

Defense Logistics Agency COVID-19 Safety Plan



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I. Introduction

The Defense Logistics Agency (DLA) COVID-19 Safety Plan was developed to protect DLA employees, contractors, other building occupants, and visitors to DLA facilities and to help stop the spread of the coronavirus disease 2019 (COVID-19) pandemic. This plan supersedes the DLA Reconstitution Guidance and Framework, dated May 20, 2020. This plan consists of safety principles implemented DLA-wide at all official worksites in the Continental U.S. (CONUS) and applies to all on-duty or onsite DLA employees, onsite federal contractors, and any other person in DLA space. For DLA employees overseas, follow the Combatant Command (COCOM), installation, or host nation guidance. Where DLA organizations are tenants, host guidance takes precedence when more stringent.

Pursuant to [Executive Order \(EO\) 13991 \(86 FR 7045\) Protecting the Federal Workforce and Requiring Mask-Wearing](#), issued on January 20, 2021, the policy of the U.S. Government is “to halt the spread of COVID-19 by relying on the best available data and science-based public health measures,” including taking a science-based and data-driven approach to safety in federal workplaces. EO 13991 is part of the [National Strategy for the COVID-19 Response and Pandemic Preparedness](#). The health and safety of the Federal workforce is the highest priority of the Administration and the Department of Defense (DoD). DLA is committed to protecting individuals in its facilities from the effects of the COVID-19 pandemic, while preserving the Agency’s ability to complete its mission.

The President established a Safer Federal Workforce Task Force to assist federal agencies with implementing safety plans relative to health, safety, and workplace operations. The DoD participates in the Task Force and established a DoD COVID-19 Task Force. This plan will be updated as the Safer Federal Workforce Task Force and the DoD Task Force issue new guidance to the DLA COVID-19 Coordination Team.

II. DLA COVID-19 Coordination Team

The DLA COVID-19 Coordination Team (CCT) includes representatives from the following DLA organizations:

- a) DLA Human Resources (J1) Director (CCT Chair)
- b) DLA Safety and Occupational Health (SOH)
- c) DLA Installation Management (DM)
- d) DLA General Counsel (DG)
- e) Various J1 representatives include the Customer Account Managers (CAM) providing HR support to the Major Subordinate Commands (MSC) and J Codes.

The DLA CCT conducts weekly meetings to establish, implement, and monitor DLA's compliance with:

- a) implementing safety protocols for physical space and face mask requirements;
- b) working with DLA Commanders and Directors to make determinations on those required to report onsite and those teleworking;
- c) responding to and mitigating the impact of COVID-19;
- d) providing reconstitution notification protocols; and
- e) working with DLA Commanders and Directors to ensure DLA facilities and installations do not exceed capacity limitations.

DLA leadership, Installation Management staff, and supervisors monitor DLA facility COVID-19 site-specific conditions daily to remain agile and monitor the routine facility cleaning, which includes Centers for Disease Control and Prevention (CDC) recommended cleaning and disinfection when necessary. DLA leadership implements this guidance on a facility-by-facility basis and coordinates with hosts where DLA is a tenant.

III. Safety Principles

In responding to and mitigating the impact of COVID-19, workforce safety and health remain DLA's number one priority. The DLA CCT has adopted the Government-wide Safer Workforce Task Force and DoD COVID-19 Task Force model safety principles, which are consistent with current CDC guidance, and has incorporated those principles into this plan.

Health and Safety

- Telework
- Face Masks
- COVID-19 Testing
- Case Investigations
- Travel Protocols
- Symptom Monitoring
- Quarantine and Isolation

Workplace Operations

- Occupancy
- Physical Distancing
- Environmental Cleaning
- Hygiene Sanitization
- Ventilation and Air Filtration
- Visitors
- Elevators

IV. Health and Safety

A. Telework

While many of DLA's worksites remain open, every effort is made to maximize eligible employees' use of approved telework locations during widespread high community transmission, unless it is physically impossible or poses a threat to critical national security interests.

