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FOR: MAJOR SUBORDINATE COMMAND & J/D CODE COMMANDERS & DIRECTORS

FROM: DIRECTOR, DLA HUMAN RESOURCES (On behalf of the DLA Director)

SUBJECT: DLA COVID-19 Reentry and Safety Plan

The Defense Logistics Agency (DLA) is committed to halting the spread of the coronavirus disease 2019 (COVID-19) and providing a safe working environment for our military members, civilians, and contractors working globally in highly complex and unique environments.

As COVID-19 conditions improve and we prepare for those on maximum telework to reenter the physical workplace, the Department of Defense (DoD) developed and issued reentry guidance, to include the [DoD Workplace Guidance for Final Reentry of DoD Civilian Personnel](#), dated March 16, 2022, and the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance, dated April 4, 2022. This guidance aligns with the President's Executive Orders and Safer Federal Workforce Task Force guidance to incorporate the best available data and science-based measures for workplace operations.

The DoD reentry guidance and safety guidance provides overarching direction on all COVID-19 policies, including masks, vaccinations, testing, travel, quarantine, etc., and replaces the DLA Reconstitution Guidance and Framework, dated May 20, 2020, and the DLA COVID-19 Safety Plan, dated May 7, 2021. This memorandum and the attached supplement serve as the DLA COVID-19 Reentry and Safety Plan. DLA Major Subordinate Command (MSC) and J/D Code Commanders/Directors must implement the DLA COVID-19 Reentry and Safety Plan and the compilation of DoD reentry and safety guidance as issued consistent with applicable collective bargaining agreements. Where DLA organizations are tenants, host guidance takes precedence when more stringent. DLA personnel overseas should follow the Combatant Command, Status of Forces Agreement, installation, and/or host nation guidance.

Reentry and safety topics requiring DLA-specific guidance are addressed in Enclosure 1, DLA COVID-19 Reentry and Safety Plan (attached). Otherwise, the [DoD Reentry Plan](#) and the DoD Safety Plan must be implemented as issued.

DLA leaders are committed to protecting our workforce from the effects of the COVID-19 pandemic while preserving the Agency's ability to be mission ready. As DoD revises and develops new policies to protect the workforce, the DLA COVID-19 Coordination Team (CCT) will continue to provide implementation guidance as appropriate for DLA worksites.

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Attachment:
Enclosure 1 – DLA COVID-19 Reentry and Safety Plan

Defense Logistics Agency COVID-19 Reentry and Safety Plan



April 2022

DEFENSE LOGISTICS AGENCY COVID-19 REENTRY AND SAFETY PLAN

The Defense Logistics Agency (DLA) COVID-19 Reentry and Safety Plan provides DLA-specific guidance on reentry and safety topics addressed in the [Department of Defense \(DoD\) Workplace Guidance for Final Reentry of DoD Civilian Personnel](#), (i.e., DoD Reentry Plan) dated March 16, 2021, and the Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance (i.e., the DoD Safety Plan), dated April 4, 2022. DLA military members, civilians, contractors, and visitors must follow this plan and the DoD guidance as issued.

DLA COVID-19 Coordination Team (CCT)

DLA established the DLA CCT to routinely conduct meetings to develop, implement, and monitor DLA's compliance with:

- a) Responding to and mitigating the impact of COVID-19;
- b) Implementing Safer Federal Workforce Task Force, Centers for Disease Control and Prevention (CDC), and DoD guidance;
- c) Establishing the DLA COVID-19 Screening Testing Program;
- d) Issuing guidance on use of workplace flexibilities (i.e., flexible work schedules, leave, telework, etc.);
- e) Working with DLA Commanders and Directors to determine those required to report onsite;
- f) Providing reentry notification protocols; and
- g) Working with DLA Commanders and Directors to ensure DLA facilities and installations do not exceed occupancy limitations.

Health Protection Condition (HPCON) Level Framework & Authority

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 HPCON framework.

HPCON 0 is the base level for the HPCON framework and represents a return to normal 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.

