on the "DoD-wide" limits on official travel, this DAF travel limitation guidance**

shall be considered superseded.

During all official travel, travelers will follow all applicable Federal, State, local, and commercial air carrier requirements, and applicable HN requirements as a means to respect HN law. In addition to completion of required or recommended ROM, additional requirements may be necessary when traveling to, or from, locations outside, and within, the United States, travelers will follow any requirements in the Electronic Foreign Clearance Guide pertaining to entry, movement, or operations into a HN. Travelers will also refer and adhere to local updates in HN for travel and movement within the HN.

For travel via military airlift (contracted or organic), Aerial Point of Embarkation (APOE) health screening is mandatory. Travelers who have a medical issue identified during screening or who refuse to be screened at the APOE may be denied travel.

The waiver authority available to the Secretaries of the MILDEPs, heads of OSD Components, Chief of the National Guard Bureau, and Commanders of the GCCs for official travel is specified in section 7.4. Travel that is limited to transit between, and through, foreign countries contained wholly within a single GCC area of responsibility, and between GCC areas of responsibility, is not subject to this memorandum and will be managed by each relevant GCC or GCCs as appropriate.

**(Added DAF) Quarantine Due to Travel – The status of a DAF civilian employee who must quarantine due to travel is determined primarily by the reason for the travel. Regardless of whether travel is for official or personal reasons, in both cases, if an employee is telework eligible and not incapacitated due to illness, the employee should telework as the first option.**

- If a DAF civilian employee has to quarantine because of official travel, and they are not a telework participant, they should be placed on either weather and safety or administrative leave. Supervisors should consult with their servicing Civilian Personnel Office for additional assistance in determining the type of leave that is most appropriate to the circumstances.
- If a DAF civilian employee has to quarantine because of personal travel, and they are not a telework participant, they should request personal leave while quarantining. If an employee refuses to request personal leave, commanders can bar the employee from the workplace for the safety of others. If an employee is barred from the workplace due to refusal to request personal leave after personal travel, they should be placed on administrative leave until the supervisor, in consultation with the servicing civilian personnel and legal offices, determines the appropriate status.

## **7.2 RISK ASSESSMENT PRIOR TO TRAVEL**

It is important for the appropriate commander or supervisor, assisted by medical personnel, to complete a risk assessment for each traveler before travel, as set forth below, including an assessment of the health status and itinerary. Specifically:

- For Service members, a risk assessment is required before all travel.
- For DoD family members, reimbursement for official travel may only occur after the Service members certifies, to the best of his or her knowledge, that family members

have completed a risk assessment. DoD family members are strongly encouraged to complete a risk assessment before unofficial travel as well.

- For DoD civilian employees, a risk assessment is required before official travel. DoD civilian employees are strongly encouraged to complete a risk assessment before unofficial travel as well.

The risk assessment of the health status of the traveler will include, at a minimum, determining:

- Whether the individual is familiar with how to self-monitor, and what actions to take, if he or she develops signs or symptoms consistent with COVID-19 or contracts COVID-19;
- Whether the individual has exhibited any signs or symptoms consistent with COVID-19 within the previous 10 days;
- Whether the individual has had close contact with anyone having, or known to have exhibited, signs or symptoms consistent with COVID-19, or who has tested positive for COVID-19 within the previous 10 days;
- Whether the individual has recently recovered from COVID-19 and, if so, when and if they have documentation of a positive viral test and documentation of recovery from a health care provider;
- Whether the individual is fully vaccinated or up-to-date with COVID-19 vaccines and, if so, when, and whether they have proof of vaccination (CDC vaccination card or other medical documentation);
- Whether the individual has traveled to a country, state, territory, county, or city with high or increasing risk of COVID-19 as defined by the CDC in Travel Health Notices;
- Whether the individual is at increased risk of severe illness of COVID-19 as defined by the CDC. Additional details can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>. For DoD civilian personnel, disclosure of this information is voluntary; and
- The status of community spread of COVID-19 for the travel destination.

**DoD Components may consider requiring contractors with contracts calling for official travel outside the United States to direct their employees to perform a risk assessment prior to such travel. When required, the contractor may tailor the assessment elements according to company policy and should document the risk assessment. At a minimum, when required, the risk assessment should include a self-health assessment performed by the traveler, and a review of the travel itinerary by the traveler's supervisor. The contractor should not be required to disclose the results of the assessment with the DoD. DoD contractor personnel are encouraged to complete a risk assessment before unofficial travel as well.**

In all cases, no personnel may engage in official travel if they have tested positive for COVID-19 and have not yet met the criteria for discontinuing isolation, they are symptomatic, or they are pending COVID-19 test results. After discontinuing isolation, personnel should avoid official travel until 10 calendar days after their symptoms started or the date of their positive test. If these personnel must travel on days 6 through 10, they must properly wear a well-fitting mask when they are around others for the entire duration of travel, even if mask wearing is not otherwise required by DoD guidance. Official travel should also be delayed if, in the past 10 days, an individual has been in close contact with someone who has tested positive for, and/or been symptomatic of, COVID-19 and requires self-quarantine. Prior to travel, all official travelers



should be educated on how to self-monitor and what actions to take if one develops signs or symptoms consistent with COVID-19 or contracts COVID-19.

### 7.3 ROM REQUIREMENTS

**a. Steps to Be Taken During ROM.** During any required or recommended ROM-period, individuals will, to the fullest extent practicable:

- Restrict movement to their residence or other appropriate domicile<sup>25</sup> as much as possible.
- Maintain a distance of greater than 6 feet from anyone who did not, or will not, travel with them, including family members or roommates; wear masks at all times around individuals; and employ hand washing practices in accordance with CDC guidance; avoid crowds; avoid the use of public transportation; and avoid close interaction with pets or other animals for 10 days after travel even if the ROM period is shorter than 10 days.
- Consider their ROM location as their authorized duty location (Service members). **(Added DAF) ROM duty status. Service members will consider their ROM location as their official duty location. Service members will not be charged leave while in ROM status. Service members should be placed in duty status-14 during any ROM, quarantine or isolation unless under appropriate medical care or during convalescence. For Service members who are en-route to their new Permanent Duty Station (PDS) and placed in ROM, documentation must be provided to the gaining finance office to ensure the ROM is non-chargeable. Do not place en-route service members into duty status-14. Medical codes will apply as appropriate.**
- Self-monitor for subjective fever (that is, feeling feverish) or actual fever ( $\geq 100.4^{\circ}\text{F}$  or  $\geq 38^{\circ}\text{C}$ ) by taking their temperature twice a day, and self-monitor for cough, difficulty breathing, or other COVID-19 signs and symptoms as described by the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>. If signs or symptoms consistent with COVID-19 develop during the 14-day self-monitoring period, individuals will, to the fullest extent practicable, immediately self-isolate, limit close contact with others, and, if appropriate, seek advice by telephone or other authorized communication modalities from an appropriate healthcare provider to determine whether medical evaluation and testing for COVID-19 is needed.
- For Service members, notify their chain of command if they, or persons in their household, develop signs or symptoms consistent with COVID-19. Such health information will be used only for FHP purposes and will be protected in accordance with applicable laws and policy.
- DoD civilian employees should notify supervisors if they develop, or have had contact with anyone who exhibits, signs or symptoms consistent with COVID-19. Such health information will be used only for FHP purposes and will be protected in accordance with applicable laws and policy.
- Telework when practicable per direction of their commander or supervisor.

<sup>25</sup> The ROM location for Dynamic Force Employment organizations and individuals will be identified through a case-by-case determination coordinated with the force provider and GCC.

For personnel whose presence is required in the workplace by their supervisor, consider whether and when to return to work during the ROM period in accordance with section 5.

**a. Additional ROM Guidance:**

- If ROM is conducted prior to travel, travel to and from an APOE following ROM completion will, to the maximum extent possible, be conducted in a manner that minimizes the risk of personnel being exposed to, or contracting, the virus that causes COVID-19 during travel.
- For MILDEP ships and submarines, underway time from port of embarkation/debarkation to port of debarkation/embarkation may be used to meet ROM requirements provided no cases have occurred while underway and there has been no contact with personnel from other vessels (e.g., resupply vessels) that would permit transmission.

**b. Exceptions to ROM:**

- Pre- and post-travel ROM is not required for individuals who have fully recovered from a laboratory-confirmed diagnosis of COVID-19 within the previous 90 days prior to travel, or for individuals who are fully vaccinated. Those fully recovered and fully vaccinated will self-monitor for COVID-19 symptoms after travel. However, Service members will isolate and get tested for COVID-19 if they develop signs or symptoms consistent with COVID-19.
- ROM after arrival at the travel destination may or may not be required by the HN if travelers have undergone COVID-19 screening testing prior to travel. If the relevant GCC requires a ROM upon arrival in the country as a means of respecting HN law, then a pre-deployment ROM is not required. Travelers should consult the Electronic Foreign Clearance Guide (<https://www.fcg.pentagon.mil/fcg.cfm>) and check with the MILDEPs and GCCs for current information.

## 7.4 TESTING REQUIREMENTS

a. Pre-travel, post-travel, and ROM-associated COVID-19 screening testing is authorized for official domestic and international air travel at military medical treatment facilities on a non-reimbursable basis for Service members, DoD civilian employees, DoD contractor employees who are traveling for official DoD business, members of the Selected Reserve (including members of the National Guard), and family members approved to accompany DoD personnel. Testing is authorized for official travel on presentation of an electronic or paper copy of orders at military medical treatment facilities. **The cost of testing recommended or required for official travel, and not available through a MTF or not covered (or reimbursable) through travel insurance, can be claimed in a travel voucher as a miscellaneous expense under agency travel policies.**

b. **The testing guidance indicated below is recommended for personnel (with the exceptions to testing noted below) conducting official international air travel. It is recommended that personnel will adhere to the testing indicated below and** maintain proof of the negative test during travel. If the destination location requires a specific test or stricter test timing, personnel must follow the destination location requirement instead, which may be reflected in the Electronic Foreign Clearance Guide. **For military flights, personnel will follow this guidance on pre-travel testing unless operational circumstances cannot accommodate**

- Pre-travel viral<sup>26</sup> testing is **required recommended** 1 to 3 days prior to departure of the commercial or military airlift for both travel from the United States to a foreign country or from a foreign country to the United States.
- ~~Travelers arriving in the United States without a valid negative COVID-19 test,~~
- Post-international travel viral testing 3 to 5 days after the completion of travel is

recommended for active duty Service members and DoD civilian employees.

c. **The testing guidance indicated below is recommended for** active duty Service members ~~(with the exceptions to testing noted below)~~ conducting unofficial international air travel. **will adhere to the testing indicated below and It is recommended that the individuals** maintain proof of the negative test during travel. Active duty Service members are authorized to receive pre-international and post-international travel testing.

- Pre-travel viral testing is recommended 1 to 3 days before departure of the commercial or military airlift for travel from the United States to a foreign country. Travelers will adhere to the destination testing requirements.
- Pre-travel viral testing is **required recommended** 1 day before departure of the commercial or military airlift for travel from a foreign country to the United States.
- Post-international travel viral testing 3 to 5 days after the completion of travel is recommended for active duty Service members and DoD civilian employees.

~~d. **Exceptions to Testing: Unless otherwise required by a more restrictive DoD policy or stated in the Electronic Foreign Clearance Guide:**~~

- ~~• **Individuals fully recovered from a laboratory confirmed diagnosis of COVID-19 infection within the previous 3 months are not required to undergo viral testing and may instead travel with documentation of recovery from COVID-19 that includes:**~~
  - ~~○ **Their positive COVID-19 viral test result on a sample taken no more than 90 days before the flight's departure from a foreign country; and**~~
  - ~~○ **A letter from a licensed health care provider or a public health official stating that the individual is cleared to travel.**~~
- ~~• **Individuals who are fully vaccinated are exempt from viral testing prior to travel from the United States to a foreign country, unless such testing is necessary as a means of respecting explicit HN requirements for such testing.**~~

~~e. **Additional guidance:**~~

- ~~• **"Day" for purposes of testing is a calendar day.**~~
- ~~• **The 1-day time frame is 1 day before the flight's departure (e.g., if individuals subject to testing under this guidance are scheduled to depart a foreign country at 1:00 PM on a Friday, they can board the flight with a negative test that was taken any time on the prior Thursday).**~~

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26 Testing in this guidance refers to tests that utilize molecular or, in certain limited circumstances, antigen testing methods, in accordance with the DoD Coronavirus Task Force Diagnostics and Testing Lead Memorandum, "Optimization of Coronavirus Disease 2019 (COVID-19) Testing Resources," March 8, 2021.

- ~~• **If a trip from the United States to a foreign country is shorter than 1 day, a viral test taken in the United States can be used if the specimen was taken no more than 1 day before the return flight to the United States departs.**~~
- ~~• **Testing requirements for connecting flights:**~~

- ~~○ Individuals subject to testing who are connecting through the United States to another country must be tested for COVID-19.~~
- ~~○ Individuals subject to testing who have one or more connecting flights to get to the United States must have their COVID-19 test taken within 1 day before the departure of their first flight.~~
- ~~○ Individuals subject to testing who travel from a U.S. State or territory to another U.S. State or territory, but have to connect through a foreign country (e.g., traveling between the Northern Mariana Islands and the U.S. mainland via Japan) are not required to be tested for COVID-19.~~
- ~~Testing requirements for delayed flights:~~
  - ~~○ Individuals subject to testing are not required to be retested for COVID-19 if their first flight is delayed past the 1-day limit of testing due to a situation outside of their control (e.g., delays because of severe weather or aircraft mechanical problem), and that delay is 24 hours or less past the 1-day limit for testing.~~
  - ~~○ Individuals subject to testing are not required to be retested for COVID-19 if their connecting flight is delayed past the 1-day limit of testing due to a situation outside of their control (e.g., delays because of severe weather or aircraft mechanical problem), and that delay is 48 or fewer hours past the 1-day limit for testing.~~
  - ~~○ Individuals subject to testing must be retested for COVID-19 if their connecting flight is delayed past the 1-day limit of testing due to a situation outside of their control (e.g., delays because of severe weather or aircraft mechanical problem), and that delay is more than 48 hours past the 1-day limit for testing.~~

## 7.5 SPECIFIC GUIDANCE BY TYPE OF TRAVEL

### 7.5.1 Travel from the United States to a Foreign Country

#### a) Official Travel

##### i) Service members

- Will conduct a travel-associated ROM as follows unless a ROM exception described above applies:
  - Upon arrival at the foreign country destination:
    - As a means to respect HN regulations, Service members will observe applicable HN public health measures.
    - ROM will be conducted as follows:
      - At least 10 days without testing; or, after an appropriate risk assessment, the head of an OSD Component or Secretary of a MILDEP may, consistent with applicable HN public health measures, decrease to a ROM for 5 days with a negative viral test at the end of the 5-day ROM.
      - MILDEPs maintain the authority to determine how necessary ROM and movement, including the mode of transportation to final destinations, are executed.
  - If it is necessary as a means to respect HN regulations to undertake a pre-arrival ROM to observe applicable HN public health measures, the Service member will follow the 10-day or 5-day ROM procedures described above at an appropriate domicile prior to departure and complete pre-travel testing within 1 to 3 days prior to departure.

- Only one ROM is required, either before travel or after arrival.
- Must follow all other requirements imposed by the GCC with responsibility over the destination geographic area, including all applicable HN procedures as a means to respect HN law, and all requirements of the Electronic Foreign Clearance Guide.
- ii) DoD family members
  - Service members must attest that, to the best of their knowledge, their family members have followed the same requirements as those set forth for Service members in this guidance. Failure to do so may result in delay or cancellation of previously authorized travel. This attestation requirement will be incorporated into travel orders issued to Service members.
- iii) DoD civilian employees
  - Will conduct a travel-associated ROM and other FHP practices as described above for Service members.
- iv) DoD contractor personnel
  - DoD contracting officers will ensure that all contracts that include performance outside the United States require DoD contractor personnel to comply with the country entry requirements of the respective GCC (which may include screening, ROM, and testing), as reflected in the Electronic Foreign Clearance Guide, and all applicable HN procedures necessary to respect HN law. The GCC may waive such additional requirements, consistent with existing authorities.
- b) Unofficial Travel
  - i) Service members will comply with their respective MILDEP guidance, DoD Component-specific guidance, and/or GCC and applicable HN procedures, as necessary to respect HN law, for the areas to which, and through which, they are traveling.
  - ii) DoD family members, DoD civilian employees, and DoD contractor personnel must comply with the guidance and/or applicable HN procedures, as necessary to respect HN law, for the areas to which, and through which, they are traveling, and are strongly recommended to follow the FHP guidance for Service members provided within this document and any other DoD Component-specific guidance.