Telework is generally a voluntary work option. However, per Office of Management and Budget (OMB) guidance, federal employees should make every effort to telework if eligible to do so.

Employees currently teleworking full-time under DLA's maximum telework posture during the COVID-19 pandemic will generally be given up to 14 days advance notice before they are required to return to work onsite at DLA duty locations based on mission requirements. Local bargaining agreements take precedence over this guidance to determine employee advance notice for onsite return. Managers retain the ability to immediately recall members of the workforce to meet mission-essential requirements.

Supervisors must ensure employees complete the required, "Returning DLA to the Worksite During the COVID-19 Pandemic" training course in the [Learning Management System \(LMS\)](#) before or immediately upon return to the worksite. Supervisors must brief employees using the Deliberate Risk Assessment Worksheet ([DD Form 2977](#)) discussing operational hazards and control measures to include COVID-19 requirements prior to employees returning to the physical workplace.

DLA organizations that have onsite responsibilities currently not suitable for telework and exceed the health protection condition (HPCON) workplace capacity limits will report those work activities to the DLA CCT (see *Workplace Operations, Occupancy* section). Organizations are required to work with their J1 CAM to notify the DLA CCT when they require additional staff to work onsite to implement risk mitigation steps to ensure the work

can be done safely and to ensure occupancy level compliance.

B. Face Masks

Pursuant to the President's Executive Order (EO) on [Protecting the Federal Workforce and Requiring Mask-Wearing](#), effective January 20, 2021, and [Force Health Protection Guidance \(Supplement 17\) – DoD Guidance for the Use of Masks, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Pandemic](#), dated March 17, 2021, onsite DLA employees, contractors, and visitors [must wear a face mask](#) that consistently [covers the nose and mouth](#), and comports with any current CDC and Occupational Safety and Health Administration (OSHA) guidance.

Supervisors must ensure masks are worn in the workplace and do not include symbols or sayings that might be considered offensive to other employees. Fully vaccinated personnel are still required to wear masks in DLA worksites. Signs communicating this requirement must be placed conspicuously at the entrance to every DLA facility and in common spaces. If an employee is unable to comply with this requirement due to an existing medical condition, the individual should submit a request for information regarding the reasonable accommodation process from his/her supervisor.

Employees should visit the [CDC website](#) to obtain more information on the different types of recommended masks, how to properly wear masks, how to store and clean masks, and other considerations related to masks.

C. Testing

As required in the Executive Order, DLA understands that the CDC is developing a testing plan for the federal workforce and that the CDC will submit that plan to the DoD COVID-19 Task Force. When the Safer Federal Workforce Task Force and DoD COVID-19 Task Force notifies agencies of the CDC's testing plan, this plan will be updated to reflect the new guidance. Currently, employees are encouraged to follow the DoD guidance memo, "[Force Health Protection Guidance \(Supplement 15\) Revision 1](#) - Department of Defense Guidance for Coronavirus Disease 2019

Laboratory Testing," dated March 15, 2021. As a reminder, employees who have been or are scheduled to be onsite should contact their supervisors for guidance if they believe they may have been exposed within the timeframe designated by the [CDC](#).

D. Case Investigation

When DLA receives a report of an incident of COVID-19 in a facility, the following procedures must be implemented:

- a) DLA employees who tested positive for COVID-19, were exposed to an individual who tested positive for COVID-19, who suspect they have COVID-19, or who were possibly exposed to COVID-19, report the situation to their supervisor.
- b) The supervisor submits [DD Form 3112](#), "Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure," to J1 and notifies the local Safety and Occupational Health (SOH) staff regardless of whether the employee has reported to and been present at a DLA facility.
- c) The local SOH staff and supervisor identify any individuals with whom the employee came in close contact while at DLA facilities, as defined by the CDC (within 6 feet for a cumulative of 15 minutes or more with or without a mask), as well as any building areas the employee may have visited. SOH reports the areas to Installation Management to sanitize the impacted areas. After each reported incident at any DLA-managed facility, the area must be cleaned using EPA-approved and recommended chemicals, per the CDC guidelines. If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning, beyond regular cleaning practices, is needed.
- d) The SOH staff and supervisor ensure timely notifications, as relevant and appropriate, to employees and building occupants once a case of COVID-19 (either due to specific symptoms or positive test) has been

reported, consistent with federal privacy and confidentiality regulations and laws. SOH reminds the supervisor to protect information about individuals who test positive for COVID-19 and those identified as having been exposed to that individual and provide that information only to those who need to know within DLA. SOH also notifies supervisors with applicable quarantine requirements (see *Quarantine* section) and the appropriate actions to take.

