

TA 540-1021

## Recommended Actions for Occupational Health Staff for each Health Protection Condition During the COVID-19 Response

OSD Memo for Senior Pentagon Leadership: Guidance for Commanders' Risk-Based Responses and Implementation of Health Protection Condition (HPCON) Framework During COVID-2019 Pandemic (dtd 29Apr2021) and Department of Defense Instruction (DoDI) 6200.03 (Public Health Emergency Management/ PHEM (dtd 28Ma2019) define HPCONs to provide a framework to approach disease outbreaks based on the severity of disease and level of disease transmission in a local community.

HPCONs inform actions taken by installations, military treatment facilities (MTFs), and dental treatment facilities (DTFs) in response to a specific health threat. MTF Occupational Health (OH) programs have unique considerations for the workers they serve and their staff members. Recommended actions to protect workers, including OH staff members, at each HPCON is provided.

More detailed information on HPCONs and how they are determined is available on page 7.

### More information:

Visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>



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/1-Am-A/Media/Media-Center/NAL-Day-at-a-glance>

For more information, contact your installation's Department of 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.

Take the following actions to protect the health and safety of both workers and staff members.

- Designate a time to meet with staff-members to provide education on COVID-19 infection and pandemic preparations.
- Explore alternatives to face-to-face-triage and visits and determine available virtual OH capability and capacity.
- Identify staff to conduct telephonic and telehealth interactions with workers. Develop protocols to triage and assess patients quickly.
- Post visual alerts (signs, posters) at entrances and in strategic places to provide instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Routinely clean and disinfect frequently touched objects and surfaces. Follow U.S. Centers for Disease Control and Prevention and product -use guidelines for disinfecting hand switches, cords, headphones, chairs, physical barriers, door handles, tablets, surfaces, and intake instruments.
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer, and disinfectant wipes).
- Provide facemasks at triage stations for workers with respiratory symptoms.
- Offer OH surveillance and testing appointments. Consider the medical readiness impact when planning to postpone or continue certain routine appointments.
- Ensure all staff projected to telework have updated HIPAA and Cyber Security training and telework agreements have been approved.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employee family members. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- Establish written procedures for surveillance of employees with canceled, deferred, or delayed OH appointments. Develop and distribute clinic information and guidance for resuming routine appointments (pre-placement, routine, and annual exams).
- Establish processes for daily assessments and reporting availability of critical supplies that may be impacted by higher than normal usage (e.g., personal protective equipment [PPE]).

# 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.

### Continue all previous actions and:

- Avoid unnecessary contact with others, such as shaking hands and hugging.
- Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
- Observe local guidance on movement restrictions and access requirements for military installations.
- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events. Ensure staff are prepared to utilize appropriate infection control practices and PPE.
- Ensure staff are aware of sick leave policies and are encouraged to stay home if ill with respiratory symptoms.
- Ensure awareness of recommended work restrictions and advise employees to check for capability and signs of illness before reporting to work each day
- Employees are to notify supervisors of any illness.
- Ensure maximum ventilation.
- Offer limited OH non-clinical-care activities (e.g., work-site visits, staff assistance visits, and inspections) while maintaining 6 feet of social distancing.
- Most OH Clinics do not encourage or staff for walk-in appointments. If workers present to the OH clinic on a walk-in basis, designate staff to screen appropriately. Ensure staff are trained on COVID-19 infection prevention and control guidelines and proper use of PPE.
- Review appointments to determine suitability either for indefinite deferral or rescheduling to an alternative location or time or proceed due to condition, worker current health status, or medical readiness requirement.
- Prioritize pre-placement examinations and acute exposure assessments as local conditions warrant.
- Target the greater than or equal to 90 percent threshold for the Occupational Safety and Health Administration (OSHA)-mandated medical surveillance exam (FY20 Army Public Health Metric) no later than 6 months after resumption of operations.
- Transition in-person training to distance learning.
- Plan to refer employees amenable to virtual health encounters contingent on available virtual capability and capacity.
- Enforce 6 feet of physical distancing in patient flow areas, waiting rooms, and hallways. Post signs regarding maintaining 6ft separation to guide personnel and stagger appointments to limit numbers of workers in waiting rooms.