#### 7.5.2. Travel From or Through a Foreign Country to the United States

- a) Official Travel
  - i) Service members
    - **Will It is recommended that Service members** conduct ~~pre-travel screening and~~ testing as described above, prior to departure. **Service members will conduct a risk assessment as described in “Determining Whether to Travel,” above.** If COVID-19 infection is indicated by the **risk assessment screening** or testing, delay travel and consult a health care provider for clearance to travel.
    - **Service members will** ~~Will~~ conduct a risk assessment as described in “Determining Whether to Travel” above upon arrival in the United States. Those who become ill, or have had closecontact with a person known to have contracted COVID-19, during travel will follow the requirements in section 5 related to workplace access.
    - ROM will be conducted as follows: Unless a ROM exception described above applies, if traveling from or having traveled through a foreign country, the Servicemember will, upon arrival at his or her destination domicile:
      - ROM for at least 10 days without testing.
        - After an appropriate risk assessment, the head of the OSD Component or Secretary of the MILDEP concerned may decrease to a ROM for 5 days with a negative viral test at the end of the 5-

day ROM.

- Personnel whose presence is required in the workplace by their supervisor may return to work during the ROM period in accordance with section 5.
  - For any travel-associated ROM, follow the procedures specified above in the “Steps to Be Taken During ROM” section. The ROM requirements may be reduced or waived by the appropriate head of an OSD Component or Secretary of a MILDEP on a case-by-case basis with appropriate risk assessment and mitigation measures.
  - Comply with all installation, State, and local government guidance.
  - Are recommended to get tested for COVID-19 between 3 and 5 days after arrival, regardless of their vaccination status.
- ii) **It is recommended that** DoD family members ~~will~~ conduct pre-travel screening and testing as described above and are strongly recommended to follow the FHP guidance that is provided within this document for Service members during all travel.
- iii) **It is recommended that** DoD civilian employees and DoD contractor personnel ~~will~~ conduct pre-travel screening and testing as described above and are strongly recommended to follow the FHP guidance for Service members that is provided in this document during all travel. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.
- b) Unofficial Travel
- i) Service members:
- **It is recommended that Service members** ~~Will~~ conduct pre-travel testing as described above. **Service members will** and follow ~~pre-travel screening and~~ risk assessment and ROM procedures described above in the Official Travel section.
  - **Service members will** ~~Will~~ comply with DoD Component-specific guidance and/or procedures of the GCC, including those necessary to respect HN procedures applicable to the countries to which, and through which, they are traveling.
  - **Service members will** ~~Will~~ conduct a risk assessment as described in “Determining Whether to Travel” above upon arrival in the United States. Those who become ill, or have had close contact with a person known to have contracted COVID-19 during travel, must self-isolate (if ill) or quarantine (if exposed but not ill) and notify their chain of command or supervisor. Exception: Individuals fully recovered from a laboratory-confirmed diagnosis of COVID-19 infection within the previous 3 months or those who are fully vaccinated are not required to quarantine as long as they remain symptom-free.
- ii) DoD family members may follow the FHP guidance, including pre-travel screening, for Service members provided within this document.
- iii) DoD civilian employees and DoD contractor personnel may follow the FHP guidance, including pre-travel screening for Service members provided within this document. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.
- **7.5.3 Travel Within the United States**
- a) Official Travel
- i) Service members
- Will comply with military installation, State, and local government travel restrictions.

- Will comply with their DoD Component-specific guidance and/or procedures for screening, ROM, and testing, and should review and consider CDC guidance.
  - ii) DoD family members are strongly recommended to follow the FHP guidance for Service members provided within this document during all travel.
  - iii) DoD civilian employees and DoD contractor personnel will conduct pre-travel screening as described above and are strongly recommended to follow the guidance for Service members provided within this document for Service members during all travel. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.
- b) Unofficial Travel
- i) Service members
    - ~~Should consult the COVID-19 Travel Restrictions Installation Status Update available at <https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/>~~
    - Will comply with military installation, State, and local government travel restrictions.
    - Will comply with their DoD Component-specific guidance and/or procedures for screening, ROM, and testing.
  - ii) DoD family members are strongly recommended to follow the FHP guidance for Service members provided within this document during all travel.
  - iii) DoD civilian employees and DoD contractor personnel are strongly recommended to follow the guidance for Service members provided above. Any applicable requirements in section 5 must be met prior to returning to a DoD workplace.

## **7.6. ADDITIONAL GUIDANCE FOR RESERVE AND NATIONAL GUARD PERSONNEL**

1. The Secretaries of the MILDEPs may issue any additional procedural guidance as necessary for Reserve Component personnel.
2. Reserve Component (including National Guard) personnel on official travel will complete any required health and ROM measures, including home-based quarantine or self-isolation if required, prior to the end of the official duty period.
3. Reserve Component (including National Guard) personnel on official travel who are not eligible for treatment at a military medical treatment facility, or who are not within the established access radius around a military medical treatment facility, may obtain COVID-19 official travel related testing at a civilian testing site and submit for reimbursement on their travel voucher.
4. For National Guard (NG) members supporting Federal Emergency Management Agency mission assignments or for other activities undertaken by NG personnel in a title 10 or title 32 duty status, the Chief of the National Guard Bureau, in coordination with the Secretaries of the Army and the Air Force, may issue redeployment guidance to the States, territories, and the District of Columbia to support mission requirements, while minimizing risks to NG members and local communities. Reserve Component personnel in support of another department or agency will complete any required health and ROM measures, including home-based quarantine or self-monitoring, prior to the end of the period of support to that other department or agency.

## 7.7. ADDITIONAL GUIDANCE TO ASSIST COMMANDERS WITH TRAVEL DECISIONS

1. The Department of Defense Joint Travel Regulations are available at:  
<https://www.defensetravel.dod.mil/site/travelreg.cfm>
2. The DoD COVID-19 Response and Operations Platform, available at <https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/> provides travel scenarios and COVID-19 installation status and information to scope, plan, and approve travel by providing awareness of Health Protection Condition levels and COVID-19 hotspots.
3. The Defense Health Agency's Armed Forces Health Surveillance Division provides a "Trajectory of Civilian COVID-19 Cases by County" for the U.S. at the AFHSB COVID-19 Dashboard, available at:
  - <https://go.intelink.gov/25BWvsS>
  - <https://covid-status.data.mil>

~~**4. Travel Restriction Installation Status Updates, available at:**  
<https://www.defense.gov/Explore/Spotlight/Coronavirus/>~~

**4. COVID-19 Signs and Symptoms are available at:**  
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>



## **SECTION 8: PROTECTION OF PERSONALLY IDENTIFIABLE INFORMATION RELATED TO COVID-19**

### **8.1. GENERAL.**

Under this Force Health Protection Guidance, the DoD may collect and maintain sensitive and private information about individuals, including medical information. All personally identifiable information (PII) on individuals must be appropriately safeguarded. In implementing this guidance, 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. All personally identifiable information (PII) on individuals must be appropriately safeguarded under the Privacy Act of 1974 and DoDI 5400.11, “DoD Privacy and Civil Liberties Programs.”

Due to the public health emergency, DoD Components are authorized to collect 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 and restriction. 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 (e.g., affected individual information, type of confirmed or possible health or safety issue). This form is located at:  
<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf>.

Currently, the requirement for all Federal civilian employees to be vaccinated is not in effect. A U.S. district court judge issued a nationwide preliminary injunction prohibiting implementation and enforcement of civilian employee vaccination requirements based on EO 14043. Requirements subject to the injunction and not currently in effect are included in this guidance in a strikeout form for ease of reinstatement by USD(P&R) should the injunction be lifted.

### **8.2. ADDITIONAL REQUIREMENTS FOR INFORMATION COLLECTED FROM DOD CIVILIAN EMPLOYEES.**

Medical information obtained from DoD civilian employees, including vaccination status, will be accessible only to immediate supervisors, authorized human resources officials, ~~and, for exemption requests, Decision Authorities and subject matter experts,~~ who must access the information to implement the guidance in this memorandum. The Rehabilitation Act’s requirements on confidentiality of medical information apply whether or not a DoD civilian employee has a disability.

DoD personnel will use appropriate safeguards in handling and storing DoD civilian employee medical information, including a DoD civilian employee’s proof of vaccination; any medical information on the DD Forms 3175, 3176, and 3177, and COVID-19 test results. Appropriate safeguards may include encrypting emails and electronic files, and role-based access

to electronic storage environments where this information is maintained. In the event the information is maintained in paper form, supervisors and other authorized DoD personnel must ensure DoD civilian employee medical information remains confidential and is maintained separately from other personnel files (e.g., stored in a separate, sealed envelope marked as confidential DoD civilian employee medical information and maintained in locked file cabinets or a secured room). DoD Components are advised to refer to applicable internal guidance on the handling, storage, and disposition of DoD civilian employee medical records, and to consult their Component Privacy Officer as needed for further guidance.

~~Consistent with the Religious Freedom Restoration Act of 1993, 42 U.S.C. chapter 21B, and Title VII of the Civil Rights Act, 42 U.S.C. chapter 21, subchapter VI, individuals seeking a religious exemption from the vaccination requirement, (Added DAF) or other requirements herein, will submit to DoD supporting information about their religious beliefs and practices in order for DoD to evaluate the exemption request. Information collected from individuals under this guidance supporting vaccine (Added DAF) or other mitigation requirements exemption requests will be treated in accordance with applicable laws and policies on privacy, including the Privacy Act of 1974 and DoDI 5400.11, "DoD Privacy and Civil Liberties Programs," the Rehabilitation Act of 1973, as amended ("Rehabilitation Act"), (Added DAF) 5 U.S.C. § 5552a, 29 U.S.C. § 791 et. seq, and 5 CFR part 293, subpart E. While such information may be sensitive and is to be safeguarded, it is not covered by the Health Insurance Portability and Accountability Act (HIPAA) and the associated HIPAA Rules.~~

~~Information gathered under this guidance collected from DoD civilian employees related to exemption requests may be shared with immediate supervisors, authorized human resources officials, Decision Authorities, and, in appropriate cases, subject matter experts, who must access the information to implement the exemption process. DoD Components are advised to consult their Component Privacy Officer and servicing legal office if there is a need to share medical or religious information collected under this guidance with DoD personnel beyond what this guidance permits or with individuals outside of DoD. Religious information will be accessible only to those persons who have a role in carrying out the exemption procedures outlined in section 2 of this memorandum.~~

**(Added DAF)** Unit commanders, or their civilian equivalents, will establish a dedicated, unit-level file solely for the purpose of maintaining any submitted hard copy DD Forms 3175 and accompanying proof documents. ~~(If the form is completed electronically in milConnect by the employee, a hard copy of the form will not be required or maintained.) Any hard copy DD Forms 3175 provided (because the employee did not utilize milConnect) will be maintained in the unit file established for this purpose, and no other personnel- or medical-related documentation of any kind (including test results, medical exemptions, etc) will be kept in this file. DD Forms 3175 and associated vaccination proof documents are not to be maintained in individual supervisory files, including the Supervisor's Employee Work Folder. The completed DD Form 3175 will be treated as a medical record for confidentiality purposes. Maintenance of and access to completed DD Forms 3175 will be in accordance with applicable law and policy, including appropriate privacy protection measures. The completed DD Form 3175, or any similar vaccination record, constitutes confidential medical information under Federal law and thus must be kept confidential in a file separate from the personnel files maintained by the employee's supervisor and the civilian personnel office.~~

**(Added DAF)** Unit commanders and supervisors are responsible for establishment and

~~enforcement of deadlines for DAF civilian employees to submit their DD Forms 3175, ensuring that all required forms and vaccination proof documents are submitted and verified and that all employees comply with the requirements herein. Mandatory screening testing, in accordance with the requirements herein, is now in effect for any employee who is not fully vaccinated and such testing must be implemented as soon as testing resources are available.~~

~~(Added DAF) All DAF civilian employees will be required to complete the Civilian Employee Certification of Vaccination Form (DD Form 3175) and be fully vaccinated, regardless of work location or telework status. Even in those limited circumstances where an employee has a vaccination exemption request approved, or one is still pending, the employee is still required to complete the DD Form 3175.~~

~~(Added DAF) Completing the DD Form 3175 is mandatory, including the DAF civilian employee providing their name, DoD ID number, selecting the applicable vaccination status options, as well as signing and dating the form and providing the associated documentation as proof of vaccination status. In addition to verifying that a DAF civilian employee's proof of vaccination includes the required data points, supervisors will also complete Section B on the form to verify the employee's vaccination status, accessing and maintaining the form in accordance with applicable laws and policy, including appropriate privacy protection measures. Supervisors with access to milConnect (<https://milconnect.dmdc.osd.mil/>) **will complete Section B of the DD Forms 3175 via milConnect** using the DAF civilian employee's Employee Identification Number; otherwise use of a hard copy is acceptable. (For hard copy use, the form may be accessed at <https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3175.pdf>.) Batch uploading of supervisory verification information (Section B data) can only be used for those records where the DAF civilian employee information (Section A data) was batch uploaded.~~

~~(Added DAF) The DD Form 3175 incorporates the requirement that individuals certify under penalty of perjury that the information they are submitting is true and correct. Those limited circumstances where a DAF civilian employee is legally entitled to an exemption (or while an exemption request is pending) from the vaccination requirement as an accommodation based on disability or religious beliefs will result in the employee being regarded as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing requirements, travel restrictions, quarantine periods, and potential restrictions on access to DoD facilities.~~

~~(Added DAF) Knowingly and willfully providing false statements on an official form can be punishable under 18 U.S.C. § 1001, as well as under other applicable DAF policies that can result in administrative action including adverse personnel action up to and including removal from federal employment and loss of security clearance eligibility.~~

## SECTION 9: DEFINITIONS

**Close contact.** Close contact is defined as someone who was within 6 feet of a person who has contracted COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated and irrespective of whether the person with COVID-19 or the contact of such a person was wearing a face covering or mask or respiratory personal protective equipment.

**Family member.** See the definition in 5 CFR § 630.201.

**Fully vaccinated.** An individual is considered “fully vaccinated” when at least 2 weeks have elapsed after a second dose of a two-dose COVID-19 vaccine series (e.g., PfizerBioNTech/Comirnaty, or Moderna/Spikevax or Novavax vaccines), or 2 weeks after receiving a single dose of a one-dose COVID-19 vaccine (e.g., Johnson & Johnson’s Janssen vaccine) that are: (1) fully licensed or authorized or approved by the FDA; (2) listed for emergency use on the World Health Organization Emergency Use Listing (e.g., AstraZeneca/Oxford); or (3) approved for use in a clinical vaccine trial for which vaccine efficacy has been independently confirmed.

An individual is “not fully vaccinated” if the individual either has not completed the full COVID-19 vaccination dose series; or declines to provide his or her COVID-19 vaccination status and declines to provide any requested proof of that status.

Those with previous COVID-19 infection(s) or previous serology are not considered fully vaccinated on that basis for the purpose of this guidance.

**HPCON level.** A framework to inform an installation’s population of specific health protection actions recommended in response to an identified health threat, stratified by the scope and severity of the health threat.

**Mask.** Acceptable masks are non-medical disposable masks; masks made with breathable fabric (such as cotton); masks made with tightly woven fabric that does not let light pass through when held up to a light source; masks with two or three layers; masks with inner filter pockets, or, on a voluntary basis in non-medical settings, an N95-type filtering face piece. A good practice is to wear a disposable mask underneath a cloth mask for added protection as long as this does not interfere with breathing. Novelty or non-protective masks, masks with ventilation valves, bandanas, and face shields are not authorized as a substitute for masks. Masks must fit snugly around the nose and chin with no large gaps around the sides of the face.

**United States.** The 50 States, U.S. commonwealths, U.S. territories, and the District of Columbia.

**Up to Date.** A person has received all recommended COVID-19 vaccines, including any booster dose(s) **recommended** when eligible.

## **(Added DAF) SECTION 10: REPORTING REQUIREMENTS**

DoD weekly reporting of aggregate information began September 22, 2021, and will continue as directed. ~~All data submitted electronically via milConnect, either by individual employees or through batch uploading, will be reported by DoD through the electronic system; therefore it is critical that all DAF civilian employees' vaccination status information be uploaded via milConnect, either by the employee or an authorized human resources official.~~

Additionally, in an effort to ease reporting of personnel actions associated with the vaccination requirement, the remark code "ZCV", along with the statement "This remark is for reporting purposes" has been established to identify effected personnel actions. This code can be used with the following Nature of Actions:

- |  |  |
|--|--|
| 301 – Retirement-Disability            | 302 – Retirement-Voluntary               |
| 304 – Retirement-ILIA                  | 307 – Full Retirement Status-Voluntary   |
| 308 – Full Retirement Status-ILIS      | 312 – Resignation-ILIA                   |
| 317 – Resignation                      | <del>330 – Removal</del>                 |
| <del>385 – Termination</del>           | <del>450 – Suspension NTE</del>          |
| <del>452 – Suspension Indefinite</del> | 713 – Chg to Lower Grade, Level, or Band |
| 721 – Reassignment                     |  |

Civilian Personnel Offices should incorporate the use of this remark for all actions in which it is known that the decision to effect the personnel action was influenced by the COVID-19 vaccination mandate.

## **(Added DAF) SECTION 11: WORKERS' COMPENSATION CLAIMS**

There may be instances when a DAF civilian employee impacted by the vaccination mandate may be afforded coverage under the Federal Employees' Compensation Act (FECA) for adverse reactions to the vaccine itself, or for injuries sustained while obtaining the vaccination and/or required testing.

