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APR 29 2021

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

SUBJECT: Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease 2019 Pandemic

- References:
- (a) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 2) - Department of Defense Guidance for Military Installation Commanders' Risk-Based Measured Responses to the Novel Coronavirus Outbreak," February 25, 2020 (hereby rescinded)
 - (b) Secretary of Defense Memorandum, "Guidance for Commanders on the Implementation of the Risk-Based Responses to the COVID-19 Pandemic," April 1, 2020 (hereby rescinded)
 - (c) Secretary of Defense Memorandum, "Guidance for Commanders on Risk-Based Changing of Health Protection Condition Levels During the Coronavirus Disease 2019 Pandemic," May 19, 2020 (hereby rescinded)
 - (d) Office of Management and Budget Memorandum, "COVID-19 Safe Federal Workplace: Agency Model Safety Principles," January 24, 2021
 - (e) DoD Instruction 6200.03, "Public Health Emergency Management Within the DoD," March 28, 2019
 - (f) Secretary of Defense Memorandum, "Update to Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions," March 15, 2021
 - (g) Assistant Secretary of Defense for Manpower and Reserve Affairs Memorandum, "Guidance for Commanders on Reopening Child Development Programs During the COVID-19 Pandemic," June 10, 2020

This memorandum rescinds previous DoD coronavirus disease 2019 (COVID-19) Health Protection Condition (HPCON) guidance prescribed in references (a), (b), and (c). This memorandum provides direction on HPCON levels, protective actions to be taken at each level, and criteria to transition between levels. It provides implementation guidance for management of installation¹-based HPCON levels and associated force health protection (FHP) measures.

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.



OSD003544-21/CMD004963-21

This memorandum also incorporates advice from the Centers for Disease Control and Prevention (CDC) on protective actions to mitigate risk of COVID-19 infection and Office of Management and Budget guidance on workplace safety and occupancy (reference (d)).²

This pandemic is dynamic and manifests differently by location, setting, population, and individual. As a result, responses to COVID-19 will need to be flexible, tailored, and incremental.

HPCON Levels

This memorandum serves as a COVID-19-specific HPCON supplement to reference (e), which provides policy and procedures applicable to significant public health events and use of the HPCON framework.

The authority to determine HPCON levels (“HPCON implementation”) is delegated to the Secretaries of the Military Departments (MILDEPs) and may be further delegated in writing to a level no lower than military installation commanders. The Interim Director of Administration and Management has HPCON implementation authority for the Pentagon Reservation. Those with HPCON implementation authority will coordinate changes in HPCON levels with other military installations in the same local commuting area (e.g., approximately 30 miles) to the greatest extent practicable to facilitate consistency in response and unity of messaging.

Those with delegated HPCON implementation authority may also adjust FHP measures within any HPCON level based on mission, other risk considerations, and in consultation with their respective military public health and medical advisors, to the extent consistent with overarching DoD FHP guidance.

The updated HPCON framework implemented across the Department in response to COVID-19 is expanded to six levels, including an HPCON Bravo-Plus (B+) level. Several fundamental protective actions are common to most levels, while more robust protective actions are implemented as the HPCON level rises from A through D. Actions for each HPCON level are included in the attachment. The updated framework is based on a daily average of reported cases over the prior 7 days and incorporates whether cases are increasing, steady, or declining over time. CDC Community Transmission Levels and CDC and DoD information from the 2019-2020 winter COVID-19 case-rate surge, were used to inform the development of case rates for each HPCON level. Case-rate thresholds should not be considered the exclusive factor for determining HPCON levels. These case-rate thresholds, along with criteria outlined in the attachment, are provided to help the HPCON implementation authority determine and change HPCON levels.

² All actions will comply with applicable labor obligations (to the extent such obligations do not conflict with the agency’s ability to conduct operations during this emergency).

Workplace Occupancy Requirements

In accordance with reference (d), the Department will continue to take steps to limit the number of personnel in workplaces through remote work, flexible scheduling, and other methods consistent with the level of COVID-19 transmission in the community. Workplace occupancy limits for each HPCON level are included as measures in Table 1 of the attachment.

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 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 Interim Director of Administration and Management has workplace occupancy limit exemption authority for all DoD Components located on the Pentagon Reservation. 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 the most current, applicable DoD FHP guidance.

A record of all workplace occupancy limit exemptions will be retained by the exemption authority 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 should be used rigorously in all areas and especially in areas for which an occupancy exemption has been granted.

The attachment provides details on determining HPCON levels and associated FHP actions. Questions regarding the content of this memorandum should be directed to the Under Secretary of Defense for Personnel and Readiness, who may rescind or modify this memorandum in response to changing pandemic conditions.



