



ACQUISITION  
AND SUSTAINMENT

## OFFICE OF THE UNDER SECRETARY OF DEFENSE

3000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-3000

MEMORANDUM FOR COMMANDER, UNITED STATES CYBER  
COMMAND (ATTN: ACQUISITION EXECUTIVE)  
COMMANDER, UNITED STATES SPECIAL OPERATIONS  
COMMAND (ATTN: ACQUISITION EXECUTIVE)  
COMMANDER, UNITED STATES TRANSPORTATION  
COMMAND (ATTN: ACQUISITION EXECUTIVE)  
DEPUTY ASSISTANT SECRETARY OF THE ARMY  
(PROCUREMENT)  
DEPUTY ASSISTANT SECRETARY OF THE NAVY  
(PROCUREMENT)  
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE  
(CONTRACTING)  
DIRECTORS, DEFENSE AGENCIES  
DIRECTORS, DEFENSE FIELD ACTIVITIES

SUBJECT: Department of Defense SmartPay® 3 Government-wide Commercial Purchase  
Card Guidance for the Coronavirus Disease 2019 (COVID-19)

- References:
- (a) Department of Defense Government Charge Card Guidebook for Establishing and Managing Purchase, Travel, and Fuel Card Programs, Release, dated November 14, 2018; Appendix B, “Using the Purchase Card for Contingency Operations, Defense against or Recovery from Cyber, Nuclear, Biological, Chemical or Radiological Attack, International Disaster Assistance, an Emergency or Major Disaster, and Humanitarian or Peacekeeping Operations,” at (available online only):  
[https://www.acq.osd.mil/dpap/pdi/pc/policy\\_documents.html](https://www.acq.osd.mil/dpap/pdi/pc/policy_documents.html)
  - (b) Office of the Under Secretary of Defense (Acquisition & Sustainment) memorandum: Class Deviation 2018-O0018 – Micro-purchase Threshold, Simplified Acquisition, Threshold, and Special Emergency Procurement Authority, dated August 31, 2018, (Attachment 1) at:  
<https://www.acq.osd.mil/dpap/policy/policyvault/USA002260-18-DPC.pdf>
  - (c) Office of the Under Secretary of Defense (Acquisition & Sustainment)/Defense Pricing and Contracting announcement: Coronavirus Disease 2019 (COVID-19) Emergency Acquisition Flexibilities Authorization, (Attachment 2) at:  
<https://www.acq.osd.mil/dpap/pacc/cc/docs/COVID-19/COVID-19%20Emergency%20Acquisition%20Flexibilities%20and%20NIA%20Code,%20as%20of%20March%202013,%202020.pdf>
  - (d) Office of the Under Secretary of Defense (Comptroller) / Program-Budget memorandum: DoD Response to the Novel Coronavirus – Cost Reporting Guidance, dated January 30, 2020, at (available online only, CAC enabled):  
[https://www.acq.osd.mil/dpap/pdi/pc/policy\\_documents.html](https://www.acq.osd.mil/dpap/pdi/pc/policy_documents.html)
  - (e) Office of the Under Secretary of Defense (Personnel and Readiness) memorandum: Civilian Personnel Guidance for DoD Components responding to Coronavirus Disease 2019, dated March 8, 2020, (Attachment 3) at:  
<https://media.defense.gov/2020/Mar/09/2002261587/-1/-1/1/DOD-CIVILIAN-WORKFORCE-GUIDANCE.PDF>
  - (f) Office of the Assistant Secretary of Defense (Health Affairs) memorandum:

Personal Protective Equipment Policy Guidance for Healthcare Personnel with Potential for Exposure to Infectious Agents, dated September 25, 2018, (Attachment 4) at:  
<https://www.health.mil/Reference-Center/Policies/2018/09/25/Personal-Protective-Equipment-Policy-Guidance>

This memorandum offers information and guidance to promote compliance with acquisition policies applicable to the Department of Defense (DoD) Government-wide Commercial Purchase Card (GPC) program. Unless otherwise stated, the references listed above are also provided as attachments to this memorandum.

Reference (a) provides detailed guidance for use in responding to the Emergency determination made by the President on March 13, 2020 in response to the COVID-19 pandemic. Reference (b) (Attachment 1) and Reference (a), Table B-1 provide guidance for use in determining which threshold applies for purchases made to support COVID-19 emergency assistance activities inside and outside the United States.

Reference (c) (Attachment 2) notifies Heads of Contracting Activity (HCA) of increased acquisition thresholds that apply when the HCA determines an acquisition of supplies or services is in support of COVID-19 emergency assistance activities. In accordance with Reference (a), Components must establish and communicate policies and procedures for determining whether a transaction is in support of COVID-19 emergency assistance activities. Reference (a) also requires Agency/Organization Program Coordinators to work with their Financial/Resource Managers to coordinate GPC account fund availability and to ensure traceability of current or any future supplemental funds expended in support of COVID-19 emergency assistance activities. Reference (d) guidance also applies.

GPC Component Program Managers are directed to issue guidance: 1) directing Cardholders how to properly document HCA determinations with their transaction supporting data (e.g., using Transaction Management – Attachments), and 2) requiring Cardholders to enter the National Interest Action Code “P20C” in their purchase log as follows:

- a) Components that create manual Access Online orders must use the “Contingency Operations” field.
- b) Components that receive Access Online eOrders that are editable must use the “Contingency Operations” field.
- c) Components that receive Access Online eOrders that are not editable must use the “Transaction Comments” field.
- d) Components that do not use Access Online Order Management or Transaction Management capabilities must develop procedures that allow reporting of the data on a weekly basis.

To mitigate the risk of GPC fraud and misuse at these higher dollar thresholds, Defense Components should not authorize a blanket increase of Cardholder authority, but rather should identify an appropriate number of Cardholders who will make these higher dollar value purchases. Additionally, in accordance with Reference 1, paragraph B.2.1.1, each Component must designate officials to conduct follow-up reviews of transactions made in support COVID-19 emergency assistance activities. These follow-up reviews should take place as soon as practicable, but no later than 60 days after any given transaction. These officials shall evaluate whether the transaction:

- a) Was consistent with References (a) through (d) as well as the Component’s policies and procedures and was otherwise reasonable and appropriate.

- b) Provided the maximum practicable opportunity for small business participation under the circumstances.
- c) Was appropriately documented by the Cardholder.

Further, in light of the shortages of personal protective equipment (PPE), please be aware of the Reference (e) (Attachment 3) guidance that states, "Only those personnel identified in DoD guidance as requiring personal protective equipment (e.g., masks, gloves, etc.) are authorized to procure these items with government funds." This restriction is in place to ensure availability of these items for critical service providers. Additional information about PPE is available in Reference (f) (Attachment 4).

In accordance with Reference (e), appropriated funds may be used to procure large quantities of hand sanitizer for placement in a common office location, suite, or office building for communal use by large quantities of personnel and to procure cleaning supplies for the office to clean common areas and office space.

Should you have questions, my point of contact is Ms. Denise Reich at [denise.a.reich.civ@mail.mil](mailto:denise.a.reich.civ@mail.mil) or 703-697-4404.

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**IM.1507719313** HERRINGTON.KIM.1507719313  
Date: 2020.04.02 14:03:56 -0400

Kim Herrington  
Acting Principal Director,  
Defense Pricing and Contracting

Attachments:  
As stated



ACQUISITION  
AND SUSTAINMENT

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
3000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-3000

AUG 3 1 2018

In reply refer to  
DARS Tracking Number: 2018-O0018

MEMORANDUM FOR COMMANDER, UNITED STATES SPECIAL OPERATIONS  
COMMAND (ATTN: ACQUISITION EXECUTIVE)  
COMMANDER, UNITED STATES TRANSPORTATION  
COMMAND (ATTN: ACQUISITION EXECUTIVE)  
DEPUTY ASSISTANT SECRETARY OF THE ARMY  
(PROCUREMENT)  
DEPUTY ASSISTANT SECRETARY OF THE NAVY  
(ACQUISITION AND PROCUREMENT)  
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE  
(CONTRACTING)  
DIRECTORS OF THE DEFENSE AGENCIES  
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Class Deviation—Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority

This class deviation rescinds and supersedes Class Deviation 2018-O0013, dated April 13, 2018. This class deviation increases the micro-purchase threshold for DoD in Class Deviation 2018-O0013, from \$5,000 to \$10,000. Please note, this class deviation does not change the micro-purchase threshold exceptions of \$2,000 for acquisitions of construction subject to 40 U.S.C. chapter 31, subchapter IV, Wage Rate Requirements (Construction); and \$2,500 for acquisitions of services subject to 41 U.S.C. chapter 67, Service Contract Labor Standards, provided in the FAR 2.101 definition of “micro-purchase threshold.”

Effective immediately, contracting officers and other individuals delegated micro-purchase authority shall use the revised definitions and procedures associated with the micro-purchase threshold, simplified acquisition threshold, and special emergency procurement authority provided in the attachments to this class deviation. Specifically, this class deviation makes the following changes from the FAR and DFARS—

- Increases the micro-purchase threshold for DoD to **\$10,000**, except the threshold is—
  - **\$10,000**, or a higher amount as determined appropriate by the head of the agency and consistent with clean audit findings under 31 U.S.C. Chapter 75, an internal institutional risk assessment, or State law, for acquisitions of supplies and services from institutions of higher education or related or affiliated nonprofit entities, or from nonprofit research organizations or independent research institutes; and
  - For acquisitions in support of a contingency operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical or radiological attack; to support a request from the Secretary of State or the Administrator of the United States Agency for International Development to facilitate provision of

Attachment 1  
Class Deviation 2018-00018

Micro-Purchase Threshold, Simplified Acquisition Threshold,  
and Special Emergency Procurement Authority

international disaster assistance pursuant to 22 U.S.C. 2292 *et seq.*); or to support a response to an emergency, or major disaster (42 U.S.C. 5122)—

- **\$20,000** in the case of any contract to be awarded and performed, or purchase to be made, inside the United States; and
  - **\$30,000** in the case of any contract to be awarded and performed, or purchase to be made, outside the United States;
- Deletes the definition of “micro-purchase threshold” in its entirety at DFARS 202.101.
  - Increases the simplified acquisition threshold to **\$250,000**, except the threshold is—
    - For acquisitions in support of a contingency operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical or radiological attack; to support a request from the Secretary of State or the Administrator of the United States Agency for International Development to facilitate provision of international disaster assistance pursuant to 22 U.S.C. 2292 *et seq.*); or to support a response to an emergency, or major disaster (42 U.S.C. 5122)—
      - **\$750,000** in the case of any contract to be awarded and performed, or purchase to be made, inside the United States; and
      - **\$1.5 million** in the case of any contract to be awarded and performed, or purchase to be made, outside the United States; and
    - **\$500,000** for acquisitions to be used to support a humanitarian or peacekeeping operation and to be awarded and performed, or purchased, outside the United States;
  - Authorizes the supplies or services that are to be used to facilitate recovery from a cyber attack to be treated as commercial items;
  - Changes the thresholds for set-asides for small business in the Small Business Act from specified dollar amounts to the terms “micro-purchase threshold” and “simplified acquisition threshold;”
  - Delegates from the “head of the agency” to the “head of the contracting activity” the authority to determine whether an acquisition supports a humanitarian or peacekeeping operation; supports a contingency operation; facilitates defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; facilitates the provision of international disaster assistance; or supports a response to an emergency or major disaster; and
  - Exempts acquisitions in support of a contingency operation or humanitarian or peacekeeping operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; to facilitate the provision of international disaster assistance; or to support response to an emergency or major disaster from—
    - DoD item unique identification requirements at DFARS 211.274-2(b);

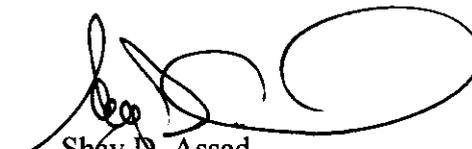
Attachment 1  
Class Deviation 2018-00018

Micro-Purchase Threshold, Simplified Acquisition Threshold,  
and Special Emergency Procurement Authority

- The policies related to receipt of only one offer at DFARS 215.371-2; and
- The approval requirements for use of time-and-materials contracts at DFARS 215.371-4.

This class deviation implements section 821 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2019 (Pub. L. 115-232). This class deviation also continues to implement sections 805 and 1702(a) of the NDAA for FY 2018 (Pub. L. 115-91) and sections 217(b), 816, and 1641 of the NDAA for FY 2017 (Pub. L. 114-328) (previously implemented under Class Deviation 2018-00013).

This class deviation remains in effect until it is incorporated in the FAR or DFARS, or until this class deviation is otherwise rescinded. My point of contact is Mr. Greg Snyder, who is available at (703) 614-0719, or at [gregory.d.snyder.civ@mail.mil](mailto:gregory.d.snyder.civ@mail.mil).

  
Shay D. Assad,  
Director, Defense Pricing  
and Contracting

Attachment:  
As stated

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

**PART 2 - DEFINITIONS OF WORDS AND TERMS**

\* \* \* \* \*

**Subpart 2.1 -- Definitions**

\* \* \* \* \*

"Emergency," as used in 6.208, 13.201, 13.500, 18.001, 18.202, 18.203, and subpart 26.2 means an occasion or instance for which, in the determination of the President, Federal assistance is needed to supplement State and local efforts and capabilities to save lives and to protect property and public health and safety, or to lessen or avert the threat of a catastrophe in any part of the United States (42 U.S.C. 5122).

\* \* \* \* \*

"Major disaster," as used in 6.208, 13.201, 13.500, 18.001, 18.202, 18.203, and subpart 26.2, means any natural catastrophe (including any hurricane, tornado, storm, high water, winddriven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought), or regardless of cause, any fire, flood, or explosion, in any part of the United States, which, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby (42 U.S.C. 5122).

