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PERSONNEL AND READINESS

25 FEB 2020

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

SUBJECT: Force Health Protection (Supplement 2) - Department of Defense Guidance for Military Installation Commanders' Risk-Based Measured Responses to the Novel Coronavirus Outbreak

Novel coronavirus disease (COVID-19) continues to spread and is an increasing force health protection (FHP) threat in areas where Department of Defense (DoD) personnel live and work. As the leading U.S. Government public health agency, the U.S. Centers for Disease Control and Prevention (CDC) continues to assess the risk of COVID-19 and provide guidance for those residing in the United States and traveling abroad. Some CDC COVID-19 guidance may have limited applicability for military installation commanders (hereafter "military commanders"), particularly those outside the United States, because CDC guidance is principally directed toward persons residing in the United States and does not apply to other sovereign nations. While the DoD continues to follow CDC's lead, additional military specific measures are authorized by current policy when needed to mitigate risk to U.S. forces stationed around the world and to protect Service members, DoD civilian employees and contractor personnel, and family members.

DoD Instruction (DoDI) 6200.03 "Public Health Emergency Management Within the DoD," dated March 28, 2019, provides military commanders with policy applicable to an outbreak of this kind. This memorandum serves as a COVID-19 specific supplement to the DoDI 6200.03 and outlines a risk-based framework to guide planning, posture, and actions under DoDI 6200.03 needed to protect DoD personnel and support mission assurance.

A risk-based framework for geographic areas with COVID-19 transmission is organized by areas exhibiting the following characteristics: (a) Community transmission beginning, (b) Increased community transmission, (c) Sustained community transmission, and (d) Widespread community transmission. DoD commanders may use this risk-based framework to help guide their response to COVID-19. This outbreak is dynamic and manifests differently by location,

setting, population, and individual. As a result, responses to COVID-19 will need to be flexible, tailored, and incremental.

Military commanders outside the United States have unique geographic constraints and operational considerations for FHP. They must act in accordance with relevant host nation (HN) and allied forces standards as applicable. CDC country specific Travel Health Notice (THN) levels for COVID-19 may be found at **https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html**.

Consistent with DoDI 6200.03, the following risk-based measures may be considered by military commanders in consultation with CDC and with consideration of THNs, Department of State Travel Advisories, and applicable HN disease mitigation actions:

- Prior to community transmission.
    a. Review and update the installation health protection condition (HPCON) framework per DoDI 6200.03 and align with appropriate response measures below.
    b. Maximize proportion of workforce that can perform their duties via telework.
    c. Identify mission essential personnel who must report to duty during an outbreak.
- Community transmission beginning.
    a. Re-emphasize avoiding contact with sick people, practicing proper hand hygiene, and cough/sneeze etiquette.
    b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.
- Increased community transmission.
    a. Continue all measures from previous risk level, and consider adding the following:
    b. Restrict Service member travel to affected communities and advise civilian employees and family members of risk.
    c. Re-scope or modify exercises in affected areas to limit risk to DoD personnel.
    d. Institute clearly defined personal protective equipment (PPE) posture for high risk personnel.
- Sustained community transmission.
    a. Continue all measures from previous risk level, and consider adding the following:
    b. Consider declaring a local Public Health Emergency.
    c. Consider limiting access to the installation.
    d. Consider cancelling large public gathering events on the installation.
    e. Re-scope, modify, or potentially cancel exercises.
    f. Approve leave and travel to this area on a case-by-case basis.
    g. If outside the United States and considering authorized and ordered departure actions, coordinate through their respective Combatant Command (CCMD) or Military Department headquarters, and the Joint Staff and OSD to align with Department of State (DoS), which is the approval authority.

- Widespread community transmission.
    a. Continue all measures from previous risk level, and consider adding the following:
    b. Strongly consider declaring a local Public Health Emergency.
    c. Consider restriction of movement consistent with DoDI 6200.03 (potentially to include quarantine, isolation, canceling public gatherings, avoiding congregate settings, and practicing social distancing)
    d. Consider limiting access to the installation.
    e. Distribute PPE as appropriate.
    f. Cancel non-mission essential activities.
    g. Re-scope, modify, or potentially cancel exercises.
    h. Maximize telework.
    i. Cancel all non-essential leave and travel to this area.
    j. Coordinate authorized and ordered departure actions through their respective CCMD or Military Department headquarters, and the Joint Staff and OSD to align with the DoS.
    k. Implement quarantine, consistent with applicable procedures, for persons/units returning from this area to a lower risk area.
    l. Consider other restrictions of movement for persons critical to national security functions.

These potential military commander response measures are included in the attached Table 1. My point of contact for this guidance is COL Jennifer M. Kishimori who may be reached at (703) 681-8179 or jennifer.m.kishimori.mil@mail.mil.

Matthew P. Donovan
Performing the Duties of the Under Secretary of Defense for Personnel and Readiness

Attachment:
As stated

Table 1

Level	Description	Recommended Military Commander Response Measures
Routine	**Prior to community transmission.**	a. Review and update the installation HPCON framework per DoDI 6200.03 and align with appropriate response measures below. b. Maximize proportion of workforce that can perform their duties via telework. c. Identify mission essential personnel who must report to duty during an outbreak.
Limited	**Community transmission beginning.** There are instances of people who have been infected, including some who may not be sure how or where they became infected.	a. Re-emphasize avoiding contact with sick people, practicing proper hand hygiene, and cough/sneeze etiquette. b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.
Moderate	**Increased community transmission.** People have been infected with the virus in more than one location, but how or where they became infected may not be known.	a. Continue all measures from previous risk level, and consider adding the following: b. Restrict Service member travel to affected communities and advise DoD civilian employees and contractor personnel, and family members of risk. c. Re-scope or modify exercises in affected areas to limit risk to U.S. personnel. d. Institute clearly defined PPE posture for high risk personnel.
Substantial	**Sustained community transmission.** People have been infected with the virus, but how or where they became infected may not be known, and the spread is ongoing.	a. Continue all measures from previous risk level, and consider adding the following: b. Consider declaring a local Public Health Emergency. c. Consider limiting access to the installation. d. Consider cancelling large public gathering events on the installation. e. Re-scope, modify, or potentially cancel exercises. f. Approve leave and travel to this area on a case-by-case basis. g. If outside the United States and considering authorized and ordered departure actions, coordinate through their respective CCMD or Military Department headquarters, and the Joint Staff and OSD to align with the DoS, which is the approval authority.
Severe	**Widespread community transmission.** People have been infected with the virus, but how or where they became infected may not be known; the spread is ongoing and includes the majority of regions.	a. Continue all measures from previous risk level, and consider adding the following: b. Strongly consider declaring a local Public Health Emergency. c. Consider restriction of movement consistent with DoDI 6200.03 (potentially to include quarantine, isolation, canceling public gatherings, avoiding congregate settings, practicing social distancing). d. Consider limiting access to the installation. e. Distribute PPE as appropriate. f. Cancel non-mission essential activities. g. Re-scope, modify, or potentially cancel exercises. h. Maximize telework. i. Cancel all non-essential leave and travel to this area. j. Coordinate authorized and ordered departure actions through their respective CCMD or Military Department headquarters, and the Joint Staff and OSD to align with the DoS. k. Implement quarantine, consistent with applicable procedures, for persons/units returning from this area to a lower risk area. l. Consider other restrictions of movement for persons critical to national security functions.