Attachment:
As stated

DETERMINING HPCON LEVELS AND FHP ACTIONS FOR THE COVID-19 PANDEMIC

Those with delegated HPCON implementation authority will exercise their authority by making deliberate, risk-based decisions to change HPCON levels as COVID-19 pandemic conditions on, and adjacent to, installations evolve. These decisions must be informed by local¹ conditions based on public health surveillance data; guidance from the CDC and, if applicable, relevant host nation (HN) authorities; collaboration with State, territorial, and local public health and medical authorities; and advice from the Public Health Emergency Officer and local military medical treatment facility (MTF) director or commander, or military medical authority if an MTF is not present.

Levels of community transmission corresponding to HPCON level rates will be prepared by the Defense Health Agency's Armed Forces Health Surveillance Division on a twice-weekly basis and are available online at <https://go.intelink.gov/gIKcynv>, via email distribution as requested at dha.ncr.health-surv.list.ib-alert-response@mail.mil, and via the Health Surveillance Explorer at <https://go.intelink.gov/YDIhQu6>.

Local community transmission levels also may be established by utilizing State and local health department websites or by consulting the CDC's COVID-19 Data Tracker County View (<https://covid.cdc.gov/covid-data-tracker/#county-view>), and converting the data to daily averages. Installations outside the United States should consult country-level data for their HNs if local community level data is unavailable (<https://covid.cdc.gov/covid-data-tracker/#global-counts-rates>). Other sources of data include academic institutions and the World Health Organization if HN data is inaccessible.

Conditions for Changing HPCON Levels

Concurrent with any HPCON level changes, installation commanders must ensure there are established plans and ready capability for COVID-19 testing, contact tracing, patient isolation, and quarantine measures for those returning or arriving from high-exposure locations or those exposed to persons confirmed to have COVID-19 in accordance with applicable DoD FHP guidance. Particular attention should be focused on the average number of new cases per day, as well as trend data that indicate the long-term direction of the pandemic in the local installation community and on the installation. Trend analysis should consider recent data as well as longer-term data to determine the trajectory of the pandemic over the course of several weeks or months. Criteria to consider include:

- Cases: Daily average² of new cases per 100,000 people per day (Table 1).

¹ Local is defined as the approximate local commuting area for the installation of interest.

² Daily averages can be calculated from weekly or biweekly totals by dividing by the number of days (7 or 14, respectively).

- Cases: Sustained 2-week downward trajectory of documented COVID-19 cases in the local community; likewise, upward trajectories should be considered in determining whether to increase HPCON levels.
- Cases: Downward trajectory in positive tests as a percentage of total tests over the preceding 7-day period³ supports a decision to reduce HPCON levels to the next lower level; likewise, upward trajectories should be considered in determining whether to increase HPCON levels.
- Medical Facilities: MTFs or local hospitals have the capacity to treat all patients without situational standards of care as defined in reference (e). Information on local DoD and civilian hospitals, including occupancy rates, is available on the Advana COVID-19 dashboard at <https://covid-status.data.mil/#/>, and indicators of hospital capacity are available at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>.

Table 1, below, contains FHP activities installation commanders will undertake at each HPCON level. Installation commanders may deem it necessary to take additional precautions for select personnel and medically vulnerable populations (e.g., elderly, underlying health conditions, respiratory diseases, and immunocompromised) and are both encouraged and authorized to do so. Additionally, installation commanders should be mindful that protective actions that are driving case counts lower may have to be continued in order to continue accruing the benefits from taking those measures.

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. Geographic Combatant Commanders have authority to set policy in accordance with operational requirements and to match relevant HN and allied forces standards, as applicable.

HPCON Framework

HPCON 0 is the base level for the HPCON Framework and represents a return to normal operations. Even if a community achieves a level of no transmission, the risk of reintroduction will remain until very high levels of immunity are present globally. Further, given the unknown duration of the COVID-19 pandemic, subsequent guidance and updates may address changes to the criteria or thresholds indicated by growing or new evidence, as well as necessary recovery activities and the transition from HPCON A to 0.

When changing to a lower HPCON level, installation commanders should remind personnel of the need to maintain vigilance in practicing personal hygiene measures, physical distancing (>6 feet), wearing masks, and minimizing in-person social gathering and time spent in crowded environments in accordance with DoD FHP guidance.

³ Periodicity should be based on available data (e.g., 14 rather than 7 days).

TABLE 1: Force Health Protection Actions by HPCON Level^{1,2} for the COVID-19 Pandemic