\* \* \* \* \*

"Micro-purchase threshold" means \$10,000 (10 U.S.C. 2338), except it means-

(1) For acquisitions of construction subject to 40 U.S.C. chapter 31, subchapter IV, Wage Rate Requirements (Construction), \$2,000;

(2) For acquisitions of services subject to 41 U.S.C. chapter 67, Service Contract Labor Standards, \$2,500;

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

(3) For acquisitions of supplies or services that, as determined by the head of the agency, are to be used to support a contingency operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical or radiological attack; to support a request from the Secretary of State or the Administrator of the United States Agency for International Development to facilitate provision of international disaster assistance pursuant to 22 U.S.C. 2292 et seq.); or to support a response to an emergency, or major disaster (42 U.S.C. 5122), as described in 13.201(g)(1), except for construction subject to 40 U.S.C. chapter 31, subchapter IV, Wage Rate Requirements (Construction) (41 U.S.C. 1903)–

(i) \$20,000 in the case of any contract to be awarded and performed, or purchase to be made, inside the United States; and

(ii) \$30,000 in the case of any contract to be awarded and performed, or purchase to be made, outside the United States.

(4) For acquisitions of supplies or services from institutions of higher education (20 U.S.C. 1001(a)) or related or affiliated nonprofit entities, or from nonprofit research organizations or independent research institutes–

(i) \$10,000; or

(ii) A higher threshold, as determined appropriate by the head of the agency and consistent with clean audit findings under 31 U.S.C. chapter 75, Requirements for Single Audits; an internal institutional risk assessment; or State law.

\* \* \* \* \*

"Simplified acquisition threshold" means \$250,000 (41 U.S.C. 134), except for–

(1) Acquisitions of supplies or services that, as determined by the head of the agency, are to be used to support a contingency operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; to support a request from the Secretary of State or the Administrator of the United States Agency for International Development to facilitate provision of international disaster assistance pursuant to 22 U.S.C. 2292 et

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

seq.); or to support a response to an emergency, or major disaster (42 U.S.C. 5122), (41 U.S.C. 1903), the term means-

(i) \$750,000 for any contract to be awarded and performed, or purchase to be made, inside the United States; and

(ii) \$1.5 million for any contract to be awarded and performed, or purchase to be made, outside the United States; and

(2) Acquisitions of supplies or services that, as determined by the head of the agency, are to be used to support a humanitarian or peacekeeping operation (10 U.S.C. 2302), the term means \$500,000 for any contract to be awarded and performed, or purchase to be made, outside the United States.

\* \* \* \* \*

**PART 5 - PUBLICIZING CONTRACT ACTIONS**

\* \* \* \* \*

**Subpart 5.2 -- Synopses of Proposed Contract Actions**

\* \* \* \* \*

**5.206 Notices of subcontracting opportunities.**

(a) The following entities may transmit a notice to the GPE, to seek competition for subcontracts, to increase participation by qualified HUBZone small business, small, small disadvantaged, women-owned small business, veteran-owned small business and service-disabled veteran-owned small business concerns, and to meet established subcontracting plan goals:

(1) A contractor awarded a contract exceeding the simplified acquisition threshold that is likely to result in the award of any subcontracts.

(2) A subcontractor or supplier, at any tier, under a contract exceeding the simplified acquisition threshold that has a subcontracting opportunity exceeding \$15,000.

\* \* \* \* \*

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

**PART 12 - ACQUISITION OF COMMERCIAL ITEMS**

\* \* \* \* \*

**12.102 Applicability. (DEVIATION 2018-00018)**

\* \* \* \* \*

(f)(1) Contracting officers may treat any acquisition of supplies or services that, as determined by the head of the agency, are to be used to facilitate defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack, as an acquisition of commercial items (41 U.S.C. 1903(c)).

\* \* \* \* \*

**PART 13 - SIMPLIFIED ACQUISITION PROCEDURES**

\* \* \* \* \*

**13.003 Policy. (DEVIATION 2018-00018)**

\* \* \* \* \*

(b)(1) Acquisitions of supplies or services that have an anticipated dollar value exceeding the micro-purchase threshold but not exceeding the simplified acquisition threshold are reserved exclusively for small business concerns and shall be set aside (see 19.000, 19.203, and subpart 19.5).

\* \* \* \* \*

**Subpart 13.2 -- Actions At or Below the Micro-Purchase Threshold**

**13.201 General. (DEVIATION 2018-00018)**

\* \* \* \* \*

(g)(1) For acquisitions of supplies or services that, as determined by the head of the agency, are to be used to support

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

a contingency operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; to support a request from the Secretary of State or the Administrator of the United States Agency for International Development to facilitate provision of international disaster assistance pursuant to 22 U.S.C. 2292 et seq.; or to support response to an emergency, or major disaster (42 U.S.C. 5122), the micro-purchase threshold is—

(i) \$20,000 in the case of any contract to be awarded and performed, or purchase to be made, inside the United States; and

(ii) \$30,000 in the case of any contract to be awarded and performed, or purchase to be made, outside the United States.

(2) Purchases using this authority must have a clear and direct relationship to the support of a contingency operation; the defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; international disaster assistance; or an emergency or major disaster.

\* \* \* \* \*

**Subpart 13.5 -- Simplified Procedures for Certain Commercial Items**

**13.500 General. (DEVIATION 2018-00018)**

\* \* \* \* \*

(c) Under 41 U.S.C. 1903, the simplified acquisition procedures authorized in this subpart may be used for acquisitions that do not exceed \$13 million when—

(1) The acquisition is for commercial items that, as determined by the head of the agency, are to be used in support of a contingency operation; to facilitate the defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; to support a request from the Secretary of State or the Administrator of the United States Agency for International Development to facilitate provision of international disaster assistance; or to support response to an emergency or major disaster; or

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
Changes are indicated by a change bar in the right-hand margin.

(2) The acquisition will be treated as an acquisition of commercial items in accordance with 12.102(f)(1).

\* \* \* \* \*

**13.501 Special documentation requirements. (DEVIATION 2018-00018)**

(a) *Sole source (including brand name) acquisitions.*

\* \* \* \* \*

(2) Justifications and approvals are required under this subpart for sole-source (including brand-name) acquisitions or portions of an acquisition requiring a brand-name. If the justification is to cover only the portion of the acquisition which is brand-name, then it should so state; the approval level requirements will then only apply to that portion.

(i) For a proposed contract exceeding the simplified acquisition threshold, but not exceeding \$700,000, the contracting officer's certification that the justification is accurate and complete to the best of the contracting officer's knowledge and belief will serve as approval, unless a higher approval level is established in accordance with agency procedures.

\* \* \* \* \*

**PART 19 - SMALL BUSINESS PROGRAMS**

\* \* \* \* \*

**Subpart 19.2 -- Policies**

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**19.203 Relationship among small business programs. (DEVIATION 2018-00018)**

\* \* \* \* \*

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

(b) At or below the simplified acquisition threshold. For acquisitions of supplies or services that have an anticipated dollar value exceeding the micro-purchase threshold, but not exceeding the simplified acquisition threshold, the requirement at 19.502-2(a) to exclusively reserve acquisitions for small business concerns does not preclude the contracting officer from awarding a contract to a small business under the 8(a) Program, HUBZone Program, SDVOSB Program, or WOSB Program.

\* \* \* \* \*

**Subpart 19.5 -- Set-Asides for Small Business**

\* \* \* \* \*

**19.502 Setting Aside Acquisitions.**

\* \* \* \* \*

**19.502-1 Requirements for setting aside acquisitions. (DEVIATION 2018-00018)**

\* \* \* \* \*

(b) This requirement does not apply to purchases valued at or below the micro-purchase threshold for acquisitions, or as described in 13.201(g)(1)), or purchases from required sources of supply under Part 8 (e.g., Committee for Purchase From People Who are Blind or Severely Disabled, and Federal Supply Schedule contracts).

**19.502-2 Total small business set-asides. (DEVIATION 2018-00018)**

(a) Before setting aside an acquisition under this paragraph, refer to 19.203(b). Each acquisition of supplies or services that has an anticipated dollar value exceeding the micro-purchase threshold for acquisitions as described in 13.201(g)(1)), but not exceeding the simplified acquisition threshold, is automatically reserved exclusively for small business concerns and shall be set aside for small business unless the contracting officer determines there is not a reasonable expectation of obtaining offers from two or more responsible small business concerns that are competitive in terms of market prices, quality, and delivery. \* \* \*

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

(b) Before setting aside an acquisition under this paragraph, refer to 19.203(c). The contracting officer shall set aside any acquisition over the simplified acquisition threshold for small business participation when there is a reasonable expectation that-

\* \* \* \* \*

**19.508 Solicitation provisions and contract clauses. (DEVIATION 2018-00018)**

\* \* \* \* \*

(e) The contracting officer shall insert the clause at 52.219-14, Limitations on Subcontracting, in solicitations and contracts for supplies, services, and construction, if any portion of the requirement is to be set aside or reserved for small business and the contract amount is expected to exceed the simplified acquisition threshold. This includes multiple-award contracts when orders may be set aside for small business concerns, as described in 8.405-5 and 16.505(b)(2)(i)(F).

**Part 52 - Solicitation Provisions and Contract Clauses**

\* \* \* \* \*

**Subpart 52.2 -- Text of Provisions and Clauses**

\* \* \* \* \*

**52.203-16 Preventing Personal Conflicts of Interest. (DEVIATION 2018-00018)**

\* \* \* \* \*

(d) *Subcontract flowdown.* The Contractor shall include the substance of this clause, including this paragraph (d), in subcontracts-

- (1) That exceed the simplified acquisition threshold; and

\* \* \* \* \*

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

**52.212-1 Instructions to Offerors—Commercial Items. (DEVIATION  
2018-00018)**

\* \* \* \* \*

(j) *Unique entity identifier.* (Applies to all offers exceeding the micro-purchase threshold and offers at any dollar value if the solicitation requires the Contractor to be registered in the System for Award Management (SAM) database.) \* \* \*

\* \* \* \* \*

**52.219-9 Small Business Subcontracting Plan. (DEVIATION 2018-  
00018)**

\* \* \* \* \*

(d) The Offeror's subcontracting plan shall include the following:

\* \* \* \* \*

(11) A description of the types of records that will be maintained concerning procedures that have been adopted to comply with the requirements and goals in the plan, including establishing source lists; and a description of the offeror's efforts to locate small business, veteran-owned small business, service-disabled veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business concerns and award subcontracts to them. The records shall include at least the following (on a plant-wide or company-wide basis, unless otherwise indicated):

\* \* \* \* \*

(iii) Records on each subcontract solicitation resulting in an award of more than the simplified acquisition threshold, indicating—

\* \* \* \* \*

**52.219-9 Small Business Subcontracting Plan. Alternate IV.  
(DEVIATION 2018-00018)**

Micro-Purchase Threshold, Simplified Acquisition Threshold, and  
Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

\* \* \* \* \*

(d) The Contractor's subcontracting plan shall include the following:

\* \* \* \* \*

(11) A description of the types of records that will be maintained concerning procedures that have been adopted to comply with the requirements and goals in the plan, including establishing source lists; and a description of the Contractor's efforts to locate small business, veteran-owned small business, service-disabled veteran-owned small business, HUBZone small business, small disadvantaged business, and women-owned small business concerns and award subcontracts to them. The records shall include at least the following (on a plant-wide or company-wide basis, unless otherwise indicated):

\* \* \* \* \*

(iii) Records on each subcontract solicitation resulting in an award of more than the simplified acquisition threshold, indicating-

\* \* \* \* \*

**PART 211—DESCRIBING AGENCY NEEDS**

\* \* \* \* \*

**SUBPART 211.2—USING AND MAINTAINING REQUIREMENTS DOCUMENTS**

\* \* \* \* \*

**211.274-2 Policy for item unique identification. (DEVIATION 2018-O0018)**

\* \* \* \* \*

(b) *Exceptions.* The contractor will not be required to provide DoD item unique identification if—

(1) The items, as determined by the head of the contracting activity, are to be used to support a contingency operation; to facilitate defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; to facilitate the provision of international disaster assistance; or to support response to an emergency or major disaster; or

\* \* \* \* \*

**PART 215—CONTRACTING BY NEGOTIATION**

\* \* \* \* \*

**SUBPART 215.3—SOURCE SELECTION**

\* \* \* \* \*

**215.371-4 Exceptions. (DEVIATION 2018-O0018)**

(a) The requirements at sections 215.371-2 do not apply to—

(1) Acquisitions at or below the simplified acquisition threshold;

(2) Acquisitions in support of contingency or humanitarian or peacekeeping operations; to facilitate defense against or recovery from cyber, nuclear, biological,

chemical, or radiological attack; to facilitate the provision of international disaster assistance; or to support response to an emergency or major disaster;

\* \* \* \* \*

## **PART 216—TYPES OF CONTRACTS**

\* \* \* \* \*

### **SUBPART 216.6—TIME-AND-MATERIALS, LABOR-HOUR, AND LETTER CONTRACTS**

#### **216.601 Time-and-materials contracts. (DEVIATION 2018-O0018)**

\* \* \* \* \*

(d) *Limitations.*

(i)(A) *Approval of determination and findings for time-and-materials or labor-hour contracts.*

(3) *Exception.* The approval requirements in paragraphs (d)(i)(A)(1) and (2) of this section do not apply to contracts that—

(i) Support contingency or humanitarian or peacekeeping operations;

(ii) Facilitate defense against or recovery from conventional, cyber, nuclear, biological, chemical, or radiological attack;

(iii) Facilitate the provision of international disaster assistance;  
or

(iv) Support response to an emergency or major disaster.

\* \* \* \* \*

## **PART 218—EMERGENCY ACQUISITIONS**

\* \* \* \* \*

## **SUBPART 218.2—EMERGENCY ACQUISITION FLEXIBILITIES**

\* \* \* \* \*

### **218.201 Contingency operation. (DEVIATION 2018-O0018)**

\* \* \* \* \*

(2) *Policy for item unique identification.* Contractors will not be required to provide DoD item unique identification if the items, as determined by the head of the contracting activity, are to be used to support a contingency operation. See 211.274-2(b).

\* \* \* \* \*

### **218.202 Defense or recovery from certain events. (DEVIATION 2018-O0018)**

*Policy for unique item identification.* Contractors will not be required to provide DoD unique item identification if the items, as determined by the head of the contracting activity, are to be used to facilitate defense against or recovery from cyber, nuclear, biological, chemical, or radiological attack; to facilitate provision of international disaster assistance; or to support response to an emergency or major disaster. See 211.274-2(b).

