MEMORANDUM FOR COMMANDER, UNITED STATES SOUTHERN COMMAND

SUBJECT: COVID-19 TESTING FOR DOD CIVILIAN EMPLOYEES

During the Department of Defense COVID-19 briefing to the Secretary of Defense on June 15, 2020, you raised the question concerning guidance recently issued by the Under Secretary of Defense for Personnel and Readiness regarding testing for COVID-19.


Neither document provides authority to order testing of DoD civilian employees. Supplement 10 explicitly stated that DoD civilian employees “may be offered testing...if their supervisor has determined that their presence is urgently required in the DoD workplace.” Such testing is not mandatory.

Civilian employees may be directed to undergo non-intrusive screening measures such as no-contact temperature readings and questions about health-related matters, but they may not be directed to undergo diagnostic medical testing as a general access control measure. Such testing may be offered to DoD civilian employees in accordance with the published guidance.

If DoD civilian employees decline the opportunity to take a test, no adverse personnel action may be taken pursuant to current DoD guidance related to COVID-19. The Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic,” April 13, 2020, provides guidance regarding actions that may be taken to protect DoD personnel in workplaces through such measures as access control. I have attached this memorandum for your convenience.

William S. Castle
Principal Deputy
General Counsel
Attachments:
As stated

cc:
Deputy Secretary of Defense
Under Secretary of Defense for Personnel and Readiness
Assistant Secretary of Defense for Health Affairs
Legal Counsel to the Chairman of the Joint Chiefs of Staff
Staff Judge Advocate, U.S. Southern Command
MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
CHIEF OF THE NATIONAL GUARD BUREAU
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE AFFAIRS
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC AFFAIRS
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF DOD FIELD ACTIVITIES

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

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

Restrict Workplace Access

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

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

1 Because the COVID-19 pandemic requires evolving assessments and recommendations, DoD components must regularly consult CDC guidance for updated recommendations.
• Sick individuals should follow CDC-recommended steps, found at: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html. Sick personnel should not return to work until the criteria to discontinue home isolation found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html are met, and in consultation with healthcare providers and state and local health departments.

• Asymptomatic personnel with potential exposure to COVID-19 (either based upon travel or based upon close contact with a person who has a laboratory confirmed or clinically diagnosed or presumptive case) should notify their supervisor. They should follow CDC recommended precautions at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions. “Close contact” means a person has spent more than 10 minutes within 6 feet of a COVID-19 infected individual without appropriate protective measures.

  o As a general rule, these personnel should not return to the workplace until they have self-isolated for 14 days from the COVID-19 positive individual (which may be done in the same residence with separate rooms and a separate bathroom, if the COVID-19 positive individual is a family member or other co-inhabitant). Additionally, the workplace supervisor, in consultation with the appropriate Component medical authority, must determine the individual does not present a threat to the safety of the work force.

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

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

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

Collecting Information Necessary to Protect the Workplace

In view of the public health emergency, the collection by DoD Components of COVID-19-related information from individuals whose place of duty is in the DoD workplace, to the extent such collection is necessary to implement the guidance above on workplace access, is authorized. DoD Components are authorized to use DD Form 3112, “Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure,” to collect this information. The form is located at: https://www.esd.whs.mil/Portals/54/Documents/DD/Forms/dd/dd3112.pdf.

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


- All personally identifiable information (PII) on individuals must be appropriately safeguarded pursuant to DoDI 5400.11, “DoD Privacy and Civil Liberties Programs,” dated January 29, 2019. In implementing this memorandum, DoD Components may collect, use, maintain, and/or disseminate only the minimum amount of PII necessary to prevent the spread of COVID-19 and to protect personnel in DoD workplaces.

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2 Even in the case of information from health care providers, disclosures without patient authorization to appropriate DoD officials are authorized in these public health emergency circumstances to prevent an imminent and serious threat to the health of coworkers. For Service members, disclosures regarding infectious diseases are permitted to appropriate command authorities to ensure proper execution of military missions.
Implementing Procedures

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

- Information will be collected and maintained consistent with the Privacy Act, as applicable. For reference, please note that a Privacy Act system of records notice for personnel accountability and assessment, DPR 39 DoD, was recently updated and may be found at: https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf.

