

TIP NO. 98-102-0320

Health Protection Condition (HPCON) Considerations and Recommended Actions Coronavirus Disease (COVID-19)

Department of Defense Instruction (DoDI) 6200.03 (Public Health Emergency Management (PHEM) Within the DoD, dated 28 March 2019), defines Health Protection Condition (HPCON) levels to provide a framework to approach disease outbreaks, given the severity of disease and level of disease transmission in a local community.

HPCON levels inform actions taken by installations, military treatment facilities (MTFs), and dental treatment facilities (DTFs) in response to a specific health threat. HPCON changes typically occur at the local level in response to prompts that may impact a defined locality such as an installation, surrounding community, or region. However, the DOD and Military Departments are also inter-connected functional communities based on shared mission requirements. Changes to the HPCON level may be directed by the Secretary of Defense or the Secretaries of the Military Departments to be applicable DOD- or Military Department-wide.

Installation and MTF Commanders or Directors employ the HPCON framework to identify appropriate responses to a public health emergency or incident of public health concern based on the scope and severity of the situation. Providing suggested actions for standardized (yet scalable and flexible) actions within HPCON designations ensures a measured response.

HPCON levels may be synchronized with the installation Force Protection Condition (FPCON) level, according to DoDI O-2000.16 (Vol. 2) (DoD Antiterrorism (AT) Program Implementation: DoD Force Protection Condition (FPCON)

System). This synchronization may address installation access, appropriate Force Health Protection (FHP) measures, and limitation of non-critical activities. The HPCON level is to be coordinated with the surrounding local communities to ensure consistent messaging and unity of effort.

Any determination to elevate or lower the HPCON level will be made by the Installation Commander in consultation with the Public Health Emergency Officer (PHEO), MTF Commander or Director, unless authority has been withdrawn to a higher level.

This framework may be updated during the response to the COVID-19 public health emergency, to include considerations for lowering the current HPCON designation, as new information or guidance becomes available. Actions may be discontinued at the termination of the public health emergency, unless renewed by the Installation Commander for a specified period of time.

Please refer to the Memorandum, Office of the Under Secretary of Defense for Personnel and Readiness, dated 25 February 2020, Subject: Force Health Protection Guidance (Supplement 2) Department of Defense Guidance for Military Installation Commanders' Risk Based Measured Responses to the Novel Coronavirus Outbreak, for additional information.

The following pages list considerations and recommended actions for each HPCON level.



For current COVID-19 information:

<https://phc.amedd.army.mil/covid19>
<https://www.coronavirus.gov/>

The Military Health System Nurse Advice Line is available 24/7:

Call 1-800-874-2273 option #1
or visit <https://www.health.mil/I-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

For more information, contact your installation's Department of Public Health



Public Health
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Army Public Health

The Army COVID-19 Information Hotline:
1-800-984-8523
Overseas DSN 312-421-3700
Stateside DSN 421-3700

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ROUTINE

No community transmission

No health risks are present, other than diseases endemic to the local area.

Centers for Disease and Prevention (CDC)

Travel Health Notice (THN Level): N/A

Priority Actions:

Precautionary health risk communication- Address rumors and communicate appropriate precautions.

Installation Actions:

- Review pandemic preparedness plans and considerations for elevation of the HPCON designation
- Routine, non-pharmaceutical interventions (NPI), such as hand washing, cough/sneeze etiquette

PHEO Actions:

- Review pandemic preparedness plans and considerations for elevation of the HPCON designation
- Routine NPI

MTF Actions:

- Review pandemic preparedness plans and considerations for elevation of the HPCON designation
- Routine NPI

DTF Actions:

- Review pandemic preparedness plans and considerations for elevation of the HPCON designation
- Routine NPI

ALPHA LIMITED

Community transmission beginning

There is awareness of a novel disease of possible concern, disease has the potential to move rapidly into and through the local area, and/or community transmission is beginning, but remains focal and sporadic.

Elevation to HPCON A may be considered when disease has the potential to move rapidly into the local community and/or there are reports of an unusual health risk or disease (e.g., World Health Organization (WHO) declaration of a Public Health Emergency of International Concern (PHEIC), etc.). The beginning of community transmission may also include the first confirmed case(s) in the community or the imminent expectation of cases with no pertinent travel

CDC THN Level: N/A

Priority Actions:

- Health risk communication - Validate concerns and guide precautions.
- Enhance NPI

Installation Actions:

- Continue previous measures
- Review pandemic preparedness plans in context of the current threat
- Communicate health threat to installation (i.e., meaning of HPCON levels, individual and organizational next steps, how to prepare for elevated HPCON levels)
- Review telework (TW) policies, test or expand TW capacity, and identify mission essential personnel
- Determine isolation and quarantine options and expansion capabilities (e.g., locations, personnel, logistical support, etc.)
- Develop life-support plan for isolated and quarantined individuals (e.g., food, sanitation, mental health support, recreational activities, etc.)
- Establish daily reports on installation and organizational response activities