\* \* \* \* \*

### **218.271 Head of contracting activity determinations. (DEVIATION 2018-O0018)**

The term “head of the agency” is replaced with “head of the contracting activity,” as defined in FAR 2.101, in the following locations:

(a) FAR 2.101: (DEVIATION 2018-O0018)

- (1) Definition of “Micro-purchase threshold,” paragraph (4).
- (2) Definition of “Simplified acquisition threshold.”

(b) 12.102(f). (DEVIATION 2018-O0018)

Micro-Purchase Threshold, Simplified Acquisition Threshold,  
and Special Emergency Procurement Authority  
*Changes are indicated by a change bar in the right-hand margin.*

(c) FAR 13.201(g). (DEVIATION 2018-00018)

(d) FAR 13.500(c). (DEVIATION 2018-00018)

(e) FAR subpart 18.2.

\* \* \* \* \*

## Coronavirus Disease 2019 (COVID-19) Emergency Acquisition Flexibilities

1. An emergency determination was made by the President on March 13, 2020, under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act") in response to the Coronavirus Disease 2019 (COVID-19) pandemic. This emergency determination authorizes federal assistance to supplement State and local response efforts and meets the definition of "emergency" at 42 U.S.C. 5122. For additional information, please see the President's letter containing this emergency determination at (<https://www.whitehouse.gov/briefings-statements/letter-president-donald-j-trump-emergency-determination-stafford-act/>).

2. Pursuant to Class Deviation 2018-O0018, "Micro-Purchase Threshold, Simplified Acquisition Threshold, and Special Emergency Procurement Authority", (<https://www.acq.osd.mil/dpap/policy/policyvault/USA002260-18-DPC.pdf>), the following applies to DoD acquisitions of supplies or services funded by DoD appropriations that the Head of the Contracting Activity determines are to be used to support COVID-19 emergency assistance activities:

a. The "micro-purchase threshold" and the "simplified acquisition threshold" are increased as follows:

- For any contract to be awarded and performed, or purchase to be made, inside the United States, the "micro-purchase threshold" is \$20,000 and the "simplified acquisition threshold" is \$750,000;
- For any contract to be awarded and performed, or purchase to be made, outside the United States, the "micro-purchase threshold" is \$30,000 and the "simplified acquisition threshold" is \$1,500,000; and
- For the acquisition of commercial items, the threshold for use of simplified acquisition procedures for certain commercial items is \$13M.

NOTE: For purposes of acquisition threshold increases authorized by Class Deviation 2018-O0018 the term "United States" includes the 50 States and the District of Columbia (FAR 2.101). Therefore, the outlying areas of Puerto Rico and U.S. Virgin Islands are considered outside the United States.

b. The limitation for convenience checks may not be in an amount in excess of one-half of the applicable micro-purchase threshold.

3. Please be aware of the applicable emergency acquisition flexibilities identified in FAR 18.203, "Emergency Declaration or Major Disaster Declaration" and DFARS 218.203 "Incidents of national significance, emergency declaration, or major disaster declaration" as they relate to the COVID-19 pandemic. Additionally, FAR Subpart 18.1 and DFARS Subpart 218.1 provide contracting officers other available acquisition flexibilities when certain conditions are met.

4. Additional guidance for use of the purchase card may be found in the DoD Charge Card Guidebook found at [https://www.acq.osd.mil/dpap/pdi/pc/policy\\_documents.html](https://www.acq.osd.mil/dpap/pdi/pc/policy_documents.html).

5. A new National Interest Action (NIA) Code has been established for the NIA field in the Federal Procurement Data System-Next Generation (FPDS-NG) as a means of tracking acquisition costs for COVID-19 related assistance activities. FPDS-NG system details for this NIA follow:

NIA Code: P20C

NIA Description: COVID-19 2020

Start Date: 03/13/2020

End Date: 07/01/2020

6. Continue to monitor the Defense Pricing and Contracting (DPC) Contingency Contracting website at <https://www.acq.osd.mil/dpap/pacc/cc/index.html> for additional information pertaining to COVID-19.

7. OUSD(A&S) DPC Contact Information:  
DPC Contract Policy (703) 693-0497 (DSN 225)



OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, D.C. 20301-4000

8 March 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF  
DEFENSE  
SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
CHIEF OF THE NATIONAL GUARD BUREAU  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR OF COST ASSESSMENT AND PROGRAM  
EVALUATION  
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE  
DIRECTOR OF OPERATIONAL TEST AND EVALUATION  
CHIEF INFORMATION OFFICER OF THE DEPARTMENT OF  
DEFENSE  
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE  
AFFAIRS  
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC  
AFFAIRS  
DIRECTOR OF NET ASSESSMENT  
DIRECTORS OF DEFENSE AGENCIES  
DIRECTORS OF DOD FIELD ACTIVITIES

SUBJECT: Civilian Personnel Guidance for DoD Components in Responding to Coronavirus  
Disease 2019

References:

- (a) Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection (Supplement 2) – Department of Defense Guidance for Military Installation Commanders' Risk-Based Measured Responses to the Novel Coronavirus Outbreak," February 25, 2020 (Attachment 1)
- (b) Office of Personnel Management (OPM), "Coronavirus Disease 2019 (COVID-19): Additional Guidance," March 7, 2020 (Attachment 4)
- (c) OPM, "Federal Workforce Preliminary Guidance during Coronavirus Disease 2019 (COVID-19)," March 3, 2020 (Attachment 5)
- (d) OPM, "Human Resources Flexibilities Available for Federal Employees Impacted by the 2019 Novel Coronavirus," February 7, 2020 (Attachment 6)
- (e) Defense Civilian Personnel Advisory Service, Emergency Preparedness website, <https://www.dcpas.osd.mil/OD/EmergencyPreparedness>
- (f) DoD Instruction 6200.03, "Public Health Emergency Management within the DoD," March 28, 2019
- (g) Department of Defense Instruction 1035.01, Telework Policy, April 4, 2012
- (h) Defense Civilian Personnel Advisory Service Memorandum, "Guidance for the Novel Coronavirus Outbreak," February 11, 2020 (hereby rescinded)

As provided in reference (a) at Attachment 1, the Department of Defense (DoD) has outlined a specific risk-based framework to guide planning, posture, and actions needed to protect DoD personnel and support mission assurance in response to the novel coronavirus disease (COVID-19). DoD Component Heads and military commanders should follow these risk-based measures, with appropriate consultation and coordination, to protect the health and safety of the workforce. These measures are flexible, tailored, and incremental depending on the level of exposure in the community. They include a wide range of mitigating actions available to DoD Component Heads and military commanders ranging from practicing good hygiene to restriction of movement.

In support of these efforts, the attached civilian workforce guidance identifies authorities and best practices to help the Department minimize risk to its civilian personnel and their families, as well as to ensure the readiness of our force to continue to execute our missions and support our domestic and international partners. DoD Component heads must take the steps outlined in Attachment 2 to ensure continuity of operations, assess readiness for effective telework, and communicate to the workforce good health and hygiene habits in the workplace. Attachment 2 also provides an overview of available human resources flexibilities supervisors have the discretion to utilize for their civilian workforce. Attachment 3 provides questions and answers to illustrate various work flexibility scenarios. Component heads should ensure this guidance is clearly communicated to all echelons throughout your respective organizations. Supplemental military workforce guidance is forthcoming.

Additionally, effective on the date of this Memorandum, DoD Components are granted a limited exception to policy under Enclosure 3, paragraph 3.j.(2) of Department of Defense Instruction 1035.01, Telework Policy, through December 31, 2020. DoD Components may allow their civilian employees to telework during an emergency (e.g., continuity of operations event, office closure due to adverse or inclement weather, or pandemic health crisis) with a child or other persons requiring care or supervision present at home. Employees must still account for work and non-work hours during his or her tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties (e.g., to care for a child or dependent).

DoD Components with questions concerning civilian personnel human resources flexibilities should submit them to the Defense Civilian Personnel Advisory Service (DCPAS), not OPM, at: <mailto:dodhra.mc-alex.dcpas.list.employment-and-compensation@mail.mil>. DCPAS will coordinate directly with the Office of the Under Secretary of Defense for Policy and, as appropriate, with OPM and distribute responses and any other updated information to all DoD Components through the DCPAS Emergency Preparedness website. The DCPAS guidance at reference (h) is hereby rescinded.

For more information, my point of contact is Mr. Allen Brooks, Technical Director, DCPAS, whom you may reach at (571) 372-1540, or by email at [allen.r.brooks2.civ@mail.mil](mailto:allen.r.brooks2.civ@mail.mil).

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Alexis Lasselle Ross  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Attachments: As stated



PERSONNEL AND  
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

25 FEB 2020

MEMORANDUM FOR CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF  
DEFENSE  
SECRETARIES OF THE MILITARY DEPARTMENTS  
CHAIRMAN OF THE JOINT CHIEFS OF STAFF  
UNDER SECRETARIES OF DEFENSE  
CHIEF OF THE NATIONAL GUARD BUREAU  
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE  
ASSISTANT SECRETARY OF DEFENSE FOR LEGISLATIVE  
AFFAIRS  
ASSISTANT TO THE SECRETARY OF DEFENSE FOR PUBLIC  
AFFAIRS  
DIRECTORS OF THE DEFENSE AGENCIES  
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Force Health Protection (Supplement 2) - Department of Defense Guidance for  
Military Installation Commanders' Risk-Based Measured Responses to the Novel  
Coronavirus Outbreak

Novel coronavirus disease (COVID-19) continues to spread and is an increasing force health protection (FHP) threat in areas where Department of Defense (DoD) personnel live and work. As the leading U.S. Government public health agency, the U.S. Centers for Disease Control and Prevention (CDC) continues to assess the risk of COVID-19 and provide guidance for those residing in the United States and traveling abroad. Some CDC COVID-19 guidance may have limited applicability for military installation commanders (hereafter "military commanders"), particularly those outside the United States, because CDC guidance is principally directed toward persons residing in the United States and does not apply to other sovereign nations. While the DoD continues to follow CDC's lead, additional military specific measures are authorized by current policy when needed to mitigate risk to U.S. forces stationed around the world and to protect Service members, DoD civilian employees and contractor personnel, and family members.

DoD Instruction (DoDI) 6200.03 "Public Health Emergency Management Within the DoD," dated March 28, 2019, provides military commanders with policy applicable to an outbreak of this kind. This memorandum serves as a COVID-19 specific supplement to the DoDI 6200.03 and outlines a risk-based framework to guide planning, posture, and actions under *DoDI 6200.03 needed to protect DoD personnel and support mission assurance.*

A risk-based framework for geographic areas with COVID-19 transmission is organized by areas exhibiting the following characteristics: (a) Community transmission beginning, (b) Increased community transmission, (c) Sustained community transmission, and (d) Widespread community transmission. DoD commanders may use this risk-based framework to help guide their response to COVID-19. This outbreak is dynamic and manifests differently by location,

setting, population, and individual. As a result, responses to COVID-19 will need to be flexible, tailored, and incremental.

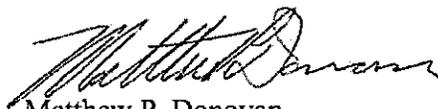
Military commanders outside the United States have unique geographic constraints and operational considerations for FHP. They must act in accordance with relevant host nation (HN) and allied forces standards as applicable. CDC country specific Travel Health Notice (THN) levels for COVID-19 may be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

Consistent with DoDI 6200.03, the following risk-based measures may be considered by military commanders in consultation with CDC and with consideration of THNs, Department of State Travel Advisories, and applicable HN disease mitigation actions:

- Prior to community transmission.
  - a. Review and update the installation health protection condition (HPCON) framework per DoDI 6200.03 and align with appropriate response measures below.
  - b. Maximize proportion of workforce that can perform their duties via telework.
  - c. Identify mission essential personnel who must report to duty during an outbreak.
- Community transmission beginning.
  - a. Re-emphasize avoiding contact with sick people, practicing proper hand hygiene, and cough/sneeze etiquette.
  - b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.
- Increased community transmission.
  - a. Continue all measures from previous risk level, and consider adding the following:
  - b. Restrict Service member travel to affected communities and advise civilian employees and family members of risk.
  - c. Re-scope or modify exercises in affected areas to limit risk to DoD personnel.
  - d. Institute clearly defined personal protective equipment (PPE) posture for high risk personnel.
- Sustained community transmission.
  - a. Continue all measures from previous risk level, and consider adding the following:
  - b. Consider declaring a local Public Health Emergency.
  - c. Consider limiting access to the installation.
  - d. Consider cancelling large public gathering events on the installation.
  - e. Re-scope, modify, or potentially cancel exercises.
  - f. Approve leave and travel to this area on a case-by-case basis.
  - g. If outside the United States and considering authorized and ordered departure actions, coordinate through their respective Combatant Command (CCMD) or Military Department headquarters, and the Joint Staff and OSD to align with Department of State (DoS), which is the approval authority.

- Widespread community transmission.
  - a. Continue all measures from previous risk level, and consider adding the following:
  - b. Strongly consider declaring a local Public Health Emergency.
  - c. Consider restriction of movement consistent with DoDI 6200.03 (potentially to include quarantine, isolation, canceling public gatherings, avoiding congregate settings, and practicing social distancing)
  - d. Consider limiting access to the installation.
  - e. Distribute PPE as appropriate.
  - f. Cancel non-mission essential activities.
  - g. Re-scope, modify, or potentially cancel exercises.
  - h. Maximize telework.
  - i. Cancel all non-essential leave and travel to this area.
  - j. Coordinate authorized and ordered departure actions through their respective CCMD or Military Department headquarters, and the Joint Staff and OSD to align with the DoS.
  - k. Implement quarantine, consistent with applicable procedures, for persons/units returning from this area to a lower risk area.
  - l. Consider other restrictions of movement for persons critical to national security functions.

These potential military commander response measures are included in the attached Table 1. My point of contact for this guidance is COL Jennifer M. Kishimori who may be reached at (703) 681-8179 or [jennifer.m.kishimori.mil@mail.mil](mailto:jennifer.m.kishimori.mil@mail.mil).