- Implementation of this guidance will also comply with applicable labor obligations to the extent such obligations do not hinder the Component’s ability to carry out their missions during this emergency.

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

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

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

DoD force health protection guidance regarding COVID-19 may be found at: https://www.defense.gov/Explore/Spotlight/Coronavirus. Commanders. Supervisors, and Individuals should frequently check the CDC COVID-19 website for additional updates at: https://www.cdc.gov/coronavirus/2019-ncov/index.html. My point of contact for this guidance is Mr. Steve Jones at steven.p.jones10.civ@mail.mil or (571) 314-6329.

Matthew P. Donovan

Attachment:
As stated
ATTACHMENT

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

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

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

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

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

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

ANSWER. Personnel should wear gloves, face shields (if there is a risk of splash), disposable gowns or aprons, and other protection as recommended on the Safety Data Sheet of the cleaning or disinfectant product. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance, which may be found at: https://www.cdc.gov/COVID-19/2019-ncov/community/organizations/cleaning-disinfection.html.
4. **QUESTION.** Are there any special procedures workers should use if they are planning to conduct maintenance in a residence where a person who is known or suspected to have contracted COVID-19 resides?

**ANSWER.** If possible, delay the maintenance work. If the maintenance is necessary, the resident should be asked to remove all items that would impede the work of the maintenance personnel. The resident should clean the area of any surficial debris, dust, etc., that would impact the effectiveness of surface disinfectant used by maintenance personnel. Workers should maintain a distance of at least six feet from the resident who has contracted COVID-19. Ask that the resident remain in a separate room while maintenance is conducted. If a separate room for the resident is unavailable and the worker is unable to maintain six feet of distance from the resident during the work, appropriate protective equipment for close contact must be worn by the worker. If necessary, clean and disinfect the work area following the CDC-prescribed procedures described in FAQ 1, and follow the procedures for personnel protection described in FAQ 3.

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

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

6. **QUESTION.** The Occupational Safety and Health Administration (OSHA) requires the reporting of COVID-19 as a recordable occupational illness, pursuant to 29 CFR 1904, for those personnel who contract COVID-19 while working. Given the nature of community transmission of this illness, how can I be sure an employee contracted COVID-19 in the workplace, to satisfy OSHA recordkeeping requirements appropriately?

**ANSWER.** COVID-19 is a recordable occupational illness if a worker contracts the virus as a result of performing his or her occupational duties and if all of the following conditions are met: (1) COVID-19 illness is a confirmed case according to the most recent CDC guidance (see: [https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html](https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html)); (2) contraction of COVID-19 is work-related, as described in 29 CFR 1904.5 (this condition will require a determination by the supervisor, who may require input from the worker’s health care provider); (3) the case of illness satisfies the requirement as a recordable illness as set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid is required, the number of days away from work meets the stated threshold). The reporting requirements are described in more detail at: [https://www.osha.gov/SLTC/covid-19/standards.html](https://www.osha.gov/SLTC/covid-19/standards.html).
7. **QUESTION.** Can I suspend the completion of routine industrial hygiene and safety surveys required by Department of Defense Instruction (DoDI) 6055.05, “Occupational and Environmental Health,” during this pandemic in order to minimize the potential spread of COVID-19, devote maximum resources to COVID-19 response activities, and provide maximum flexibility for employees to telework?

**ANSWER.** Yes. To ensure maximum compliance with the CDC’s social distancing guidance and DoD Components’ telework arrangements, routine industrial hygiene and safety surveys may be discontinued at the discretion of the Component Designated Agency Safety and Health Official, or his or her designated representative, for the duration of the pandemic, until travel restrictions are lifted the workplace returns HPCON “O, whichever comes later.”

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

**ANSWER.** Yes. The annual survey requirements specified in subparagraphs 3.8.c.(2) and (3) of DoDI 6055.12 may be suspended during the COVID-19 pandemic. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return to HPCON “O, whichever comes later.”

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

**ANSWER.** Spirometry testing requires a forced expiratory maneuver which is likely to spread respiratory droplets into the air and increase the risk of COVID-19 transmission, particularly to the employees administering the spirometry examination. In accordance with the April 1, 2020 Secretary of Defense Memorandum, “Guidance to Commanders on Implementation of the Risk-Based Responses to the COVID-19 Pandemic,” occupational health clinics can suspend routine occupational spirometry unless medically essential, when determined by the medical activity commanding officer in order to reduce the risk of COVID-19 transmission to occupational health staff. Any suspension of services must be coordinated with supported commands.
10. QUESTION. Some of the N-95 respirators in the pandemic stockpiles have exceeded their manufacturer’s recommended shelf-life and expiration date. Should they be discarded?