The COVID-19 vaccination is a specific event occurring during a single day or work shift, and any adverse reactions or injuries should be reported on Form CA-1, Notice of Traumatic Injury and Claim Continuation of Pay/Compensation (NAF employees should use the Department of Labor Form LS-201 – *Notice of Employee's Injury or Death*). Where two vaccinations are required several weeks apart, reactions to each are considered separate claims if the vaccine was received on or after September 9, 2021. If the vaccination was received prior to this date, coverage is afforded only if the vaccine was administered or sponsored by the DoD, DAF or the employing organization.

If an employee is covered by Executive Order 14043 and the vaccination was received on or after September 9, 2021, coverage may be afforded for (1) adverse reactions to the COVID-19 vaccination, and (2) injuries sustained as the direct result of an employee receiving their mandated vaccination.

Examples of such injuries include but are not limited to accidents while commuting a reasonable distance to and from the vaccination site, and slip and fall injuries occurring at the vaccination site.

If an employing organization requires employees to receive their mandatory vaccination at specific times and/or at a specific location(s), coverage is only afforded if the employee follows the organization's vaccination policy. If any employing organization allows an employee to obtain their mandatory vaccination at any time or location, coverage is afforded regardless of where or when the employee receives their vaccination, with the only limitation being for that of reasonableness.

Supervisors or employees should contact the AFPC Injury Compensation section for guidance on filing the claim (by email at [injury.compensation@us.af.mil](mailto:injury.compensation@us.af.mil); by fax at 210-565-2952 or DSN 665-2952).

[NOTE: This attachment is only to be used if/when the vaccination mandate is reinstated and the legal injunction is lifted.]

**(Added DAF) ATTACHMENT 1:  
Sample - Vaccination Mandate Directive Memorandum**

[UNIT LETTERHEAD]

(Date)

MEMORANDUM FOR (Name)

FROM: (Unit CC/Supervisor Office Symbol)

SUBJECT: COVID-19 Vaccination Mandate

On September 9, 2021, the President of the United States directed mandatory COVID-19 vaccination for all Federal employees in order to ensure the health and safety of the Federal workforce and members of the public with whom they interact, subject to exemptions as provided by law. Subsequently, the Deputy Secretary of Defense and the Secretary of the Air Force mandated DAF civilian employees be fully vaccinated against COVID-19.

To implement these directives, if you are not currently fully vaccinated (as defined herein), you are hereby directed to take the necessary steps to ensure you become fully vaccinated against COVID-19 no later than (DATE). You are also directed to provide administratively acceptable evidence of your vaccination status upon receipt of each dose, with fully vaccinated status demonstrated by (DATE). Examples of administratively acceptable evidence are listed below.

If you have a medical condition that contraindicates a COVID vaccination, you may seek an exemption to the vaccination requirement through the disability reasonable accommodation process set out in DAFI 36-2710, *Equal Opportunity Program*. You will need to provide documentation from your medical provider of your disability and the reason you cannot be safely vaccinated to support the request for reasonable accommodation. Such request must be submitted as soon as possible, absent extenuating circumstances, to be considered timely. Additional guidance regarding the submission of such requests can be found in the “DAF Supplement to the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance”, dated (DATE).

If you have a sincerely held religious objection to vaccination, you may seek an exemption as a reasonable accommodation by notifying your supervisor of your religious objection. Additional guidance regarding submission and processing of such exemption requests can be found in the Guide mentioned above. Religious-based requests must also be submitted as soon as possible.

Employees are considered fully vaccinated against COVID-19 two weeks after completing the second dose of a two-dose COVID-19 vaccine (e.g., Moderna/Spikevax, Novavax, or Pfizer-BioNTech/Comirnaty vaccine), or two weeks after receiving a single dose of a one-dose COVID-19 vaccine (Johnson & Johnson/Janssen vaccine).

You may get vaccinated against COVID-19 free of charge through the DAF vaccination program or at any DoD vaccination site, including military treatment facilities. Alternatively, you may opt to obtain COVID-19 vaccination through a private provider. If vaccination is not available to you through a DoD source, you may be

reimbursed for the cost of getting vaccinated, if the cost is not covered by health insurance. However, if vaccination is available to you through a DoD source, and you opt to get vaccinated through a private provider, then you will not be eligible for reimbursement.

This requirement can be met by using: any vaccine that is either fully licensed or authorized for emergency use by the FDA (e.g., COMIRNATY/Pfizer-BioNTech, Moderna/Spikevax, Novavax, Johnson & Johnson/Janssen); a recommended dose series of COVID-19 vaccines authorized for emergency use by the World Health Organization (WHO) (e.g., AstraZeneca/Oxford); or vaccine approved for use in a clinical trial for which vaccine efficacy has been independently confirmed. You are not considered fully vaccinated or exempt based on previous COVID-19 infection or positive serology.

You will be granted duty time (including time spent traveling to/from the vaccination location and any waiting time) for the purpose of receiving any authorized COVID-19 vaccination from DoD, Federal, State and local government organizations, or private health care organizations and pharmacies. Regardless of whether you get vaccinated through the DoD or through a private provider, you will receive the duty time necessary to obtain the vaccination, generally up to 4 hours per vaccination event. Additionally, you will be granted up to 2 workdays of administrative leave (for each dose) if you have an adverse reaction to a COVID-19 vaccination dose that prevents you from working.

Documentation to prove vaccination status may include:

- Copy of record of immunization from a health care provider or pharmacy;
- Copy of COVID-19 Vaccination Record (CDC Form MLS-319813\_r, published on September 3, 2020);
- Copy of medical records documenting the vaccination;
- Copy of immunization records from a public health or state immunization information system;  
OR
- Copy of any other administratively acceptable official documentation containing the required data.

Administratively acceptable documentation must be identifiable to the employee (i.e., contain their name) and must contain the following required data points, which the supervisor must verify:

- Type of vaccine administered;
- Number of doses received;
- Date(s) of administration; AND
- Name of health care professional(s) or clinic site(s) administering the vaccine(s).

Civilian employees who refuse to be vaccinated or fail to provide proof of vaccination, absent an approved exemption based on a medical or religious accommodation, may face disciplinary actions, up to



and including removal from Federal service in accordance with AFI 36-704, *Disciplinary and Adverse Actions of Civilian Employees*. Additionally, DAF civilian employees who are not fully vaccinated must comply with all DAF requirements for individuals who are not fully vaccinated, including requirements and restrictions related to masking, physical distancing, travel and screening testing requirements. Authority to exempt DAF civilian employees from the COVID-19 vaccination requirement is in accordance with the delegations as outlined in “DAF Supplement to the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance”, dated (DATE).

Should you have questions or concerns regarding getting vaccinated against COVID-19, I am providing you information (attached to this memorandum) to educate you on the vaccinations. Additionally, you may visit the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html> for educational materials related to vaccinations, their safety, and potential side effects. I would also encourage you to consult with your personal medical provider for more information.

NAME  
Title

I acknowledge receipt of this memorandum (signature below does not imply agreement, only acknowledgement of receipt):

Employee Signature / Date: \_\_\_\_\_

[NOTE: This attachment is only to be used if/when the vaccination mandate is reinstated and the legal injunction is lifted. This attachment is meant to accompany Attachment 1.]

**(Added DAF) ATTACHMENT 2:  
(Sample) Information on Why To Get a COVID-19 Vaccine**

(Updated information may be available on the Center for Disease Control and Prevention website at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>)



## COVID-19

# Why to Get a COVID-19 Vaccine

Updated Apr. 27, 2022

## What You Need to Know

There are many benefits of getting vaccinated against COVID-19.

- COVID-19 vaccines available in the United States are effective at protecting people from getting seriously ill, being hospitalized, and even dying—especially people who are boosted.
- As with vaccines for other diseases, you are protected best when you [stay up to date](#) with the recommended number of doses and boosters.

- COVID-19 vaccines even offer protection to people who had COVID-19, including protection against being hospitalized from a new infection.
- COVID-19 vaccines are safe—much safer than getting COVID-19.

## COVID–19 Vaccination Is a Safer, More Reliable Way to Build Protection

Getting a COVID-19 vaccine is a safer, more reliable way to build protection than getting sick with COVID-19. COVID-19 vaccination helps protect you [by creating an antibody response](#) without you having to experience sickness, potentially including severe illness.

Getting sick with COVID-19 can have serious consequences.

- Getting sick with COVID-19 can cause severe illness or death, [even in children](#), and we can't reliably predict who will have mild or severe illness.
- You may [have long-term health issues after having COVID-19](#). Even people who do not have symptoms when they are first infected can have these ongoing health problems.

While people can get some protection from having COVID-19, the level and length of that protection varies.

- Immunity (protection) from infection can vary depending on how mild or severe someone's illness was and their age.
- Immunity from infection decreases over time.
- Importantly, there is still not an antibody test available that can reliably determine if a person is protected from further infection.
- 

## COVID–19 Vaccines Are Effective

[COVID 19-vaccines are effective](#) at protecting people from getting seriously ill, being hospitalized, and even dying.

The protection COVID-19 vaccines provide decreases over time, especially for certain groups of people. For this reason, CDC recommends everyone ages 5 years and older [stay up to date](#) with their vaccines, which includes getting boosters when eligible, for the best protection against COVID-19.

People who have certain medical conditions or who are taking medications that weaken their immune system are at increased risk of severe COVID-19 illness and death. Additionally, their immune response to COVID-19 vaccination may not be as strong as in people who are not immunocompromised. People who are [moderately or severely immunocompromised](#) have specific recommendations for COVID-19 vaccines, including boosters.

## Vaccines Help Protect Children from Serious Complications

COVID-19 vaccination reduces the likelihood of [multisystem inflammatory syndrome in children \(MIS-C\)](#) for children ages 12–18 years— according to one research study by 91%.

Children and teens who get COVID-19 can develop serious complications like MIS-C, a condition where different body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs.

Getting eligible children and teens vaccinated against COVID-19 can help keep them:

- From getting really sick if they do get COVID-19
- In school or daycare

- Safely participating in sports, playdates, and other group activities.



## About Variants

Many viruses are constantly changing, including the virus that causes COVID-19. These changes occur over time and can lead to the [emergence of variants](#) that may have new characteristics. Vaccines continue to protect people from getting seriously ill, being hospitalized, and even dying.

# COVID-19 Vaccines Are Safe for Children and Adults

While COVID-19 vaccines were developed quickly, [all steps have been taken to ensure their safety and effectiveness](#).

- COVID-19 vaccines were developed using science that has been around for decades.
- Before COVID-19 vaccines were recommended, including for children ages 5 through 18 years, scientists conducted clinical trials with thousands of adults and children and found no serious safety concerns.
- Hundreds of millions of people in the United States have received COVID-19 vaccines under the most [intensive safety monitoring](#) program in U.S. history.
- Serious side effects that could cause a long-term health problem are extremely unusual following any vaccination, including COVID-19 vaccination. The benefits of COVID-19 vaccination outweigh the [known and potential risks](#).

In most situations, mRNA COVID-19 vaccines (Pfizer-BioNTech or Moderna) are preferred over the J&J/Janssen COVID-19 vaccine for primary and booster vaccination due to the [risk of serious adverse events](#).

## V-safe

V-safe provides quick and confidential health check-ins via text messages and web surveys so you can quickly and easily share with CDC how you or your dependent feel after getting a COVID-19 vaccine.

## (Added DAF) ATTACHMENT 3

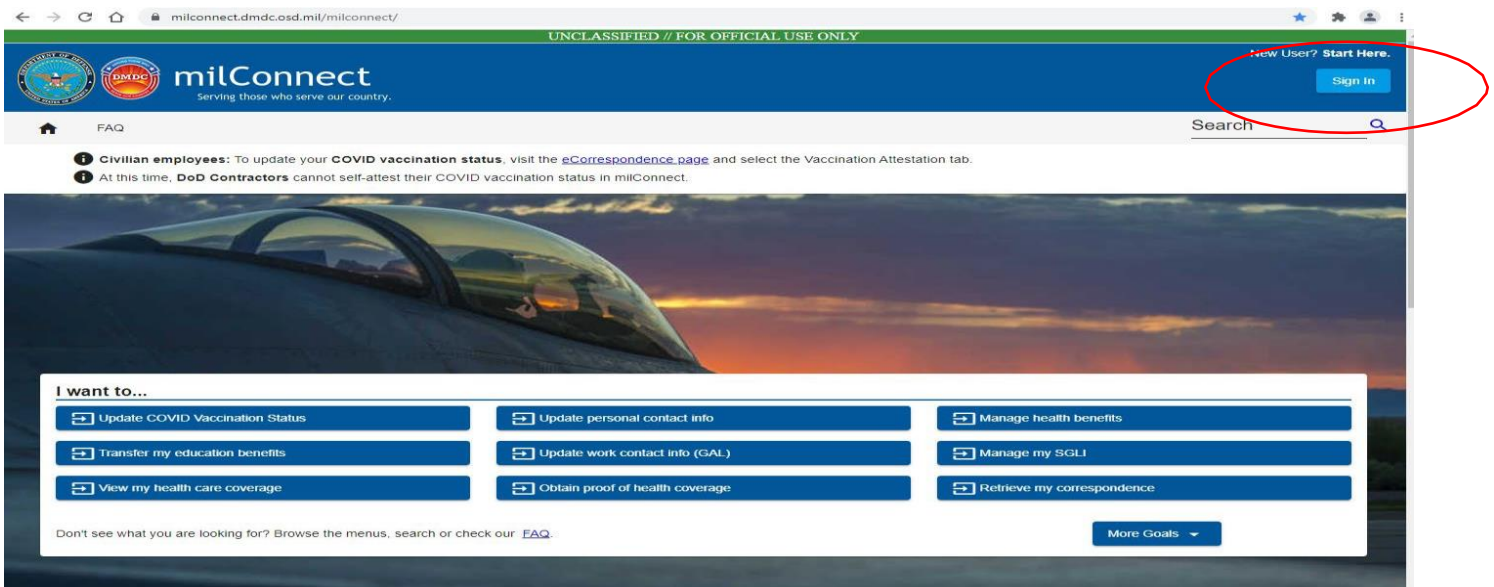
### Electronic DD Form 3175 & 3150 User Instructions

[Note: Use of the DD Form 3175 is suspended until such time as the vaccination mandate is reinstated.]

#### - Electronic DD Form 3175 User Instructions

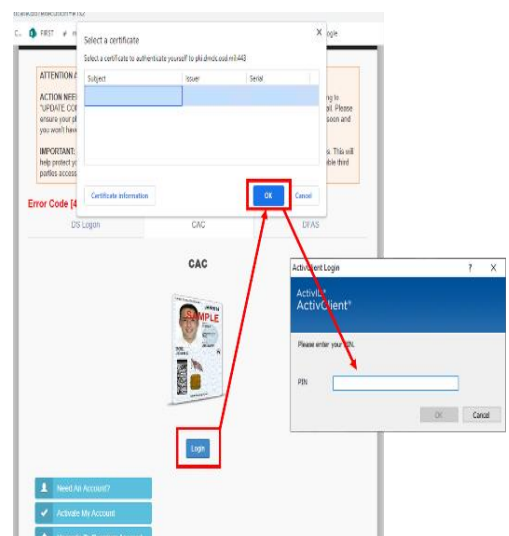
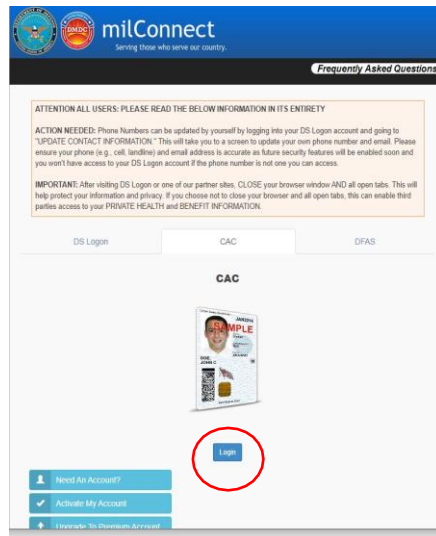
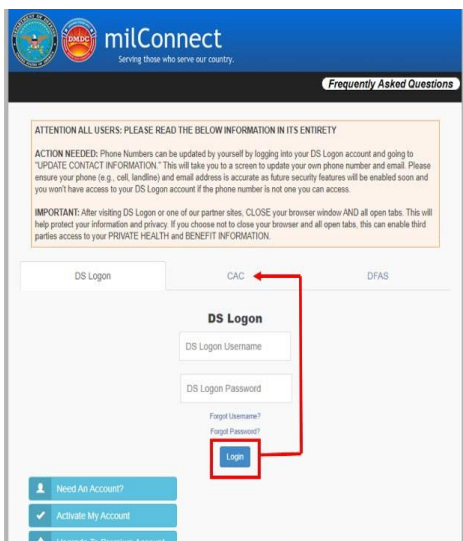
Go to <https://milconnect.dmdc.osd.mil/milconnect/>