- e) As appropriate, a DLA official discloses COVID-19 information to local public health officials. If an outbreak occurs within a specific building or work setting, DLA leadership and SOH decide the appropriate next steps in consultation with local public health officials.

E. Official Government Travel

Employees with mission-critical travel should follow the DoD guidance memo, [Update to Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions](#) dated March 15, 2021; DoD memo, Updated Travel and Foreign Visitor Guidance, dated April 7, 2021; and [Force Health Protection Guidance \(Supplement 20\) – DoD Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic](#), dated April 12, 2021, to receive approval and determine the appropriate quarantine/restriction of movement (ROM) requirements and timeframes, as well as telework and other leave options prior to coming on-site.

Supervisors conduct risk assessments and ensure work-related travel COVID-19 hazards and control measures are included in their operational [DD Form 2977](#). Once risk is accepted at the appropriate level, supervisors must brief employees using the completed form.

F. Personal Travel

Employees engaging in personal travel are encouraged to carefully assess travel risk prior to travel, wear a mask during all portions of a trip, maintain physical

distance from non-household members, maintain good hand hygiene by regularly washing hands with soap and water, or using alcohol-based hand sanitizer if soap and water are not available, get tested, and stay home after higher-risk travel before returning to the workplace.

Employees traveling personally to an area with sustained or widespread community transmission must receive a travel-threat briefing from their local Antiterrorism Officer (ATO). Employees with a top secret/sensitive compartmented information (TS/SCI) clearance have additional requirements for travel and should consult their local security officer.

Employees should carefully review the CDC and Department of State's websites for travel alerts and warnings for both domestic and international travel before deciding to undertake personal travel and follow CDC precaution instructions. The State Department's site also has information on embassies and consulates; entry, exit, and visa requirements; local laws and special circumstances; and health and medical facilities for every country.

Employees who have onsite work requirements and responsibilities and will be taking leave to travel for personal reasons should contact their supervisor prior to leaving and returning to discuss telework and other leave options, as they may need to self-quarantine prior to coming onsite. For further guidance, review [Force Health Protection Guidance \(Supplement 20\) – DoD Guidance for Personnel Traveling During the Coronavirus Disease 2019 Pandemic](#), dated April 12, 2021.

G. Symptom Monitoring

If DLA employees, contractors, building occupants, or visitors are not feeling well, they cannot enter DLA facilities. Employees need to conduct a self-evaluation check before they enter a DLA facility. [COVID-19 pre-screening questions](#) will be posted at the main entrances of DLA facilities. Individuals are required to review questions on the pre-screening sign before entering a DLA facility. If they answer "Yes" to any of the questions, they are not authorized to enter the building and should contact their supervisor to discuss leave options. Employees should monitor the symptom list on the

[CDC website](#).

Any employees working at a DLA facility who develop any symptoms consistent with COVID-19 during the workday must immediately isolate, notify his/her supervisor and request leave, and promptly leave the workplace. Supervisors should advise the employee to:

- a) go home prepared to telework if applicable should they need to self-isolate/quarantine and feel well enough to work;
- b) contact their supervisor with an update by the next workday;
- c) work with their supervisor to adopt recommendations from their health care provider if applicable; and
- d) take appropriate leave and return to work measures. Supervisors should contact J1 for leave options in the event an employee is asymptomatic, in an isolation/quarantine situation, not able to telework, or refuses to leave the workplace.

