



**COVID-19**  
CORONAVIRUS  
DISEASE

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**Guidance for Clearing Personnel  
to Return to the Workplace during  
COVID-19 Pandemic**

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# Guidance for Clearing Personnel to Return to the Workplace during COVID-19 Pandemic

## Background

The following is a framework for clearing personnel for return to the workplace as operations and Installation Health Protection Condition (HPCON) levels are normalized. This framework is intended to complement “Guidance for Transitioning Health Protection Condition Levels during the Coronavirus Disease Pandemic.” The framework recommends actions, which installation commanders, public health emergency officers, and health departments can use to guide the re-integration of the total Army workforce (Soldiers, DA Civilians of all types, contractors, and volunteers) after the incidence of coronavirus disease has fallen to, and been sustained at, manageable levels.

**Out of an abundance of caution and in the interest of force protection, this framework allows commanders to choose a more conservative approach with longer isolation and quarantine timelines than are currently recommended by the Centers for Disease Control and Prevention (CDC) for the general population (see footnotes 3 and 5).**

Decisions to return individuals to the workplace must balance force readiness with efforts to mitigate transmission of COVID-19 on installations and within communities. These decisions should be guided by the local characteristics of COVID-19 transmission, community and installation demographics, and public health and healthcare system capacity on the installation and in the surrounding community. In order to balance risks and consequences to communities, installations, and missions, commanders will likely need to apply different criteria—some less conservative, and some more conservative—to different occupational groups.

## Desired End State

To safely return the Total Army Workforce to support normalized operations at Army installations.

## Problem Statement

Commanders must safely return their workforce to support normalized operations. In deciding whether to return an individual to the workplace, commanders should consider:

- Mission and training priorities
- Health care capacity, both military and regional
- Local disease epidemiology
- Laboratory testing capability
- Capability to implement public health prevention, detection, and response measures
- Whether work may be effectively and efficiently performed remotely

## Assumptions

- Personnel will return to the workplace in phases.
- Personnel will undergo a brief questionnaire-based COVID-19 screening in order to ensure force health protection. Supervisors are responsible for performing the screening and determining whether personnel are authorized to return to the workplace. Additionally, supervisors are responsible for determining where personnel work, within the workplace.
- The Installation Public Health Department or Occupational Health Clinic will be available for consultation if a supervisor is unsure of whether or not an individual should be permitted to return to work.

- Supervisors will maintain the information gathered on Department of the Army (DA) Civilian employees separately from the employee's personnel record. Soldiers' documentation should be maintained by their unit commander.
- Supervisors will conduct additional screening as required for personnel enrolled in the Respirator Protection Program and/or the Personnel Reliability Program (PRP).
- Occupational Health Clinics will provide required medical evaluations for personnel participating in respirator use programs (without using spirometry until further notice) and PRPs.

### **Applicability/Privacy/Recordkeeping**

The screening questionnaire is applicable to all DA civilian personnel, Soldiers, contractors, and volunteers.

- For contract personnel, the contract officer representative will coordinate with the contracting agency to identify an on-site or local supervisor who will conduct the screening.
- For volunteer personnel, the volunteer organization providing personnel is to identify the on-site or local supervisor who will conduct the screening.

Per direction of the Senior Agency Official for Privacy, Office of the Secretary of Defense [OSD], all personally identifiable information (PII), including health information protected under the Privacy Act maintained on Department of Defense (DOD) personnel and affiliated individuals, should be collected, used, and disclosed only as necessary to safeguard public health and safety according to relevant privacy laws, regulations, and policies.

The information collected on individual employees when using this framework may contain medical information and, therefore, must not be maintained in the employee's personnel record. A best practice is for supervisors to maintain a separate file for each employee that is itself separate from each employee's personnel file. Information that is collected according to the Return to Work framework is maintained in this separate file; these files are kept secured under lock and key. The information collected about a particular employee during the Return to Work processing is not to be stored in the employee's health record for the following reasons:

- The information is collected by a supervisor.
- The information is collected outside the realm of health care (at the worksite, or over the phone, by a supervisor).
- The algorithm is applied to make personnel decisions.
- The information collected will not be reviewed by Occupational Health Clinic or other healthcare personnel.