(Note: Best used in Chrome or Edge) Select Sign In (upper right corner)

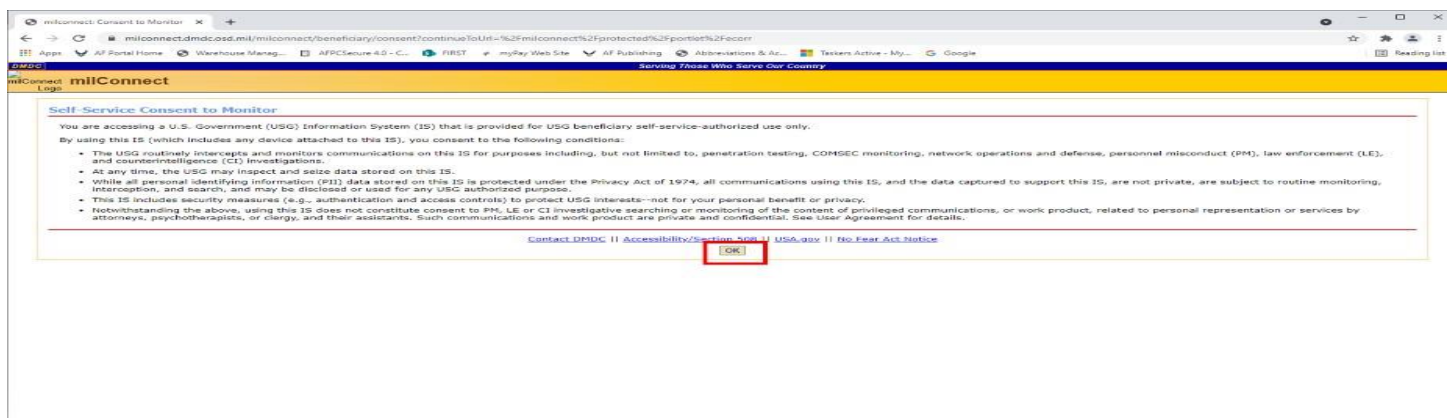


Select CAC option and login

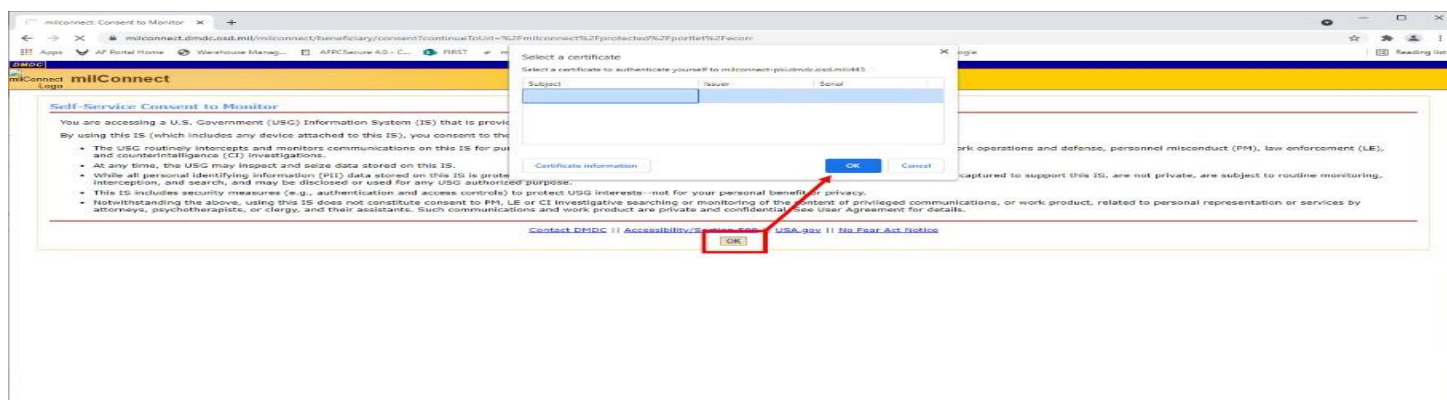
Select certificate and OK (enter PIN as prompted)



Click OK at Consent Banner

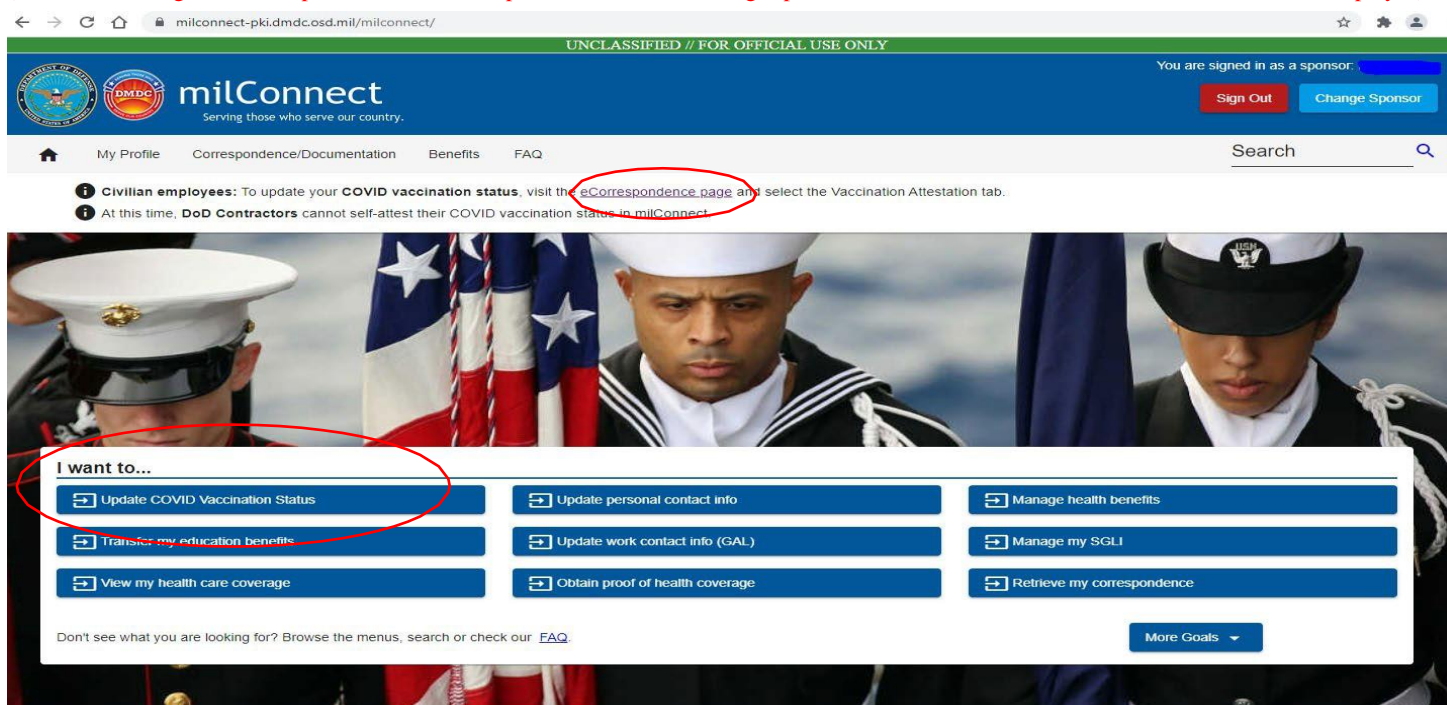


Select Certificate and Click OK



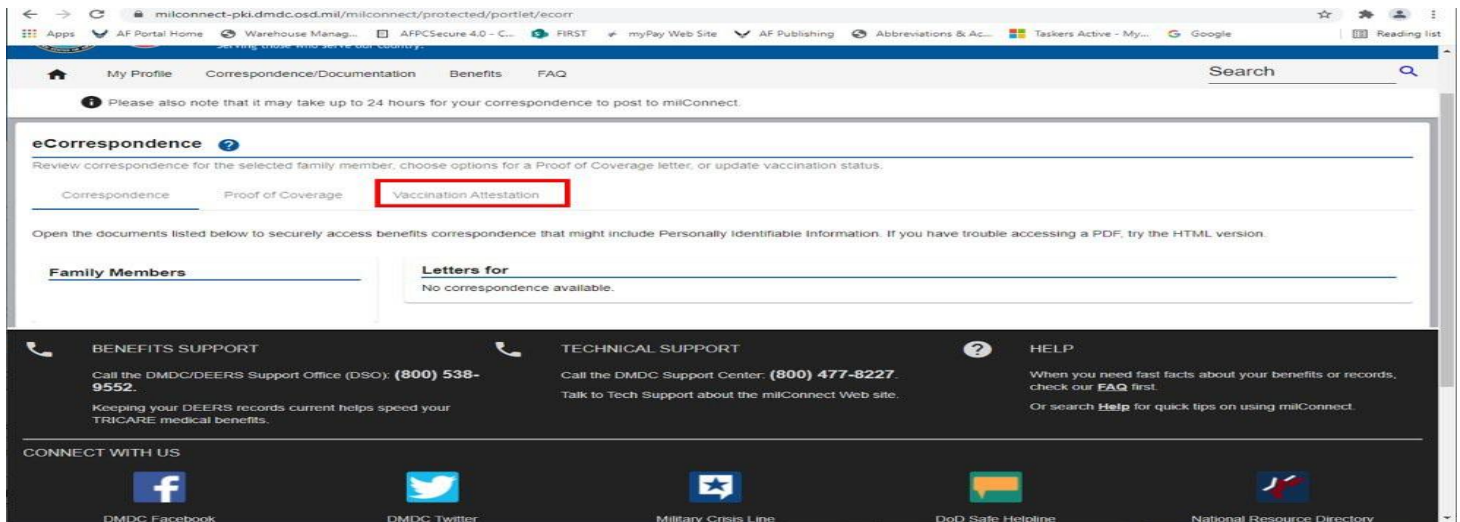
Select either the link to eCorrespondence page next to Civilian employees: or I want to Update COVID Vaccination Status

(Note: Must be signed in as a sponsor, those with dependent status must change sponsor to themselves to access the DD3175 as a civilian employee)

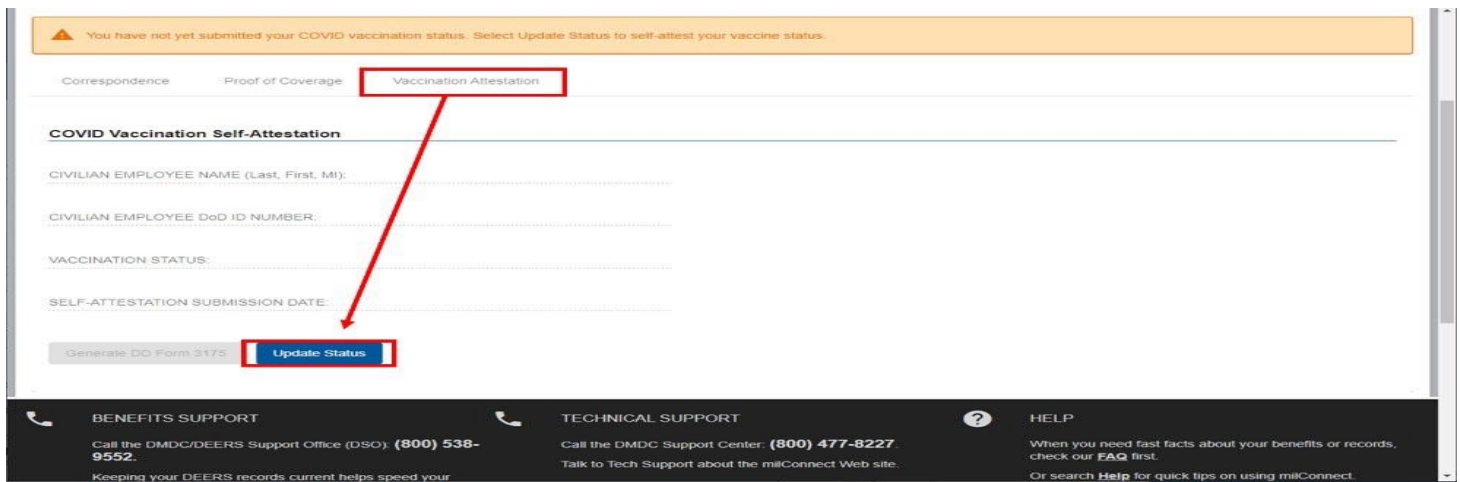




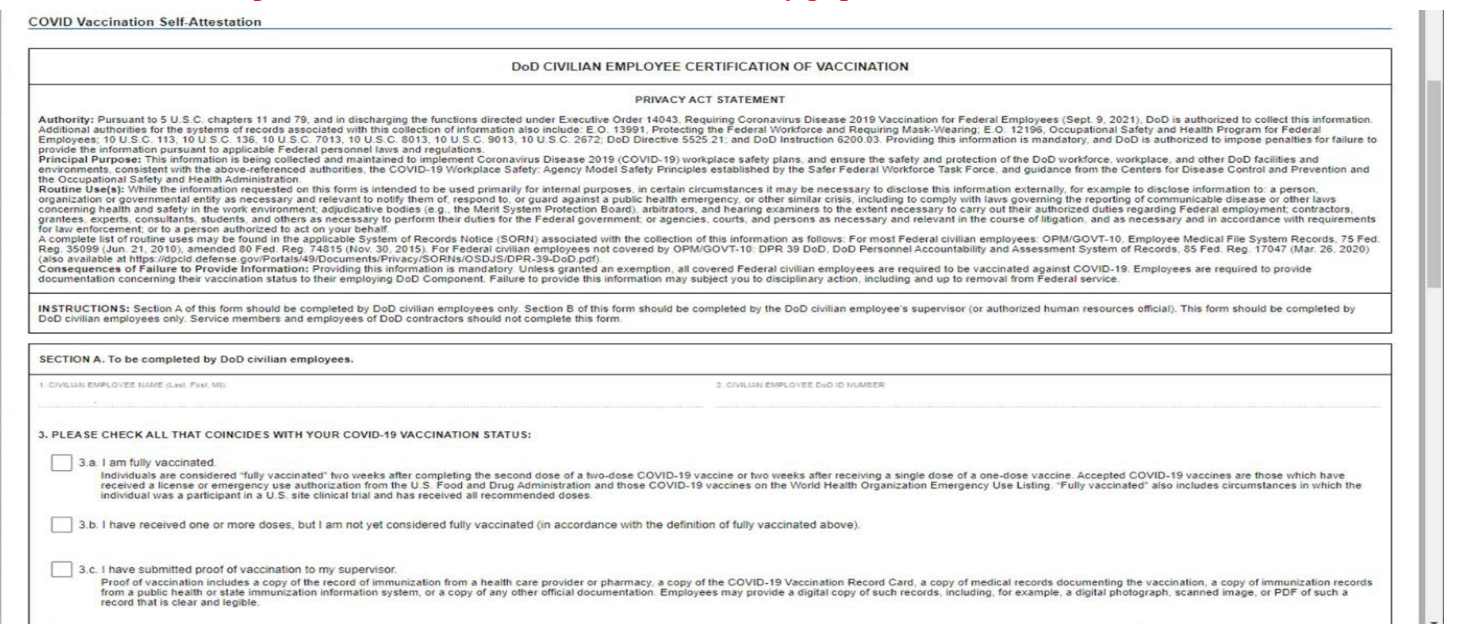
### Select Vaccination Attestation



### Select Update Status (Note: If DD3150 was previously filled out update status will now take you to the DD3175)



### The DD3175 will open with identification information already populated



If 3a is selected - 3b, 3e, 3f and section 4 will become grayed out

- 3c will be available to select

THIS KRC-1 (UNCS) Section A or this form should be completed by LOU civilian employees only. Section B or this form should be completed by the LOU civilian employee's supervisor (or authorized human resources official). This form should be completed by LOU civilian employees only. Service members and employees of DoD contractors should not complete this form.

**SECTION A. To be completed by DoD civilian employees.**

1. CIVILIAN EMPLOYEE NAME (Last, First MI): \_\_\_\_\_ 2. CIVILIAN EMPLOYEE DoD ID NUMBER: \_\_\_\_\_

**3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:**

3.a. I am fully vaccinated.  
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.

3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).

3.c. I have submitted proof of vaccination to my supervisor.  
Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.

3.d. I have not received any vaccination doses.

3.e. I have submitted a request for exemption from vaccination and a decision is still pending.

3.f. I have an approved exemption from vaccination.

**4. EMPLOYEE VACCINE INFORMATION (Employees checking block 3.a. should skip block 4 and go to block 5):**

**4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S):**

Pfizer-BioNTech/Comirnaty  
 Moderna  
 AstraZeneca/Oxford  
 Johnson and Johnson (J&J)/Janssen  
 Novavax  
 Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name): \_\_\_\_\_

**4.b. DATE OF FIRST DOSE:** \_\_\_\_\_

**4.c. DATE OF SECOND DOSE (if two-dose vaccine):** \_\_\_\_\_

**4.d. DATE FULLY VACCINATED:** \_\_\_\_\_

If 3b is selected Section 4 will be required

**3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:**

3.a. I am fully vaccinated.  
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.

