

COVID CORONAVIRUS DISEASE 19

Guidance for Clearing Personnel to Return to the Workplace

Approved for public release; distribution unlimited.

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Guidance for Clearing Personnel to Return to the Workplace during COVID-19 Pandemic

Background

The following is a framework for clearing personnel for return to the workplace as operations and Installation Health Protection Condition (HPCON) levels are normalized. This framework is intended to complement “Guidance for Transitioning Health Protection Condition Levels during the Coronavirus Disease Pandemic.” The framework recommends actions, which installation commanders, public health emergency officers, and health departments can use to guide the re-integration of the total Army workforce (Soldiers, DA Civilians of all types, contractors, and volunteers) after the incidence of coronavirus disease has fallen to, and been sustained at, manageable levels.

Out of an abundance of caution and in the interest of Force protection, this framework allows commanders to choose a more conservative approach with longer isolation and quarantine timelines than are currently recommended by the Centers for Disease Control and Prevention (CDC) for the general population.

Decisions to return individuals to the workplace must balance Force readiness with efforts to mitigate transmission of COVID-19 on installations and within communities. These decisions should be guided by the local characteristics of COVID-19 transmission, community and installation demographics, and public health and healthcare system capacity on the installation and in the surrounding community. In order to balance risks and consequences to communities, installations, and missions, commanders will likely need to apply different criteria—some less conservative, and some more conservative—to different occupational groups.

Desired End State

To safely return the Total Army Workforce to support operations at Army installations.

Problem Statement

Most personnel have been working remotely as a result of the ongoing pandemic. Installations are now executing a conditions-based resumption of operations. In deciding whether to return an individual to the workplace, commanders should consider:

- Mission and training priorities
- Health care capacity, both military and regional
- Local disease epidemiology
- Laboratory testing capability
- Capability to implement public health prevention, detection, and response measures
- Whether work may be effectively and efficiently performed remotely

Assumptions

- Personnel will return to the workplace in phases.
- Personnel will complete a brief question-based COVID-19 screening algorithm. Supervisors are responsible for determining whether personnel may return to the workplace.
- The Installation Public Health Department or Occupational Health Clinic will be available for consultation if a supervisor is unsure of whether or not an individual should be permitted to return to work.

- Supervisors will maintain the information gathered on Department of the Army (DA) Civilian employees separately from the employee's personnel record. Soldiers' documentation should be maintained by their unit commander.
- Supervisors will conduct additional screening as required for personnel enrolled in the Army Respiratory Protection Program (RPP) and/or the Personnel Reliability Program (PRP).
- Occupational Health Clinics will provide required medical evaluations for personnel participating enrolled in the RPP (without using spirometry until further notice) and in the PRP.

Applicability/Privacy/Recordkeeping

This guidance is applicable to all DA Civilian personnel, Soldiers, contractors, and volunteers.

- For contract personnel, the contracting officer's representative will coordinate with the contractor to identify an on-site or local supervisor who will conduct the screening.
- For volunteer personnel, the volunteer organization providing personnel is to identify the on-site or local supervisor who will conduct the screening.

Per direction of the Senior Agency Official for Privacy, Office of the Secretary of Defense [OSD], all personally identifiable information (PII), including health information protected under the Privacy Act maintained on Department of Defense (DOD) personnel and affiliated individuals, should be collected, used, and disclosed only as necessary to safeguard public health and safety according to relevant privacy laws, regulations, and policies.

The information collected on individual employees when using this framework may contain medical information and, therefore, must not be maintained in the employee's personnel record. A best practice is for supervisors to maintain a separate file for each employee that is itself separate from each employee's personnel file. Information that is collected according to this framework is maintained in this separate file; these files are kept secured under lock and key. The information collected about a particular employee is not to be stored in the employee's health record for the following reasons:

- The information is collected by a supervisor.
- The information is collected outside the realm of health care (at the worksite, or over the phone, by a supervisor).
- The algorithm is applied to make personnel decisions.
- The information collected will not be reviewed by Occupational Health Clinic or other healthcare personnel.

Recommended Documentation

Supervisors are to screen each of their subordinate personnel on the first day they present to the workplace following relaxation of mandatory remote working conditions, and on the first day personnel return to the workplace following their release from isolation or quarantine. Supervisors are to follow the algorithms in this guidance and annotate results on a memorandum for record (MFR). See Appendices 5 and 6 for sample documents for cleared and not cleared individuals, respectively. See also the Return to the Workplace checklist (Appendix 7) for additional information. Local installation guidance may require additional information on the MFR. Supervisors are to maintain the MFR and completed Return to the Workplace checklist in a separate file secured under lock and key.