### **Documentation recommended for personnel who are reintegrating into their workplace.**

Supervisors are to screen each of their subordinate personnel on the first day they present to the workplace following relaxation of mandatory remote working conditions, and on the first day personnel return to the workplace following their release from isolation or quarantine. Supervisors are to follow the algorithms in this guidance and document screening results on DD Form 3112, Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure, and the Return to Workplace Form, based on whichever of the following conditions apply to the worker.

#### **a. Required documentation of personnel recovered from probable or confirmed COVID-19, or with recent exposure to COVID-19 who are reintegrating into the workforce.**

- Complete optional DD Form 3112
- Complete the Return to Workplace Form

Supervisors are to store both of these forms in a separate file; and these files are to be kept secured under lock and key

**b. Documentation of personnel not known to have prior SARS CoV-2 infection or exposure to someone with COVID-19 who are reintegrating into the workforce.**

- Complete the Return to Workplace Form

Supervisors are to store this form in a separate file; and these files are to be kept secured under lock and key.

**The following information corresponds to the algorithm in Appendix 1 (see Appendix 3 for definitions):**

**Decision Point 1.** Has the individual traveled from a high-risk area<sup>2</sup> within the past 14 days<sup>3</sup> ?

If YES:

- ✓ The individual must quarantine at home or in quarters for 14 days (and up to 21 days) from the time they were last in the high-risk area. During the quarantine period, the individual should take the following steps to monitor their health and practice social distancing:
  - Check body temperature with a thermometer two times per day, and monitor for fever. Use a temperature log to monitor body temperature. Watch for cough or trouble breathing.
  - Stay home, and avoid contact with others. Do not travel to work or school.
  - Do not take public transportation, taxis, or ride-shares.
  - Keep distance from others (about 6 feet or 2 meters).
- ✓ Inform the Installation Public Health Department of individual with travel to high-risk area.
- ✓ Re-screen the individual after the quarantine period (return to Decision Point 1).

If NO:

- ✓ Go to Decision Point 2.

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<sup>1</sup>If at any point the individual (Soldier/employee) or their supervisor has concern over specific decisions, they should consult with the Installation Public Health Department for guidance. This applies to each algorithm within this guidance.

<sup>2</sup>High-risk areas are cities, states, countries, or other geographic regions experiencing widespread ongoing transmission of COVID-19. Widespread community transmission is currently present in most countries as of 22 April 2020. The CDC recommendation is to remain in quarantine for 14 days after leaving a foreign country. Specific country guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>. Consult Installation Public Health Departments and/or the local/state public health department for additional guidance as needed.

<sup>3</sup>Out of an abundance of caution in the interest of Force protection, this framework allows commanders to choose a more conservative approach with longer isolation and quarantine timelines than is currently recommended by the CDC for the general population. For this Decision Point, the CDC recommendation is 14 days. The U.S. Army Public Health Center (APHC) recommends 21 days out of an abundance of caution in the interest of Force protection, mission permitting. Given the viral status within the community weighed against mission imperatives, commanders may choose the shorter end of the 14-21 day period. For example, commanders may need key/mission essential personnel or healthcare workers back to work sooner and, therefore, opt for the 14-day period; for others, commanders may opt to exercise an abundance of caution by extending the time period up to 21 days. Commanders may consult the Installation Public Health Department as needed.

**Decision Point 2.** Has the individual had close contact<sup>4</sup> with a person with probable or confirmed COVID-19 in the past 14 days ?

If YES:

- ✓ The individual must quarantine at home or in quarters for 14 days (and up to 21 days; see footnote 3, page 4) from the time they last had close contact with a person with probable or confirmed COVID-19. During the quarantine period, the individual should take the following steps to monitor their health and practice social distancing:
  - Check body temperature with a thermometer two times a day, and monitor for fever. Use a temperature log to monitor body temperature. Watch for cough or trouble breathing.
  - Stay home, and avoid contact with others. Do not travel to work or school.
  - Do not take public transportation, taxis, or ride-shares.
  - Keep distance from others (about 6 feet or 2 meters).
- ✓ On DD Form 3112 Section II Box 8, provide the date of potential exposure. Check “Close Contact” and provide the date quarantine began in Box 9.
- ✓ Inform the Installation Public Health Department of individual with close contact with a known or confirmed COVID-19 case.
- ✓ Re-screen the individual after the quarantine period (return to Decision Point 1)

If NO:

- ✓ Go to Decision Point 3.

**Decision Point 3.** Has the individual ever tested positive for COVID-19?

If YES:

- ✓ Go to Decision Point 5.