3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).

3.c. I have submitted proof of vaccination to my supervisor.  
Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.

3.d. I have not received any vaccination doses.

3.e. I have submitted a request for exemption from vaccination and a decision is still pending.

3.f. I have an approved exemption from vaccination.

**4. EMPLOYEE VACCINE INFORMATION (Employees checking block 3.a. should skip block 4 and go to block 5):**

**4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S):**

Pfizer-BioNTech/Comirnaty  
 Moderna  
 AstraZeneca/Oxford  
 Johnson and Johnson (J&J)/Janssen  
 Novavax  
 Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name): \_\_\_\_\_

**4.b. DATE OF FIRST DOSE:** \_\_\_\_\_

**4.c. DATE OF SECOND DOSE (if two-dose vaccine):** \_\_\_\_\_

**4.d. DATE FULLY VACCINATED:** \_\_\_\_\_

Other Vaccine Name \_\_\_\_\_  
 Maximum of 23 characters; Only alphanumeric, dashes, and parentheses are

Once section 3 and 4 (if required) are filled out the certification in block 5 must be checked

The screenshot shows a web browser window with the URL `milconnect-pki.dmdc.osd.mil/milconnect/protected/portlet/ecorr`. The form contains the following sections:

- 3. c. I have submitted proof of vaccination to my supervisor.** (Checked) Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.
- 3. d. I have not received any vaccination doses.** (Unchecked)
- 3. e. I have submitted a request for exemption from vaccination and a decision is still pending.** (Unchecked)
- 3. f. I have an approved exemption from vaccination.** (Unchecked)
- 4. EMPLOYEE VACCINE INFORMATION (Employees checking block 3.a. should skip block 4 and go to block 5):**
  - 4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S):** Radio buttons for Pfizer-BioNTech/Cominaty, Moderna, AstraZeneca/Oxford, Johnson and Johnson (J&J/Janssen), Novavax, and Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name). Other Vaccine Name field.
  - 4.b. DATE OF FIRST DOSE:** Text input field.
  - 4.c. DATE OF SECOND DOSE (if two-dose vaccine):** Text input field.
  - 4.d. DATE FULLY VACCINATED:** Text input field.
- 5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS**
  - I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.
- 6. CIVILIAN EMPLOYEE SIGNATURE:** Text input field.
- 7. DATE:** Text input field.

Buttons: Cancel, Submit Status

Once certified click the Submit Status to submit

This screenshot is identical to the one above, but with the **Submit Status** button highlighted by a red rectangular box, indicating the final step to submit the form.

Once submitted employees may print a copy of the DD3175 for their records, printing is not required if the form is completed electronically

The screenshot shows a web browser window with the URL `milconnect-pki.dmdc.osd.mil/milconnect/protected/portlet/ecorr`. The page header features the milConnect logo and navigation links. A green banner at the top of the content area reads "UNCLASSIFIED // FOR OFFICIAL USE ONLY". Below this, a navigation bar includes "My Profile", "Correspondence/Documentation", "Benefits", and "FAQ". A search bar is located on the right. A notification states: "Please also note that it may take up to 24 hours for your correspondence to post to milConnect".

The main content area is titled "eCorrespondence" and contains a success message: "You have successfully submitted your COVID vaccination status. Remember to generate your Certification of Vaccination PDF (DD Form 3175) and email it as designated by your agency." Below the message are three tabs: "Correspondence", "Proof of Coverage", and "Vaccination Attestation".

The "COVID Vaccination Self-Attestation" section includes the following fields and options:

- OS/AN EMPLOYEE NAME (Last, First, MI): [Redacted]
- OS/AN EMPLOYEE OIC NUMBER: [Redacted]
- VACCINATION STATUS:
  - I am fully vaccinated.
  - I have submitted proof of vaccination to my supervisor.
- SELF-ATTESTATION SUBMISSION DATE: 2021-10-15

At the bottom of the form, there are two buttons: "Generate DD Form 3175" (highlighted with a red box) and "Update Status".

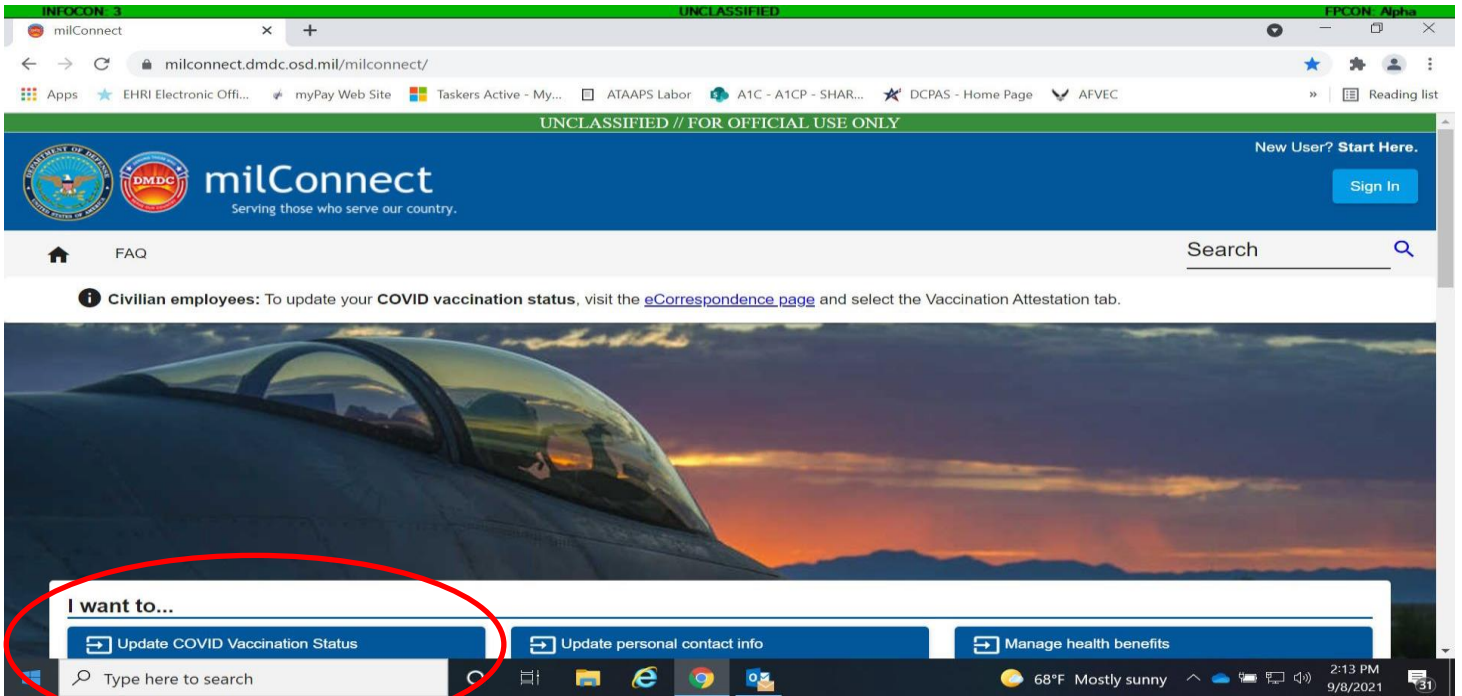
The footer contains support information:

- BENEFITS SUPPORT**: Call the EMDO/DEERS Support Office (DSO) (800) 538-5552.
- TECHNICAL SUPPORT**: Call the EMDC Support Center (800) 477-8221.
- HELP**: When you need test facts about your benefits or records, check our FAQ first.

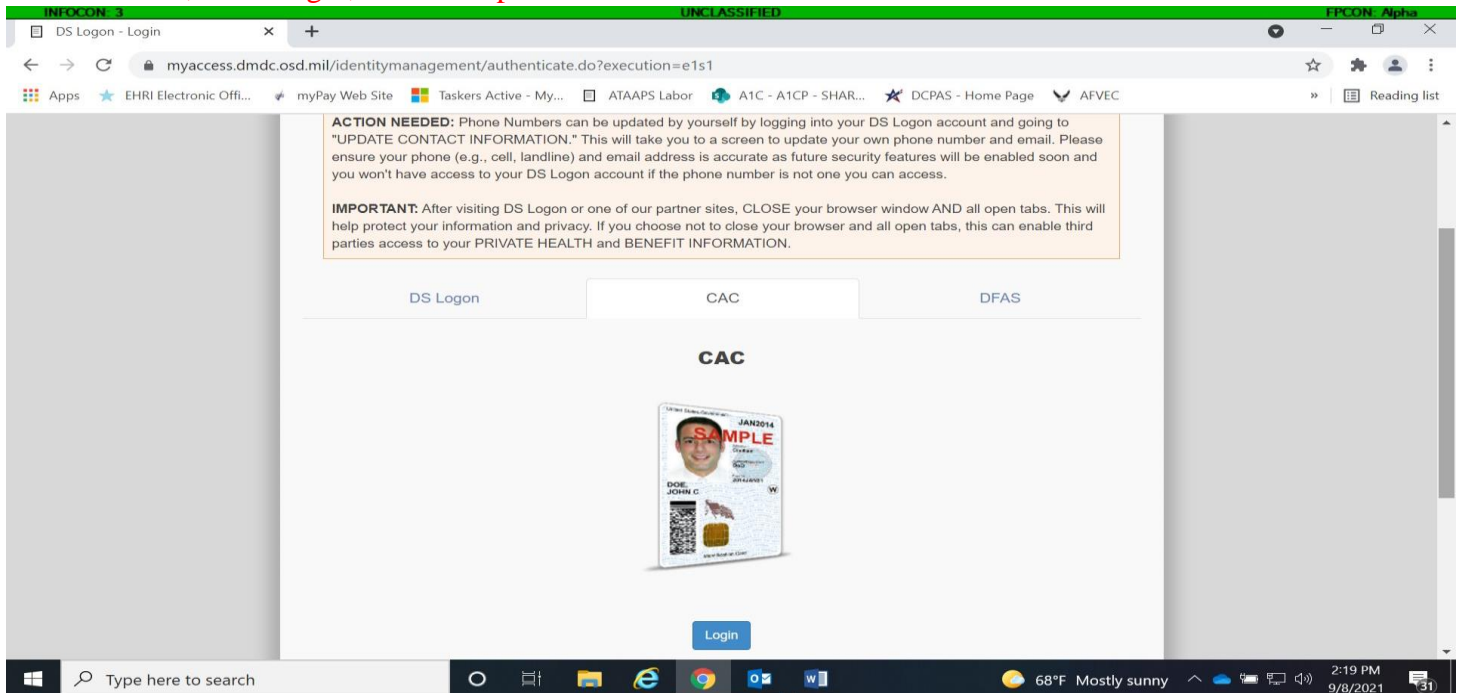
- Electronic DD Form 3150 User Instructions

Go to <https://milconnect.dmdc.osd.mil/milconnect/>

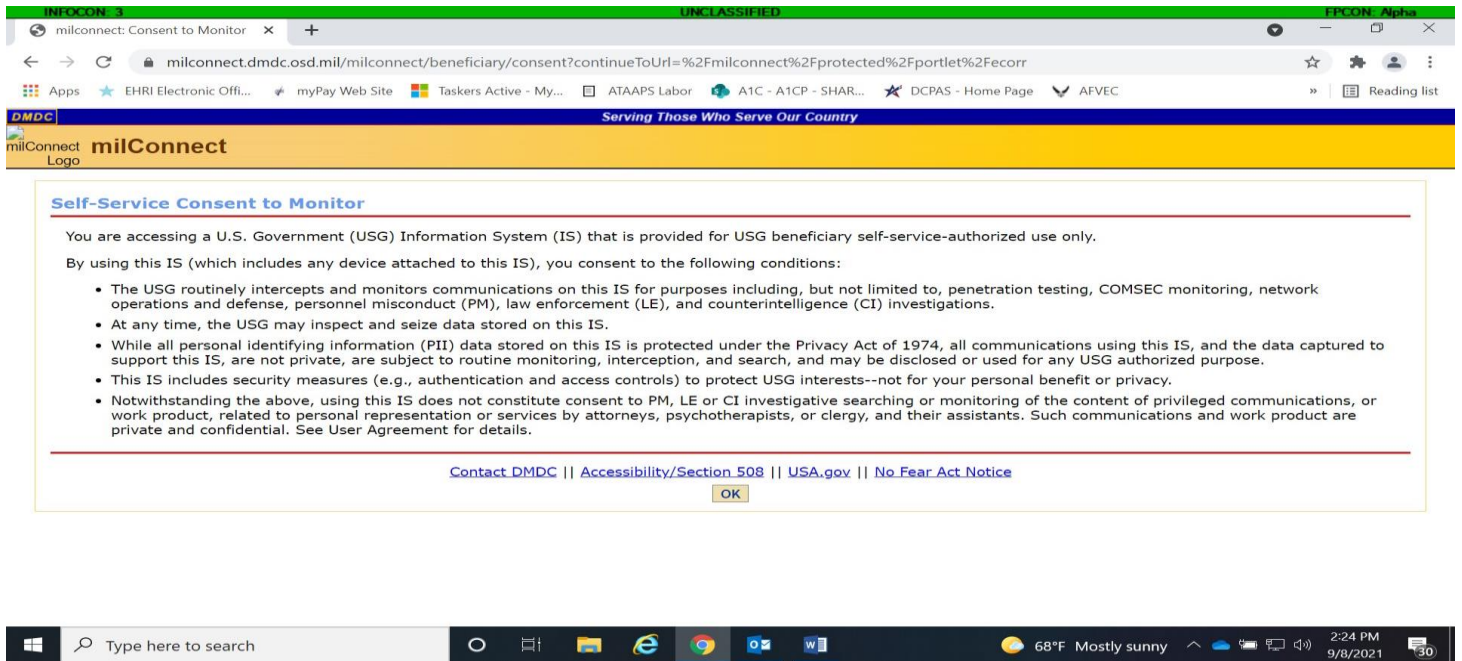
Click Update COVID Vaccination Status (Under “I want to”.....)