Matthew P. Donovan  
Performing the Duties of the Under Secretary of  
Defense for Personnel and Readiness

Attachment:  
As stated

Table 1

Level	Description	Recommended Military Commander Response Measures
Routine	<b>Prior to community transmission.</b>	<ul style="list-style-type: none"> <li>a. Review and update the installation HPCON framework per DoDI 6200.03 and align with appropriate response measures below.</li> <li>b. Maximize proportion of workforce that can perform their duties via telework.</li> <li>c. Identify mission essential personnel who must report to duty during an outbreak.</li> </ul>
Limited	<b>Community transmission beginning.</b> There are instances of people who have been infected, including some who may not be sure how or where they became infected.	<ul style="list-style-type: none"> <li>a. Re-emphasize avoiding contact with sick people, practicing proper hand hygiene, and cough/sneeze etiquette.</li> <li>b. Communicate to personnel how and when to report illness and seek care for potential influenza-like illness.</li> </ul>
Moderate	<b>Increased community transmission.</b> People have been infected with the virus in more than one location, but how or where they became infected may not be known.	<ul style="list-style-type: none"> <li>a. Continue all measures from previous risk level, and consider adding the following:</li> <li>b. Restrict Service member travel to affected communities and advise DoD civilian employees and contractor personnel, and family members of risk.</li> <li>c. Re-scope or modify exercises in affected areas to limit risk to U.S. personnel.</li> <li>d. Institute clearly defined PPE posture for high risk personnel.</li> </ul>
Substantial	<b>Sustained community transmission.</b> People have been infected with the virus, but how or where they became infected may not be known, and the spread is ongoing.	<ul style="list-style-type: none"> <li>a. Continue all measures from previous risk level, and consider adding the following:</li> <li>b. Consider declaring a local Public Health Emergency.</li> <li>c. Consider limiting access to the installation.</li> <li>d. Consider cancelling large public gathering events on the installation.</li> <li>e. Re-scope, modify, or potentially cancel exercises.</li> <li>f. Approve leave and travel to this area on a case-by-case basis.</li> <li>g. If outside the United States and considering authorized and ordered departure actions, coordinate through their respective CCMD or Military Department headquarters, and the Joint Staff and OSD to align with the DoS, which is the approval authority.</li> </ul>
Severe	<b>Widespread community transmission.</b> People have been infected with the virus, but how or where they became infected may not be known; the spread is ongoing and includes the majority of regions.	<ul style="list-style-type: none"> <li>a. Continue all measures from previous risk level, and consider adding the following:</li> <li>b. Strongly consider declaring a local Public Health Emergency.</li> <li>c. Consider restriction of movement consistent with DoDI 6200.03 (potentially to include quarantine, isolation, canceling public gatherings, avoiding congregated settings, practicing social distancing).</li> <li>d. Consider limiting access to the installation.</li> <li>e. Distribute PPE as appropriate.</li> <li>f. Cancel non-mission essential activities.</li> <li>g. Re-scope, modify, or potentially cancel exercises.</li> <li>h. Maximize telework.</li> <li>i. Cancel all non-essential leave and travel to this area.</li> <li>j. Coordinate authorized and ordered departure actions through their respective CCMD or Military Department headquarters, and the Joint Staff and OSD to align with the DoS.</li> <li>k. Implement quarantine, consistent with applicable procedures, for persons/units returning from this area to a lower risk area.</li> <li>l. Consider other restrictions of movement for persons critical to national security functions.</li> </ul>

## Civilian Personnel Guidance for DoD Components in Responding to Coronavirus Disease 2019

The Office of the Under Secretary of Defense for Personnel and Readiness (OUSDP&R)), provides this civilian personnel guidance for DoD Components in responding to coronavirus disease 2019 (COVID-19). This guidance is intended to identify human resources flexibilities to help DoD minimize risk to its civilian and other personnel and their families, as well as to ensure the readiness of our force to continue to execute our missions and our ability to support our domestic and international partners. Separate local rules and policies should be consulted for foreign national personnel. More comprehensive guidance from the Office of Personnel Management is attached. The latest information will be available at: [https:// www.dcpas.osd.mil/OD/EmergencyPreparedness](https://www.dcpas.osd.mil/OD/EmergencyPreparedness).

Supervisors have the discretion to utilize the following human resources flexibilities:

- **Telework.** Employees must occupy telework-ready positions and have a current telework agreement. DoD Components should immediately review their current telework policies and ensure that written telework agreements are in place for as many employees as possible. DoD Components are strongly encouraged to sign situational (ad hoc) telework agreements with all telework eligible employees currently without a signed telework agreement.
- **Alternative Work Schedules.** Alternative work schedules (i.e., compressed and flexible work schedules) must be authorized by DoD Component policy. Where civilian employees are represented by a labor union, a collective bargaining agreement must authorize such schedules.
- **Weather and Safety Leave.**
  - Supervisors must authorize weather and safety leave when:
    - An asymptomatic employee is subject to movement restrictions and is not a telework program participant.
    - An asymptomatic employee who is otherwise unable to safely travel to or perform duties at the worksite, as determined by their supervisor, and is not a telework program participant.
  - Supervisors generally may not authorize weather and safety leave to employees who are telework program participants.
- **Other Leave Flexibilities.**
  - Sick leave. If an employee is symptomatic and unable to perform official duties, the employee must use accrued sick leave. Weather and safety leave would not be appropriate. Employees may also use sick leave up to 104 hours to provide care for a family member who is ill. Advanced sick leave may be authorized.
  - Annual leave. Employees may use accrued annual leave for any reason, subject to management's discretion to approve and schedule such time. Advanced annual leave may be authorized.

- Family and Medical Leave Act (FMLA). Employees may take FMLA leave up to a total of 12 workweeks of leave without pay for a serious health condition to care for themselves or a qualifying family member. Certain eligibility and restrictions apply.
- **Early Return of Dependents.** This is an effective tool that allows broad flexibility to allow dependents to move to a more favorable environment for their particular circumstances. The judicious use of this authority enhances quality of life and reduces support requirements in the affected area. Check with Component headquarters to determine appropriate approval authority.

Heads of DoD Components must take the following steps now:

- ✓ Review your continuity of operation (COOP) plan to ensure mission essential functions continue during the mass spread of illness or other health related conditions adversely affecting the population.
- ✓ Ensure the contact information for employees is assembled and up to date.
- ✓ Adjust DoD Component telework policy to allow employees to telework during an emergency (e.g., COOP event, office closure due to adverse or inclement weather, or pandemic health crisis) with a child or other persons requiring care or supervision at home.
- ✓ Review all civilian positions to determine if they are eligible to telework, update telework agreements, and conduct tests to determine technology and processes are in place for effective telework.
- ✓ Determine whether alternative work schedules are authorized, and how best to utilize the variety of types of schedules available to continue operations.
- ✓ Establish methods to exercise good health habits in the workplace at all times.
- ✓ Communicate best practices to the workforce, including:
  - regular hand washing (for at least 20 seconds, using soap and water);
  - avoid touching their eyes/nose/mouth,
  - avoid large gatherings;
  - avoid close contact with people who are sick;
  - contact their healthcare provider if they believe they are becoming sick; and
  - clean and disinfect frequently touched surfaces and objects (e.g., counters, desktops, coffee pots) using regular household spray or wipes.
- ✓ Only those personnel identified in DoD guidance as requiring personal protective equipment (e.g., masks, gloves, etc.) are authorized to procure these items with government funds. Government funds may be used to procure hand sanitizer for placement in a common office location and to procure office cleaning supplies.

## **Questions and Answers for Civilian Personnel on the Novel Coronavirus Outbreak (COVID-19)**

Q1: What if civilian employees traveling abroad fall ill while on temporary duty travel (TDY)? Our agency obtained Department of Defense approval to prepay the costs of emergency healthcare. Please advise if the civilian employees can utilize their Government Travel Charge Card (GTCC) to cover these costs while on TDY.

A1: The GTCC cannot be used to prepay the costs of emergency healthcare. However, the DoD Component does have the flexibility to prepay the cost of emergency healthcare if the situation warrants it. Please reach out to your budget office as they will be able to advise you on how to properly apply DoD Component funds to prepay any medical needs. Furthermore, if the Department of Labor determines the illness is work-related, the employee may be eligible for workers' compensation benefits.

Q2: If a base (or office) closes due to COVID-19 and employees cannot report to the worksite, may an agency authorize Weather and Safety Leave?

A2: Yes, an agency could authorize Weather and Safety leave to non-telework program participants whose office or base is closed. Telework program participants would be expected to continue working and may not receive weather and safety leave.

Q3: What should DoD Components do to prepare to implement social distancing strategies which increase the physical distance among employees and between employees and others?

A3: To mitigate community transmission and protect vulnerable populations, DoD Components may be advised to implement social distancing strategies. Such strategies include the use of telework, teleconferences, and flexible work schedules (e.g., schedules that provide for flexible work days and/or work hours). To prepare to implement such strategies, DoD Components should review their continuity of operation plans. In addition, DoD Components may want to encourage employees eligible to telework but who are not current telework program participants to participate. DoD Components may periodically exercise their telework capabilities to ensure that program participants have the information technology, infrastructure, and procedures needed to support simultaneous telework by multiple employees. In addition, DoD Components could determine how they will conduct operations with high absenteeism rates. For example, it may be appropriate to cross-train personnel on key functions.

Q4: What options are available for DoD civilian employees, whether in the United States or at an overseas location, if schools and child care facilities that their

children attend are closed but the employees are healthy and their workplaces are open?

A4: Employees in these circumstances are not eligible for weather and safety leave. DoD Components may authorize telework participants to telework when there are young children or other persons requiring care and supervision in the case of an emergency. Employees under these circumstances must still account for work and non-work hours during his or her tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties (e.g., to care for a child or dependent). Employees who are not telework program participants may use annual leave or other paid time off, such as accrued compensatory time or credit hours. If authorized by DoD Component policy, supervisors may authorize alternative work schedules (compressed or flexible work schedules) that provide for flexible work days and/or work hours.

Published on *CHCOC* (<https://chcoc.gov>)

[Home](#) > Coronavirus Disease 2019 (COVID-19): Additional Guidance

## Coronavirus Disease 2019 (COVID-19): Additional Guidance

Saturday, March 7, 2020

CPM 2020-05



The Director

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT  
Washington, DC 20415

### **MEMORANDUM FOR: HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES**

**From:** DALE CABANISS, DIRECTOR

**Subject:** Coronavirus Disease 2019 (COVID-19): Additional Guidance

This memorandum and attached questions and answers provides additional guidance for Federal agencies on how to respond to the impacts of Coronavirus Disease 2019 (COVID-19) on the Federal workforce.

The Centers for Disease Control and Prevention (CDC) continues to remind the American public that the immediate health risk from COVID-19 is considered low. (See <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>.) However, it remains critically important that the Federal Government continues to strengthen its efforts to protect the Federal workforce and ensure continuity of operations (COOP).

Therefore, the U.S. Office of Personnel Management (OPM) is providing additional guidance on COVID-19 to the Federal workforce to supplement our previously issued guidance. (See CPM 2020-01, CPM 2020-02, and CPM 2020-04 at [www.opm.gov/covid19](http://www.opm.gov/covid19).)

The questions and answers attached to this memorandum reflect the various inquiries OPM has received from agencies and employees regarding COVID-19 and human resources policies. The topics discussed include:

- Determination of COVID-19 as a Quarantinable Communicable Disease;
- Telework;
- Sick Leave and Other Time Off;
- Weather and Safety Leave;
- Evacuation Payments;
- Employee Relations;
- Hazardous Duty Pay;
- Workplace Protections; and
- Office of Workers Compensation Programs (OWCP).

Agencies are strongly encouraged to continue reviewing and updating their emergency and COOP plans, as needed. The successful incorporation of telework and “social distancing” in COOP and emergency planning will allow the Federal Government to continue functioning efficiently and effectively, while ensuring the health and safety of employees. Agency COOP plans should have telework fully incorporated so that as many employees as possible are working during a COOP activation.

Agencies should immediately review their current telework policies and ensure that written telework agreements are in place for as many employees as possible. Agencies are strongly encouraged to sign situational (ad hoc) telework agreements with all telework eligible employees currently without a signed

telework agreement. Further, agencies should reassess their factors for determining telework eligibility to determine if additional categories of employees may be classified as telework eligible. Finally, OPM encourages agencies to take steps to prepare all telework-ready employees to effectively telework and have access to agency IT systems and networks, as may be necessary, should the conditions from COVID-19 so warrant a Federal office closure. For additional information, please see OPM's Governmentwide Dismissal and Closure Procedures (<https://www.opm.gov/policy-data-oversight/pay-leave/reference-materials/handbooks/dcdismisal.pdf>).

As this is a rapidly evolving situation, OPM will continue to assist and inform agencies and employees regarding the potential impacts of and available responses to COVID-19. OPM will also update our website on a frequent basis to provide the latest guidance and additional questions and answers. The latest guidance and question and answers will be posted here: [www.opm.gov/covid19](http://www.opm.gov/covid19). To sign up for alerts on OPM guidance, please visit: <https://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/#url=Listserv>.

### **Additional Information**

Agency headquarters-level human resources offices may contact OPM at [pay-leave-policy@opm.gov](mailto:pay-leave-policy@opm.gov) with additional questions or clarifications. Agency field offices should contact their appropriate headquarters-level agency human resources office. Individual employees should contact their agency human resources office. OPM and the Office of Management and Budget will continue to host periodic interagency calls concerning questions and issues that arise about relevant human resource issues.

cc: Chief Human Capital Officers (CHCOs), Deputy CHCOs, Human Resources Directors, Work-Life Coordinators, Telework Managers, and Federal Executive Boards

Attachment: *See 508-conformant PDF below.*

**Attachment(s):**  [COVID-19 Additional Guidance Questions and Answers 3-7-2020.pdf](#)

## **Questions and Answers on Human Resources Flexibilities and Authorities for Coronavirus Disease 2019 (COVID-19)**

- A. Determination of COVID-19 as a Quarantinable Communicable Disease
- B. Telework
- C. Sick Leave and Other Time Off
- D. Weather and Safety Leave
- E. Evacuation Payments During a Pandemic Health Crisis
- F. Employee Relations
- G. Hazardous Duty Pay Related to Exposure to COVID-19
- H. Workplace Precautions to Prevent Exposure to COVID-19
- I. Office of Workers Compensation Programs (OWCP)

### **A. Determination of COVID-19 as a Quarantinable Communicable Disease**

#### **(1) Is COVID-19 a quarantinable communicable disease pursuant to Executive Order (E.O.) 13295?**

The Centers for Disease Control and Prevention (CDC) has determined that COVID-19 meets the definition for “severe acute respiratory syndromes” set forth in E.O. 13674. Therefore, this novel coronavirus is a “quarantinable communicable disease,” as defined by E.O. 13295, as amended by E.O.s 13375 and 13674.