The DLA Director has authority to determine HPCON levels for sites where DLA is the host, to include Columbus, Richmond, Battle Creek, Susquehanna, and San Joaquin. This HPCON authority is hereby delegated to the senior general/flag officer or Senior Executive Service (SES) member, or installation commander/director at each site. Those with HPCON authority must

notify the DLA Director and Vice Director via Situation Reports (SITREPs)/Commander's Critical Information Requirements (CCIRs) and weekly COVID-19 updates prior to implementing HPCON level changes. They must also coordinate changes in HPCON levels with other military installations in the same local commuting area to the greatest extent practicable to facilitate consistency in response and unity of messaging. DLA senior officials in organizations that are tenants without HPCON authority must coordinate and comply with the local installation commander's restrictions.

Conditions for Changing HPCON Levels

HPCON level determinations for COVID-19 should be based on the COVID-19 Community Levels reported by the CDC, which include screening levels of new case-rates and health and health care systems-related information. HPCON Levels A, B, and C correspond directly to CDC COVID-19 Community Levels of low, medium, and high community transmission respectively.

Local community transmission levels are established by consulting the CDC COVID-19 Data Tracker County View (<https://covid.cdc.gov/covid-data-tracker/#county-view>). Installations outside the United States should utilize local community-level data, if available, in setting HPCON levels. Otherwise, installation commanders should consider consulting country-level data for their host nation and case rate information from the CDC at: <https://covid.cdc.gov/covid-data-tracker/#global-counts-rates> and the World Health Organization at <https://covid19.who.int/>.

Elevation to HPCON D should be based on the determination that there is substantial loss of medical capabilities in the local community. The factors listed in Table 1 below must be considered when determining whether to move to or from HPCON D. Table 1 includes Force Health Protection (FHP) measures that installation commanders may undertake at each HPCON level, in addition to those required in the DoD Safety Plan.

Table 1 – HPCON Level Framework

Community Conditions	HPCON Level	Force Health Protection (FHP) Measures
<p>High CDC COVID-19 Community Level</p> <p>AND any of the following</p> <p>Civilian healthcare capability and utilization (percent and trend): >50 percent staffed of hospital beds filled with individuals who have COVID-19 as the primary admission criteria; or >70 percent</p>	<p>HPCON D</p> <p>(< 25% occupancy)</p>	<p><i>Utilize measures from HPCON A, B and C with the following modifications:</i></p> <ol style="list-style-type: none"> a. Less than 25 percent of normal occupancy in the workplace, or the minimum required on-site for essential operations that must be conducted in person. b. Strongly consider declaring a local Public Health Emergency.

<p>of staffed intensive care unit (ICU) beds filled with individuals who have COVID-19 as the primary admission criteria; or overall staffed hospitals and ICUs have limited to no capacity.</p> <p>OR</p> <p>Military Health System (MHS) healthcare capability and utilization (percent and trend): Degradation of MHS capabilities requiring Crisis Status operations; and >95 percent staffed bed occupancy; or >50 percent military medical treatment facility (MTF) staff in isolation or quarantine or unvaccinated; or >60 percent staff absent who provide urgent or emergent care; and Local emergency departments on divert or inability of civilian health care to absorb excess MHS patients; or Clinical or appointment capability reduced >60 percent in key departments.</p> <p>OR</p> <p>Other factors: Loss of vaccine effectiveness in available vaccines resulting in vaccinated individuals routinely experiencing severe disease, hospitalization or death; or Elevated case levels resulting in significant curtailment of essential services either on installation or in civilian communities immediately adjacent to the installation (e.g., emergency response, security, facility maintenance, and energy/communication).</p>		<ul style="list-style-type: none"> c. Consider limiting visitor access to the installation to only those required for mission essential activities. d. Cancel non-mission-essential activities. e. Close non-essential services (e.g., fitness centers, leisure and recreational facilities, beauty/barber shops, non-essential retail, dine-in eating establishments). f. Consider potential delay or cancelation of exercises. g. Restrict or suspend social gatherings to the greatest extent possible.
<p>High CDC COVID-19 Community Level</p>	<p>HPCON C</p> <p>(< 50% occupancy)</p>	<p><i>Utilize measures from HPCON A and B with the following modifications:</i></p> <ul style="list-style-type: none"> a. Less than 50 percent of normal occupancy in the workplace. b. Consider limiting visitor access to the installation for non-essential mission-related/operational activities. c. Limit social gatherings to less than 50 percent facility/room occupancy. d. Consider re-scoping, modifying, or potentially canceling exercises.