If NO:

- ✓ Go to Decision Point 4.

**Decision Point 4.** Did the individual self-isolate, or were they put on an isolation status by a healthcare provider?

If YES:

- ✓ Go to Option Point 7.

If NO:

- ✓ The individual may return to work.

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<sup>4</sup>Close contact is defined as: (a) being within approximately 6 feet (2 meters) of a COVID-19 case for more than 10 minutes without appropriate protective measures; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

**Decision Point 5.** Did the individual experience any symptoms of COVID-19?

If YES, go to Option Point 7.

- ✓ On DD Form 3112 Section II Box 8, check “Symptomatic” and provide the date symptoms began.

If NO:

- ✓ Go to Decision Point 6.

**Decision Point 6.** Have 10 days passed<sup>5</sup> since their first positive COVID-19 test?

If YES:

- ✓ The individual may return to work. If the individual or their supervisor has concerns regarding this decision, they should contact the Installation Public Health Department for guidance.

If NO:

- ✓ The individual must self-isolate at home or in quarters until 10 days have passed since the date of the first positive COVID-19 test.
- ✓ Inform the Installation Public Health Department of individual requiring isolation.
- ✓ Re-screen the individual after the 10-day isolation has expired. (Return to Decision Point 1)

**Option Point 7.** At this point in the questionnaire, one of two strategies may be used to determine the disposition of an individual undergoing clearance for return to work: the “Test-based strategy” or the “Time-based strategy.” The Test-based strategy is the preferred method, provided resources are available. The installation commander may decide which strategy to pursue or utilize a combination of both strategies.

Details for the following sections can be documented on DD Form 3112 Section III Boxes 5 and 6.

*Test-based strategy:*

**Decision Point 8.** If individual had a fever, has the individual's fever resolved without the use of fever-reducing medications?

If YES:

- ✓ Go to Decision Point 9.

If NO:

- ✓ Individual should remain in isolation until their fever has resolved without the use of fever-reducing medications.
- ✓ Inform the Installation Public Health Department of symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual until fever has resolved. Remind the individual that they should be in contact with their healthcare provider regarding symptoms.

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<sup>5</sup>CDC guidance recommends at least 10 days of isolation for asymptomatic individuals who have tested positive for COVID-19. Out of an abundance of caution in the interest of Force protection, this framework allows commanders to choose a more conservative approach with longer isolation and quarantine timelines than is currently recommended by the CDC for the general population.

**Decision Point 9.** If individual has had respiratory symptoms: Have the individual's respiratory symptoms (e.g., cough, shortness of breath) all resolved?

If YES:

- ✓ Go to Decision Point 10.

If NO:

- ✓ Wait until the individual's respiratory symptoms (e.g., cough, shortness of breath) have resolved. Remind the individual that they should be in contact with their healthcare provider regarding their symptoms.
- ✓ Inform the Installation Public Health Department of symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual until respiratory symptoms have resolved.

**Decision Point 10.** Has the individual tested negative for COVID-19 two times from specimens collected  $\geq$  24 hours apart (total of two negative specimens)?

If YES:

- ✓ The individual may return to the workplace. If the individual or their supervisor has concerns regarding this decision, they should contact the Installation Public Health Department for guidance. The individual must provide documentation of the negative test results to their supervisor or Installation Public Health Department.

If NO:

- ✓ Wait until individual has had two negative COVID-19 tests from specimens collected  $\geq$  24 hours apart (total of two negative specimens). The individual must provide documentation of the negative test results to their supervisor or Installation Public Health Department.
- ✓ Inform the Installation Public Health Department of symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual.

*Time-based strategy for asymptomatic persons or Symptoms-based strategy for symptomatic persons, as appropriate:*

**Decision Point 11.** Have at least 3 days (72 hours) passed since the individual's fever resolved without the use of fever-reducing medications?

If YES:

- ✓ Go to Decision Point 12.

If NO:

- ✓ Wait until at least 72 hours have passed without fever.
- ✓ Inform the Installation Public Health Department of symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual until fever has resolved. Remind the individual that they should be in contact with their healthcare provider regarding symptoms.

**Decision Point 12.** Have at least 3 days (72 hours) passed since the individual's respiratory symptoms (cough, shortness of breath) have all resolved?

If YES:

- ✓ Go to Decision Point 13.