- Instruct those meeting criteria for potential exposure to follow published guidance (i.e., symptomatic personnel should self-isolate and call MTF before presenting for care)
- *Post educational materials throughout buildings and distribute via email to all employees
- *Modify barracks and other group housing to ensure proper bed spacing; enhance cleaning/disinfection of frequently touched surfaces; establish hand-sanitation stations at entry points; ensure rest rooms are stocked with soap, disposable towels, and hand sanitizer; ensure waste receptacles near rest room exit door
- Take measures to reduce time spent inside facilities and to reduce close contact (within six (6) feet for a cumulative total of fifteen (15) minutes or more over a 24-hour period) with others

PHEO Actions:

- Continue previous measures
- Review pandemic preparedness plans in context of the current threat
- Issue health alert(s)
- Enhance disease surveillance and reporting
- Increase collaboration with local public health authorities
- Develop contact tracing plan; train personnel
- Determine isolation and quarantine options and expansion capabilities (e.g., location, personnel, logistical support, etc.)
- Prepare and recommend to implement enhanced screening procedures (e.g., exposure/symptom survey/temperature screening at gate)

- Review and enhance cleaning/disinfection procedures at installation facilities as needed (e.g., once daily to twice daily for high-traffic areas); modify cleaning contracts or establish additional cleaning/disinfection teams using organic personnel
- Identify and train cleaning/disinfection and contact tracing teams
- Define higher-risk populations and worst-case scenarios for hospitalization
- Inform supported units that dental care may soon be limited
- Stabilize patients in complex treatment to prevent dental emergencies
- Prepare for the potential of limited access to PPE and supplies
- Identify key personnel who may be required to provide emergency dental care to an infected patient and send to Occupational Health for N95 respirator fit testing

MTF Actions:

- Continue previous measures
- Review pandemic preparedness and response plans in context of the current threat
- Verify stocks of needed personal protective equipment (PPE) for healthcare workers (HCW) to include N-95 respirators, facemasks, gowns, gloves, eye protection (*Commence any special training to diagnose, isolate, and report cases)
- Modify infection control, triage procedures, and patient flow plans as required
- Identify isolation capabilities and plan for expanded need
- Determine diagnostic capabilities or need (e.g., identify lab testing facilities if assay not in-house, ensure adequate supplies of collection and transport kits and materials)
- Determine treatment capabilities or need (e.g., intensive care unit (ICU) beds, ventilators, Rx [prescription])
- Implement screening procedures for symptomatic individuals
- Post educational products throughout facility and post signage at entry points directing symptomatic individuals to return to car and call for escort into designated entry or screening area
- Implement aerosol/spatter control protocols:
 - » Perform preoperative rinse with 1% Hydrogen Peroxide or Listerine®, if Peroxide is unavailable (CHX [Cycloheximide] may be ineffective but is not contraindicated if other rinses not available) (Reports indicate SARS-CoV-2 is found in saliva)
 - » Use rubber dam or Isolite along with High-Volume Evacuation (HVE) for aerosol/spatter producing procedures
 - » Irrigation must be performed slowly and with HVE to reduce risk of splash/spatter
 - » Recommend use of a face shield in addition to a surgical mask (unless already part of a mask/shield combo)
 - » No elective procedures for patients with respiratory symptoms or fever

DTF Actions:

- Continue previous measures (i.e., full scope of care)
- Ensure safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough)

BRAVO MODERATE

Increased Community transmission

An enhanced threat is defined by increased community transmission, to include increased risk of exposure or imminent spread of disease in the local area.

Increased community transmission may include confirmed contact or travel-related case(s) on the installation (i.e., resident or employee); state (not local) civilian authorities increasing the preparedness posture (e.g., public health emergency declaration); more than 10 non-imported cases reported in the local area; identifying a substantial proportion of mission essential workers to be in high-risk groups; and/or housing a critical National Defense mission at the installation.

CDC THN Level: 1

Priority Actions:

- Health risk communication - Continue to validate concerns and guide precautions. Prepare stakeholders for travel restrictions and cancellation of public gatherings
- Enhance NPI and enact strict social distancing procedures
- Evaluate MTF capacity and ICU capability (on installation and in local area)

Installation Actions:

- Continue previous measures
- Review and reorder stocks and identify funding for resupply of hygiene and sanitation products and appropriate PPE for selected personnel (e.g., first responders, some security officers)
- Restrict purchasing and use of non-indicated PPE (e.g., N-95 respirators)
- Prepare to implement isolation and quarantine options and expansion capabilities as needed
- Curtail/cancel/close non-essential public gatherings and services (e.g., social and sporting events, church services, movie theater, bowling alley)