H. Quarantine and Isolation

Any individual with a laboratory confirmed, clinically diagnosed, or presumptive case of COVID-19 is advised to isolate [pursuant to CDC guidelines](#). As a general rule, asymptomatic, non-immunized personnel with potential exposure to COVID-19 should not return to the workplace until they have a confirmed negative COVID-19 test per [Force Health Protection Guidance \(Supplement 15\) Revision 1](#) or follow the appropriate self-quarantine period (e.g., 14 days starting on the last day on which close contact occurred). Personnel performing duties outside the United States follow applicable geographic COCOM guidance as to whether and how to address host nation policies. Supervisors of DoD civilian employees should also consult with J1 to determine the appropriate leave status for the employee.

In cases of mission-essential activities that must be conducted on site, as

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determined by those with the authority to provide exceptions as indicated below, non-immunized asymptomatic personnel who otherwise would be self-quarantining may be granted an exception to continue to work on site provided they remain asymptomatic, do not have a positive test for COVID-19, and comply with the following key practices for 14 days after the last exposure: obtain a COVID-19 test following [CDC's testing guidelines](#):

- a) Conduct daily pre-screening with self-temperature checks;
- b) Self-monitor with supervision by a commander or supervisor;
- c) Wear a face mask, practice hand and cough hygiene;
- d) Do not share headsets or other objects used near the face; continue to social distance as much as possible; and
- e) Clean and disinfect their workspaces daily.

This exception may be granted by the first general/flag officer or member of the Senior Executive Service (SES), or equivalent, in the chain of command/chain of supervision and, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. If the individual becomes symptomatic during the duty period, he/she will be sent home immediately.

Personnel who have tested positive for COVID-19 within the past 3 months and who have recovered and [fully vaccinated personnel](#) are not required to remain out of the workplace even if they have been in close contact with someone who has a laboratory confirmed, clinically diagnosed, or presumptive case of COVID-19 and remain asymptomatic in accordance with [CDC guidance](#).

In States and localities that require members of the general public to stay at home, DoD Service members and civilian employees may report to work as directed to do so by a commander or supervisor.

I. Confidentiality and Privacy

Due to the public health emergency, the collection of COVID-19 information from individuals whose place of duty is in the DLA workplace, to the extent such collection is necessary, via [DD Form 3112](#), "Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure," is authorized.

All information collected from DLA employees, contractors, and visitors to DLA facilities in connection with this plan, including but not limited to names and contact information, COVID-19 screening information, test results, any information obtained as a result of testing and symptom monitoring, and any other personal and/or medical information, is treated confidentially and in accordance with applicable law and government-wide policy. Within DLA, this information is accessible by and disclosed to only those who have a need to know the information in order to carry out the requirements of this plan. In addition, this information is disclosed outside of DLA, for example to other federal agencies and local public health officials, only as permitted by applicable law and policy and only to those individuals and entities with a need to know in order to protect health and safety.

V. Workplace Operations

A. Occupancy

Given the extensive DoD portfolio of operational locations and environments, the ability to categorize each location according to local pandemic related conditions is essential. The DoD accomplishes this by utilizing the health protection condition (HPCON) framework. The HPCON framework establishes an HPCON level for each location based on the instruction provided in the DoD memo, [Guidance for Commanders' Risk-Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease 2019 Pandemic](#), dated April, 29, 2021.

The authority to determine HPCON levels is delegated to the DLA Director and for sites where DLA is the host, the authority is hereby further delegated to the Installation Commander/Director. Those with HPCON implementation authority must notify the DLA Director and Vice Director prior to implementing HPCON level changes via Situation Reports (SITREP)/Commander's Critical Information Requirements (CCIR) and weekly COVID-19 updates. They must also 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. SAR/SAOs serving as tenants without HPCON authority should coordinate with the local installation commander.

The updated HPCON framework (Appendix 1) implemented across the Department in response to COVID-19 was expanded to include the HPCON Bravo-Plus (B+) level. HPCON 0 is the base level for the HPCON framework and represents a return to new operations. 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 Appendix 1.