If NO:

- ✓ Wait until at least 72 hours have passed since respiratory symptoms (cough, shortness of breath) have all resolved.
- ✓ Check-in daily. Maintain daily accountability of the individual until respiratory symptoms have resolved.
- ✓ Inform the Installation Public Health Department of symptomatic individual requiring isolation.

**Decision Point 13.** Have at least 10 days<sup>6</sup> passed since the individual's symptoms first appeared?

If YES:

- ✓ The individual may return to work. If the individual or their supervisor have concerns about this decision, they should contact the Installation Public Health Department for guidance.

If NO:

- ✓ Wait until at least 10 days have passed since symptoms first appeared.
- ✓ Inform the Installation Public Health Department of symptomatic individual requiring isolation.
- ✓ Maintain daily accountability of the individual until respiratory symptoms have resolved.

### **The following information corresponds to the algorithm in Appendix 2.**

In accordance with Army Regulation 11-34, a medical reevaluation will be performed when personnel enrolled in the Army Respiratory Protection Program report medical signs and symptoms that they believe are related to the ability to use a respirator. Does the individual have a medical condition that adversely affects use of a respirator?

“Do you have a medical condition that could adversely affect your ability to use a respirator?”

If YES:

- ✓ The employee should make an appointment at the supporting Occupational Health Clinic for a medical evaluation for respirator use at the earliest opportunity and before resuming work requiring respirator use. [Note: Medical clearance evaluations will be performed without spirometry; supervisors must closely monitor medically cleared employees for potential difficulties in respirator use.]

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<sup>6</sup>Out of an abundance of caution in the interest of Force protection, this framework allows commanders to choose a more conservative approach with longer isolation and quarantine timelines than is currently recommended by the GDC for the general population. For this Decision Point, the GDC recommendation is 10 days. The Army Public Health Center recommends 14 days out of an abundance of caution in the interest of Force protection, mission permitting. Given the viral status within the community weighed against mission imperatives, commanders may choose the shorter end of the 10-14 day period. For example, commanders may need key/mission essential personnel or healthcare workers back to work sooner and, therefore, opt for the 10-day period; for others, commanders may opt to exercise an abundance of caution by extending the time period up to 14 days. Commanders may consult the Installation Public Health Department as needed.



If NO:

- ✓ The employee should resume participation in the Army Respiratory Protection Program according to AR 11-34.

**The following information corresponds to the algorithm in appendix 2, part 2.**

Over the course of the pandemic, PRP individuals' health status may have changed, or they may be taking new medication:

“Since January 2020, has your health status changed, or are you taking any new medications?”