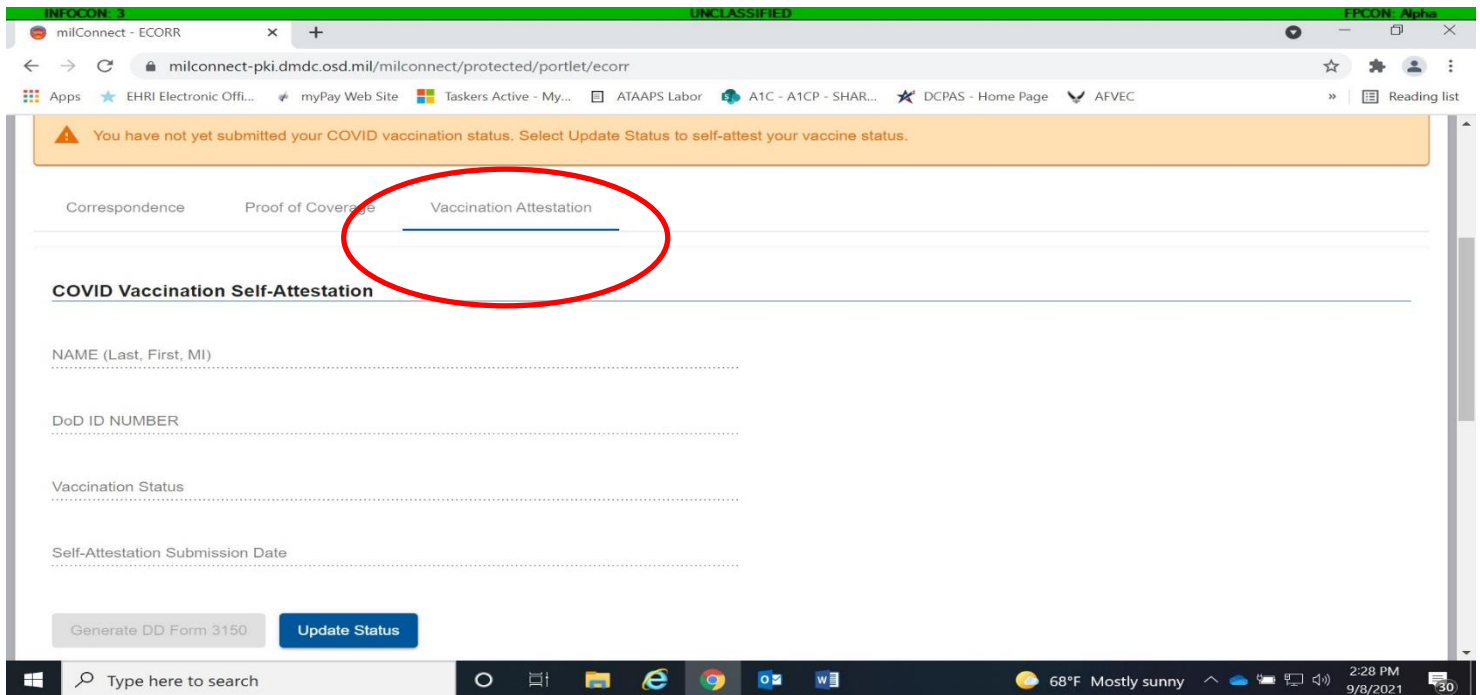
Select CAC, click Login, then enter pin



Read Self-Service Consent and click OK

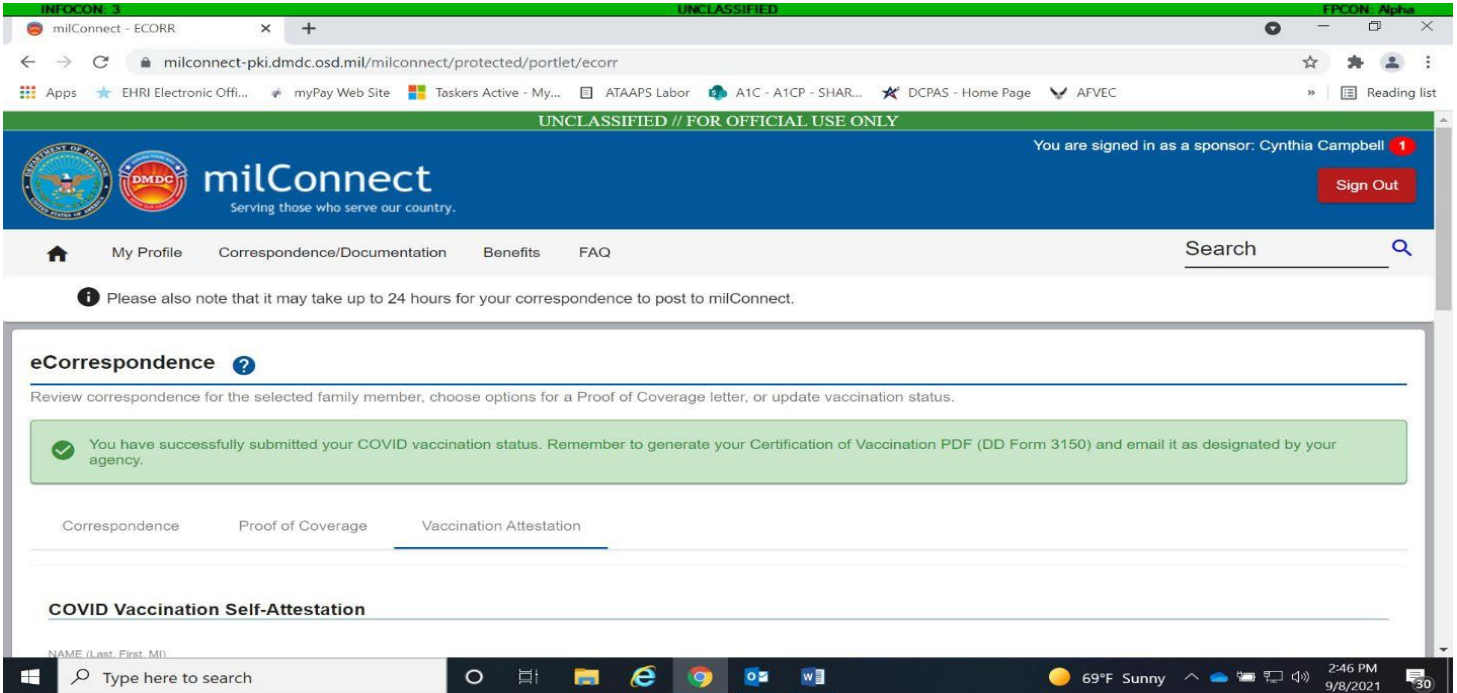


Select "Vaccination Attestation" and click Update Status

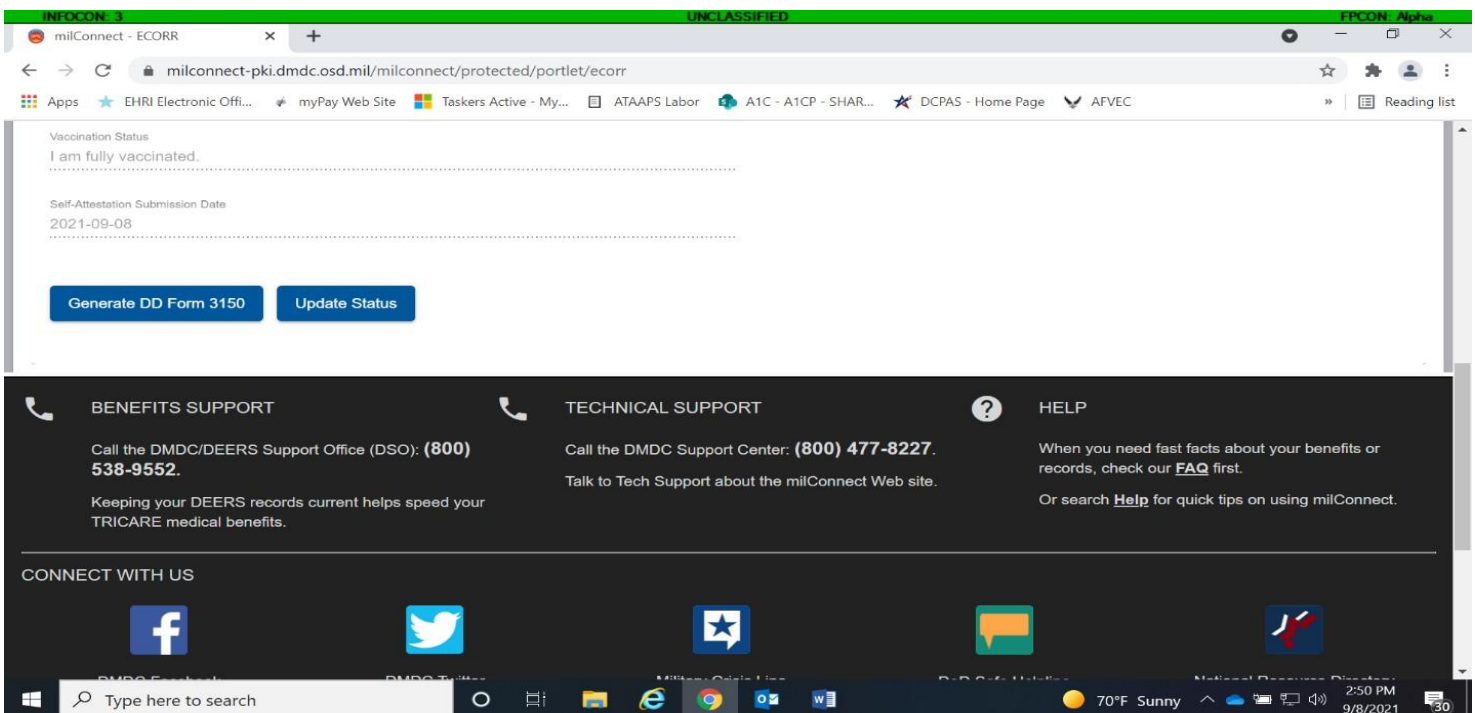




You should receive the following message, "You have successfully submitted your COVID vaccination status. Remember to generate your Certification of Vaccination PDF (DD Form 3150) and email it as designated by your agency."



After initial completion/submission of the form, you can generate for download a copy of your DD Form 3150 or you can update your status at any time.





**(Added DAF) ATTACHMENT 4**

**COVID-19 Home Test Kits Ordering Procedures**

**COVID-19 Home Test Kits  
Ordering Procedures**

DLA has awarded contracts to three manufacturers for COVID-19 Home Tests. This guide serves as ordering instructions for all federally funded agencies requiring COVID-19 Home Tests. The contract is structured to provide a percentage of awards to each vendor based on the terms and conditions of the statement of work. At any given time one or more of the items may not be available to order due to allocations to each vendor.

Two of the manufacturers' items Quidel Corporation and Orasure Technologies will be available to order through direct delivery. Abbott Rapid DX home test will be available from the DLA Depot. Estimated delivery is 7 days after the placement of an order to CONUS destinations and the Medical Air Bridge for OCONUS. Maximum shelf-life can not be guaranteed.

At this time, due to allocations, only Quidel QuickVue and Orasure InteliSwab are available to order. Limited supplies of Abbott BinaxNow will be available within 30 days.

The items have been assigned NSNs and will be eligible for ordering through FEDMALL, MILSTRIP or ECAT as applicable and when available. The Abbott BinaxNow should be ordered through FEDMALL/MILSTRIP, the QuickVue and InteliSwab can be ordered through FEDMALL, MILSTRIP or ECAT. No matter what method is used to place your order, please remember to post receipt upon physical receipt of the material.

- FedMall Ordering - For those Federal customers who typically do not use DLA Troop Support Medical's ECAT system to place Orders, FedMall is available for you. Access FedMall at <https://www.fedmall.mil/>. Once orders are placed in FedMall, the orders will be routed to ECAT for order execution.
- ECAT Web Users - the Quidel and Orasure NSNs below will be available to you when you search for items.
- DMLSS/TEWLS Users - the NSNs below are in the Medical Master Catalog (MMC) and are available for you to source.

NSN	Nomenclature	Manufacturer	P/N	UOI	Notes	CONUS Price	OCONUS Price
6550-01-697-6662	QuickVue At-Home OTC COVID-19 Test	Quidel Corporation	20402	KT	(2 tests per kit)	\$11.83	\$15.67
6550-01-697-6646	InteliSwab™ COVID-19 ST OTC US	Orasure Technologies	1001-0622	CS	1 CS = 24 KT (2 Tests per kit)	\$254.82	\$337.52
6550-01-697-6628	BinaxNow COVID-19 Antigen Self Test	Abbott Rapid DX	195-260	CS	1 CS = 6 KT (2 tests per kit)	\$106.75	\$106.75

**NOTE:** If you get a cancellation for one item please reorder one of the other items that are available. We appreciate your patience as we ensure that each vendor receives the percentage as laid out in the contract. Each week we will update the ordering guide and advise as to which items will be available for ordering.

## **COVID-19 Home Test Kits**

### **6550-01-697-6662 - Quidel QuickVue At-Home OTC COVID-19 Test**

**Manufacturer:** Quidel Corporation,

**Manufacturer Part Number:** 20402

**Sample type:** Anterior nares swab. Dipstick test format; results in as little as 10 minutes.

Two-color results - blue control line and red test line; easy to read and interpret. All components included in kit - Ready to use, no need for additional equipment. Contains built-in procedural control features. Intended for the qualitative detection with or without symptoms.

For use under FDA Emergency use Authorizations

Actual packaging and components may vary from picture

**Unit of Issue:** KT (contains supplies to run 2 tests; intended for one person to run test twice with 24-36 hours in between tests)

**Shelf-life:** 24 months from date of manufacture



### **6550-01-697-6646 - Orasure IntelliSwab™ COVID-19 ST OTC US**

**Manufacturer:** Orasure Technologies

**Manufacturer Part Number:** 1001-0622

**Sample Type:** OTC Two-test rapid antigen test kit; Swab nostrils with gentle swab, swirl in the tube, and see results in 30-40 minutes. Unit box containing: Divided Pouch (2) - Each Containing: Test Device (1), Absorbent Packet (1), Developer Solution Vial (1) - (each vial contains 0.75 mL of a buffered saline solution with an antimicrobial agent); Test Stand (1); Positive Results Reference Card (1); Instructions for Use (in English and Spanish)

**Unit of Issue:** Case (CS) 1 CS = 24 KT (1 KT contains supplies to run 2 tests; intended for one person to run test twice with 24-36 hours in between tests)

**Shelf-life:** 9 months from date of manufacture



### **6550-01-697-6628 - Abbott BinaxNow COVID-19 Antigen Self Test**

**Manufacturer:** Abbott Rapid DX

**Manufacturer Part Number:**

**Sample Type:** Anterior nasal (nares) swab sample; each box contains 2 test kits, each test kit consists of a card, a swab, and an individual small bottle of reagent; results in 15-30 mins; self-collected direct anterior nasal (nares) swab samples from individuals aged 15 years or older or adult collected anterior nasal swab samples from individuals aged two years or older. Test type: Lateral flow immunoassay.

Intended for the qualitative detection with or without symptoms.

**Unit of Issue:** Case (CS) 1 CS = 6 KT (1 KT contains supplies to run 2 tests; intended for one person to run test twice with 24-36 hours in between tests)

**Shelf-life:** 9 months from date of manufacture



## Points of Contact

If you require assistance with ordering or status of orders, please contact the following DLA Troop Support points of contacts:

FedMall users can contact the DLA contact center as well as the following individuals at DLA Troop Support Medical:

- DLA Contact Center:
  - E-mail: [dlacontactcenter@dla.mil](mailto:dlacontactcenter@dla.mil)
  - Telephone:
    - Toll Free: 877-DLA-CALL (877-352-2255)
    - Commercial: 269-704-7921
- DLA Troop Support

Area	POC	Email	Phone	Cell
FedMall Customers	Yvonne Poplawski	yvonne.poplawski@dla.mil	215-737-3102	215-298-2813
FedMall Customers	Stacy Perry	stacy.perry@dla.mil	215-737-3321	215-863-1002

### ECAT Web users

- E-mail: [DSCPECATHELP@dla.mil](mailto:DSCPECATHELP@dla.mil)
- Telephone:
  - Toll Free: 800-290-8201 (7:00 AM to 5:00 PM)

DMLSS/TEWLS users can contact the ECAT Help Desk or the below:

Area	POC	Email	Phone	Cell
North Region	Annemarie Ervin	annemarie.ervin@dla.mil	215-737-3781	267-879-5303
South Region	Francis McGlenn Jr.	Francis.mcglenn2@dla.mil	215-737-2755	267-642-0840
West Region	Angela Atkinson	angela.atkinson@dla.mil	215-737-6033	267-355-3239
Fleet & Marines	Randy Owens	randall.owens@dla.mil	215-737-8704	267-374-7903
ECAT DoD	Marie Boggs	marie.boggs@dla.mil	215-737-4556	267-889-8821

## **(Added DAF) ATTACHMENT 5**

### **FREQUENTLY ASKED QUESTIONS**

Commanders, supervisors and DAF civilian employees are all encouraged to review the guidance and information from the Safer Federal Workforce Task Force, which can be accessed at <https://www.saferfederalworkforce.gov/>.

**Q1. ~~Are supervisors or Commanders authorized to order civilian employees to get vaccinated?~~**

~~A1. Yes. Per President Biden's Executive Order 14043, DoD civilian employees must be fully vaccinated, except in limited circumstances where an employee is legally entitled to an accommodation for disability or medical condition, or sincerely held religious beliefs, practices or observances. Subsequently, DAF civilian employees may be ordered to take the necessary actions to comply with the Executive Order.~~

**Q2. Are supervisors or Commanders authorized to offer civilian employees vaccination against COVID-19 through DoD sources?**

A2. Yes. DAF civilian employees are eligible to receive the COVID-19 vaccine at any DoD vaccination site, including military medical treatment facilities. DAF civilian employees and contractor personnel are not *required* to receive vaccinations at their worksites. DAF civilian employees may *opt* to obtain COVID-19 vaccination through private providers, including locations such as retail pharmacies, private medical practices, and/or local and State public health department sites. If vaccination is offered to a DAF civilian employee through a DoD source at no cost to the employee, then the employee will not be eligible for reimbursement of the cost to get vaccinated if they opt to do so through their private provider.

**Q3. By itself, does vaccination mean a person is safe (either from getting infected or from transmitting the virus) to be in the workplace?**

A3. Not necessarily. These Novel vaccines are designed to protect people from severe COVID-19 disease and death. No vaccine is 100% effective; therefore Commanders must continue to implement/use all available mitigation strategies (i.e. maximizing telework, enforcing mandatory mask wearing for all individuals, physical distancing, etc.), continue to protect vulnerable populations, and use both mandatory and voluntary expanded testing capacity to surveil and protect the Total Force and our families. Managers and employees are also reminded that maximum vaccine efficacy isn't achieved until after a period of time (approximately 2 weeks) has passed following administration of the final dose (applies to the currently fully approved and EUA-approved vaccines).

**Q4. Can Commanders/supervisors require employees to return to the regular worksite?**

A4. For information regarding reentry of DAF civilian employees, managers should consult the "Department of the Air Force Supplement to DoD Workplace Guidance for Final Reentry of DoD Civilian Personnel", dated 15 May 2022.

**Q5. My civilian employee got vaccinated before the mandate and was granted administrative leave to obtain both doses of their vaccination. Now he wants to accompany his family member to get vaccinated. Does he have to take personal leave to do so?**

A5. No. As of July 29, 2021, administrative leave was authorized for civilian employees to accompany family members for the purpose of the family member receiving the COVID-19 vaccination from DoD, Federal, State or local government organizations, or private health care organizations and pharmacies, up

to 4 hours per vaccination event. This time includes travel to/from the vaccination site as well as the time to get vaccinated. However, if a family member experiences an adverse reaction to the vaccination and requires the employee's presence and/or care, the employee should request sick leave for family care.