- Consider modification or closure of schools, Child, Youth, and School Services (CYSS) activities, CDCs.
- Modify or cancel training events and meetings (use a face-covering and maintain 6-ft of distance, especially in indoor workplaces)
- Institute liberal TW policies
- Increase frequency of cleaning and disinfecting worksites and public facilities
- Establish screening procedures at installation gates; adapt security practices to prohibit guards from touching ID cards (gloves may be considered for security guard use, but there is limited evidence of effectiveness)
- Consider capacity limits at Post Exchange (PX) and commissary (i.e., stagger entry, limit total shoppers in building at one time)
- Increase availability of hand-sanitation stations (all building entrances, multiple locations within buildings)
- Ensure all events/gatherings/meetings have attendance rosters, including contact information (e.g., cell phone numbers) for all attendees to aid in rapid contact tracing, if needed

PHEO Actions:

- Continue previous measures
- Issue updated health alert(s)
- Ensure PPE is restricted to medical personnel, unless clearly warranted
- Prepare to implement isolation and quarantine options and expansion capabilities as needed
- Refine higher-risk populations and worst-case scenarios for hospitalization

MTF Actions:

- Continue previous measures
- Review and reorder stocks and Identify funding for resupply of hygiene and sanitation products and PPE
- Plan for careful management of PPE (e.g., extending shelf-life of expired items, reuse protocols, restricting N-95 use to aerosol-generating procedures) in anticipation of supply chain interruption
- Prepare to implement patient isolation and expansion capabilities as needed
- Review processes for patient referrals to specialty care referrals to specialty care
- Consider rescheduling routine appointments and elective surgical cases

DTF Actions:

- Continue previous measures
- Readiness exams, non-aerosol generating procedures, and emergent dental care only
- Review and reorder stocks, and Identify funding for resupply of hygiene and sanitation products and PPE
- Plan for management of PPE (e.g., extending shelf-life of expired items, reuse protocols, restricting N-95 use to aerosol-generating procedures) in anticipation of supply chain interruption
- Prepare to implement patient isolation and expansion capabilities as needed
- Review processes for patient referrals to specialty care
- Stop aerosol generating procedures (AGPs) (Procedures that are likely to induce coughing (e.g., taking impressions) should be performed cautiously and avoided if possible)
- Emergent care for known or suspected COVID-19 patients must take place in an Airborne Infection Isolation Room (AIIR) with appropriate PPE and N95 or better respiratory protection
- Limit AGP as much as possible

CHARLIE SUBSTANTIAL

Sustained Community transmission

This high threat is due to sustained community transmission of a high-morbidity disease and continued disease spread in the local area.

Evidence of sustained community transmission exists, to include multiple cases among the installation workforce or residents. Again, these cases will have no pertinent travel history, no contact with a known case, no evidence of household or HCW transmission. Other considerations include local civilian authorities increasing the preparedness posture (e.g., public health emergency declaration).

CDC THN Level: 2

Priority Actions:

- Health risk communication- Continue to validate concerns and guide precautions. Prepare stakeholders to expect cancellation of in-person gathering and limited access to supplies and services.
- Enhanced NPI and strict social distancing procedures
- Protection (“cocooning”) of highest risk personnel and individuals

Installation Actions:

- Continue previous measures
- Consider declaration of PH Emergency per DoDI 6200.03, Section 3.1

PHEO Actions:

- Continue previous measures
- Issue updated health alert(s)

MTF Actions:

- Continue previous measures
- Continue to consider rescheduling routine appointments and elective surgical cases

DTF Actions:

- Continue previous measures
- Continue to reschedule routine care
- Emergent dental care and essential personnel only
- Expect critical shortages of PPE and supplies
- Only essential dental clinics remain open to provide emergency treatment to patients not suspected of COVID-19 and to prevent them from going to the MTF emergency room (However, DOD emergency services at the MTF will still need to be provided; if closing a dental clinic, ensure clear signage is posted informing patients to call for triage and instructions for emergency care)
- Triage to conserve critical resources

DELTA

SEVERE

Widespread Community transmission

This very high threat is characterized by wide-spread community transmission of a high-mortality disease and continued disease spread in the local area.

Evidence of widespread sustained transmission exists and/or cases with severe disease are hospitalized at local facilities or installation MTFs.

CDC THN Level: 3

Priority Actions:

- Protection of mission essential personnel through use of PPE and by limiting contact with others
- Health risk communication - Continue to | validate concerns and guide precautions. Reduce uncertainty and increase self-efficacy. Strategies include informing in simple terms and providing essential emergency courses of action.

Installation Actions:

- Continue previous measures
- Declare public health emergency (if not previously declared)
- Activate Contingency of Operations Plan [COOP]
- TW for all non-essential personnel and potentially some essential personnel

PHEO Actions:

- Continue previous measures
- Issue updated health alert(s)

MTF Actions:

- Continue previous measures
- Cross-level assets needed to care for severe cases

- Discontinue non-emergency services and elective procedures
- Consider PPE for high-risk or critical need personnel (e.g., pulmonologist, respiratory technicians)
- Triage to conserve critical resources

DTF Actions:

- Continue previous measures
- Emergent dental care and essential personnel only
- Cross-level assets needed to care for severe cases
- Triage to conserve critical resources