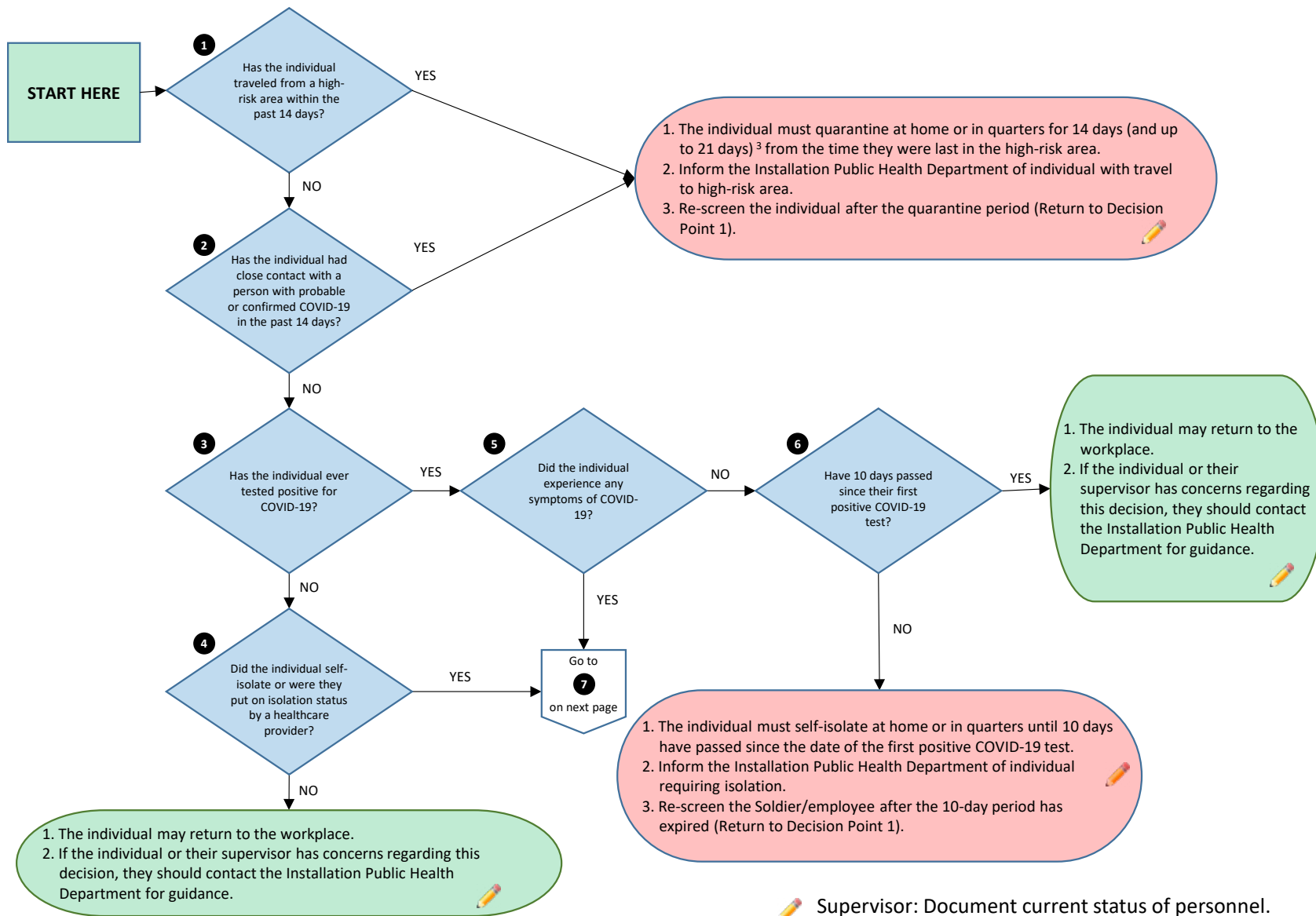
If YES:

- ✓ The employee must schedule an appointment at the supporting Occupational Health Clinic at the earliest opportunity for a medical update by the Competent Medical Authority.

If NO:

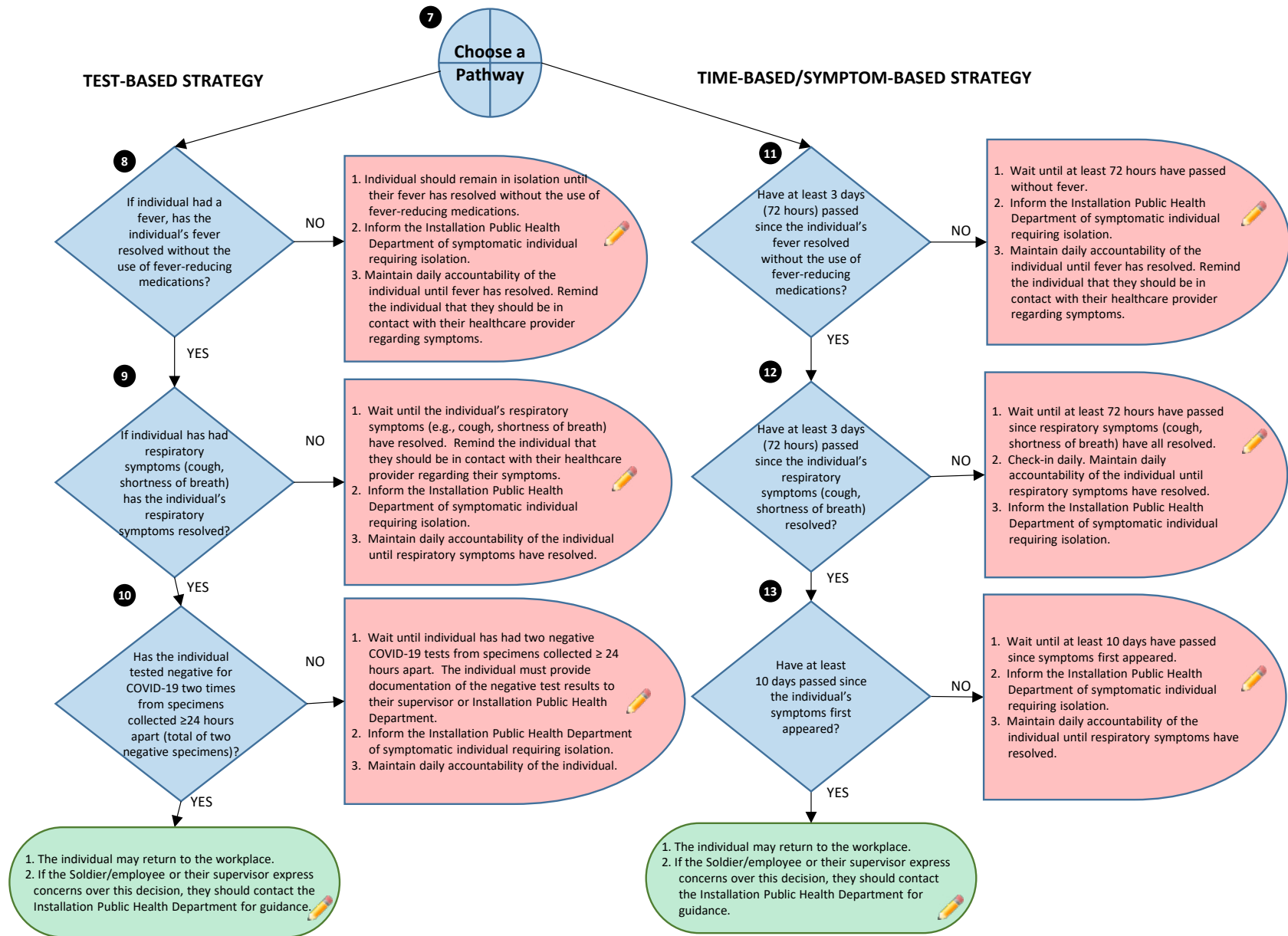
- ✓ The employee may resume participation in the PRP.