Additional information on quarantinable communicable diseases is available from the CDC at <http://www.cdc.gov/quarantine/AboutLawsRegulationsQuarantineIsolation.html>.

### **B. Telework**

#### **(1) Should an agency authorize weather and safety leave to a telework program participant who was exposed to a confirmed case of a quarantinable communicable disease, such as COVID-19?**

Use of weather and safety leave would be subject to the normal conditions—for example, weather and safety leave may be granted only if an employee is not able to safely travel to or perform work at an approved location. Thus, an employee who is not a telework program participant would be granted weather/safety leave for quarantine periods under the direction of local or public health authorities. However, in the case of telework program participants, the employee’s home is generally an approved location. Thus, the employee would generally be expected to perform telework at home as long as the employee is asymptomatic. (See 5 CFR 630.1605.) If a telework program participant in these circumstances needs time off for personal reasons, then the employee would be expected to take other personal leave or paid time off (e.g., annual leave or sick leave to care for a family member).

**(2) Generally, how should agencies manage telework during incidences of quarantinable communicable disease, such as COVID-19?**

For an employee covered by a telework agreement, ad hoc telework arrangements can be used as a flexibility to promote social distancing and can be an alternative to the use of sick leave for exposure to a quarantinable communicable disease for an employee who is asymptomatic or caring for a family member who is asymptomatic. An employee's request to telework from home while responsible for such a family member may be approved for the length of time the employee is free from care duties and has work to perform to effectively contribute to the agency's mission. The Telework Enhancement Act of 2010 requires agencies to incorporate telework into their continuity of operations plan. Agencies should have written telework agreements in place with as many employees who are willing to participate and communicate expectations for telework in emergency situations.

It is important for an agency to have a solid technology infrastructure established to support a high level and volume of connectivity, so employees can work seamlessly from their alternate locations (e.g., home) and maintain established records and security requirements. Managers, employees, and organizations must remain flexible and adapt to the changing environment.

**(3) In the event that local school systems are closed due to COVID-19, but Federal offices remain OPEN, is it permissible for a telework program participant to perform telework with a child in the home?**

An agency that has a general bar on teleworking when there are young children or other persons requiring care and supervision may choose to adjust its policies to allow, as a special exception, telework in those circumstances in the case of an emergency, such as the COVID-19 situation. Under such an exception policy, a teleworking employee would be expected to account for work and non-work hours during his or her tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties (e.g., to care for small children).

Agencies should address in their telework policies potential situations that may prevent or impact an employee's ability to effectively perform his or her duties at home. This includes policies regarding the conditions under which employees may telework, even if they have a young child or other person requiring the presence of a caregiver in the home. (For additional information please see OPM Guidance on Telework and Dependent Care at: <https://www.telework.gov/guidance-legislation/telework-guidance/telework-and-dependent-care/>.)

If an agency policy bars an employee from teleworking at his or her home when there is a child or elder care situation, then the home is not an approved location under OPM's regulations. Since Federal offices remain OPEN, agencies may not authorize weather and safety leave to employees who cannot telework with children in the home. Employees should either report to their worksite or request annual leave or other paid time off if they are unable to report to the worksite.

**(4) In the event that local school systems are closed due to COVID-19 and Federal offices are CLOSED, is it permissible for a telework program participant to perform telework with a child in the home?**

An agency that has a general bar on teleworking when there are young children or other persons requiring care and supervision may choose to adjust its policies to allow, as a special exception, telework in those circumstances in the case of an emergency, such as the COVID-19 situation. Under such an exception policy, a teleworking employee would be expected to account for work and non-work hours during his or her tour of duty and take appropriate leave (paid or unpaid) to account for time spent away from normal work-related duties (e.g., to care for small children).

Agencies should address in their telework policies potential situations that may prevent or impact an employee's ability to effectively perform his or her duties at home. This includes policies regarding the conditions under which employees may telework, even if they have a young child or other person requiring the presence of a caregiver in the home. (For additional information please see OPM Guidance on Telework and Dependent Care at: <https://www.telework.gov/guidance-legislation/telework-guidance/telework-and-dependent-care/>.)

If an agency policy bars an employee from teleworking at his or her home when there is a child or elder care situation, then the home is not an approved location under OPM's regulations. Since Federal offices remain CLOSED, agencies may authorize weather and safety leave to employees who cannot telework with children in the home under agency policies and cannot safely travel to or perform work at the regular office location.

**(5) What happens if an employee does not have a sufficient amount of work to perform to cover the entire telework day during incidences of COVID-19?**

An employee must always have a sufficient amount of work to perform throughout the workday when he or she teleworks. An employee performing telework who does not have enough work must notify his or her supervisor and receive additional work or discuss leave options such as annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay.

**(6) Does an agency possess the authority to have their telework program participants work from home during an agency closure due to COVID-19?**

Yes. During an agency closure due to COVID-19, when an agency Continuity of Operation Plan (COOP) has not been initiated and the World Health Organization has NOT declared a pandemic, telework program participants will generally be expected to continue working from home. All telework program participants will be ineligible for weather and safety leave during a closure except in rare circumstances when one of the exceptions under 5 CFR 630.1605(a)(2) applies. They must telework for the entire workday, take other leave (paid or unpaid) or other time off, or use a combination of telework and leave or other paid time off. (Note: A telework program participant may also be referred to as a "telework-ready" employee.) For more information, please see:

<https://www.opm.gov/policy-data-oversight/pay-leave/reference-materials/handbooks/dcdissmissal.pdf>.

**(7) Can an agency order an employee to telework during a COOP event?**

Yes. The Telework Enhancement Act of 2010 states that “each executive agency shall incorporate telework into the continuity of operations plan of that agency.” Employees participating in an agency telework program can be leveraged during a COOP activation. If an agency COOP plan is in operation, that plan “shall supersede any telework policy,” (see 5 U.S.C. 6504(d)(2)) and allow greater flexibility to expand telework to a larger segment of the workforce in support of agency operations) so that as many employees as possible are working during a COOP activation.

**C. Sick Leave and Other Time Off**

**(1) If an employee, who has been receiving weather and safety leave due to exposure to COVID-19, becomes symptomatic (ill), should he or she continue to receive weather and safety leave?**

No. Sick leave would be used to cover such a period of sickness, as provided in 5 CFR 630.401(a)(2). Agencies must grant sick leave when an illness, such as COVID-19, prevents an employee from performing work.

**(2) If an employee runs out of sick leave, can the agency grant advanced sick leave to an employee who is ill (symptomatic) due to a quarantinable communicable disease, such as COVID-19, or must care for a family member who is ill?**

Yes. However, while sick leave may be advanced at an agency’s discretion, it is not an employee entitlement. The sick leave regulations allow an employee to be advanced sick leave for exposure to a quarantinable communicable disease, subject to the limitations below:

- 240 hours (30 days) may be advanced if the employee would jeopardize the health of others by his or her presence on the job because of exposure to a quarantinable communicable disease;
- 104 hours (13 days) may be advanced if the employee is providing care for a family member who would jeopardize the health of others by his or her presence in the community because of exposure to a quarantinable communicable disease.

**(3) Must an employee have a doctor’s note if requesting to use sick leave for 3 days or more due to an illness from a quarantinable communicable disease, such as COVID-19?**

Not necessarily. Under OPM’s regulations (5 CFR 630.405(a)), an agency may grant sick leave only when the need for sick leave is supported by administratively acceptable evidence. An agency may consider an employee’s self-certification as to the reason for his or her absence as administratively acceptable evidence, regardless of the duration of

the absence. An agency may also require a medical certificate or other administratively acceptable evidence as to the reason for an absence for any of the purposes for which sick leave is granted for an absence in excess of 3 workdays, or for a lesser period when the agency determines it is necessary. Supervisors should use their best judgment and follow their agency's internal practices for granting sick leave. Agencies should also be mindful about the burden and impact of requiring a medical certificate.

**(4) If an employee is healthy but chooses to stay home because he or she has been in direct contact with an individual exposed to a quarantinable communicable disease, such as COVID-19, in what pay/leave status is the employee placed?**

An employee, covered by a telework agreement, may request to telework with the permission of the supervisor. Agencies could also consider expanding telework to any telework eligible employees to provide additional flexibility for employees. For employees who are not currently covered by a telework agreement, agencies may also consider whether an employee has some portable duties (e.g., reading reports; analyzing documents and studies; preparing written letters, memorandums, reports and other correspondence; setting up conference calls, or other tasks that do not require the employee to be physically present), that would allow him/her to telework on a situational basis. An ad-hoc telework agreement should be signed to cover the period the employee is permitted to work from the approved alternate location (e.g., home).

An employee may also request to take annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay. An agency may not authorize weather and safety leave to an employee under this scenario. The use of sick leave would be limited to circumstances where an employee has become symptomatic (ill) due to a quarantinable communicable disease, such as COVID-19.

**(5) If an employee is healthy but stays home because his or her asymptomatic family member has been quarantined due to exposure to COVID-19, in what pay/leave status is the employee placed?**

Currently, an employee may use annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay to care for a family member who is healthy but has been quarantined due to COVID-19. An employee, covered by a telework agreement, may be able to telework pursuant to an ad hoc arrangement with the permission of the supervisor during the quarantine period. Provided the employee has telework capabilities and sufficient work to perform, the agency should be flexible in determining whether the employee can accomplish his or her duties from home while caring for a family member. An employee may telework during the time he or she is not responsible for caring for a family member and must request annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay while caring for a family member. (See section B, Telework for more information.)

## D. Weather and Safety Leave

### **(1) Can agencies approve weather and safety leave for an employee who has been exposed to a quarantinable communicable disease, such as Coronavirus Disease 2019 (COVID-19)?**

Agencies may authorize weather and safety leave for an asymptomatic employee who is subject to movement restrictions (quarantine or isolation) under the direction of public health authorities due to a significant risk of exposure to a quarantinable communicable disease, such as COVID-19. (See Section B, Telework, for more information regarding general restrictions on the use of weather and safety leave for telework program participants.)

### **(2) If an employee is healthy but stays at home because he/she has been in direct contact with an individual infected with a quarantinable communicable disease such as COVID-19, should an agency authorize weather and safety leave?**

An agency may authorize weather and safety leave to an employee exposed to COVID-19, even if asymptomatic, if a local health authority determines the employee would jeopardize the health of others if allowed to return to work. Employees should refer to CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>) for how to conduct a risk assessment of their potential exposure. (See Section B, Telework, for more information regarding general restrictions on the use of weather and safety leave for telework program participants.)

### **(3) If an employee must stay home to care for an asymptomatic family member who was exposed to a quarantinable communicable disease, such as COVID-19, should an agency authorize weather and safety leave?**

No. An agency should not authorize weather and safety leave in this instance. An employee who is healthy and is caring for an asymptomatic family member may request annual leave, advanced annual leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay for the period of absence from his or her job. In addition, an employee who is caring for an asymptomatic family member who has been exposed to a quarantinable communicable disease and who is covered by a telework agreement may also request to telework pursuant to an ad hoc arrangement to the extent possible. (See section B, Telework, for more information.)

If the employee's family member becomes symptomatic (ill) with a quarantinable communicable disease, such as COVID-19, sick leave to care for a family member with a serious health condition would be appropriate. (See section C, Sick Leave and Other Time Off, for more information.)

## **E. Evacuation Payments During a Pandemic Health Crisis**

### **(1) If a local or state health office makes a determination that COVID-19 has become a public health emergency, could a Federal agency use the evacuation payment authority found at 5 CFR 550.409?**

No. OPM regulations permit this authority to be utilized in connection with communicable diseases only in the context of a declared pandemic health crisis. The World Health Organization (WHO) makes the determination of when a pandemic is occurring.

### **(2) If the WHO declares COVID-19 to be a pandemic, can an agency order one or more employees to evacuate their worksite and work from home?**

Yes. 5 CFR 550.409(a) allows an agency to order its employees to evacuate their regular worksites and work from home (or an alternative location mutually agreeable to the agency and the employee) during a pandemic health crisis.

### **(3) During a pandemic health crisis, can an agency order an employee to work from home (or an alternative location mutually agreeable to the agency and the employee) if the employee does not have a telework agreement?**

Yes. An agency may order an employee to work from home (or an alternative location mutually agreeable to the agency and the employee) without regard to whether the agency and the employee have a telework agreement in place at the time the order to evacuate is issued. Agencies should consult with offices of human resources and general counsel to determine appropriate collective bargaining obligations where bargaining unit employees are impacted.

### **(4) What type of work may an agency assign to an evacuated employee?**

Under OPM regulations, an agency may assign any work considered necessary without regard to the employee's grade or title. However, an agency may not assign work to an employee unless the agency knows the employee has the necessary knowledge and skills to perform the assigned work.

### **(5) If an employee is forced to incur additional costs due to working from home (e.g., purchasing a computer or internet service), may an agency provide payments to offset those expenses?**

The agency head, in his or her sole and exclusive discretion, may grant special allowance payments, based on a case-by-case analysis, to offset the direct added expenses incidental to performing work from home (or an alternative location mutually agreeable to the agency and the employee) during a pandemic health crisis. (See 5 CFR 550.409(b).) An employee is **not** entitled to special allowance payments for increased costs during an evacuation unless specifically approved by the agency head.

## F. Employee Relations

**(1) If an employee comes to work and shows symptoms of illness, what should the supervisor do? May the employee be placed on excused absence (administrative leave), and if so, for how long? What is needed before the employee can return to work?**

When a supervisor observes an employee at the workplace exhibiting medical symptoms, he or she can express general concern regarding the employee's health and remind the employee of his or her leave options for seeking medical attention, such as requesting sick or annual leave. Supervisors may refer to CDC's Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19) for some tips on how to handle employees showing symptoms of acute respiratory illness. See <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>. However, supervisors of federal employees should consider this guidance in conjunction with OPM guidance for the federal workforce.

If the employee has no leave available, supervisors are authorized to approve requests for advanced leave or leave without pay in certain circumstances. When these leave options are not practical, a viable alternative, when the employee is covered by a telework agreement, is for the employee to work from home for social distancing purposes pursuant to an ad hoc arrangement approved by the employee's supervisor. Of course, the feasibility of working from home is dependent on several factors, including the nature of the employee's duties, the availability of any necessary equipment (personal computer, etc.), and computer and communication connectivity.