**Q6. What if it takes less than 4 hours for the family member to get the vaccination? Or if it takes more than 4 hours?**

**A6.** Employees are only authorized the administrative leave to accompany their family member to obtain the vaccination, so if it takes less than 4 hours, the employee should only be granted that amount of time it actually took. Additionally, it should generally not require more than 4 hours to obtain the vaccination. However, if there are unusual circumstances (such as extended commuting time to the vaccination site, or extended waiting time at the site), employees may be granted additional administrative leave on a case-by-case basis.

~~**Q7. I know civilian employees are supposed to be on official duty time to get vaccinated. What if an employee can only get vaccinated during non-work hours (e.g., an off-shift worker)? Can employees get overtime or compensatory time off for time spent outside of working hours to get vaccinated?**~~

~~**A7.** Commanders are encouraged to explore a variety of options to facilitate their employees' ability to get vaccinated on official duty time, such as making adjustments to their work schedules (where practicable), and holding vaccination events at the worksite (although civilian employees cannot be required to get vaccinated at the worksite). However, if, due to unforeseen circumstances, a DAF civilian employee is unable to obtain vaccination during their basic tour of duty hours, the normal overtime hours of work rules apply.~~

**Q8. What if an employee's family member can only get vaccinated during non-work hours (e.g., an off-shift worker)? Can employees get overtime or compensatory time off for time spent outside of working hours to accompany their family members to get vaccinated?**

**A8.** No. If an employee accompanies their family member to a vaccination event outside their scheduled work hours, they will not be granted overtime pay or compensatory time off.

**Q9. What time and attendance code should be used to document administrative leave granted for an employee to accompany a family member to a COVID-19 vaccination event?**

**A9.** Per DoD guidance, the code for physical fitness should be used; specifically, "LN" for administrative leave and the environmental/hazard/other subcode of "PF".

**Q10. What time and attendance code should be used to document administrative leave granted for a DAF civilian employee who experiences an adverse reaction to a COVID-19 vaccination event?**

**A10.** Per DoD guidance, the code for physical fitness should be used; specifically, "LN" for administrative leave and the environmental/hazard/other subcode of "PF".

**Q11. If full vaccination requires an employee's family member to receive two doses at two separate vaccination events, will the employee be granted four hours of administrative leave for each vaccination event?**

**A11.** Yes. If an employee's family member's vaccination requires two events, up to four hours of administrative leave will be granted for each event.

**Q12. What about booster shots? Will the employee be on official duty time to obtain a vaccination booster?**

**A12.** No. An employee will be granted administrative leave (up to 4 hours per booster event) for the purpose of receiving any authorized COVID-19 vaccine booster shot. The 4 hours will cover travel as well as the time at the vaccination site. Employees will not be credited with administrative leave or overtime work for time getting a booster shot outside of their tour of duty. Similarly, an employee will be granted up to four hours of administrative leave for the purpose of accompanying a family member to obtain a COVID-19 booster vaccination.

**Q13. If an employee's family member is unable to receive the vaccine when they arrive for their appointment, is the employee eligible to receive additional administrative leave for a rescheduled appointment?**

**A13.** Yes, at the supervisor's discretion. Generally, an employee's family member will require no more than two vaccination events and will be granted no more than four hours of administrative leave to cover each vaccination event. However, a supervisor may grant additional administrative leave as needed for extenuating circumstances. If, for some reason, an employee's family member is unable to receive their vaccine after traveling to the vaccination location, the supervisor has discretionary authority to grant additional administrative leave for that time.

**Q14. Will employees be reimbursed for travel expenses if they must travel to a vaccination site outside of the normal commuting area to get their own vaccination?**

**A14.** Not generally. If vaccination is offered and available through DoD sources locally, employees may not be reimbursed for expenses related to obtaining the vaccine from a private source, and this would include any travel-related expenses. No reimbursement is authorized for expenses incurred for family member vaccinations.

~~**Q15. My employee's vaccination appointment is scheduled during a time when I am unable to release her from performing her duties. Can I deny the employee's official duty time for a scheduled vaccination appointment?**~~

~~**A15.** Supervisors may require employees to provide advance notice of anticipated absences and may, in certain circumstances, disapprove these requests. However, supervisors should keep in mind that getting the workforce vaccinated in accordance with the mandated deadlines is a high priority of the DAF. Moreover, 2nd doses medically must be administered within specified time frames after the 1st dose. Consequently, supervisors should only disapprove time away for vaccinations under truly mission critical circumstances. Finally, DoD guidance is that employees will be granted official duty time to obtain vaccinations; therefore, if a Commander or supervisor must disapprove a request due to mission critical circumstances, they must provide other opportunities for the employee to use the duty time necessary to get vaccinated.~~

**Q16. What if an employee used personal leave to accompany their family member to get vaccinated before we began granting administrative leave for this purpose? Can employees use administrative leave retroactively?**

**A16.** Yes. Employees who accompanied family members to get vaccinated prior to the date of the memorandum are authorized to retroactively substitute administrative leave for personal leave taken for the vaccination event. However, no retroactive administrative leave is authorized for any family member vaccination events prior to July 29, 2021. The retroactive substitution is subject to the same limitations as outlined herein.

**Q17. What if an employee's family member experiences side effects and becomes ill after receiving the vaccine? Will the employee be authorized up to 2 days of administrative leave for the period of the family member's illness and/or recovery?**

**A17.** No. If a family member experiences an adverse reaction to the vaccination and requires the employee's presence and/or care, the employee should request sick leave for family care.

**Q18. The American Rescue Plan Act of 2021 (ARPA) authorized federal Agencies to grant emergency paid leave (EPL) and seek reimbursement from the Emergency Federal Employee Leave Fund for vaccine administration and recovery from illness related to vaccination. Can employees still utilize EPL?**

**A18.** No. EPL was only authorized through September 30, 2021.

**Q19. I have an employee who has requested a reasonable accommodation of being placed or continued on Weather/Safety Leave related to their higher risk of severe illness from COVID-19. When can I require them to come back to work?**

**A19.** There is no "one-size-fits-all" answer to this question. Each case and situation must be addressed according to the specific circumstances of that case, including the specific pandemic conditions at the workplace and in the community/region. Employees at higher risk of severe complications from COVID-19 may be entitled to a reasonable accommodation. See Chapter 13 of DAFI 36-2710, *Equal Opportunity Program*. If an employee requests a reasonable accommodation, the interactive accommodation process must be engaged. Commanders and supervisors are also strongly encouraged to contact their servicing Disability Program Manager, civilian personnel and legal offices for assistance. While an employee may be determined to be entitled to an accommodation, they are not necessarily entitled to the accommodation of their choosing. Extended periods of weather and safety leave (WSL) is generally not appropriate as a reasonable accommodation. However, no employee should be removed from WSL without a thorough, individualized review that includes input from both the servicing legal office and the local disability program manager. Prior to removing an employee from WSL, supervisors must consider approved unpaid leave or reassignment as an appropriate reasonable accommodation.

**Q20. I have been teleworking due to my worksite being closed and I am able to perform all of my job duties this way. Our office is reopening. Do I have to return to my traditional worksite, or can I continue to telework full time?**

**A20.** It remains DAF policy to maximize usage of telework and other workplace flexibilities for eligible employees in accordance with current DAF policies. Where employees are able to perform the full range of their duties through telework, Commanders and supervisors are encouraged to continue allowing telework. However, telework is not an entitlement and Commanders and supervisors retain authority to approve or disapprove telework arrangements.

**Q21. May a supervisor ask employees if they have been vaccinated for COVID-19?**

**A21.** Yes. Supervisors have responsibility for front-line implementation of workplace safety measures and therefore need information regarding their employee's vaccination status. Likewise, unit Commanders have responsibility for implementing this guidance and establishing Force Health Protection guidelines and workplace safety measures and therefore also need this information for employees in their units. The DAF will obtain civilian vaccination status ~~via the DD Form 3175, "Civilian Employee Certification of Vaccination,"~~ and accompanying vaccination documents as proof of the employee's status. All DAF civilian employees (including onsite local national employees and Service members not on active duty who are DAF civilian employees), (regardless of whether they are authorized to telework or perform remote work), must attest to their vaccination status ~~by completing the DD Form 3175~~ and provide accompanying vaccination documents as proof of their status.

**Q22. May a commander or supervisor require proof of COVID-19 vaccination?**

**A22.** Yes. All DAF civilian employees (including onsite local national employees and Service members

not on active duty who are DAF civilian employees), (regardless of whether they are authorized to telework or perform remote work), must attest to their vaccination status ~~by completing the DD Form 3175 “Civilian Employee Certification of Vaccination,”~~ **and provide accompanying vaccination documents as proof of their status.** ~~The form completion process includes the submission of vaccination proof documents and subsequent supervisory verification of vaccination status.~~

Documentation to prove vaccination status may include:

- Copy of record of immunization from a health care provider or pharmacy; or
- Copy of COVID-19 Vaccination Record Card (CDC Form MLS-319813\_r, published on September 3, 2020); or
- Copy of medical records documenting the vaccination; or
- Copy of immunization records from a public health or state immunization information system; or
- Copy of any other administratively acceptable official documentation containing the required data points for supervisory verification.

Administratively acceptable documentation must be identifiable to the employee (i.e., contain their name) and must contain the following required data points, which the supervisor must verify:

- Type of vaccine administered;
- Number of doses received;
- Date(s) of administration; and
- Name of the health care professional(s) or clinic site(s) administering the vaccine(s).

Proof of vaccination may be submitted in hard copy form or in an electronic format, and the proof may be a photocopy or photograph of the vaccination record, provided that it clearly and legibly displays the required data points listed above. Any format submitted must be capable of being retained by management.

**Q23. Will employees need to take personal leave/sick leave days if they are required to quarantine as a result of travel?**

**A23.** Employees should be aware that official or personal travel may result in a mandatory quarantine before they are allowed to return to the workplace. If quarantine is required because of official travel or workplace exposure, telework eligible employees should be required to telework, or if employees are not telework eligible, commanders should provide weather and safety leave, or other administrative leave. If quarantine is required because of personal travel, and the employee is otherwise expected to be present onsite, the employee should take personal leave while quarantining. If an employee refuses to quarantine or refuses to take personal leave while under mandatory quarantine *after personal travel*, a commander may elect to bar the employee from the workplace for the safety of others. If the commander bars the employee from the workplace, the employee must be placed on administrative leave until it is determined what status the employee should be placed in while on quarantine. Commanders, however, should avoid placing an employee on extended administrative leave in this situation and should act quickly to determine the appropriate status for the employee. Commanders and supervisors are strongly encouraged to consult with their servicing civilian personnel and legal offices in these situations.

**Q24. My employee isn't required to submit to a COVID-19 screening test but would like to get tested anyway. Am I required to give her official duty time and/or supply a government-funded test kit?**



**A24.** No. When an employee is not required to be tested but decides to obtain a COVID-19 test at their own initiative, the employee may request sick leave or other available paid time off for that situation and should obtain the test using their own resources.

**Q25. Are DAF civilian employees who are required to participate in the screening testing program limited in their ability to work onsite in between weekly tests?**

**A25.** No, if they have met the applicable testing requirement and have not tested positive for COVID-19, employees participating in the screening testing program are not limited in their ability to work onsite between weekly tests, although they must comply with all relevant safety protocols for not-fully vaccinated individuals. However, if the employee has come into close contact with a person with COVID-19 during the time period in between screening tests, they should follow CDC guidelines for testing and quarantine and not enter a worksite. Similarly, if they have symptoms consistent with COVID-19, they should not enter a worksite.

**Q26. What if an employee misses a required testing time, e.g. they are on leave that day?**

**A26.** If an employee misses their regularly scheduled or required testing time, they must coordinate with their supervisor for testing within the required testing period, and in no case should they be permitted to enter the worksite unless they have a negative test result within the last 72 hours.

**Q27. What if an employee refuses to submit to screening testing?**

**A27.** If a DAF civilian employee who is not fully vaccinated refuses COVID-19 screening testing that has been mandated due to their vaccination status (including those with an approved vaccination exemption), supervisors may take appropriate corrective personnel action, including adverse employment action, up to and including removal from Federal service, (after consultation with servicing civilian personnel and legal offices). Commanders and supervisors may bar such employees from their worksites on the installation or facility to protect the safety of others, including while adverse action is pending. While barred from their worksites on the installation or facility, such employees may be required to telework, as appropriate. If commanders do not bar such employees from their worksites (due to critical mission needs), they must ensure appropriate mitigation measures are in place to ensure the safety of all employees.

**Q28. Guidance refers to denying individuals access to installations and facilities. Where should such denied access occur? Are we required to post monitors at building entrances?**

**A28.** Commanders should establish procedures that best fit their facilities and circumstances. It is not expected that monitors will be posted at facility entrances. Rather, the primary responsibility for ensuring compliance lies with front line supervisors and unit commanders. Supervisors should monitor screening testing compliance and ensure that employees who should not be in the workplace are informed they are not to be there, and are promptly sent home if they do come in.

~~**Q29. What if my employee claims to have a medical or religious objection or reason for not getting the COVID-19 vaccination?**~~

~~**A29.** A DAF civilian employee may request an exemption from the requirement(s) herein on the basis of a medical condition or circumstance, or a sincerely held religious belief, practice or observance. Exemptions will be granted in limited circumstances and only where legally required.~~

If a DAF civilian employee has requested an exemption, (e.g., a reasonable accommodation based on a medical condition/disability or religious beliefs, practices, or observances) from any portion of this guidance, approval authorities should determine if an appropriate flexibility or accommodation is legally required and can be provided.

~~While exemption requests are pending decision, employees should be granted a temporary delay in compliance with the vaccination mandate and no enforcement action should be taken during this time period. A religious or medical accommodation of exemption from COVID-19 vaccination is not an exemption from COVID-19 screening testing, or from other force health protection or workplace health and safety mitigation measures.~~

**Q30. My employee has asked to be exempted from screening testing/mandated mask wear for religious reasons. What do I do?**

**A30.** Similar to the above question and answer, a DAF civilian employee may request an exemption from screening testing or mandated mask wear on the basis of a medical condition or circumstance, or a sincerely held religious belief, practice or observance, and the same processes apply. It should be noted however, that religious accommodations are not the same as reasonable accommodations based on medical condition or disability because they are founded in different statutes and have different legal standards and requirements. There may be a "compelling need" for management to require testing and the wearing of masks, to protect the health of all Department of the Air Force (DAF) personnel, the communities we live and work in, and to preserve total force readiness and ensure mission accomplishment. Therefore, simply exempting employees from participating in testing or mask wear may not be appropriate, particularly during periods, or in areas, of high or substantial transmission rates. Commanders should look for the "least restrictive method", or viable alternatives to exemptions, that allow for accommodation of the religious belief without putting others at risk. Examples of such possible alternatives include but are not limited to: telework; altering work schedules or cohorting; and reassignment to a different position or to different duties that may allow for telework. Only after all lesser restrictive alternatives have been considered and it is determined there is no viable alternative other than to require the employee to report to work, should an employee be compelled to submit to the testing/mask requirement.

**~~Q31. When I originally completed the DD Form 3175, I was not fully vaccinated but now I am. How do I change my status?~~**

~~**A31.** Employees who wish to change their status should update the electronic DD Form 3175 in milConnect, if milConnect was originally used by the employee. Otherwise, the employee should provide an updated hard copy DD Form 3175 to their supervisor (or designated human resources official) and ask that the original form be replaced with the updated version.~~

**Q32. I believe my employee may have lied on their DD Form 3175. What should I do?**

**A32.** The form completion process includes the submission of vaccination proof documents and supervisory verification of vaccination status. If, after review of the vaccination proof documents, there is still a reasonable belief the employee may have provided false information, the supervisor should immediately contact their servicing civilian personnel and legal offices for consultation. However, if an employee who has attested to being vaccinated exhibits symptoms of COVID-19 illness, the supervisor should apply the appropriate safety protocols, but this alone is generally not an appropriate reason to question the employee's vaccination status.

**~~Q33. Should commanders allow individuals to update their vaccination status?~~**

~~**A33.** Yes. In fact, DAF civilian employees are required to submit a new DD Form 3175 when their vaccination status changes. Care should be taken to update the form via MilConnect if that was the original entry method in order to ensure data integrity.~~

**~~Q34. If a DAF civilian employee seeks to enter workspace under the control of another agency, must they complete a Civilian Employee Certification of Vaccination form at that agency?~~**

~~A34. Yes, DAF employees are treated as visitors during their visit to another agency, meaning they would need to complete a Civilian Employee Certification of Vaccination form and, if they are not fully vaccinated, they would need to show proof of a negative COVID-19 test result within the past 72 hours. As with other visitors, the employee should keep the form with them during their time onsite at the other agency.~~

**Q35. Are commanders and supervisors required to provide COVID-19 testing for work-related exposures? If so, are the screening self-test kits sufficient for this purpose?**

A35. DAF civilian employees who have been exposed to persons with COVID-19 at work should receive diagnostic testing, (i.e., confirmatory laboratory-based molecular test.) The screening test kits should not be used for diagnostic purposes. If an employee believes they have been exposed and/or have become ill as a result of work-related incident, they may file a workers' compensation claim under the Federal Employees' Compensation Act (FECA). The employee should report the illness to their supervisor as soon as possible and the supervisor should remind the employee of the option to electronically file a form CA-1, Notice of Traumatic Injury, via the U.S. Department of Labor's ECOMP system. Supervisors are responsible for requesting a CA-16, Authorization for Exam and/or Treatment, by calling the Total Force Service Center at 1-800-525-0102 or via email at [injury.compensation@us.af.mil](mailto:injury.compensation@us.af.mil), if necessary, no later than 7 calendar days from the date of the injury. Employees are reminded that claims are adjudicated by the Department of Labor.