## Appendix 1. Reintegration of Personnel (Part 1)



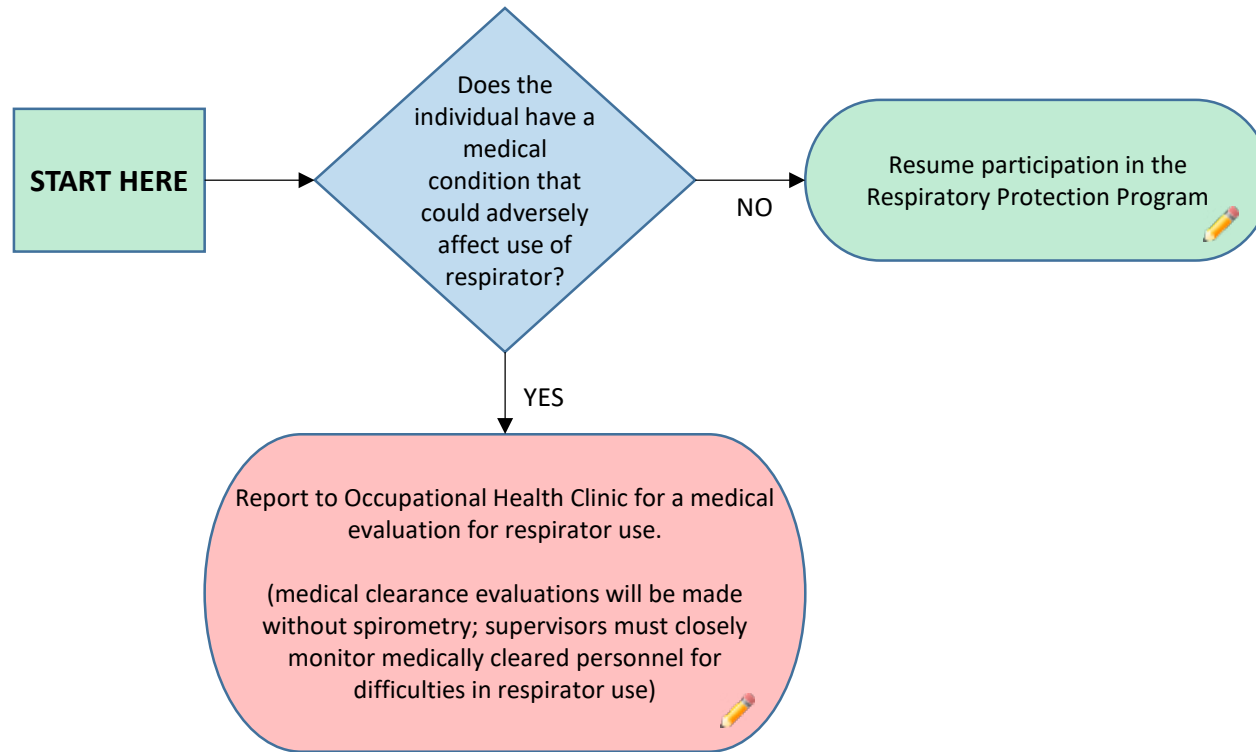
<sup>3</sup>Out of an abundance of caution in the interest of Force protection, this framework allows commanders to choose a more conservative approach with longer isolation and quarantine timelines than is currently recommended by the CDC for the general population. For this Decision Point, the CDC recommendation is 14 days. The U.S. Army Public Health Center (APHC) recommends 21 days out of an abundance of caution in the interest of Force protection, mission permitting. Given the viral status within the community weighed against mission imperatives, commanders may choose the shorter end of the 14-21 day period. For example, commanders may need key/mission essential personnel or healthcare workers back to work sooner and, therefore, opt for the 14-day period; for others, commanders may opt to exercise an abundance of caution by extending the time period up to 21 days. Commanders may consult the Installation Public Health Department as needed.