ANSWER. No. Current CDC guidance addresses this issue and may be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html. Over time, the components of the N-95 respirator, such as the strap, may degrade, which can affect the quality of the fit and seal. The manufacturer should be contacted for additional guidance. At a minimum, use of expired respirators may be prioritized for situations where personnel are not exposed to the virus that causes COVID-19, such as for training and fit testing. Additional CDC guidance concerning stockpiled N-95 respirators that have exceeded their recommended shelf lives may be found at: https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html.

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

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

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

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

- OSHA: https://www.osha.gov/SLTC/covid-19/
- DoD: https://www.defense.gov/Explore/Spotlight/COVID-19/
  https://www.health.mil/News/In-the-Spotlight
MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE
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SUBJECT: Force Health Protection Guidance (Supplement 10) – Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Diagnostic Testing Services

References: (a) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection (Supplement 6) – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Diagnostic Testing Services,” April 7, 2020 (hereby rescinded)
(b) Department of Defense Instruction 6055.01, “DoD Safety and Occupational Health (SOH) Program,” October 14, 2014

This memorandum updates previous DoD coronavirus disease 2019 (COVID-19) laboratory testing guidance and rescinds reference (a). This force health protection (FHP) supplement provides guidance on clinical and diagnostic COVID-19 testing for eligible persons with a DoD connection suspected of having contracted COVID-19, and applies Centers for Disease Control and Prevention (CDC) testing guidance to the DoD context. DoD Components will continue to employ clinical diagnostic testing in accordance with this guidance. This guidance does not prohibit or impede surveillance, screening, and asymptomatic testing conducted to decrease operational risk within DoD, consistent with applicable law.

Testing Considerations

- Healthcare providers will use their clinical judgment to guide diagnostic testing for COVID-19. See Attachment 1 for case management and disposition guidance. Providers are encouraged to test for other causes of respiratory illness as clinically necessary.

1 Testing in this guidance refers to polymerase chain reaction technology testing methods.
indicated. The CDC testing priorities may be found at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html.

- In the clinical setting, asymptomatic individuals may be tested based on a clinician’s judgment and as deemed appropriate by public health professionals.

- 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.

**Approved Diagnostic Laboratories and Tests**

- DoD Components will conduct diagnostic testing at clinically approved laboratories.

- DoD Components must comply with U.S. Food and Drug Administration (FDA) regulations for diagnostic testing, including by complying with COVID-19 emergency use authorizations (EUAs). The FDA COVID-19 EUA list is at: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations#covid19ivd.

- COVID-19 testing capabilities are synchronized by the DoD COVID-19 Task Force Diagnostics and Testing Line of Effort, with input from the Defense Health Agency’s Center for Laboratory Medicine Services (CLMS). CLMS may be contacted at: dha.ncr.clinic-support.mbx.clms@mail.mil.

**Eligibility of DoD Personnel, Other Beneficiaries, and Other Populations for Testing**

- DoD Components may test Service members (including the Reserve Component, which includes National Guard personnel when in a title 10 or title 32 duty status) in accordance with this guidance.

- DoD civilian employees (who are not otherwise DoD health care beneficiaries) may be offered testing in accordance with this guidance and reference (b) if their supervisor has determined that their presence is urgently required in the DoD workplace.

- DoD family members who are eligible Military Health System beneficiaries may be offered testing in accordance with this guidance.

- Employees of DoD contractors will use the processes for medical care to access testing as set forth in the terms of the contract under which they are performing. As necessary, existing contracts should be modified to set forth processes to provide access to testing.
• For testing of local national employees in locations outside the United States, 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.

DoD FHP documents are at: https://www.defense.gov/Explore/Spotlight/Coronavirus/. 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

Attachment:
As stated
Testing a Patient in a Clinical Setting:

- Test based on clinical judgment and public health considerations.
  - If lab positive: the patient becomes a case and must be isolated.
  - If lab negative: the patient should be followed to ensure he/she clinically improves.
    - If lab negative and clinically improved: the patient has no restrictions.
    - If lab negative and the patient does NOT clinically improve or worsens, and no other etiology is found, then consider re-testing the patient for COVID-19.