# 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.

## Continue all previous actions and:

- Ensure supervisors or designated personnel screen staff for fever or respiratory symptoms before entering the facility.
- Wear approved gowns, gloves, and masks. Ensure workers wear approved face coverings or masks when presenting to the clinic.
- In accordance with ANNEX DD to MEDCOM OPOD 20-21 (MILITARY TREATMENT FACILITY PREPAREDNESS AND RESPONSE TO CORONAVIRUS (COVID-19) OUTBREAK), Regional Health Commands direct OH clinics to curtail the provision of OH examinations, including medical qualification and medical surveillance examinations during HPCON levels Bravo, Charlie, and Delta. MTF Commanders can make exceptions to provide OH services during HPCON Bravo based on installation mission requirements and recommendations from the Installation Public Health Departments.
  - » Be aware that MTF Commanders or Directors may authorize routine appointments and procedures based on risk assessments to employees and medical readiness following consultation with subject matter experts.
- Prioritize appointments, medical, and procedural care based on risk-benefit, local and regional capabilities, and logistical analyses.
- Plan to prioritize use and utilize alternatives to standard PPE required during procedures (e.g., gowns, masks or N95 respirators by activity type).
- Suspend all spirometry appointments and procedures.
- Identify available OH space to potentially convert to dedicated space to manage known or suspected COVID-19 patients.

[HPCON BRAVO PLUS: Indicates a MODERATE-PLUS disease threat with a real risk of exposure to personnel due to a significant outbreak of disease in the local area. It utilizes measures from HPCON A, HPCON B, and some from HPCON C. But HPCON BRAVO-PLUS is not as restrictive as HPCON CHARLIE. It further limits the percent of workers in the workspaces, encourages greater reliance on teleworking, encourages masking and 6-ft physical distancing, proscribes random entrance screening of workforce and visitors who enter the work buildings, limits size of gatherings, specifies restrictions when using athletic facilities and limits food establishments to takeout only.]

# 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.**

**Continue taking all previous actions and:**

- Prepare for the potential of limited access to supplies and services, including severely restricted entry to military installations.
- Implement or continue telework procedures as directed. Consider rotating duties among staff (e.g., rotate 10% of staff in clinic for face-to-face care, 10% of staff in clinic to provide virtual care, and permit 80% of staff to telework).
- If outside the United States, authorized or ordered departure actions may be implemented.
- Continue to triage routine appointments based on risk-benefit, capability, and mission analyses. Postpone all routine, medical surveillance, and preplacement appointments performed for garrison employees unless determined by MTF Commanders and Directors as necessary to maintain deployability and readiness of Service Members or to complete medical assessments deemed mission essential or required by statute to preserve Force Medical Readiness.
- Maximize the use of telehealth/virtual health and telephone triage of occupational health concerns.
- In accordance with Annex 156 to OPORD 20-24, supervisors will screen employees upon return to the workplace after an excused absence from the clinic such as telework, leave, or TDY.

# 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.**

- Expect to remain at home for extended periods of time, as movement in the community may be restricted.
- Follow all directives and guidance from local, state and federal authorities. Public Health actions are intended to protect the health and safety of Service members, Family members, providers, and patients.
- In accordance with ANNEX DD to MEDCOM OPOD 20-21 (MILITARY TREATMENT FACILITY PREPAREDNESS AND RESPONSE TO CORONAVIRUS (COVID-19) OUTBREAK), OH clinics will curtail OH examinations, including medical qualification and medical surveillance examinations, during HPCON Delta. Cancel all OH appointments and maintain minimum necessary capabilities and capacity for consultation on urgent OH issues.

## Additional Information on HPCONs

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 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.

HPCONs may be synchronized with the installation Force Protection Condition (FPCON). This synchronization may address installation access, appropriate Force Health Protection (FHP) measures, and limitation of non-critical activities. The HPCON 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 will be made by the Installation Commander in consultation with the Public Health Emergency Officer, 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.

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.