The following information corresponds to the algorithm¹ in Appendix 1 (see Appendix 4 for definitions):

Decision Point 1a. Has the individual experienced any symptoms of COVID-19 in the last 10 days?

If YES:

- ✓ Continue to Decision Point 1b.

If NO:

- ✓ Continue to Decision Point 2, skip Decision Points 1b-c.

Decision Point 1b. Has the individual been evaluated by a healthcare provider to determine if symptoms may be related to COVID-19?

If YES:

- ✓ Continue to Decision Point 1c.

If NO:

- ✓ The individual may not return to the workplace at this time. Advise the individual to see a healthcare provider to determine if symptoms may be related to COVID-19.

Decision Point 1c. Did the healthcare provider determine that the individual's case meets the criteria for presumed COVID-19 infection?

If YES:

- ✓ The individual may not return to the workplace. Instruct the individual isolate in accordance from with instructions from a healthcare provider.

If NO:

- ✓ Continue to Decision Point 2.

Decision Point 2. Has the individual traveled from a high-risk area² within the past 14 days?

If YES:

- The individual must quarantine at home or in quarters for 14 days³ since the date of return from travel. During the quarantine period, the individual should take the following steps to monitor their health and

¹If at any point the individual (Soldier/employee) or their supervisor has concern over specific decisions, they should consult with the Installation Public Health Department for guidance. This applies to each algorithm within this guidance.

²Specific country guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>. Consult Installation Public Health Departments and/or the local/state public health department for additional guidance as needed.

³In the interest of Force protection, Commanders may choose a more conservative approach with longer isolation and quarantine periods than currently recommended by the CDC for the general population. Per CDC guidance, more stringent criteria may be applied for certain workers where the introduction of COVID-19 could cause major disruptions in critical infrastructure or reduce national security. Commanders may consult the Public Health Emergency Officer and/or the Installation Public Health Department as needed.

⁴Close contact is defined as: (a) being within approximately 6 feet (2 meters) of a COVID-19 case for more than 15 minutes without appropriate protective measures; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

practice social distancing:

- » Check body temperature with a thermometer two times per day, and monitor for fever. Use a temperature log to monitor body temperature. Watch for cough or trouble breathing.
 - » Stay home, and avoid contact with others. Do not travel to work or school.
 - » Do not take public transportation, taxis, or ride-shares.
 - » Keep distance from others (about 6 feet or 2 meters) and wear a cloth face covering when around others.
 - » Seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
- ✓ Inform the Installation Public Health Department of individual with close contact with a known or confirmed COVID-19 case.
 - ✓ Re-screen the individual after the quarantine period (return to Decision Point 1).

If NO:

- ✓ Go to Decision Point 3.

Decision Point 3. Has the individual had close contact⁴ with a person with probable or confirmed COVID-19 in the past 14 days?

If YES:

- ✓ The individual must quarantine at home or in quarters for 14 days³ since the last known contact with a person having probable or confirmed COVID-19. During the quarantine period, the individual should take the following steps to monitor their health and practice social distancing:
 - » Check body temperature with a thermometer two times a day, and monitor for fever. Use a temperature log to monitor body temperature. Watch for cough or trouble breathing.
 - » Stay home, and avoid contact with others. Do not travel to work or school.
 - » Do not take public transportation, taxis, or ride-shares.
 - » Keep distance from others (about 6 feet or 2 meters) and wear a cloth face covering when around others.
 - » Seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
- ✓ Inform the Installation Public Health Department of individual with close contact with a known or confirmed COVID-19 case.
- ✓ Re-screen the individual after the quarantine period (return to Decision Point 1).

If NO:

- ✓ Go to Decision Point 4a.

Decision Point 4a. Has the individual ever tested positive for COVID-19?

If YES:

- ✓ Go to Decision Point 4b.

If NO:

- ✓ The individual may return to work.

Decision Point 4b. Did the individual experience any symptoms of COVID-19?

If YES

- ✓ Go to Decision Point 5a., skip Decision Point 4c.

If NO:

- ✓ Go to Decision Point 4c.