Disposition of Laboratory Confirmed or Probable Cases under Isolation:

Either of the below two options may be used for a symptomatic case:

- **Symptom-based** criteria to discontinue isolation for persons who have had symptoms:
  - At least 3 days (72 hours) have passed since recovery (e.g., resolution of fever without the use of fever-reducing medications);
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath); and
  - At least 10 days have passed since symptoms first appeared.

- **Test-based** criteria to discontinue isolation for persons who have had symptoms:
  - Resolution of fever without the use of fever-reducing medications;
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath); and
  - Negative polymerase chain reaction results from at least two consecutive respiratory specimens collected at least 24 hours apart.

The following guidance will be used for disposition of an asymptomatic case:

- At least 10 days have passed since the date of the person’s first positive COVID-19 diagnostic test.
- Follow-on negative testing does not decrease the isolation time frame.

Management of Close Contacts\(^3\) of a Case (as determined by contact tracing):

- When the close contact is an active duty Service member, that Service member should be tested, quarantined for 14 days, and monitor for symptoms of COVID-19.
  - The lab test is a diagnostic test:
    - A positive result IS meaningful. The individual is infected and contact tracing will be initiated.
    - A negative test is NOT meaningful. The individual may not have a sufficient viral load to test positive. Therefore, they must remain in quarantine for the full 14 days.

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1. This quick reference sheet applies to eligible populations as stated in this guidance.
2. As of May 3, 2020. DoD Components will continue to adhere to the most current CDC guidance; check for updates regularly.
3. Close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for > 15 minutes without proper personal protective equipment as set forth in Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 7) – Department of Defense Guidance for Use of Cloth Face Coverings, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Pandemic,” April 8, 2020.
• Close contacts who are active duty Service members cannot test out of quarantine; close contacts who are active duty Service members must remain in quarantine for the full 14-day incubation period unless they meet criteria for asymptomatic mission essential personnel in accordance with Force Health Protection Guidance Supplement 8.4

• Close contacts who are DoD civilian employees or DoD contractor personnel should follow CDC guidance (e.g., stay at home or other comparable setting for 14 days, self-monitor for symptoms, and seek testing or other care through their primary care providers, as needed) and may be restricted from workplace access at DoD facilities in accordance with Force Health Protection Guidance Supplement 8.4

Testing in Quarantine:
• Test active duty Service members in quarantine who develop symptoms commonly associated with COVID-19.
  o If lab positive: the patient becomes a case (see above).
  o If lab negative: the patient should be isolated and followed to ensure he/she clinically improves.
    ▪ If lab negative and clinically improved: the patient goes back into quarantine for the remainder of the 14 days to determine if he/she becomes symptomatic for COVID-19.
    ▪ If lab negative and the patient does NOT clinically improve or worsens, and no other etiology is found, then consider re-testing the patient for COVID-19.

Contacts of Contacts:
• There is no indication to quarantine active duty Service members who are contacts of contacts; they should continue to self-monitor for symptoms. The above guidance will apply if symptoms arise.

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MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE
SECRETARIES OF THE MILITARY DEPARTMENTS
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SUBJECT: Force Health Protection Guidance (Supplement 11) – Department of Defense Guidance for Coronavirus Disease 2019 Surveillance and Screening with Testing

(c) DoD Instruction 6200.03, “Public Health Emergency Management (PHEM) within the DoD,” March 28, 2019
(d) DoD Directive 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012
(e) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 9) – Department of Defense Guidance for Deployment and Redeployment of Individuals and Units during the Novel Coronavirus Disease 2019 Pandemic,” May 26, 2020

This memorandum outlines the Department of Defense surveillance strategy for the coronavirus disease 2019 (COVID-19) pandemic response, including health surveillance activities, screening, asymptomatic testing,¹ and sentinel surveillance testing. It complements clinical and diagnostic testing guidance set forth in reference (a). Consistent with U.S. Food and Drug Administration determinations to date, there are currently no diagnostic tests authorized with an intended use including broad screening of asymptomatic individuals. Therefore, it

¹ Testing in this guidance refers to polymerase chain reaction (PCR) tests with a U.S. Food and Drug Administration emergency use authorization. At this time, serologic tests should not be used to determine if an individual is immune.
continues to be DoD’s practice that a negative test result in an asymptomatic individual does not rule out exposure to the virus, and such results must not be relied upon to rule out the potential for spreading infection.