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. Case-rate thresholds should not be considered the exclusive factor for determining HPCON levels. These case-rate thresholds, along with criteria outlined

in Appendix 1, are provided to help the HPCON implementation authority determine and change HPCON levels and set the workplace occupancy limits based on the total population assigned.

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.

Local community transmission levels also may be established 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 host nations 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 host nation data is inaccessible.

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. HPCON level gating criteria to consider include:

- a) **Cases:** Daily average of new cases per 100,000 people per day in the last 7 days in a 50-mile radius
- b) **Cases:** Sustained two-week (14 days) downward trajectory of documented COVID-19 cases in the local community (50-mile radius); likewise, upward trajectories should be considered in determining whether to increase HPCON levels.
- c) **Tests:** Downward trajectory in positive tests as a percentage of total tests over the preceding 7-day period 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.
- d) **Medical Facilities:** Medical Treatment Facilities (MTF) or local hospitals have the capacity to treat all patients without situational standards of care. Information on local DoD and civilian hospitals, including occupancy rates, is

available on the [Advana COVID-19 Dashboard](#) and indicators of hospital capacity are available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html>, or official state or county websites.

Table 1 – HPCON Level Alignment with Rescinded Reconstitution Phases

| Community Conditions | HPCON Level | Reconstitution Phase |
|--|--------------------------------|----------------------|
| Widespread community transmission daily average > 60* | HPCON D (< 15% occupancy) | Phase 0 |
| Sustained community transmission daily average 31 – 60* | HPCON C (< 25% occupancy) | Phase 1 |
| Elevated community transmission daily average 16-31* | HPCON B+ (< 40% occupancy) | Phase 2 |
| Increased community transmission daily average 2-15* | HPCON B (< 50% occupancy) | Phase 2 |
| Minimal community transmission daily average < 2* | HPCON A (< 100% occupancy) | Phase 2-3 |
| | HPCON 0 | Return to normal ops |

* New cases per 100K in last 7 days

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Employees must be returned incrementally. Therefore, once an HPCON level is declared for a location, the location may not exceed more than a 10% occupancy increase per two-week period up to the maximum percentage for that HPCON level. If a location reverts in HPCON levels, the location returns to the maximum occupancy percentage for the lower HPCON level and incrementally (10% per two-week period) returns to the occupancy percentage level of the higher HPCON level after the location returns to higher HPCON level.

Workplace occupancy limits are determined based on the location total assigned personnel. The DLA Director has the authority to grant exemptions for workplace occupancy limits that are required for national security and the success of critical missions. The DLA Director delegates this workplace occupancy limit authority to the location SAO or SAR (must be general/flag officer, SES member, or equivalent) as advised by the DLA CCT. Occupancy exceptions must be submitted by the SAO or SAR to their servicing J1 CAM. The J1 CAM reviews and provides to the DLA CCT to ensure exception requirements are met. SAOs/SARs serving as tenants should coordinate with the local installation commander on all exemption requests.

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 Force Health Protection (FHP) guidance. Use [DD Form 2977](#) to help determine whether an adequate supply of protective measures is available to sustain the number of employees returning to the workplace.

A record of all workplace occupancy limit exemptions must be retained by the exemption authority and provided for awareness to the local safety office 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 SAO and SAR should incorporate strategies to stagger DLA employees' work times to reduce density, minimize traffic volume in elevators, and

avoid crowds during commuting. Staging and staggering work arrangements include establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another and limit risk of exposure. Ensure staging and staggering work arrangements are included as control measures in the workplace operations [DD Form 2977](#) and that this information is briefed prior to employees entering the workplace.

- a) Staging Method – supervisors are required to bring the workforce back incrementally and gradually, focusing on the health of the workforce while maintaining a close eye on virus cases within the local area.
- b) Staggered Schedule – supervisors are required to use staggered schedule arrangement to accomplish how the work gets accomplished. As an example, some employees will work an alternate schedule with 2 days at the worksite and 3 days of telework and the following week may work 3 days at the worksite and 2 days of telework. Another staggered schedule may be 4 days of telework, 1 day at the worksite. Supervisors may create cohorts or teams within an office and place the cohort or team on alternating schedules of 5 days in the office and 15 days of telework per month.