Decision Point 4c. Have 10 days passed since the date of the individual's first positive COVID-19 test?

Note: The time-based strategy is used to determine the disposition of an individual who had tested positive for COVID-19, but has not experienced symptoms. The test-based strategy is no longer recommended. Detection of viral RNA can persist for weeks following recovery and does not indicate presence of live virus (i.e., infectiousness). The test-based strategy can result in prolonged, unnecessary isolation of non-infectious persons.

If YES:

The individual may return to work. If the individual or their supervisor has concerns regarding this decision, they should contact the Installation Public Health Department for guidance.

If NO:

- ✓ The individual must self-isolate at home or in quarters until 10 days have passed since the date of the first positive COVID-19 test.
- ✓ Seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
- ✓ Inform the Installation Public Health Department of individual requiring isolation.
- ✓ Maintain daily accountability. Re-screen the individual after the 10 days have passed.

Decision Point 5a. Have 24 hours passed since the resolution of fever without the use of fever-reducing medications?

Note: The symptom-based strategy is used to determine the disposition of an individual who had tested positive for COVID-19 and experienced symptoms. The test-based strategy is no longer recommended. Detection of viral RNA can persist for weeks following recovery and does not indicate presence of live virus (i.e., infectiousness). The test-based strategy can result in prolonged, unnecessary isolation of non-infectious persons.

If YES:

- ✓ Continue to Decision Point 5b.

If NO:

- ✓ Individual should remain in isolation until 10 days have passed since symptoms first appeared, any fever has resolved for at least 24 hours without the use of medication, and other symptoms have improved.
- ✓ Seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
- ✓ Inform the Installation Public Health Department of any symptomatic individual requiring isolation.

- ✓ Maintain daily accountability of the individual until fever has resolved. Remind the individual that they should be in contact with their healthcare provider regarding symptoms.

Decision Point 5b. Have other symptoms (cough, shortness of breath) resolved/improved?

If YES:

- ✓ Continue to Decision Point 5c.

If NO:

- ✓ Individual should remain in isolation until 10 days have passed since symptoms first appeared, any fever has resolved for at least 24 hours without the use of medication, and other symptoms have improved.
- ✓ Seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
- ✓ Inform the Installation Public Health Department of any symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual until other symptoms have resolved. Remind the individual that they should be in contact with their healthcare provider regarding symptoms.

Decision Point 5c. Have at least 10 days passed since the individual's symptoms first appeared?

If YES:

- ✓ The individual may return to the workplace. If the individual or their supervisor has concerns regarding this decision, they should contact the Installation Public Health Department for guidance.

If NO:

- ✓ The individual should remain in isolation until 10 days have passed since symptoms first appeared, any fever has resolved for at least 24 hours without the use of medication, and other symptoms have improved.
- ✓ Seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
- ✓ Inform the Installation Public Health Department of any symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual.

The following information corresponds to the algorithm in Appendix 2.

In accordance with Army Regulation 11-34, a medical reevaluation will be performed when personnel enrolled in the Army Respiratory Protection Program report medical signs and symptoms that they believe are related to the ability to use a respirator. Does the individual have a medical condition that adversely affects use of a respirator?

“Do you have a medical condition that could adversely affect your ability to use a respirator?”

If YES:

- ✓ The employee should make an appointment at the supporting Occupational Health Clinic for a medical evaluation for respirator use at the earliest opportunity and before resuming work requiring respirator use. [Note: Medical clearance evaluations will be performed without spirometry; supervisors must closely monitor medically cleared employees for potential difficulties in respirator use.]

If NO:

- ✓ The employee should resume participation in the Army Respiratory Protection Program (PRP) according to AR 11-34.

The following information corresponds to the algorithm in Appendix 3.

Over the course of the pandemic, PRP individuals' health status may have changed, or they may be taking new medication:

“Since January 2020, has your health status changed, or are you taking any new medications?”