# Appendix 1. Continued Reintegration of Personnel (Part 2).



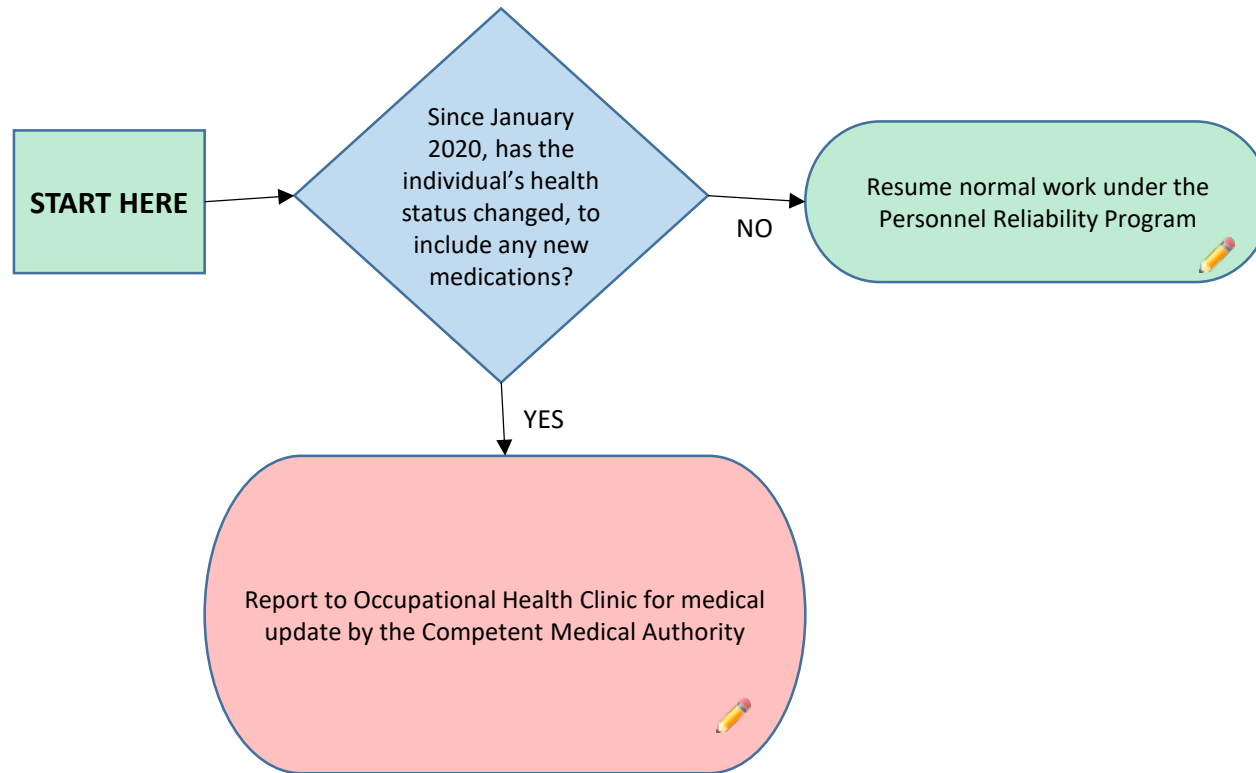
**Supervisor: Document current status of personnel.**


## Appendix 2. Reintegration of Personnel in the Army Respiratory Protection Program. (Part 1)



 Supervisor: Document current status of personnel.