B. Employee Cohorts

Return employees to work in a fair and non-discriminatory manner using cohorts or teams with staging and staggering work arrangements. Adoption of alternative arrangements such as rotating cohorts may enable additional flexibility for employees to resume full operations, regardless of phasing status, while maintaining social distancing and reducing contact among work units. Key factors for establishing cohorts include mission requirements, the requirement to minimize risk for those who identify as being in the high-risk population, and the impact on members of the workforce who require certain enablers such as dependent care. Additionally, cohorts must take into consideration the physical distancing requirements necessary for the space for which

employees are returned.

Note: Any changes to the previously bargained local reconstitution plan must be bargained prior to implementation of the DLA COVID-19 Safety Plan. The local servicing Labor and Employee Relations (LER) Specialists can assist with the labor-management obligations required to implement the DLA COVID-19 Safety Plan.

a) HPCON C Cohort Example

- i. Increase employees by 10% per two-week period to less than 25% (generally employees assigned to Phase 1 of the rescinded DLA Reconstitution Guidance) of workforce onsite and 75% teleworking using staging and staggered work arrangements.
- ii. Mission Essential – employees who are designated as mission essential and teleworking may begin reporting to the duty location using staging and staggered work arrangements.
- iii. Non-Telework-Ready – employees not eligible for telework or eligible but not on a telework agreement (generally those on weather and safety leave who are not high-risk) may begin reporting to the duty location using staging and staggered work arrangements.
- iv. Classified Functions – employees in positions that require accessing classified materials may begin reporting to the duty location using staging and staggered work arrangements.

b) HPCON B+ Cohort Example

- i. Increase employees by 10% per two-week period at the worksite to less than 40% (generally all employees assigned to Phase 1 and a portion of Phase 2 employees in the rescinded DLA Reconstitution guidance) using staging or

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staggered work arrangements, with the remaining 60% teleworking.

- ii. Not High-Risk Employees – those who do not self-identify as high-risk may be allowed to return to work using staging and staggered work arrangements.

c) **HPCON B Cohort Example**

- i. Increase employees by 10% per two-week period at the worksite to less than 50% (generally all employees assigned to Phase 1 and a portion of Phase 2 employees in the rescinded DLA Reconstitution guidance) using staging or staggered work arrangements, with the remaining 50% teleworking.
- ii. High-Risk Employees – those who self-identify as being high-risk for COVID-19 may continue to telework or remain on weather and safety leave until HPCON A.
- iii. Employees Caring for Family Members with Serious Health Conditions – those who live with or care for a family member who is high-risk or with a serious health condition may continue to telework or take sick leave, American Rescue Plan Act (ARPA) emergency paid leave, leave without pay (LWOP), etc., as appropriate until HPCON A.
- iv. Employees Without Childcare – employees who need to care for their child because schools are closed or they do not have childcare may continue to telework, use work schedule flexibilities, or take ARPA emergency paid leave, annual leave, LWOP, etc. as appropriate until HPCON A.

d) **HPCON A Cohort Example**

- v. Increase employees by 10% per two-week period at the

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worksite to less than 100% (generally employees assigned to Phase 1, Phase 2, and Phase 3 in the rescinded DLA Reconstitution guidance) using staging or staggered work arrangements.

- vi. High-Risk Employees – those who self-identify as being high-risk for COVID-19 may return to the worksite.
- vii. Employees Caring for Family Members with Serious Health Conditions – those who live with or care for a family member who is high-risk or with a serious health condition may return to the worksite.
- viii. Employees Without Childcare – employees who need to care for their child because schools are closed, or they do not have childcare, may return to the worksite.

C. Physical Distancing

To the extent practicable, all DLA employees, contractors, and visitors are required to maintain distance of at least 6 feet from others at all times, consistent with CDC guidelines, including in offices, conference rooms, and all other shared workspaces. DLA maintains adequate COVID-19 related visible signage at DLA facilities and will continue to refresh signs and distribute them as necessary. When documenting workplace operations in [DD Form 2977](#), document appropriate control measures (e.g., physical distancing and barriers) for the workplace (e.g., customer service desks, etc.). Brief employees using the completed [DD Form 2977](#) prior to employees entering the workplace.

