



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG - 8 2022

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

SUBJECT: Consolidated Department of Defense Coronavirus Disease 2019 Force Health
Protection Guidance – Revision 2

Effective immediately, sections 1, 3, 4, 5, 6, 7, and 9 of the Consolidated Department of Defense (DoD) Coronavirus Disease 2019 (COVID-19) Force Health Protection Guidance are amended as attached.

The changes to sections 1, 3, 4, 5, 6, 7, and 9 include:

- Updated guidance on changing Health Protection Condition levels based on the Centers for Disease Control and Prevention COVID-19 Community Levels;
- Revised guidance for protecting DoD personnel;
- Addition of exceptions to travel requirements that allow U.S. Transportation Command to continue execution of the Joint Development and Distribution Enterprise;
- Updated general travel guidance to include types of “mission-critical” travel and amending the requirement for a risk assessment prior to travel for DoD contractor personnel;
- Removal of outdated information and travel recommendation related to the “COVID-19 Travel Restrictions Installation Status Update;” and
- A revised definition of “up to date” to include individuals who receive any recommended booster dose(s) when eligible.

Please direct any questions or comments to the following email address:
dha.ncr.ha-support.list.policy-hrpo-kmc-owners@mail.mil.

Gilbert R. Cisneros, Jr.

Attachment:
As stated

SECTION 1: HEALTH PROTECTION CONDITION (HPCON) FRAMEWORK

1.1. HPCON FRAMEWORK.

Installations¹ 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. 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.² ~~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.~~

Geographic Combatant Commanders have authority to determine HPCON implementation policy in accordance with operational requirements, and to match relevant Host

¹ 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 Mariana 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.

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

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~~ are based on the CDC COVID-19 Community Levels reported by the CDC,³ 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.⁴

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.⁵

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.

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

⁴ County Community Levels are available for U.S. States and territories is available at: <https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>. 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.

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

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

HPCON D Severe	<u>High COVID-19 Community Level* Risk, with degraded availability of medical countermeasures, and substantial loss of medical capability</u>	Utilize measures from HPCON A, B and C with the following modifications:
High COVID-19 Community Level* in the county in which the installation is located.	AND any of the following	<ul style="list-style-type: none"> 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. b. Strongly consider declaring a local Public Health Emergency. c. Consider limiting visitor access to the installation to only those required for mission essential activities. d. Cancel non-mission-essential activities. e. Close non-essential services (e.g., fitness centers, leisure and recreational facilities, beauty/barber shops, non-essential retail, dine-in eating establishments). f. Consider potential delay or cancelation of exercises. g. Restrict or suspend social gatherings to the greatest extent possible. h. Follow any other applicable force health protection guidance at: https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/.⁶
Civilian healthcare capability and utilization (percent and trend)*:	<p>>50 percent staffed of hospital beds filled with individuals who have COVID-19 as the primary admission criteria; or >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> <p>OR</p> <p>Military Health System (MHS) health care capability and utilization (percent and trend): Degradation of MHS capabilities requiring Crisis Status operations; and >95 percent staffed bed occupancy; or >50 percent military medical treatment facility (MTF) staff in isolation or quarantine or unvaccinated; or >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 >60 percent in key departments.</p> <p>OR</p> <p>Other factors: Loss of vaccine effectiveness in available vaccines resulting in vaccinated individuals routinely experiencing severe disease, hospitalization or death; or</p>	

⁶ 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>

HPCON C <u>High</u>	<u>High COVID-19 Community Level* Risk</u> High COVID-19 Community Level* in the county in which the installation is located.	Utilize measures from HPCON A and B with the following modifications:
	*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	<ul style="list-style-type: none">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/.

HPCON B <u>Moderate</u>	<u>Medium COVID-19 Community level*</u> <u>Risk</u>	Utilize measures from HPCON A with the following modifications:
	Medium COVID-19 Community Level* in the county in which the installation is located.	<ol style="list-style-type: none"> 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/.
	<p>*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.</p>	
HPCON A <u>Low</u>	<u>Low COVID-19 Community Level* Risk</u>	<ol style="list-style-type: none"> 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.⁷ 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/.
	Low COVID-19 Community Level* in the county in which the installation is located.	
	<p>*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.</p>	

⁷ <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.

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. 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.⁸ 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 grant.

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

SECTION 3: CONDUCTING TESTING FOR SUSPECTED COVID-19 CASES AND GENERAL ELIGIBILITY FOR DoD-CONDUCTED TESTING

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.

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/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>.

DoD Components may consider non-clinical, Research Use Only molecular tests⁹ 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.

⁹ 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 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.

SECTION 4: SURVEILLANCE AND SCREENING TESTING

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 concern¹⁰ 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).
- 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.

¹⁰ The President’s “National Strategy for the COVID-19 Response and Pandemic Preparedness,” January 21, 2021.

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.

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.
- **Stay home if Self-screen for COVID-19 symptoms¹¹ 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/people-with-medical-conditions.html>.
- 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.

b. 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.

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. **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.

¹¹ **COVID-19 symptoms can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.**

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 Level¹² 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;

¹² 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.

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 ride-shares)~~ 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 ~~not required~~ 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. ~~These Masking~~ requirements apply whether the DoD ~~transportation assets and hubs~~ aircraft, boats and other maritime conveyances, and buses are located inside or outside the United States, but exclude ~~ships, submarines, aircraft, these conveyances~~ and other tactical vehicles and craft in their operational environment. ~~Individuals~~ It is recommended that individuals will wear a mask in Government cars, vans, or other low occupancy transportation assets, regardless of in areas where the CDC COVID-19 Community Level is high when traveling with others. Masks are optional in areas where the CDC COVID-19 Community Level is low or medium for all individuals if traveling in Government low occupancy transportation.

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):¹³

- ~~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

¹³ For more information on contact tracing with respect to Service members, see: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>.

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 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-19:¹⁴

- For Service members previously diagnosed with COVID-19 who remain asymptomatic after 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-19¹⁵ 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.

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

¹⁵ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

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 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.

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

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.**

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. Meetings do not include military training and exercise events conducted by MILDEPs.

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, U.S. 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. 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 changes 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."

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.

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.
- ~~For DoD contractor personnel, DoD contracting officers will ensure that all contracts that include performance requiring official travel outside the United States require DoD contractor personnel to complete a risk assessment. DoD contractor personnel 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/index.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.

7.4. 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-conducting official international air travel. It is recommended that personnel 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.

- Pre-travel viral¹⁶ testing is 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.
- 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 conducting unofficial international air travel. 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 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.

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,

¹⁶ 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.

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 one to three 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

- It is recommended that Service members conduct 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 or testing, delay travel and consult a health care provider for clearance to travel.
 - Service members 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 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 Service member 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 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 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 conduct pre-travel testing as described above. Service members will follow risk assessment and ROM procedures described above in the Official Travel section.
 - Service members 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 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/> prior to travel.~~
- 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.

7.7. 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://covid-status.data.mil/#/>, 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 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 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 (e.g., Novavax).

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.