		<ul style="list-style-type: none"> e. Indoor common areas and large venues may be closed. Dining establishments may be limited to takeout. f. Gyms may be closed at this level or operate at diminished occupancy. g. Maximize telework to the greatest extent practical.
Medium CDC COVID-19 Community Level	HPCON B (< 80% occupancy)	<p><i>Utilize measures from HPCON A with the following modifications:</i></p> <ul style="list-style-type: none"> a. Less than 80 percent of normal occupancy in the workplace. b. Permit liberal telework where possible, especially for individuals who self-identify as immunocompromised or being at high risk for severe disease. c. Consider limiting occupancy of common areas where personnel are likely to congregate and interact by marking approved sitting areas or removing furniture to maintain physical distancing.
Low CDC COVID-19 Community Level	HPCON A (< 100% occupancy)	<ul style="list-style-type: none"> a. Less than 100 percent of normal occupancy in the workplace, with telework as appropriate. b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness. c. Common areas and large venues (e.g., sit-down dining, movie theaters, gyms, sporting venues, and commissaries) should adhere to established cleaning and sanitation protocols
Normal Baseline	HPCON 0	<ul style="list-style-type: none"> a. Resume routine standard operations. b. Maintain standard precautions such as routine hand washing, cough on sleeve, good diet, exercise, vaccinations, education, routine health alerts, and regular preparedness activities.

Occupancy Limit Authority

Workplace occupancy limits are determined based on the total assigned personnel at the location/installation and the HPCON framework. 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 and delegates this workplace occupancy limit authority to the location's senior general/flag officer, SES member, or equivalent. DLA senior officials of tenant

organizations must coordinate with the local installation commander on all exemption requests.

The workplace occupancy levels in the HPCON framework are ceilings, not goals and are based on the normal occupancy of the location/installation not the maximum occupancy. Regardless of the workplace occupancy levels in Table 1, DLA senior officials will continue to take steps to limit the number of personnel in workplaces through telework, flexible scheduling, and other methods, as appropriate. Physical distancing must be maintained as required by the HPCON framework. At HPCON A or higher, DoD Components are granted an exception to policy from DoD Instruction 1035.01, "Telework Policy," and may allow DoD civilian employees to telework with a child or other person requiring care or supervision present at home through September 30, 2022.

Reentry Options

Absent an urgent and compelling mission need, DLA will provide at least a 30-day advance notice prior to initially recalling or adjusting employees' work schedules within the HPCON framework occupancy limits. Additionally, management must ensure that controls are put in place to ensure a fair and non-discriminatory reentry process.

The examples presented below are not an exhaustive list of controls that may be appropriate, necessary, or feasible, nor do all examples apply to each organization within each MSC/J-D Code.

1. Staging and Staggering

Staging and staggering personnel work times reduces density, minimizes traffic volume in elevators, and avoids crowds during commuting. Staging and staggering work arrangements include establishing alternating days or extra shifts that reduce the total number of personnel in a facility at a given time, allowing them to meet required occupancy limits and social distancing requirements.

- a) Staging Method – DLA senior officials and supervisors may bring the workforce back incrementally and gradually, focusing on the health of the workforce while maintaining a close eye on cases based on organizational mission requirements, HPCON framework, and FHP guidance.
- b) Staggered Schedule – DLA senior officials and supervisors may use staggered schedule arrangements to manage how work gets accomplished. As an example, some employees may work an alternate schedule with two days at the worksite and three days of

telework and the following week may work three days at the worksite and two days of telework. Another staggered schedule may be four days of telework, one day at the worksite. DLA senior officials and supervisors may place cohorts on alternating schedules of five days in the office and 15 days of telework per month.