Note: Social distancing, testing, and vaccines are not substitutes for wearing face masks; individuals must both maintain distance and properly wear face masks. Additionally, individuals should refrain from physical greetings (i.e., touching, handshakes, hugging, etc.) as such behaviors pose potential health risks and may be unwanted or construed as threatening.

D. Environmental Cleaning

Installation Management will continue to conduct cleaning in common use/high touch/high-density spaces, such as lobbies, restrooms, elevators, and stairwells in accordance with [CDC guidance](#). Office space that is in regular use is serviced regularly, and also in accordance with [CDC guidelines](#). Supervisors ensure wipes, gloves, and other EPA-approved sanitizer and disinfectants are available at locations where employees share equipment.

In the event of a suspected or confirmed case of COVID-19 in the workplace, cleaning is performed in accordance with [CDC guidance](#). If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning, beyond regular cleaning practices, is needed.

If such enhanced cleaning is required, Installation Management cleans and disinfects the area within 48 hours and SOH notifies employees and building occupants of a possible COVID-19 exposure. The notice also informs employees and building occupants that Installation Management has assessed the situation and taken the necessary steps to have the appropriate areas cleaned. Personnel and visitors may be asked to vacate the affected space until cleaning and disinfection are completed. Installation Management determines the appropriate scope of workplace closures, which may range from a suite, office, part of a floor, segment of a building, or an entire building.

Note: Supervisors should include cleaning and disinfecting hazards and control measures in their operational [DD Form 2977](#) if DLA employees are performing cleaning and disinfecting tasks. Ensure ammonia and bleach products are not mixed when cleaning and disinfecting the workplace.

E. Hygiene Sanitization

All cleaning and disinfectants are EPA-approved, and hand sanitizer stations and disinfectant wipes are available at DLA facilities and near equipment

that is shared by employees. DLA has procured FDA-approved hand sanitizer, with at least 60% ethanol, at hand sanitizer stations. Personnel are encouraged to wash their hands with soap and water for 20 seconds and use hand sanitizer only when soap and water are not available.

DLA continues to refresh and distribute hygiene etiquette signage throughout its facilities to encourage employees to use healthy hygiene practices, such as covering coughs and sneezes, washing hands correctly, and keeping hands clean, to help stop the spread of COVID-19.

For any worksites for which DLA does not manage the facility, the DLA senior official coordinates cleaning and sanitization with the host facility's management staff.

F. Ventilation and Air Filtration

Based on what is currently known, COVID-19 is spread primarily from person-to-person via close contact (within 6 feet) and there is no need to shut down heating, ventilation, and air conditioning (HVAC) and air handling systems. Ensure existing HVAC systems in buildings are functioning properly and the amount of outside air supplied to the HVAC system is maximized to the extent appropriate and compatible with the HVAC systems' capabilities. In addition to the requirements for existing HVAC systems, building managers should consider other measures to improve ventilation in accordance with [CDC guidance](#).

G. Visitors

Every effort should be taken to limit visitors to DLA facilities, including conducting virtual visits when possible. Supervisors must include hazards and control measures in the operations [DD Form 2977](#) when processes involve employee interactions with visitors.

Visitors, like employees and contractors, are required to wear face masks and follow social distancing protocols. Visitors must adhere to the screening signage posted visibly at all entrances of DLA facilities, which directs visitors to conduct self-assessments by responding to questions and assess whether

to enter the DLA facility based on those questions and outlines next steps they should take if they answer “yes” to any of the questions. Face mask requirements also apply to any visitors entering DLA space.

H. Elevators

Face masks must be worn in the elevators. Individuals are encouraged to use the stairs if they are physically able to do so. Installation Management assesses elevators to determine safe occupancy and post-occupancy restrictions outside of each elevator.