Severe HPCON D	Widespread community transmission A daily average of more than 60 new cases per 100,000 population in the last 7 days (>421 cumulative new cases per 100,000 population in the last 7 days) AND no decline in cases or a decline in new cases of less than 7 days.	Utilize measures from HPCON A, B, B+, and C with the following modifications: a. Less than 15 percent of normal occupancy in the workplace. b. Strongly consider declaring a local Public Health Emergency. c. Consider limiting visitor access to the installation. d. Distribute personal protective equipment as appropriate. e. Cancel non-mission-essential activities.
	OR A daily average of more than 100 new cases per 100,000 regardless of increase or decline from the previous week.	
Substantial HPCON C	Sustained community transmission A daily average of 31-60 new cases per 100,000 population in the last 7 days (211-420 cumulative new cases per 100,000 population in the last 7 days).	Utilize measures from HPCON A, B, and B+ with the following modifications: a. Less than 25 percent of normal occupancy in the workplace. b. Consider declaring a local Public Health Emergency. c. Consider limiting visitor access to the installation. d. Limit social gatherings of 10 or more people. e. MTFs may limit elective surgeries in accordance with guidance from the Defense Health Agency and Assistant Secretary of Defense for Health Affairs. f. Re-scope, modify, or potentially cancel exercises. g. Schools operated by the Department of Defense Education Activity (DoDEA) will operate remotely.
Moderate + HPCON B+	Elevated community transmission A daily average of 16-30 new cases per 100,000 population in the last 7 days ³ (110 - 210 cumulative new cases per 100,000 population in the last 7 days).	Utilize measures from HPCON A and B with the following modifications: a. Less than 40 percent of normal occupancy in the workplace. b. Be prepared to limit access to installations by visitors and cancel events/exercises. c. Military commanders may restrict off-duty military personnel from off-installation venues (e.g., bars, restaurants, concert halls). d. Indoor common areas and large venues may be closed. Dining establishments may be limited to takeout service and outdoor service. Venues identified as mission-critical, such as commissaries, may be limited in their operational hours and occupancy. e. Gyms may be closed at this level or operate at diminished occupancy.
Moderate HPCON B	Increased community transmission A daily average of 2-15 new cases per 100,000 population in the last 7 days (14-109 cumulative new cases per 100,000 population in last 7 days).	Utilize measures from HPCON A with the following modifications: a. Less than 50 percent of normal occupancy in the workplace. b. Medically vulnerable individuals should shelter-in-place and be permitted to telework as much as possible to minimize exposures. Personnel who reside with medically vulnerable persons should be permitted to telework if possible and should take precautions to limit their exposures as well. c. Re-scope or modify exercises in affected areas to limit risk to DoD personnel. d. Installations may limit occupancy of common areas where personnel are likely to congregate and interact by marking approved sitting areas or removing furniture to maintain physical distancing. If modification is not feasible, such areas may be closed.

¹ Consider transmission rates, disease trajectory, and medical facility capabilities/capacities in changing HPCON levels. Case-rate thresholds should not be the sole determining factor for an installation's HPCON level but instead should serve as guidelines to be integrated into a comprehensive review process.

² MILDEPs may delegate HPCON level determination to a level no lower than the military installation commander.

³ CDC high transmission is ≥ 100 new cases per 100,000 population in the last 7 days (a daily average of >14.3 new cases per 100,000 population in the last 7 days).

Limited	Minimal community transmission A daily average of fewer than 2 new cases per 100,000 population in the last 7 days (<14 cumulative new cases per 100,000 population in last 7 days).	<ul style="list-style-type: none"> a. Less than 100 percent of normal occupancy in the workplace. When determining a command's specific occupancy, local commanders should take into account facility/workspace, including whether it permits social distancing, and the most current DoD and CDC guidance. b. Utilize telework, flexible scheduling, and alternate work locations to meet occupancy standards where possible. Medically vulnerable individuals (e.g., persons who are elderly, have underlying health conditions, have respiratory disease, are immunocompromised) and mission-critical personnel awaiting deployment/travel to the local commuting area for employment may be prioritized for telework status. c. Emphasize personal hygiene measures, such as washing hands frequently and for at least 20 seconds with soap and water; using hand sanitizer; avoiding touching eyes, nose, and mouth; staying home when ill and avoiding contact with others; covering coughs and sneezes; avoiding sick persons; and ensuring that immunizations are up to date. d. Require physical distancing (>6 feet) and wearing masks in accordance with DoD guidance, and minimize in-person social gathering and time spent in crowded environments. e. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness. f. Common areas and large venues (e.g., sit-down dining, movie theaters, sporting venues, and commissaries) may operate if they adhere to physical distancing guidelines, sanitation protocols, masking requirements, and any occupancy requirements. g. Outdoor recreation areas (including parks and picnic areas, beaches, campgrounds, marinas, golf courses, and other outdoor facilities) may operate if they adhere to physical distancing guidelines, sanitation protocols, masking requirements, and any occupancy requirements in shared spaces. h. Gyms may operate if they adhere to physical distancing guidelines, sanitation protocols, masking requirements, and any occupancy requirements. i. Approve leave and travel to this area in accordance with the current version of reference (f), and any other applicable DoD FHP guidance. j. Schools operated by DoDEA may operate in accordance with guidance from the Director, DoDEA. k. Child development programs may operate in accordance with the current version of reference (g) and if they adhere to current DoD guidance on modified physical distancing, sanitation protocols, masking requirements, and any other guidance from the DoD or installations appropriate to these settings.
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