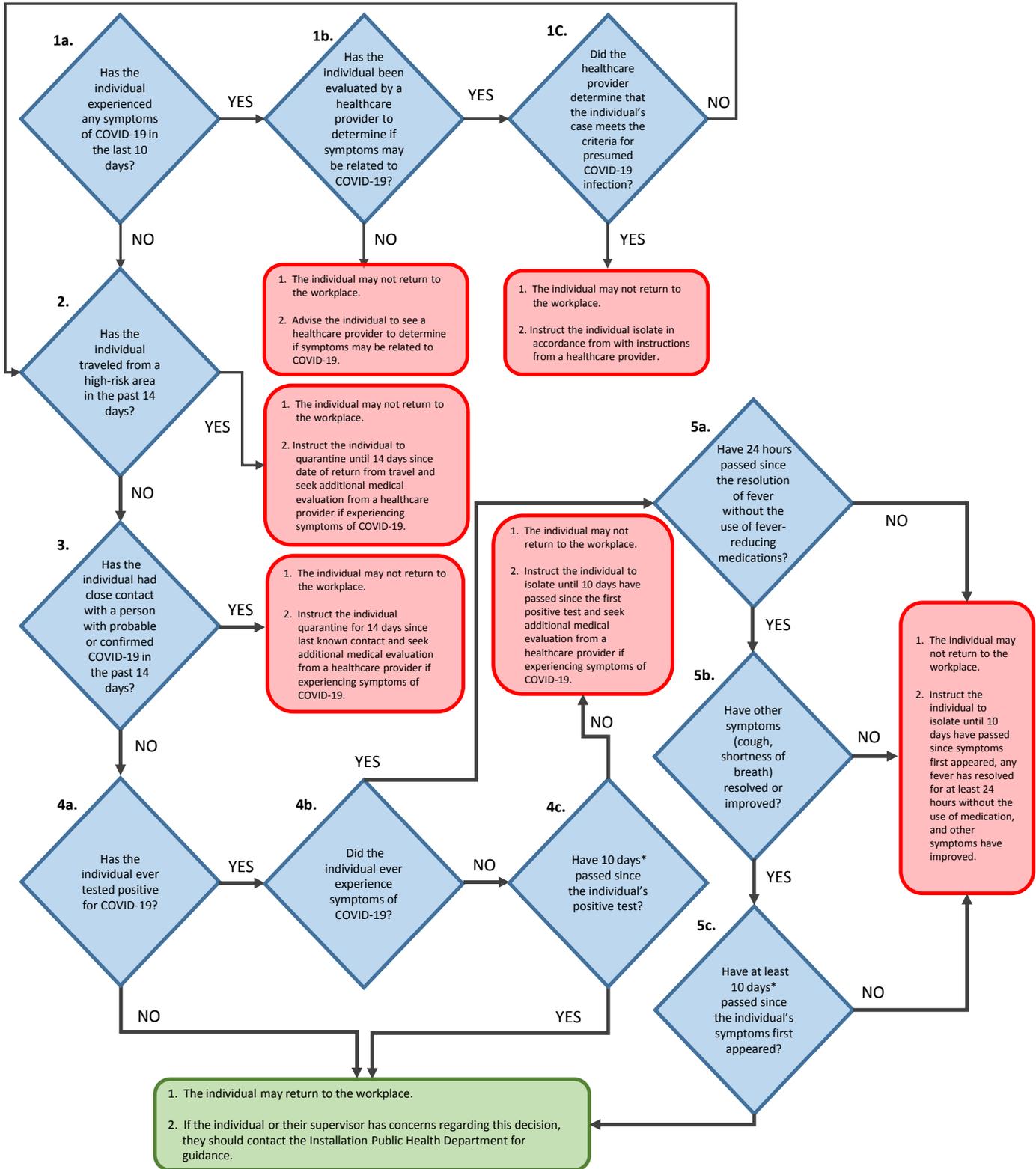
If YES:

- ✓ The employee must schedule an appointment at the supporting Occupational Health Clinic at the earliest opportunity for a medical update by the Competent Medical Authority.

If NO:

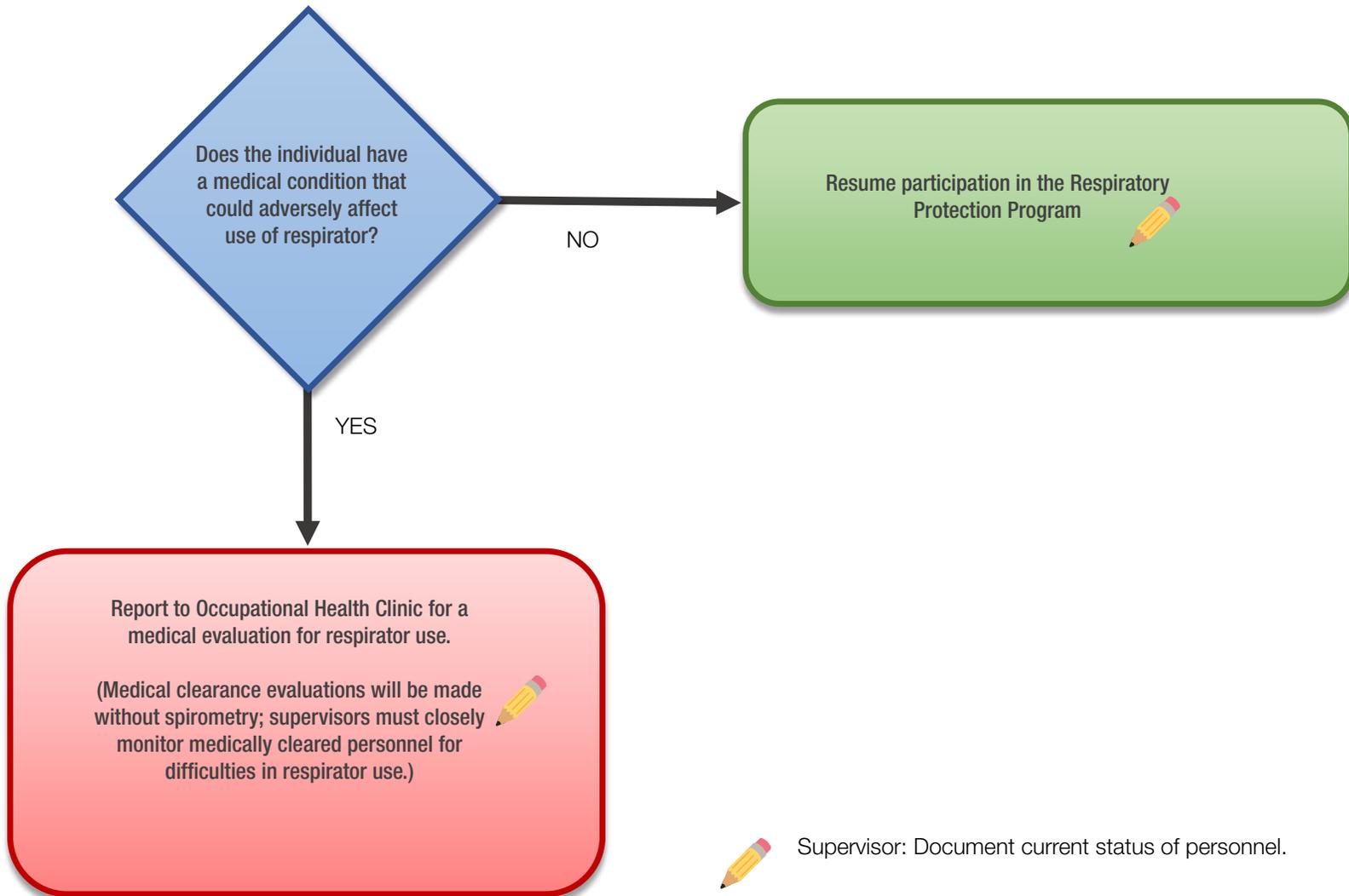
- ✓ The employee may resume participation in the PRP.