~~Q36. We have a new hire who hasn't yet onboarded but is due to do so very soon. They have stated their intent to submit a request for exemption (on medical or religious basis) from the vaccination mandate. What do we do?~~

~~A36. New DAF civilian employees must be fully vaccinated by their entry on duty (start) date or November 22, 2021, whichever is later. If a new hire intends to request a medical or religious exemption, their start date should be delayed until the exemption process is complete and they either have been approved for an exemption, or they become fully vaccinated. Additionally, for urgent, mission-critical hiring needs in circumstances in which an employee could not have been fully vaccinated between the time the job announcement closes and the employee's start date, temporary exemptions in writing for up to 60 days after an employee's start date may be approved by SecAF (and may be delegated no lower than the Under Secretary of the Air Force). Commanders may request SecAF (or designee) approval of such temporary exemptions of this requirement, and requests should be submitted through the MAJCOM chain of command to [AF.A1C.Workflow@us.af.mil](mailto:AF.A1C.Workflow@us.af.mil).~~

~~Q37. What about a transfer employee who is scheduled to PCS and intends to file for an exemption? What do we do?~~

~~A37. Because there are significant funds expended when PCSing employees, and in some cases there are also service agreements involved, Commanders should carefully consider whether it is prudent to allow a transferring employee to PCS until they either have an approved exemption or they become fully vaccinated. Commanders are encouraged to consult with their servicing civilian personnel section in such cases.~~

~~Q38. One of my highest performing civilian employees is adamantly opposed to getting vaccinated, but not for a medical or religious-based reason. I would hate to lose this employee. Can't I grant an exemption to the requirement?~~

~~A38. No. The Executive Order does not permit exemptions from the vaccination requirement *except as required by law*. If the employee does not legally qualify for a medical or religious-based exemption, there is no authority to grant one.~~

**Q39: What steps should a supervisor take when an employee has lost or does not have a copy of required vaccination documentation?**

**A39:** If an employee states that they have lost their vaccination documentation or do not have a copy of it, they should be directed to contact the vaccination provider site where they received their vaccine. If the location where the employee received their COVID-19 vaccine is no longer operating, the employee should contact their health care provider, who, in most cases, can access a State or local health department's immunization information system (IIS) for the employee's record. In many States or localities, the employees may themselves be able to get their record by directly contacting the State or local health department's IIS. Employees should contact their State or local health department if they have additional questions about vaccination cards or vaccination records. If an employee was vaccinated in another country, the supervisor should direct the employee to contact the vaccination provider site where they received their vaccine for information on how to obtain records. Alternatively, the employee should contact the appropriate health department in that country. If an employee who claims they are fully vaccinated is able to demonstrate a good faith effort to locate required documentation, the supervisor may hold any disciplinary action associated with failure to comply with the vaccination requirement in abeyance for a short period of time, pending the employee's submission of documentation providing proof of vaccination.

**Q40: What workplace safety protocols should we apply to an onsite contractor employee who is not fully vaccinated because the contractor employee has been provided an exception to the vaccination requirement by their employer?**

**A40:** In most circumstances, DAF should require an onsite contractor employee who is not fully vaccinated to follow applicable masking, physical distancing, and testing protocols. However, there may be circumstances in which it is determined that the nature of an onsite contractor employee's job responsibilities at a DAF workplace, or the location of their work at a DAF workplace, requires heightened safety protocols. In some cases, DAF may determine that the nature of an onsite contractor employee's responsibilities at a DAF workplace are such that no safety protocol other than vaccination is adequate—in that case, an onsite contractor employee who is not fully vaccinated would be unable to perform the requisite work at the DAF workplace. Such circumstances do not relieve the contractor from meeting all contractual requirements. In order for commanders to assess appropriate safety measures for contractor employees in DAF workplaces, contractors subject to a contractual requirement for maintaining COVID-19 workplace safety protocols pursuant to Executive Order 14042 should generally notify their contracting officers when one of their employees who works onsite at a DAF workplace has received an exception to the requirement to be fully vaccinated.

**Q41. I'm an Air Force Reserve Technician (ART) and I have questions regarding which rules and processes I follow, the ones for military members or the ones for DAF civilian employees. Where do I go for answers?**

**A41.** Air Force Reserve personnel should contact AFRC/A1CE at [afrc.dpce@us.af.mil](mailto:afrc.dpce@us.af.mil).

**Q42. I'm a National Guard Title 32 dual status military technician. Do I follow the DAF civilian employee vaccination guidance? What if I'm a Title 5 State level National Guard employee?**

**A42.** No. Title 32 dual status technicians will follow directives and procedures issued by their respective service component supplemented by the Air National Guard or Army National Guard.

Title 5 State level National Guard employees should follow directives and procedures issued by the National Guard Bureau Technician and Civilian Personnel Policy Division (NGB-J1-TCP). Their published guidance can be found on their GKO site located at <https://gko.portal.ng.mil/joint/J1/D06/>. For

additional Title 5 State level information, personnel should contact NGB-J1-TCP, Mr. Nick Hoyt at 703-607-3155 or [nicholas.j.hoyt.civ@army.mil](mailto:nicholas.j.hoyt.civ@army.mil).

**Q43. Where do supervisors or Commanders go if they have additional questions regarding civilian employees?**

**A43.** Commanders or supervisors should consult their servicing civilian personnel (Employee Relations), MTF, and/or Legal offices if they have additional questions. They are also encouraged to review the guidance and information in the DAF COVID-19 Commander's Toolkit at <https://usaf.dps.mil/teams/COVID-19/SitePages/Home.aspx> and from the Safer Federal Workforce Task Force, which can be accessed at <https://www.saferfederalworkforce.gov/>.

## **(Added DAF) ATTACHMENT 6**

### **Mitigation Plan Requirements and Template - Meetings**

**Requirements: Mitigation plans to reduce the risk of the spread of COVID-19 during DAF hosted meetings will include provisions to ensure the following:**

1. A process to verify whether attendees are fully vaccinated against COVID-19. Individuals who are not fully vaccinated are not authorized to attend meetings in-person unless they provide the meeting organizer with proof of a negative COVID-19 test, completed no more than 72 hours prior to meeting check-in. Fully vaccinated is defined as two weeks past their second dose in a two-dose vaccination series, such as Moderna's Spikevax or Pfizer's Comirnaty vaccines, or two weeks past a single-dose vaccine, such as Johnson and Johnson's Janssen vaccine) with a vaccine that is either: (1) fully licensed or authorized or approved by the FDA **(Added DAF) (now including Novavax)**; (2) listed for emergency use on the World Health Organization Emergency Use Listing (e.g., AstraZeneca/Oxford); or (3) approved for use in a clinical vaccine trial for which vaccine efficacy has been independently confirmed.
2. The wear of appropriate/approved masks (indoor activities), set forth by current DoD policy, and the enforcement of appropriate social distancing for all participants.
3. Signage is posted and regular audible announcements are made during the meeting to remind attendees of social distancing policies.
4. Signage is posted encouraging regular hand washing and sanitizing.
5. Considerations for cancelling or minimizing the occurrence and number of participants (including spousal participants) at affiliated social events.
6. Limit capacity and registration of attendees/occupants in meeting areas to ensure adequate physical distancing.
  - a. Develop an expedited, minimal-to-no contact registration process.
  - b. Encourage participants to pre-register and pay all fees prior to the meeting (limit walk-in registration).

Note: Approval to conduct in-person meetings, whether held indoors or outdoors, does not constitute or imply approval of mission-critical official travel for non-vaccinated personnel.

**Template:**

**COVID-19 Mitigation Plan - [Insert Event Name, Location, Date]**

This document is provided as an example plan to mitigate the spread of Coronavirus Disease 2019 (COVID-19) during the set-up, execution, and tear-down of an DAF-sponsored in-person meeting, event, or conference (referred collectively herein as “meetings”). Please adjust the document as necessary to meet your organization’s intent and specific situation. The plan should be coordinated with local public health officials to ensure the most up to date Force Health Protection (FHP) policies and guidance from the Centers for Disease Control and Prevention (CDC) are addressed.

**Background:**

- Provide a synopsis of the local Health Protection (HPCON) Level, CDC Community Level, seven (7)-day COVID-19 infection rate average, local vaccination rate, event venue capacity, State and local mask guidance, and any restrictions/precautions that may impede safe execution of the meeting.

**The following actions will be taken to reduce the risk of the spread of COVID-19:**

1. Describe the process that event organizers will implement to verify attendees’ COVID-19 vaccination status, pending or approved waiver request, or negative COVID-19 test result as defined by current DoD and DAF policy.
2. Define how the wear of appropriate/approved masks (indoor activities), set forth by current DoD policy, and the enforcement of appropriate social distancing for all participants will be accomplished.
3. Affirm signage will be posted and regular audible announcements made during the meeting to remind attendees of social distancing policies.
4. Confirm signage will be posted encouraging regular hand washing and sanitizing.
5. Verify considerations for cancelling or minimizing the occurrence and number of participants (including spousal participants) at affiliated social events will be developed.
6. Describe the process event organizers will implement to limit capacity and registration of attendees/occupants in meeting areas to ensure adequate physical distancing. Include:
  - c. An expedited, minimal-to-no contact registration process.
  - d. Means to encourage participants to pre-register and pay all fees prior to the meeting in order to limit walk-in registration.
7. Highlight any additional actions that being taken to mitigate COVID-19 risks.

**Event Timeline and Considerations**

Provide a timeline and description of key events (or tasks) accomplish during meeting setup, during each day of the meeting, and during meeting teardown/cleanup. Include for each event: Date/Time/Day – Insert name of event and provide a brief description including anticipated number of attendees and any additional event specific mitigation measures. Repeat as needed.

## (Added DAF) ATTACHMENT 7

### Mitigation Plan Requirements and Template – Events

**Requirement:** Mitigation plans to reduce the risk of the spread of COVID-19 during DAF-sponsored or hosted Open Houses, Air Shows, and Concerts (“events”) will include efforts during all phases of set-up, rehearsal, event execution, and clean-up. At a minimum, the plan will include provisions to ensure the following:

1. A process is implemented to verify whether or not DoD personnel involved in all phases of set-up, rehearsal, event execution, and clean-up are fully vaccinated against COVID-19 unless exempt by DoD or DAF policy. Individuals who are not fully vaccinated are not authorized to participate in event activities unless they provide the organizer proof of a negative Food and Drug Administration-approved COVID-19 test completed no earlier than 72 hours prior to the event. Event approval does not constitute or imply approval of mission-critical official travel for non-vaccinated personnel. Non-DoD participants will provide event organizers a completed DD Form 3150 when the local CDC COVID-19 Community Level is High or Medium. Vaccination status verification is not required for event attendees (e.g. the general public).
2. Planned indoor events will be conducted in aircraft hangars with doors open and access limited to the capacity associated with the local HPCON level.
3. Require the wear of appropriate/approved masks (indoor activities), set forth by current DoD policy, and enforce appropriate social distancing for all participants.
4. Posted signage with regular audible announcements made during the event reminding of social distancing policies and encouraging regular hand washing and sanitizing.
5. Increase the number of bathroom facilities, hand washing/sanitizer stations, and the number of daily cleanings and refill checks.
6. Strategically space popular event items/attractions, such as vendors, concessions, exhibits, and static displays, to optimize social distancing.
7. Provided ground transportation will be limited to 50% vehicle capacity.
8. Considerations for cancelling or minimizing the occurrence and number of participants (including spousal participants) at affiliated social events.
9. Limitations on capacity and registration of attendees/occupants in event areas to ensure adequate physical distancing.
  - a. Expedited, minimal-to-no contact registration and admission process.



- b. Pre-registration and payment of all fees prior to the event (limit walk-in registration) where feasible.

**Template:**

**COVID-19 Mitigation Plan - [Insert Event Name, Location, Date]**

This document is provided as an example plan to mitigate the spread of Coronavirus Disease 2019 (COVID-19) during the set-up, execution, and tear-down of an DAF-sponsored in-person meeting, event, or conference (referred collectively herein as “meetings”). Please adjust the document as necessary to meet your organization’s intent and specific situation. The plan should be coordinated with local public health officials to ensure the most up to date Force Health Protection (FHP) policies and guidance from the Centers for Disease Control and Prevention (CDC) are addressed.

**Background:**

- Provide a synopsis of the local Health Protection (HPCON) Level, CDC Community Level, seven (7)-day COVID-19 infection rate average, local vaccination rate, event venue capacity, State and local mask guidance, and any restrictions/precautions that may impede safe execution of the meeting.

**The following actions will be taken to reduce the risk of the spread of COVID-19:**

1. Describe the process that event organizers will implement to verify attendees’ COVID-19 vaccination status, pending or approved waiver request, or negative COVID-19 test result as defined by current DoD and DAF policy.
2. Define how the wear of appropriate/approved masks (indoor activities), set forth by current DoD policy, and the enforcement of appropriate social distancing for all participants will be accomplished.
3. Affirm signage will be posted and regular audible announcements made during the meeting to remind attendees of social distancing policies.
4. Confirm signage will be posted encouraging regular hand washing and sanitizing.
5. Verify considerations for cancelling or minimizing the occurrence and number of participants (including spousal participants) at affiliated social events will be developed.
6. Describe the process event organizers will implement to limit capacity and registration of attendees/occupants in meeting areas to ensure adequate physical distancing. Include:
  - a. An expedited, minimal-to-no contact registration process.
  - b. Means to encourage participants to pre-register and pay all fees prior to the meeting in order to limit walk-in registration.
7. Highlight any additional actions that are being taken to mitigate COVID-19 risks.

**Event Timeline and Considerations**

Provide a timeline and description of key events (or tasks) accomplish during meeting setup, during each day of the meeting, and during meeting teardown/cleanup. Include for each event: Date/Time/Day – Insert name of event and provide a brief description including anticipated number of attendees and any additional event specific mitigation measures. Repeat as needed.

**(Added DAF) ATTACHMENT 8**  
**REFERENCE DOCUMENTS**

- (a) Under Secretary of Defense Memorandum, “Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance –Revision 1,” June 29, 2022
- (b) Safer Federal Workforce Task Force, “COVID-19 Workplace Safety: Agency Model Safety Principles,” September 13, 2021
- ~~(c) Executive Order 14043, “Requiring Coronavirus Disease 2019 Vaccination for Federal Employees,” September 9, 2021~~
- (d) United States Office of Personnel Management Memorandum, “Guidance on Applying Coronavirus Disease 2019 Vaccination Requirements to New Hires – Executive Order 14043,” October 1, 2021
- ~~(e) United States Office of Personnel Management Memorandum, “Guidance on Enforcing Coronavirus Disease 2019 Vaccination Requirement for Federal Employees – Executive Order 14043,” October 1, 2021~~
- (f) Department of Defense Directive 5100.03, “Support of the Headquarters of Combatant and Subordinate Unified Command”, February 9, 2011, Incorporating Change 1, September 7, 2017
- (g) Safer Federal Workforce Task Force, “COVID-19 Workplace Safety: Guidance for Federal Contractors and Subcontractors,” September 24, 2021
- (h) Principal Director for Defense Pricing and Contracting Memorandum, “Class Deviation 2021-O0009— Ensuring Adequate COVID-19 Safety Protocols for Federal Contractors, October 1, 2021
- (i) Executive Order 14042, “Ensuring Adequate COVID Safety Protocols for Federal Contractors,” September 9, 2021
- (j) Department of Defense (DoD) Instruction 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019 (as amended)
- (k) Office of the Under Secretary of Defense (Comptroller)/Chief Financial Officer of the Department of Defense, “DoD Response to the Novel Coronavirus – Cost Reporting Guidance,” April 13, 2020
- (l) Defense Civilian Personnel Advisory Service Message 2021100, “Coverage for Injuries Resulting from the COVID-19 Vaccination Mandate for Federal Employees, October 14, 2021
- (m) Under Secretary of Defense for Personnel and Readiness Memorandum, “Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance”, 4 April 2022
- (n) Safer Federal Workforce Task Force, “Initial Implementation Guidance for Federal Agencies on COVID-19 Community Levels and Mask-Wearing”, February 28, 2022
- (n) “Revised Department of the Air Force COVID-19 Testing Strategy and Universal Case Investigation and Contact Tracing”, 22 March 2022
- (o) Secretary of the Air Force Memorandum, “Department of the Air Force Workplace Guidance for Reentry of Civilian Personnel”, 15 May 2022, and attachment, “Department of the Air Force Supplement to DoD Workplace Guidance for Final Reentry of DoD Civilian Personnel”.