Signage is posted inside elevators and at elevator banks to inform employees and building occupants of the maximum occupancy limitation. For employees working onsite in facilities that DLA does not manage, employees are asked to follow the elevator guidance posted by the building’s management.

I. Shared Spaces

Shared spaces within non-DLA managed worksites:

DLA strives to provide its employees in non-DLA managed facilities with the same level of safety protocols, signage, and supplies available to those in DLA-managed facilities. At non-DLA managed facilities, leadership ensures signage is posted within the DLA workspace, supervisors and employees follow safety protocols within their floor, suite, or area, and cleaning supplies are available. DLA provides masks to all facilities within budgetary limitations.

Shared spaces within DLA-managed worksites:

At DLA-managed facilities with shared spaces, signage is displayed at the entrances as well as throughout workspaces, and the mask requirement and physical distancing are observed. Additionally, elevator occupancy information is posted. The frequency of cleaning services of high touch surface areas as well as the regular cleaning will continue at these facilities in accordance with [CDC guidance](#). Individual workspaces are cleaned and

maintained by the user.

The following practices are followed at DLA-hosted facilities:

- a. Installation Management ensures cleaning services in common high touch/high-density spaces, such as lobbies, restrooms, elevators, and stairwells in accordance with [CDC guidance](#). Spaces that are in regular use are serviced in accordance with CDC guidelines.
- b. Installation Management maintains disinfectant wipes, hand sanitizer, hand sanitizer dispensers, gloves, masks, and other EPA-approved sanitizer for high traffic common areas to include bathrooms, hallways, break rooms, main entrances and customer facing activities. Cleaning supplies are monitored to ensure adequate supplies are stocked (i.e., hand soap, sanitizer, and other restroom supplies). Installation Management ensures cleaning signage is posted.
- c. Conference spaces, water fountains, kitchenettes, refrigerators, and furniture are also cleaned and disinfected.
- d. DLA posts cleaning-related signage in shared spaces to remind personnel to clean items after use.

VII. Conclusion

DLA is committed to protecting the DLA workforce from the effects of the COVID-19 pandemic, while preserving the Agency's ability to complete its mission.

DLA COVID-19 Safety Plan

APPENDIX 1

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

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| 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. OR A daily average of more than 100 new cases per 100,000 regardless of increase or decline from the previous week. | Utilize measures from HPCON A, B, B+, and C with the following modifications: <ol style="list-style-type: none">Less than 15 percent of normal occupancy in the workplace.Strongly consider declaring a local Public Health Emergency.Consider limiting visitor access to the installation.Distribute personal protective equipment as appropriate.Cancel non-mission-essential activities. |
| 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: <ol style="list-style-type: none">Less than 25 percent of normal occupancy in the workplace.Consider declaring a local Public Health Emergency.Consider limiting visitor access to the installation.Limit social gatherings of 10 or more people.MTFs may limit elective surgeries in accordance with guidance from the Defense Health Agency and Assistant Secretary of Defense for Health Affairs.Re-scope, modify, or potentially cancel exercises.Schools operated by the DoD 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: <ol style="list-style-type: none">Less than 40 percent of normal occupancy in the workplace.Be prepared to limit access to installations by visitors and cancel events/exercises.Military commanders may restrict off-duty military personnel from off-installation venues (e.g., bars, restaurants, concert halls).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.Gyms may be closed at this level or operate at diminished occupancy. |

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).

DLA COVID-19 Safety Plan

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| <p>Moderate HPCON B</p> | <p>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).</p> | <p>Utilize measures from HPCON A with the following modifications:</p> <ol style="list-style-type: none"> 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. |
| <p>Limited HPCON A</p> | <p>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).</p> | <ol 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 consider 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 DoD FHP guidance. j. Schools operated by the DoDEA may operate in accordance with guidance from the Director, DoDEA. k. Child development programs may operate in accordance with the current DoD guidance on modified physical distancing, sanitation protocols, masking requirements, and any other guidance from installations appropriate to these settings. |
| <p>HPCON 0</p> | <p>Return to normal operations</p> | |