

## APPENDIX 1

DoD Force Health Protection Actions by HPCON Level<sup>1,2</sup> for the COVID-19 Pandemic

Severe <b>HPCON D</b>	<b>Widespread community transmission</b> 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.	<b>Utilize measures from HPCON A, B, and C with the following modifications:</b> 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.
Substantial <b>HPCON C</b>	<b>Sustained community transmission</b> 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).	<b>Utilize measures from HPCON A, B, and C with the following modifications:</b> 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 DoD Education Activity (DoDEA) will operate remotely.
Moderate <b>HPCON B</b>	<b>Increased community transmission</b> 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).	<b>Utilize measures from HPCON A with the following modifications:</b> 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.
Limited <b>HPCON A</b>	<b>Minimal community transmission</b> 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).	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.
<b>HPCON 0</b>	<b>Return to normal operations</b>	

<sup>1</sup> 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.

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