If none of the above options are possible, agencies have the authority to place an employee on excused absence (administrative leave) and order him or her to stay at home or away from the workplace. The duration of any such excused absence (administrative leave) is dependent on the specific circumstances but is typically a short period. Placing an employee on excused absence (administrative leave) is fully within an agency's discretion and does not require the consent or request of the employee. Supervisors should not place an employee on excused absence (administrative leave) without first consulting with their human resources (HR) staff and general counsel to review agency policy, collective bargaining agreements, and applicable law with respect to any applicable collective bargaining provisions.

An employee who is quarantined under the direction of health care authorities should not be reporting to the normal worksite. The employee's supervisor should offer the quarantined employee the option of ad hoc telework to the maximum extent possible. The quarantined employee may be granted advanced sick leave for the quarantine period, at the employee's request. Other options include annual leave, advanced annual leave, or donated annual leave.

Before an employee returns to work, the employee's supervisor should consult with HR and general counsel regarding procedures for requesting administratively acceptable

medical documentation in accordance with applicable policies, collective bargaining agreements, and laws.

**(2) If no medical official is present at a Federal building, who assesses employees and orders them home if they appear ill?**

Supervisors may require an employee to take leave or stay away from the worksite based on objective evidence only (not suspicion). Supervisors should obtain assistance from HR staff or on-site employee health services (if available), as the action may require compliance with adverse action procedures.

Objective evidence will depend on the facts of each case. Objective evidence could consist of a statement from the health authorities having jurisdiction or from a health care provider that the employee is physically unable to work or poses a danger to other employees or knowledge the employee resides in an area that has been quarantined. Consultation with public health officials may be appropriate. Less definitive, but potentially sufficient, evidence would be the employee making specific comments about being exposed to pandemic influenza or to a quarantinable communicable disease such as COVID-19 (e.g., taking care of a sick relative or friend). If such comments are made, supervisors should consult with HR and general counsel to assess whether a determination from a public health official is appropriate and necessary.

Human resources offices and agency legal counsel should be contacted to determine the best course of action based on objective evidence. Employee relations specialists and agency legal counsel have the necessary knowledge to assist supervisors and managers with options, such as telework, and appropriate actions arising from an outbreak of a quarantinable communicable disease or pandemic influenza. HR staff should check OPM's website ([www.opm.gov](http://www.opm.gov)) and the CDC website ([www.cdc.gov](http://www.cdc.gov)) on a regular basis to stay current.

While consideration may be given to directing the employee to leave the workplace and either placing him or her on enforced leave or effecting an indefinite suspension after appropriate adverse action procedural requirements are satisfied, the human resources office and agency legal counsel should be contacted to ensure these types of adverse actions are permissible and defensible under the circumstances, and if appropriate, how to implement these types of actions. Excused absence (administrative leave) may be used if other options are exhausted and if it is necessary to prevent an employee from being at the worksite and putting other employees at risk before a supervisor can appropriately place an employee on enforced leave or indefinite suspension. (See additional discussion on enforced leave in question F3 below.)

**(3) Can an agency mandate an employee exposed to a quarantinable communicable disease or infected with COVID-19 to remain away from the workplace for a specified period?**

The CDC or other health agency will provide information related to the length of time an individual remains contagious, as well as current recommendations for social distancing,

etc. For information specific to COVID-19, please view CDC's web site at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. In the case of an epidemic or pandemic, agency personnel actions aimed at preventing the spread of a disease may be taken because of the guidance or directive of public health officials regarding the general danger to public health.

Generally, an agency should not prohibit an employee from reporting to work unless it has evidence or a reasonable concern that an employee is physically unable to perform his or her job, or their presence in the workplace poses a risk of infection to others. Whenever possible, sick employees should be encouraged to take leave, such as sick leave, annual leave, advanced leave, other paid time off (e.g., earned compensatory time off, earned credit hours), or leave without pay. Excused absence (administrative leave) may be used if other options are not feasible and it is necessary to prevent an employee from being at the worksite and possibly putting other employees at risk. Excused absence is a paid, non-duty status that does not require the employee's consent or request and does not trigger adverse action procedures. In addition, excused absence can provide time for the agency to seek appropriate evidence regarding the employee's health. In other cases, such as when an employee refuses to take leave voluntarily, a supervisor may find it appropriate to enforce the employee's use of leave. Supervisors should consult with appropriate HR staff and general counsel before taking such a step, because enforced leave is an adverse action that imposes procedural requirements (i.e., advance notice, an opportunity to reply, the right to representation, and an agency decision) before actually enforcing the use of leave. Enforced leave of 14 days or less may be subject to agency administrative grievance procedures or negotiated grievance procedures. In addition, enforced leave lasting longer than 14 days may be appealed to the Merit Systems Protection Board (MSPB) or potentially grieved under any applicable negotiated grievance procedure. Supervisors need to consult with their HR office and legal counsel when deciding to enforce the use of leave, to ensure that the action is permissible and defensible before a third party.

**(4) Does an agency have the right to solicit medical documentation when the employee is requesting sick leave? May an agency require all staff to be tested and treated for a quarantinable communicable disease, such as COVID-19?**

Agency policy and collective bargaining agreements may have provisions for requesting medical documentation from an employee. Accordingly, agencies should consult with their HR office and general counsel for guidance. An agency may grant sick leave only when supported by evidence administratively acceptable to the agency. For absences in excess of 3 days, or for a lesser period when determined necessary by the agency, an agency may require a medical certificate or other administratively acceptable evidence.

Under current rules, management may require medical evaluation or screening only when the need for such evaluation is supported by the nature of the work (see 5 CFR 339.301). Attempts on the part of a supervisor to assume a particular medical diagnosis based on observable symptoms is very problematic and should be avoided. However, when a supervisor observes an employee exhibiting symptoms of illness, he or she may express concern regarding the employee's health and remind the employee of his or her

leave options for seeking medical attention, such as requesting sick or annual leave. If the employee has no leave available, supervisors are authorized to approve requests for advanced leave or leave without pay in certain circumstances. Agencies should also note the provisions of 5 CFR 630.401(a)(5), which require the approval of requests for sick leave if an employee is determined by the health authorities having jurisdiction or by a health care provider, to “jeopardize the health of others by his or her presence on the job because of exposure to a communicable disease.”

**(5) Under what circumstances should an agency communicate to its employees that there is a confirmed case among one or more of its employees (without identifying the person/specific office)?**

The infected employee’s privacy should be protected to the greatest extent possible; therefore, his or her identity should not be disclosed. In an outbreak of quarantinable communicable disease or COVID-19, management should share only that information determined to be necessary to protect the health of the employees in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Supervisors should consult with their agency general counsel to determine what information is releasable. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assess-manage-risk.html>.

If social distancing, information sharing, or other precautions to assist employees in recognizing symptoms or reducing the spread of the illness can be taken without disclosing information related to a specific employee, that is the preferred approach.

Managers should work with their workplace safety contacts and local health officials to stay apprised of information regarding transmission of the illness and precautions that should be taken to reduce the spread of influenza or any other contagious disease in the workplace. Managers should treat this as they would any other illness in the workplace and continue to protect employee privacy interests while providing sufficient information to all employees related to protecting themselves against the spread of illness.

**G. Hazardous Duty Pay Related to Exposure to COVID-19**

**(1) May an employee receive hazard pay differentials or environmental differential pay if exposed to COVID-19 through the performance of assigned duties?**

General Schedule (GS) employees may receive additional pay for the performance of hazardous duty or duty involving physical hardship. (5 U.S.C. 5545(d) and 5 CFR part 550, subpart I). Appendix A to subpart I of part 550 of title 5, Code of Federal Regulations, contains a list of approved hazard pay differentials. For example, a 25 percent hazard pay differential is authorized for employee exposure to “virulent biologicals, “ which is defined as ‘work with or in close proximity to...[m]aterials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection.’

To be eligible for the hazard pay differential, the agency must determine that the employee is exposed to a qualifying hazard through the performance of his or her assigned duties and that the hazardous duty has not been taken into account in the classification of the employee's position. A hazard pay differential is not payable if safety precautions have reduced the element of hazard to a less than significant level of risk, consistent with generally accepted standards that may be applicable. (See 5 CFR 550.904-550.906 for further information and exceptions.) OPM does not determine when hazard pay differentials must be paid; agencies have the responsibility and are in the best position to determine whether duties performed by employees meet the regulatory requirements for hazard pay. Thus, agency managers, in consultation with occupational safety and health experts, must determine whether an employee is entitled to hazard pay on a case-by-case basis.

Prevailing rate (wage) employees may receive an environmental differential when exposed to a working condition, physical hardship, or hazard of an unusually severe nature. (See 5 U.S.C. 5343(c)(4) and 5 CFR 532.511.) A list of approved differentials is contained in Appendix A to subpart E of part 532, of title 5, Code of Federal Regulations. As with hazard pay differentials, determinations as to whether an employee qualifies for an approved environmental differential must be made by agencies on a case-by-case basis.

**(2) May an employee who has been exposed incidentally to COVID-19 (i.e., in a manner not directly associated with the performance of assigned duties) receive a hazard pay differential for exposure to “virulent biologicals”?**

No. OPM's regulations define exposure to “virulent biologicals” as “work with or in close proximity to . . . [m]aterials of micro-organic nature which when introduced into the body are likely to cause serious disease or fatality and for which protective devices do not afford complete protection.” (See Appendix A to subpart I of part 550 of title 5, Code of Federal Regulations.) Agencies may pay a hazard pay differential to a General Schedule employee for exposure to “virulent biologicals” only when the risk of exposure is directly associated with the performance of assigned duties. An employee may not receive a hazard pay differential under the “virulent biologicals” category if exposure to a qualifying virus was not triggered by the performance of assigned duties. The hazard pay differential cannot be paid to an employee who may come in contact with the virus or another similar virus through incidental exposure to the public or other employees who are ill rather than being exposed to the virus during the performance of assigned duties (e.g., as in the case of a poultry handler or health care worker). Also, the virus must be determined to be likely to cause serious disease or fatality for which protective devices do not afford complete protection.

Federal Wage System (FWS) employees may not receive an environmental differential for incidental exposure to the pandemic COVID-19. The environmental differential for FWS employees is additional pay for job-related exposure to hazards, physical hardships, or working conditions of an unusually severe nature which cannot be eliminated or significantly reduced by preventive measures. The environmental differential is not

intended to compensate employees for exposure to a safety risk unrelated to their assigned duties.

**(3) Where can I find the various hazardous duty pay and environmental differentials?**

For General Schedule (GS) employees, hazardous duty pay differentials are established under 5 CFR 550, Appendix A to subpart I. For Federal Wage System employees, pay administration rules for environmental differentials are found in 5 CFR 532.511. Environmental differential pay categories are listed in Appendix A to subpart E of 5 CFR part 532.

**(4) Can employees receive hazardous duty pay or environmental differential pay for potential exposure to COVID-19?**

No. There is no authority within the hazardous duty pay or environmental differential statutes to pay for *potential* exposure. To pay hazardous duty pay or environmental differential pay for an unusual physical hardship or hazard covered under the regulations, a local installation must find that there is credible evidence that an employee was actually exposed.

**H. Workplace Precautions to Prevent Exposure to COVID-19**

**(1) If an employee works in an occupation at risk for exposure to a quarantinable communicable disease such as COVID-19, what can he or she do to stay safe and prevent the spread of the disease to others?**

The Occupational Safety and Health Administration (OSHA) published guidance and recommended measures to help prevent occupational exposure to COVID-19 in Federal workplaces. See OSHA's COVID-19 guidance at <https://www.osha.gov/SLTC/covid-19/index.html>.

See also CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>.

**I. Office of Workers Compensation Programs (OWCP)**

**(1) Where can Federal employees find information on workers compensation benefits related to COVID-19?**

Information on worker's compensation benefits for Federal employees related to COVID-19 can be found at <https://www.dol.gov/owcp/dfec/InfoFECACoverageCoronavirus.htm>.

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## Preliminary Guidance to Agencies during Coronavirus Disease 2019 (COVID-19)

Tuesday, March 3, 2020

CPM 2020-04



The Director

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

### **MEMORANDUM FOR: HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES**

**From:** DALE CABANISS, DIRECTOR

**Subject:** Preliminary Guidance to Agencies during Coronavirus Disease 2019 (COVID-19)

On March 3, 2020, President Donald J. Trump announced the formation of the White House Coronavirus Task Force (the Task Force). The Task Force leads the Administration's efforts to monitor, contain, and mitigate the spread of the virus, while ensuring that the American people have the most accurate and up-to-date health and travel information.

At the direction of the Task Force, the U.S. Office of Personnel Management (OPM) provides the following preliminary guidance to the Heads of Executive departments and agencies to prepare the Federal workforce for the potential impacts of Coronavirus Disease 2019 (COVID-19). OPM coordinated this guidance with the National Security Council (NSC), Office of Management and Budget (OMB), Department of State (DoS), the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), General Services Administration (GSA), Federal Emergency Management Agency (FEMA), and the Federal Protective Service (FPS). This preliminary guidance addresses Federal workforce posture, management of visitors to Federal facilities, and domestic and international travel by Federal employees.

### **Human Resources Flexibilities for Federal Employees**

Over the past month, OPM has released [CPM 2020-01](#) and [CPM 2020-02](#) reminding agencies of the various human resources flexibilities available to assist agencies.

#### Telework and Federal Mission Resilience

To be prepared for COVID-19, departments and agencies must incorporate telework in their continuity of operations (COOP) plans. The Telework Enhancement Act of 2010 states that "each executive agency shall incorporate telework into the continuity of operations plan of that agency." *See* 5 U.S.C. § 6504(d) (1). If an agency COOP plan is in operation, that plan "shall supersede any telework policy." *See* 5 U.S.C. § 6504(d) (2). Therefore, agencies should immediately review their current COOP plans to ensure that telework has been fully incorporated and that as many employees as possible have been identified as telework employees in the plan, and are telework capable (or "telework ready").

FEMA advises that departments and agencies continue to monitor and prepare for any circumstances that may hinder the performance of essential functions and continue to submit Continuity Status Reports (CSRs) in accordance with Federal Continuity Directive 1.