The DoD surveillance and screening strategy is designed to break the chain of disease transmission to reduce risk to the force and to DoD missions. DoD Components will employ health surveillance, screening, contact tracing, and sentinel surveillance to decrease operational risk. Testing of selected asymptomatic individuals, suspected by their healthcare provider of having contracted COVID-19, is part of our risk reduction and surveillance strategy and will be incorporated into screening and surveillance protocols.

The DoD COVID-19 Task Force Diagnostics and Testing Line of Effort (CVTF-D&T) is the central coordinator for all DoD testing in accordance with reference (b). Testing undertaken consistent with this guidance will be increased to reach steady state requirements, as resources allow, in alignment with DoD Component testing plans. The CVTF-D&T will validate priority requirements in cases where resources available do not meet planned requirements and will direct and implement reporting processes in accordance with reference (b).

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 in accordance with references (c) and (d). 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 occurring at sites in the DoD Global Respiratory Pathogen Surveillance program. This program tests existing influenza-like-illness samples for COVID-19 and will test future samples for both influenza and 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 identify potentially exposed persons in accordance with all applicable Federal, State, local, and DoD requirements.
• Report COVID-19 positive test results in accordance with all applicable Federal, State, local, and DoD requirements.

Additional information on these programs may be obtained by contacting the Defense Health Agency’s Armed Forces Health Surveillance Division at: dha.ncr.health-surv.mbx.afhs-webmaster@mail.mil.

Screening, Restriction of Movement, and Asymptomatic Testing for Operational Risk Reduction

In addition to the existing health surveillance efforts, DoD Components will implement operational risk reduction measures that combine screening procedures, a risk-based restriction of movement (ROM) for Service members in accordance with reference (c), and COVID-19 testing of asymptomatic Service members suspected of COVID-19 by their healthcare providers, in consultation with local public health authorities as appropriate (e.g., host nation health authorities). These risk reduction efforts will be implemented in accordance with the Secretary of Defense’s approved Priority Testing Tier framework in reference (b). The ROM applies to Service members in Tiers 1-3 not yet on mission (e.g., not yet deployed or in training or the start of mission-critical rotational duties) and will require close coordination between DoD Components to decrease risk and optimize resources. Testing will be conducted by Tier based on test availability.

• DoD Components will develop and implement ROM procedures for Service members to prevent the spread of COVID-19 and minimize the risk of exposure during the ROM period.

• DoD Components will perform COVID-19 testing of asymptomatic Service members prior to deployment or start of training, as determined appropriate by the medical staff and approved by the commander, in accordance with Component plans. Symptom surveillance must be ongoing for any Service member with a negative test. A negative PCR result does not rule out the disease, so tracking for the development of symptoms is critical to prevent outbreaks.

• DoD Components will ensure Service members who are tested receive their test results.

• Symptomatic Service members will be managed in accordance with reference (a).

• Testing will be prioritized by tier, beginning with Tier 1 (Critical National Capabilities). Tiers 2 (Engaged Fielded Forces) and 3 (Forward Deployed/Redeploying Forces) will begin asymptomatic testing, as determined appropriate by the medical staff and approved by the commander, after Tier 1 testing reaches steady state, as determined by the CVTF-D&T.
COVID-19 Sentinel Surveillance

Sentinel surveillance requires actively testing for infections in select asymptomatic Service member populations to detect disease early and direct public health action. DoD sentinel surveillance testing for COVID-19 conducted to enable early detection of transmission among our force and guide contact tracing and mitigation measures will be undertaken in the following manner:

• Sentinel surveillance testing will be managed by Military Department public health programs to ensure appropriate contact tracing, mitigation measures, analysis, and reporting are accomplished. The CVTF-D&T will coordinate DoD Component testing in accordance with reference (b) and Attachment 1.