## Appendix 2. Administered by Supervisors to Returning Personnel in the Army Respiratory Protection Program (Part 2)



 Supervisor: Document current status of personnel.

## Appendix 3 Definitions

### Close contact:

1. Being within approximately 6 feet (2 meters) of a COVID-19 case for more than 10 minutes without appropriate protective measures; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
- or –
2. Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

### Fever:

A higher-than-normal body temperature. Normal human body temperature can vary from person to person but is usually about 98.6° F. The CDC considers a body temperature of 100.4°F a fever. While an actual temperature reading is the best way to determine whether an individual has a fever, the CDC also considers a fever to be present when a person feels hot to the touch or has reported feeling feverish (possibly with chills).

### High-risk Areas:

Cities, states, countries, or other geographic regions experiencing widespread ongoing transmission of COVID-19. Widespread community transmission is currently present in most countries as of 22 April 2020. The CDC recommendation is to remain in quarantine for 14 days after leaving a foreign country. Specific country guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>. Consult Installation Public Health Departments and local/state public health department for additional guidance as needed.

### Isolation:

Used to separate sick people from healthy people with the goal of minimizing further spread of the virus. People who are in isolation should remain in a dedicated isolation site, and if possible, use facilities (e.g., latrines, bunks, and so forth) that are not also being used by non-immune, non-infected individuals. Individuals experiencing any of the following emergency warning signs should contact their health provider immediately: trouble breathing; persistent pain or pressure in the chest; new confusion; or inability to arouse, bluish lips or face.

### Quarantine:

Used to keep someone who might have been exposed to an infectious virus away from others. Someone in self-quarantine stays separated from others, and they limit movement outside of a dedicated quarantine space. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19.

**Appendix 4. Clearing Personnel to Return to the Workplace during the Coronavirus Pandemic**

**Form on page 16.**

**CLEARING PERSONNEL TO RETURN TO THE WORKPLACE DURING THE CORONAVIRUS PANDEMIC**

**APPLICABILITY, PRIVACY, AND RECORDKEEPING**


**1**

1	Has the individual traveled from a high-risk area within the past 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
3	Has the individual ever tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
5	Did the individual experience any symptoms of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**7 Select Test-Based Strategy or Non-Test-Based Strategy for release from isolation criteria. See Decision Point 8 or 11, respectively. If neither strategy applies, skip to 14.**

8	<b>Test-Based Strategy Selected</b>	If individual had a fever, has the individual's fever resolved without the use of fever-reducing medications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	If individual has had respiratory symptoms (cough, shortness of breath) has the individual's respiratory symptoms resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10		Has the individual tested negative for COVID-19 two times from specimens collected $\geq$ 24 hours apart?	<input type="checkbox"/>	<input type="checkbox"/>	
11	<b>Non-Test Based Strategy Selected</b>	Have at least 3 days (72 hours) passed since the individual's fever resolved without the use of fever-reducing medications?	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	Have at least 3 days (72 hours) passed since the individual's respiratory symptoms (cough, shortness of breath) resolved?	<input type="checkbox"/>	<input type="checkbox"/>	
13		Have at least 7 days passed since the individual's symptoms first appeared?	<input type="checkbox"/>	<input type="checkbox"/>	

		<input type="checkbox"/>	<input type="checkbox"/>
	14a. Does the individual have a medical condition that could adversely affect use of a respirator?	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	15a. Since January 2020, has the individual's health status changed, to include any new medications?	<input type="checkbox"/>	<input type="checkbox"/>

**Disposition**

<input type="checkbox"/>	Return to Work	Earliest possible date the individual may return to work.
<input type="checkbox"/>	Isolation	Supervisor Name, Position, Phone Number, Signature
<input type="checkbox"/>	Quarantine	
<input type="checkbox"/>	Other	