Appendix 1. Reintegration of Personnel

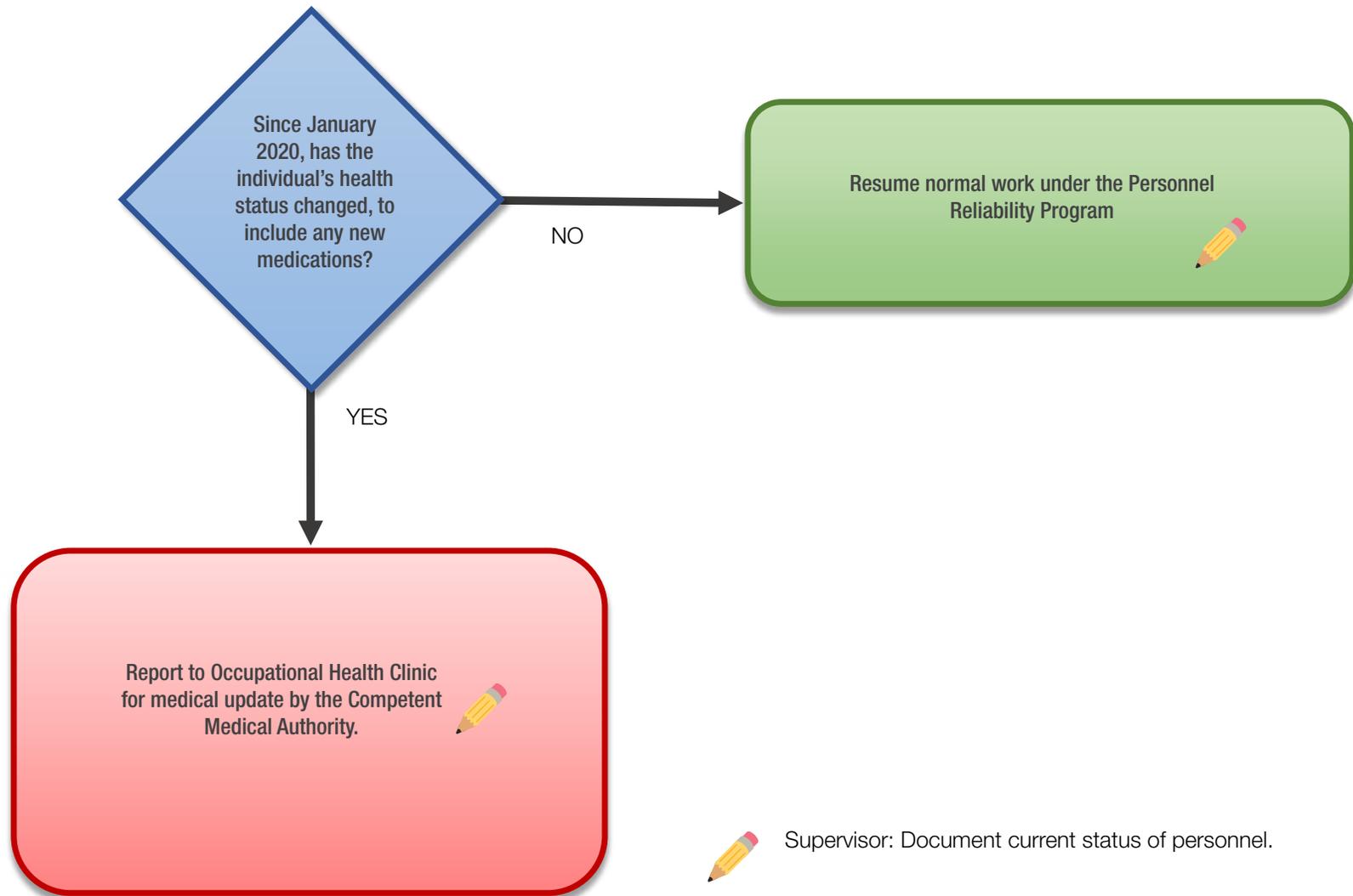


*In the interest of Force protection, Commanders may choose a more conservative approach with longer isolation periods than currently recommended by the CDC for the general population. Per CDC guidance, more stringent criteria may be applied for certain workers where the introduction of COVID-19 could cause major disruptions in critical infrastructure or reduce national security. Commanders may consult the Public Health Emergency Officer and/or the Installation Public Health Department as needed.

Appendix 2. Reintegration of Personnel into the Army Respiratory Protection Program.



Appendix 3. Administered by Supervisors to Returning Personnel in Personnel Reliability Program



 Supervisor: Document current status of personnel.

Appendix 4. Definitions

Close contact:

1. Being within approximately 6 feet (2 meters) of a COVID-19 case for more than 15 minutes without appropriate protective measures; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or other room with a COVID-19 case.
- or –
2. Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Fever:

A higher-than-normal body temperature. Normal human body temperature can vary from person to person but is usually about 98.6° F. The CDC considers a body temperature of 100.4°F a fever. While an actual temperature reading is the best way to determine whether an individual has a fever, the CDC also considers a fever to be present when a person feels hot to the touch or has reported feeling feverish (possibly with chills).

High-risk areas:

Geographic regions experiencing widespread transmission of COVID-19. Specific country guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>. Consult Installation Public Health Departments and local/state public health department for additional guidance as needed.