2. Personnel Cohorts

Adoption of alternative arrangements such as rotating cohorts may enable additional flexibility to resume full operations, while maintaining social distancing and reducing contact among work units. DLA senior officials and supervisors must consider organizational needs, physical distancing requirements, occupancy limits for cohorts, and coordinate with other organizations in co-located spaces.

a) HPCON C Cohort Example

- i. Increase employees to less than 50% of workforce onsite and 50% teleworking using staging and staggered work arrangements.
- ii. Supervisors and volunteers – Supervisors and volunteers may begin reporting to the duty location using staging and staggered work arrangements to ensure the work location is prepared for employee reentry.
- iii. Mission Essential – Employees who are designated as mission essential and teleworking may begin (if not already) reporting to the duty location using staging and staggered work arrangements.
- iv. Classified Functions – Employees in positions that require accessing classified materials may begin (if not already) reporting to the duty location using staging and staggered work arrangements.

b) HPCON B Cohort Example

- i. Increase number of employees at the worksite to less than 80% using staging or staggered work arrangements, with the remaining 20% teleworking.

c) HPCON A Cohort Example

- i. Increase number of employees at the worksite to less than 100% using staging or staggered work arrangements.

Physical Distancing

As required by CDC guidelines and the HPCON Framework, all DLA employees, contractors, and visitors are required to maintain distance of at least 6 feet from others at all times, including in offices, conference rooms, and all other shared workspaces regardless of the CDC COVID-19 Community Level. DLA senior officials will communicate physical distancing requirements and maintain adequate COVID-19-related visible signage at DLA facilities refreshing as necessary.

Vaccination

DLA developed an automated tool, the [COVID-19 Vaccination Documentation System](#), as a secure and efficient method for DLA civilian employees to provide vaccination status and proof of vaccine. This DLA-specific reporting system is in lieu of other DoD requirements to report vaccination data. Once the questions are answered and documentation is uploaded, employees must notify their supervisor they have completed these requirements. The supervisor will then validate that the proof of vaccination provided meets DoD specifications.

Although the vaccine mandate put forth by Executive Order 14043 is paused by an injunction, DLA employees are authorized to request up to four hours of administrative leave for any COVID-19 vaccination dose received during duty hours. This includes time spent traveling to the vaccination location, completing a vaccination dose, and return travel. Employees who experience an adverse reaction to a COVID-19 vaccination are authorized to request up to two workdays of administrative leave for recovery per vaccination dose. Employees may also request up to four hours of administrative leave per dose to accompany a family member who is receiving a COVID-19 vaccination.

The EAGLE timecard code for administrative leave (LN) and reason code 23 (disease/virus prevention) must be used when employees are approved for administrative leave to obtain a vaccination, accompany a family member obtaining a vaccination, or if the employee has an adverse reaction.

Testing

As a mitigation measure, DLA has established a COVID-19 testing program for weekly testing of DLA employees who are not fully vaccinated for COVID-19 when the COVID-19 Community Level for the county in which a DLA facility is located is medium or high. For further guidance, review the DLA COVID-19 Screening Testing Program Directive Type Memorandum (DTM).

Travel

Travel restrictions vary by location and local COVID community transmission status. Leaders at

all levels must conduct a risk assessment prior to travel and comply with DLA and DoD published guidance.

Fully vaccinated individuals are not restricted from official travel, both domestic and international. Individuals who are not fully vaccinated, or who decline to provide information about their vaccination status, are limited to mission-critical official travel, both domestic and international. "Mission-essential" determination may be delegated to the O-6/GS-15 level (DLA memorandum, "Delegation of Authority for Granting Exceptions to COVID-19 Travel Restrictions for Overseas and Domestic Travel for Defense Logistics Agency (DLA) Personnel" dated March 21, 2022). All DLA civilian employees, military members, and contractor personnel must conduct pre-travel screening and testing as required in the DoD Safety Plan/FHP Guidance.

Meetings

For any planned in-person meetings, events, and conferences sponsored by DLA with more than 50 participants in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is high, the meeting organizer must obtain advance written approval from the DLA Director or Vice Director.