• DoD Components will conduct sentinel surveillance screening of 10 percent of active duty clinical health care personnel (e.g., those engaged in patient care) and 10 percent of selected Service member populations living in congregate settings (see Attachment 1) through randomized testing every 14 days.

• As testing resources increase, DoD Components will conduct sentinel surveillance testing of 1 percent of Service members in Tier 1-4 populations on their installation or within their unit every 14 days (see Attachment 1). The Military Departments, in coordination with the Joint Staff, will report the number of personnel who undergo sentinel surveillance testing to the CVTF-D&T. This percentage may be increased as warranted and as testing capacity allows.

COVID-19 Contact Tracing and Testing

DoD Components will perform contact tracing on all COVID-19 cases identified through screening and surveillance activities. Follow-on quarantine or isolation measures will be implemented as indicated in accordance with references (a) and (c). Components will test asymptomatic close contacts in accordance with reference (a) and in consultation with public health authorities.

Guidance for Specific DoD Populations

• DoD civilian employees and contractor personnel who are associated with Tier 1-3 populations are encouraged to practice ROM in accordance with reference (e) to the extent possible.

• The Secretaries of the Military Departments may issue additional guidance as appropriate for Reserve Component personnel. The Chief of the National Guard Bureau, in coordination with the Secretaries of the Army and the Air Force, may issue

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2 Sentinel surveillance testing of 1 percent of a DoD Component's Service members does not apply to Reserve Component Service members (including National Guard members) who are not on active duty.
additional guidance to the States and territories to minimize risks to National Guard members.

Assess and Improve Screening and Surveillance Testing Processes

Components will update their Tier 1-4 personnel testing requirements, propose changes to screening and sentinel surveillance practices, and request exceptions to this guidance through communication with the CVTF-D&T at: dha.ncr.dha-ha.list.cvtf-diagnostics-testing@mail.mil.

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

Attachment:
As stated
Attachment 1: COVID-19 Sentinel Surveillance Testing Plan

Why do sentinel surveillance for COVID-19?

Sentinel surveillance testing involves testing for infections in selected populations to detect disease early and direct public health action. It is one part of DoD’s multipronged surveillance strategy, which also includes core surveillance programs and screening of Tier 1-3 DoD forces. Effective sentinel surveillance for COVID-19 requires testing asymptomatic persons; these persons should be in populations with a higher likelihood of infection and for whom actions can prevent widespread transmission.

The Centers for Disease Control and Prevention (CDC) has issued guidance for testing such asymptomatic populations, based on emerging evidence that suggests asymptomatic infections may play an important role in the epidemiology of COVID-19. The CDC emphasizes the importance of defining circumstances where testing asymptomatic persons is likely to be helpful in controlling the COVID-19 pandemic. According to the CDC, effective testing programs will focus on: (1) persons with an increased likelihood of infection; and (2) settings with particularly vulnerable populations. Examples include healthcare settings and congregate living settings (e.g., nursing homes), which have experienced severe outbreaks.

Why do sentinel surveillance in DoD?

Undetected asymptomatic infections are occurring within DoD populations. Early identification of asymptomatic infections will enable the timely direction of public health actions and limit widespread transmission. DoD sentinel surveillance testing will enable early detection of transmission within the force and guide contact tracing and mitigation measures.

Whom should DoD target with sentinel surveillance testing?

DoD will broadly align sentinel surveillance testing with CDC guidance; we will focus on populations at increased risk for infection and transmission. Sentinel surveillance testing will be focused specifically on healthcare workers and those living or working in congregate settings (e.g., ships and training sites). HPCON levels are a proxy for the risk of infection and transmission in a local area.

How many people do we need to test?

There is no universally accepted standard screening rate for sentinel surveillance. Various epidemiologists recommend rates ranging from 0.5-1.0 percent. Several infectious disease experts have recommended testing anywhere from 2-10 percent of the population. DoD Components will:

- Test 10 percent of clinical health care personnel every 14 days (20 percent per month);
- Test 10 percent of selected populations living in congregate settings (20 percent per month); and
- Test 1 percent of their installation/unit populations every 14 days among Tier-1-4 populations at higher risk of infection.

Combined with asymptomatic screening, this will result in 2.5 percent of the DoD Service member and clinical health care population being tested every two weeks (5 percent per month, 15 percent per quarter). These proportions will be evaluated and may be adjusted as the pandemic progresses.