Isolation:

Used to separate sick people from healthy people with the goal of minimizing further spread of the virus. People who are in isolation should remain in a dedicated isolation site and, if possible, use facilities (e.g., latrines, bunks) that are not also being used by non-immune, non-infected individuals. Individuals experiencing any of the following emergency warning signs should contact their health provider immediately: trouble breathing; persistent pain or pressure in the chest; new confusion; inability to arouse or bluish lips or face.

Quarantine:

Used to keep someone who might have been exposed to an infectious organism away from others. Someone in self-quarantine stays separated from others, and they limit movement outside of a dedicated quarantine space. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

Appendix 5. Memorandum for Record for Individuals Cleared to Return to the Workplace.

OFFICE SYMBOL

DD Month YYYY

MEMORANDUM FOR RECORD

SUBJECT: Disposition after Return to Workplace Screening, [name of Soldier or employee]

1. I screened the above named individual IAW Annex E (Guidance for Clearing Personnel to Return to the Workplace during COVID-19 Pandemic) to HQDA EXORD 210-20.
2. This individual is cleared to return to the workplace.
3. POC is the undersigned.

[SIGNATURE BLOCK]

Appendix 6. Memorandum for Record for Individuals NOT Cleared to Return to the Workplace

OFFICE SYMBOL

DD Month YYYY

MEMORANDUM FOR RECORD

SUBJECT: Disposition after Return to Workplace Screening, [name of Soldier or employee]

1. I screened the above named individual IAW Annex E (Guidance for Clearing Personnel to Return to the Workplace during COVID-19 Pandemic) to HQDA EXORD 210-20.
2. This individual is not cleared to return to the workplace due to not meeting clearance criteria. Follow-up on [DATE] for rescreening.
3. POC is the undersigned.

[SIGNATURE BLOCK]

Appendix 7. Clearing Personnel to Return to the Workplace Checklist

	YES	NO
1a. Has the individual experienced any symptoms of COVID-19 in the last 10 days?	<input type="checkbox"/> (continue to question 1b)	<input type="checkbox"/> (continue to question 2, SKIP question 1b-c)
1b. Has the individual been evaluated by a healthcare provider to determine if symptoms may be related to COVID-19?	<input type="checkbox"/> (continue to question 1c)	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace at this time. Advise the individual to see a healthcare provider to determine if symptoms may be related to COVID-19.
1c. Did the healthcare provider determine that the individual's case meets the criteria for presumed COVID-19 infection?	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual isolate in accordance with instructions from a healthcare provider.	<input type="checkbox"/> (continue to question 2)
2. Has the individual traveled from a high-risk area in the past 14 days?	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual to quarantine until 14 days since date of return from travel and seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.	<input type="checkbox"/> (continue to question 3)
3. Has the individual had close contact with a person with probable or confirmed COVID-19 in the past 14 days?	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual quarantine for 14 days since last known contact and seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.	<input type="checkbox"/> (continue to question 4a)
4a. Has the individual ever tested positive for COVID-19?	<input type="checkbox"/> (continue to question 4b)	<input checked="" type="checkbox"/> (STOP – The individual may return to the workplace)
4b. Did the individual ever experience symptoms of COVID-19?	<input type="checkbox"/> (continue to question 5a, SKIP question 4c)	<input type="checkbox"/> (continue to question 4c)
4c. Have 10 days passed since the individual's positive test?	<input checked="" type="checkbox"/> (STOP – The individual may return to the workplace)	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual to isolate until 10 days have passed since the first positive test and seek additional medical evaluation from a healthcare provider if experiencing symptoms of COVID-19.
5a. Have 24 hours passed since the resolution of fever without the use of fever-reducing medications?	<input type="checkbox"/> (continue to question 5b)	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual to isolate until 10 days have passed since symptoms first appeared, any fever has resolved for at least 24 hours without the use of medication, and other symptoms have improved.
5b. Have other symptoms (cough, shortness of breath) resolved/improved?	<input type="checkbox"/> (continue to question 5c)	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual to isolate until 10 days have passed since symptoms first appeared, any fever has resolved for at least 24 hours without the use of medication, and other symptoms have improved.
5c. Have at least 10 days passed since the individual's symptoms first appeared?	<input checked="" type="checkbox"/> (STOP – The individual may return to the workplace)	<input checked="" type="checkbox"/> STOP – The individual may not return to the workplace. Instruct the individual to isolate until 10 days have passed since symptoms first appeared, any fever has resolved for at least 24 hours without the use of medication, and other symptoms have improved.