OPM and OMB plan to host periodic interagency calls concerning questions and issues that arise about relevant human resource issues. In the meantime, agency headquarters-level human resources offices may contact OPM at [pay-leave-policy@opm.gov](mailto:pay-leave-policy@opm.gov) with questions about human resources flexibilities. Agency field offices should contact their appropriate headquarters-level agency human resources office. Individual employees should contact their agency human resources office.

### **CDC Guidance**

The CDC continues to update the American public that the immediate health risk from COVID-19 is low at this time. Nevertheless, Federal agencies should review their plans and continue their preparations since this is an emerging, rapidly evolving situation. CDC will provide updated information on the [CDC website](#). Additionally, CDC and the National Institute for Occupational Safety and Health (NIOSH) have created a page to highlight resources available for the protection of U.S. workers in all settings. *See [CDC/NIOSH worker resources](#)*

In addition, the CDC's interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings, where it is unlikely that work tasks create an increased risk of exposure to COVID-19. The guidance also provides planning considerations for widespread, community outbreaks of COVID-19. *See [Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)*

CDC also recommends everyday preventive actions to help mitigate the spread of respiratory diseases. Find a list of these preventive actions at [CDC Prevention and Treatment Actions](#).

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.

CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

For further guidance on workplace safety and health for Federal agencies and employees, please visit: [OSHA.gov/covid-19](https://www.osha.gov/covid-19)

### **Domestic Travel for Federal Employees**

The intent of this travel guidance is not to be prescriptive, but to present a framework for decision making among the departments and agencies. All agencies shall review their travel policies and begin to reduce non-essential travel as appropriate.

Employees planning domestic travel should routinely check [COVID-19 Information for Travel](#) for information about COVID-19 for travelers and travel-related industries and take into consideration the location and purpose of their travel.

### **International Travel for Federal Employees**

Federal employees that have spent time in certain countries or specific regions within countries that have been designated by the U.S. Department of State as Level 4 (Do Not Travel) due to COVID-19 are advised to stay at home and monitor their health for 14 days after returning to the U.S. Federal employees should seek medical advice if they get sick with fever, cough, or difficulty breathing.

Level 4 designated locations can be found at [Department of State Destination Travel Advisories](#).

This guidance does not require immediate cancellation of pre-planned, conferences/large meetings that are not located in areas with a Level 4 travel advisory.

Federal employees planning to travel to other overseas destinations are advised to individually review the U.S. Department of State's [Travel.State.Gov](#) website for up-to-date overseas [travel information for destination countries](#) and the [Emergency Alert for Coronavirus](#) page. Approval for travel to any country outside the CONUS is approved by the Chief of Mission for that country. This is usually the Ambassador or his/her designee. Travel advisories are directly available at [Department of State Travel Advisories](#). All Federal employees seeking to travel overseas for official purposes should complete the Department of State's "eCountry Clearance" process. Once registered, users will receive up-to-date travel information. Final approval for travel to any country is at the discretion of the Chief of Mission. The "eCountry Clearance" system is available via "myServices" or at [myServices eCountry Travel Registration](#). Please start the process of requesting overseas travel as early as possible. All USG staff must also obtain all necessary Department of State clearances and attend required trainings.

Travelers should consult the CDC's [guidelines for the prevention of coronavirus](#) and visit the [CDC Travelers' Health Page](#) for information on specific country health conditions.

### **Guidance on Visitor Access to Federal Offices and Buildings**

The Interagency Security Committee has established standards for day-to-day risk management of Federal facilities. State and Federal health officials are providing ongoing guidance to Federal agencies regarding control and containment of COVID-19 exposure. Based on that health guidance, the Facility Security Committee (FSC) and/or Designated Official (DO) in each Federal facility has the authority and discretion to set requirements for admission to Federal property. See 41 CFR §102-74.375. Agencies should contact their respective FSC or DO for any further developments on visitor access.

At Federal Protective Services (FPS) protected facilities, FPS will work with the FSC and/or DO to implement and enforce any new requirements as necessary. At non-FPS protected facilities, this role is the responsibility of the individual facility security organization. Agencies should contact their respective FSC, DO, or security organization for any developments related to protection of facilities.

cc: Chief Human Capital Officers (CHCOs), Deputy CHCOs, Human Resources Directors, Work-Life Coordinators, Telework Coordinators, and Federal Executive Boards

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[Home](#) > Human Resources Flexibilities Available for Federal Employees Impacted by the 2019 Novel Coronavirus

# Human Resources Flexibilities Available for Federal Employees Impacted by the 2019 Novel Coronavirus

Friday, February 7, 2020  
CPM 2020-02



The Director

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

## **MEMORANDUM FOR: HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES**

**From:** DALE CABANISS, DIRECTOR

**Subject:**

Human Resources Flexibilities Available for Federal Employees Impacted by the 2019 Novel Coronavirus

The U.S. Office of Personnel Management (OPM) is releasing additional guidance to assist agencies and employees in responding to any concerns about exposure to the 2019 Novel Coronavirus (2019-nCoV). As stated in [CPM 2020-01](#), OPM convened a working group of key agencies to determine what human resources guidance was needed in response to 2019-nCoV. After discussions with the working group, OPM determined that detailed guidance on human resources (HR) flexibilities was needed. The attachment to this memorandum provides information on various HR flexibilities that may be utilized by agencies and employees during periods when employees are subject to quarantine or isolation in connection with 2019-nCoV.

OPM will continue meeting with the working group to determine if further HR guidance on 2019-nCoV is needed. Agencies are strongly encouraged to monitor the Centers for Disease Control and Prevention (CDC) [2019-nCoV website](#) for updates. OPM will continue to coordinate with the CDC and the agency working group to identify Federal workforce impacts, direct agencies to the latest information on 2019-nCoV, and provide agencies with any necessary guidance on HR flexibilities and authorities.

### **Additional Information**

Agency headquarters-level human resources offices may contact OPM at [pay-leave-policy@opm.gov](mailto:pay-leave-policy@opm.gov). Agency field offices should contact their appropriate headquarters-level agency human resources office. Individual employees should contact their agency human resources office.

Attachment (see 508-conformant PDF below)

cc: Chief Human Capital Officers (CHCOs), Deputy CHCOs, Human Resources Directors, and Work-Life Coordinators

**Attachment(s):**  [Coronavirus Memo Attachment.pdf](#)

**Attachment****Human Resources Flexibilities and Authorities for the 2019 Novel Coronavirus**

The U.S. Office of Personnel Management (OPM) reminds agencies that a wide range of human resources (HR) flexibilities and authorities are available to assist employees and agencies in dealing with the 2019 Novel Coronavirus (2019-nCoV) or other quarantinable communicable diseases. 2019-nCoV, first detected in Wuhan, Hubei Province, China, has caused heightened public awareness about potential health impacts. This attachment provides agencies with information on leave and other workplace flexibilities and authorities that can be utilized during any potential outbreak of 2019-nCoV. Agencies are expected to implement policies consistent with laws, regulations, collective bargaining agreements, and OPM guidance.

Note: For purposes of this guidance, the term “quarantinable communicable disease” generally means a disease for which Federal isolation and quarantine are authorized. Isolation may be used to separate people with a contagious disease from people who are not sick in order to stop the spread of that illness. Quarantine may be used to separate and restrict the movement of people who were exposed to a contagious disease to see if they become sick and to prevent the possible spread of that disease to others. Agencies should refer to the list of quarantinable communicable diseases, which are defined by Executive Order 13295 and include “severe acute respiratory syndromes,” such as 2019-nCoV. (See <http://www.cdc.gov/quarantine/AboutLawsRegulationsQuarantineIsolation.html>.) Under certain circumstances, the Centers for Disease Control and Prevention (CDC) or a state or local health department may determine that exposure to a quarantinable communicable disease would jeopardize the health of others, and that quarantine of the exposed individual is warranted to protect the public’s health. If the disease is not a quarantinable communicable disease, as defined by Executive Order, and a health authority or health care provider has concerns that exposure to the disease could jeopardize the health of others, the health authority or health care provider should contact the CDC for evaluation of the risk factors and further recommendation.

**I. Leave and Other Paid Time Off**

The Federal Government offers numerous leave and workplace flexibilities to assist employees during incidences of quarantinable communicable diseases (such as 2019-nCoV). Under current law and regulations, agencies may authorize weather and safety leave when certain criteria are met as discussed below. When appropriate, employees may also use sick leave, annual leave, advanced annual and/or sick leave, Family and Medical Leave Act leave, leave without pay, donated leave under the Voluntary Leave Transfer and Leave Bank Programs, and other paid time off such as compensatory time off and credit hours earned under flexible work schedules.

**Weather and Safety Leave.** OPM has determined that agencies may authorize weather and safety leave when an asymptomatic employee (i.e., healthy, not displaying symptoms of the given disease) is subject to movement restrictions (quarantine or isolation) under the direction of public health authorities due to a significant risk of exposure to a quarantinable communicable disease, such as 2019-nCoV. This determination is based on the significant safety risks for other employees and the general public that would be incurred if such an employee were allowed to

travel to and perform work at the employee's normal worksite. (NOTE: The use of weather and safety leave would not be appropriate in cases of communicable diseases that have not been designated as quarantinable by public health authorities, since they do not pose the same high degree of safety risks for the public.) Use of weather and safety leave would supersede the use of sick leave as would have otherwise been allowed in these circumstances under OPM's sick leave regulations at 5 CFR 630.401(a)(5). Use of weather and safety leave would be subject to the normal conditions—for example, weather and safety leave may be granted only if an employee is not able to safely perform work at an approved location. Thus, an employee who is not a telework program participant would be granted weather/safety leave for quarantine periods based on potential exposure. However, in the case of telework program participants, the employee's home is generally an approved location. Thus, the employee would generally be expected to perform telework at home as long as the employee is asymptomatic. (See 5 CFR 630.1605.) If a telework program participant in these circumstances needs time off for personal reasons, then the employee would be expected to take other personal leave or paid time off (e.g., annual leave or sick leave to care for a family member). If an employee (whether or not a telework program participant) is diagnosed as being infected, or likely has been infected, with a quarantinable communicable disease, such as 2019-nCoV, use of weather and safety leave would be inappropriate. Accrued or advanced sick leave would normally be used to cover such a period of sickness, as provided in 5 CFR 630.401(a)(2). Agencies must grant sick leave when an illness prevents an employee from performing work. If the employee exhausts the available sick leave, other paid leave or paid time off may also be available to an employee, as described in this guidance document.

**Sick Leave.** An employee is entitled to use an unlimited amount of accrued sick leave when he or she is unable to perform his or her duties due to physical or mental illness or is receiving medical examination or treatment. An employee who is symptomatic (ill) due to a quarantinable communicable disease, such as 2019-nCoV, is entitled to use his or her accrued sick leave. Sick Leave for Personal Needs fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/personal-sick-leave/>)

**Sick Leave for General Family Care.** An employee is entitled to use a total of up to 104 hours (13 days) of sick leave each leave year to provide care for a family member who is ill or receiving medical examination or treatment. If an employee's family member is symptomatic (ill) due to a quarantinable communicable disease, such as 2019-nCoV, the employee may use his or her accrued sick leave for general family care. The amount of sick leave permitted for family care purposes is proportionally adjusted for part-time employees and employees with uncommon tours of duty in accordance with the average number of hours of work in the employee's regularly scheduled administrative workweek. Sick Leave for Family Care fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/sick-leave-for-family-care-or-bereavement-purposes/>)

**Sick Leave to Care for a Family Member with a Serious Health Condition.** An employee is entitled to use up to 12 weeks (480 hours) of sick leave each leave year to care for a family member with a serious health condition. If an employee has already used 13 days of sick leave for general family care (discussed above), the 13 days must be subtracted from the 12 weeks. If an employee has already used 12 weeks of sick leave to care for a family member with a serious health condition, he or she cannot use an additional 13 days in the same leave year for general

family care purposes. An employee is entitled to no more than a combined total of 12 weeks of sick leave each leave year for all family care purposes. If an employee's family member is symptomatic (ill) due to a quarantinable communicable disease, such as 2019-nCoV, that would generally constitute a serious health condition, which would allow use of up to 12 weeks of an employee's accrued sick leave to care for that family member. The amount of sick leave permitted for family care purposes is proportionally adjusted for part-time employees and employees with uncommon tours of duty in accordance with the average number of hours of work in the employee's regularly scheduled administrative workweek.

Sick Leave to Care for a Family Member with a Serious Health Condition fact sheet:

(<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/sick-leave-to-care-for-a-family-member-with-a-serious-health-condition/>)

**Annual Leave.** An employee may use any or all accrued annual leave for personal needs, such as rest and relaxation, vacations, medical needs, personal business, emergencies, or to provide care for a healthy or sick family member. An employee has a right to take annual leave, subject to the right of the supervisor to schedule the time at which annual leave may be taken.

Annual Leave fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/annual-leave/>)

**Advanced Annual and/or Sick Leave.** An agency may advance annual leave in an amount not to exceed the amount the employee would accrue during the remainder of the leave year. An agency may advance a maximum of up to 30 days (240 hours) of sick leave, subject to limitations, to be used for the same reasons it grants sick leave. An employee may request advanced annual and/or sick leave irrespective of existing leave balances.

Advanced Annual Leave fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/advanced-annual-leave/>)

Advanced Sick Leave fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/advanced-sick-leave/>)

**Family and Medical Leave.** An employee may invoke his or her entitlement to **unpaid** leave under the Family and Medical Leave Act (FMLA) of 1993 in appropriate circumstances. Under FMLA, an employee is entitled to a total of up to 12 workweeks of leave without pay for a serious health condition that prevents an employee from performing his or her duties or to care for a spouse, son or daughter, or parent with a serious health condition. An employee may substitute his or her accrued annual and/or sick leave for unpaid leave in accordance with current laws and regulations governing the use of annual and sick leave. An employee or family member who contracts a quarantinable communicable disease, such as 2019-nCoV, and becomes ill would generally be considered to have a qualifying serious health condition.

Family and Medical Leave fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/family-and-medical-leave/>)

**Leave Without Pay.** If an employee has exhausted his or her available annual or sick leave and other forms of paid time off, he or she may request leave without pay (LWOP). LWOP is a temporary nonpay status and absence from duty that, in most cases, is granted at the employee's request. In most instances, granting LWOP is a matter of supervisory discretion and may be limited by agency internal policy. While FMLA leave is limited to specific purposes, LWOP may be granted for any reason approved by the agency. In situations where LWOP is taken for a

purpose that would qualify under FMLA, granting LWOP without requiring the employee to invoke FMLA will preserve the employee's entitlement to 12 weeks of FMLA leave. An extended period of LWOP may have an effect on an employee's benefits including health benefits, retirement benefits, and life insurance.

Leave Without Pay fact sheet: (<http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/leave-without-pay>)

Effect of Extended Leave Without Pay (or Other Nonpay Status) on Federal Benefits and Programs fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/effect-of-extended-leave-without-pay-lwop-or-other-nonpay-status-on-federal-benefits-and-programs/>)

**Donated Leave.** If an employee has a personal or family medical emergency related to a quarantinable communicable disease, such as 2019-nCoV, and is absent (or expected to be absent) from duty without available paid leave for at least 24 work hours, he or she may qualify to receive donated annual leave under the Voluntary Leave Transfer Program (VLTP) or Voluntary Leave Bank Program (VLBP).

- **Voluntary Leave Transfer Program** – The VLTP allows an employee to donate annual leave to assist another employee who has a personal or family medical emergency and who has **exhausted his or her own available paid leave**. All agencies must establish a VLTP.  
Voluntary Leave Transfer Program fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/voluntary-leave-transfer-program/>)
- **Voluntary Leave Bank Program** – The VLBP allows an employee who is a member of the agency's voluntary leave bank to receive donated annual leave from the leave bank if the employee experiences a personal or family medical emergency and has **exhausted his or her own available paid leave**. An agency is not required to establish a VLBP.  
Voluntary Leave Bank Program fact sheet: (<https://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/voluntary-leave-bank-program/>)

**Other Paid Time Off.** An employee may use earned compensatory time off, compensatory time off for travel, and/or credit hours earned under a flexible work schedule to be absent from work, including reasons related to a quarantinable communicable disease, such as 2019-nCoV.

- **Compensatory Time Off** – Compensatory time off is earned time off with pay in lieu of overtime pay for overtime work.  
Compensatory Time Off fact sheet: (<http://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/compensatory-time-off/>)
- **Compensatory Time Off for Travel** – Compensatory time off for travel is earned time off with pay for time spent in a travel status away from the employee's official duty station when such time is not otherwise compensable.  
Compensatory Time Off for Travel fact sheet: (<http://www.opm.gov/policy-data-oversight/pay-leave/pay-administration/fact-sheets/compensatory-time-off-for-travel/>)

- **Credit Hours** – Credit hours are hours an employee elects to work, with supervisory approval, in excess of the employee’s basic work requirement under a **flexible work schedule that provides for credit hours**.  
Credit Hours fact sheet: (<http://www.opm.gov/policy-data-oversight/pay-leave/work-schedules/fact-sheets/credit-hours-under-a-flexible-work-schedule/>)

## II. Work Schedule Flexibilities

**Telework.** The Federal Government uses telework, among other things, to promote continuity of operations by allowing Federal employees to continue their work at an approved alternative worksite. The Telework Enhancement Act of 2010 defines “telework” or “teleworking” as a work flexibility arrangement under which an employee performs the duties and responsibilities of his or her position, and other authorized activities, from an approved worksite other than the location from which the employee would otherwise work. Telework is a critical tool during emergency situations.

OPM has strongly encouraged agencies to maintain a viable telework-ready workforce. This requires determining eligibility for employees to telework, encouraging employees to enter into written telework agreements, communicating expectations before an emergency situation occurs, and practicing and testing equipment and procedures regularly throughout the year, not just teleworking during emergencies that may occur infrequently. Telework arrangements may require collective bargaining obligations for employees represented by labor organizations. Agencies also need to implement and maintain a robust information technology system with the necessary infrastructure to accommodate widespread remote usage of agency systems as well as the accompanying technical support personnel to resolve remote connectivity issues.

Agencies should maximize their telework capacity by entering into telework agreements with as many telework-eligible employees as possible and by conducting exercises to test employees’ ability to access agency networks from home. Managers should ensure that there are effective processes in place for communicating efficiently with employees who are teleworking. For additional information on telework, please see [www.telework.gov](http://www.telework.gov).

**Alternative Work Schedules.** An agency may implement an alternative work schedule (AWS) for employees instead of a traditional fixed work schedule to help an employee balance work and personal responsibilities. Agencies may have to satisfy collective-bargaining obligations prior to implementing AWS for bargaining unit employees, if the applicable collective-bargaining agreement does not provide for flexible or compressed work schedules. Under many types of alternative work schedules, an employee can complete his or her biweekly work requirement in less than 10 workdays. Under other alternative work schedules, the employee may choose to adjust arrival and departure times to accommodate doctor appointments, childcare or eldercare issues, or other pressing issues surrounding the related emergency. Agencies should discuss options with their employees to help maximize productivity at work, while assisting them in meeting their family and personal needs.

For additional information on alternative work schedules, please see Handbook on Alternative Work Schedules at: <http://www.opm.gov/policy-data-oversight/pay-leave/reference-materials/handbooks/alternative-work-schedules/>.

### III. Hiring and Pay Flexibilities

**Emergency Critical Hiring.** Under 5 CFR 213.3102(i)(2), an agency may make 30-day appointments in the excepted service to fill a critical hiring need. An agency may extend these appointments for an additional 30 days. This authority may be used to fill senior-level positions as well as positions at lower grades. The agency determines what qualifications are required. Career Transition Assistance Plan (CTAP), Reemployment Priority List (RPL), and Interagency CTAP (ICTAP) requirements under 5 CFR part 330 do not apply to these appointments.

**Direct Hire Authority.** Agencies are reminded of current OPM-authorized Governmentwide direct hire authorities. These authorities allow agencies to appoint candidates directly for:

- Medical Officers (General Schedule (GS)-0602), Nurses (GS-0610 and GS-0620), Diagnostic Radiologic Technicians (GS-0647), and Pharmacists (GS-0660) at all grade levels and all locations.
- Information Technology Management (Information Security) (GS-2210), GS-9 and above at all locations.
- Veterinary Medical Officer positions at the GS-11 through GS-15 grade levels (or equivalent) nationwide to include overseas territories and commonwealths (e.g., Puerto Rico, Guam, and the U.S. Virgin Islands) may be used indefinitely or until OPM terminates this authority.
- Scientific, Technical, Engineering and Mathematics (STEM) positions at the GS-11 through GS-15 grade levels (or equivalent) nationwide. This authority expires October 10, 2023.
- Cybersecurity-related positions at the GS-12 through GS-15 grade levels (or equivalent) nationwide may be used indefinitely or until OPM terminates this authority.

Agencies may give individuals in the occupational series listed above competitive service career, career-conditional, term, or temporary appointments, as appropriate. In all cases, an agency must adhere to the public notice requirements in 5 U.S.C. 3327 and 3330 and all ICTAP requirements. For additional information on these authorities, please see OPM's Direct Hire Authority guidance: <https://www.opm.gov/policy-data-oversight/hiring-information/direct-hire-authority/> and <https://www.chcoc.gov/content/announcing-government-wide-direct-hire-appointing-authorities>.

An agency should contact [employ@opm.gov](mailto:employ@opm.gov) if it believes it has one or more occupations for which an agency-specific direct hire authority may be appropriate in support of relief and recovery efforts.

**Reemployed Annuitants.** Under specified circumstances (which include responding to an emergency), agencies may bring back retirees without applying the dual compensation salary

offset and without OPM approval as provided at 5 U.S.C. 8344(l) and 8468(i), which require that:

- Appointments are limited to 1 year or less;
- Hours worked by any annuitant reemployed under these provisions are limited to 520 during the first 6 months of retirement, 1,040 during any 12-month period, and 3,120 total hours worked during any period; and
- Reemployment may not exceed 2.5 percent of the full-time workforce at any time, and if 1 percent is exceeded, the agency must provide an explanation and justification to the Congress and OPM.

Agencies should contact [employ@opm.gov](mailto:employ@opm.gov) for reemployment that may be needed for longer time periods than allowable under this authority.

Agencies must contact [employ@opm.gov](mailto:employ@opm.gov) before reemploying a retiree who left the Federal Government with a Voluntary Separation Incentive Payment (VSIP) buyout. Depending upon the specific statute under which the buyout was received, the agency may request a buyout repayment waiver from OPM.

### **Other Hiring Flexibilities**

**Senior Executive Service (SES) limited appointments.** Agencies have the authority to make SES Limited Term or Limited Emergency appointments for career employees, provided the appointment is within the space allocations limit previously authorized by OPM. Agencies may seek a temporary allocation from OPM if space is not currently available. Agencies may also seek authority from OPM to make Limited Term or Limited Emergency appointments of non-career employees using an automated form generated through the Executive and Schedule C System (ESCS).

**Use of private-sector temporary employment firms.** An agency may contract with private-sector temporary employment firms for services to meet emergency staffing needs. These contracts may be for 120 days and may be extended for an additional 120 days, subject to displaced employee procedures.

**Temporary appointments less than 120 days.** An agency may make competitive service appointments for 120 days or less without clearing CTAP or ICTAP. However, these programs may help identify one or more well-qualified displaced Federal employees who are available for immediate employment.

**Reemployment priority lists.** Current and former employees on agency RPLs are another immediate source of qualified individuals available for temporary, term, or permanent

competitive service appointments. Conversely, in some cases, an agency may apply an exception under 5 CFR 330.211 of the RPL provisions to appoint someone else.

### **Pay Flexibilities**

Agencies have discretionary authority to provide additional compensation to address recruitment and retention difficulties. Short-term pay flexibilities such as recruitment, relocation, and retention incentives may assist agencies in meeting their emergency critical staffing needs. See <https://www.opm.gov/policy-data-oversight/pay-leave/pay-and-leave-flexibilities-for-recruitment-and-retention/> for additional information on available compensation flexibilities.

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE****1200 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1200****SEP 26 2018****HEALTH AFFAIRS**

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND  
RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER  
AND RESERVE AFFAIRS)  
DIRECTOR, JOINT STAFF  
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Personal Protective Equipment Policy Guidance for Healthcare Personnel with  
Potential for Exposure to Infectious Agents

This memorandum provides policy guidance to Department of Defense (DoD) healthcare personnel (HCP) concerning how to more efficiently organize and stockpile personal protective equipment (PPE), and select protective clothing and equipment in response to infectious disease environments for direct patient care, contact with blood or body fluids, prolonged close interaction (less than three feet), and contact with deceased individuals. This policy guidance addresses gaps in DoD capabilities to plan and manage the risks to DoD HCP operating in infectious disease environments during public health emergencies and other incidents and operations, such as pandemic influenza (PI) and Ebola virus disease (EVD) outbreaks. This policy guidance supersedes and expands on the Assistant Secretary of Defense for Health Affairs memorandum, "Personal Protective Equipment for Department of Defense Military Treatment Facility Healthcare Workers Assessing or Caring for Ebola Virus Disease Patients and Others Possibly Exposed to Ebola Virus," dated November 7, 2014. The DoD HCP should refer to the Deputy Secretary of Defense memorandum, "Termination of Operation United Assistance and Maintaining Certain DoD Ebola Virus Disease-related Guidance and Authorities," dated August 10, 2015.

To mitigate risks to DoD HCP operating in infectious disease environments, this policy guidance establishes a PPE framework to expand the scope of current PPE guidance beyond PI and EVD medical responses to a wider range of infectious diseases. This guidance broadly addresses planning assumptions and PPE selection. The PPE framework is based on the U.S. Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) "2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings"<sup>1</sup> and it is the intent that the DoD will meet or exceed the recommended practices outlined in this guideline. The framework consists of two parts: 1) four PPE levels for infectious diseases, each corresponding to a category of precautions defined by characteristics of agent colonization or infection and modes of transmission, and patient condition (Attachment 1, Table 1) and 2) a list of PPE options designated for each PPE level to protect body parts of concern and limit exposure pathways

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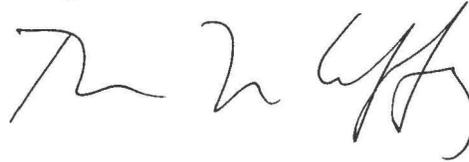
<sup>1</sup> <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>

(Attachment 1, Table 2). Aligned with this framework is a complete list of approved specific DoD PPE items for HCP (Attachment 2). The protection offered by the recommended PPE levels ranges, in general, from least to most protective (Level I to IV) based on various exposure and disease variables.

The DoD components must determine the required quantities of PPE items across the PPE levels and develop training and logistical arrangements consistent with Attachments 1 and 2. These actions will ensure smooth expansion of PPE guidance from individual diseases to broader categorization by precautions that will provide acquisition efficiencies across the Military Health System.

Military medical treatment facilities will apply PPE in the context of comprehensive infection prevention and control programs. To do so, program administrators will conduct hazard vulnerability analyses, apply other needed prevention and control measures (such as engineering controls and safe work practices as well as other administrative controls), apply the appropriate types of precautions, and undergo the associated PPE selection process for infectious agent exposure prevention and control, as the hazards in each workplace environment can be unique and they must be evaluated and controlled accordingly.

Additional policy and guidance will be provided as needed to enable comprehensive, responsive, and effective infectious agent exposure prevention and control for DoD personnel and other beneficiaries. My point of contact for this action is Ms. Elizabeth Fudge. Ms. Fudge may be reached at (703) 681-8295 or [elizabeth.r.fudge.civ@mail.mil](mailto:elizabeth.r.fudge.civ@mail.mil).



Tom McCaffery  
Principal Deputy Assistant Secretary of  
Defense (Health Affairs)

Attachments:  
as stated

cc:  
Surgeon General of the Army  
Surgeon General of the Navy  
Surgeon General of the Air Force  
Joint Staff Surgeon

## **Attachment 1: PPE Levels and Options.**

**Below is a brief description of varying levels of PPE ensembles to protect HCP. Tables 1 and 2 provide additional information on the PPE levels and PPE options, respectively.**

Level I PPE and the other related measures that compose standard precautions (e.g., safe injection practices and respiratory hygiene/cough etiquette) apply to all patients regardless of documented or suspected infection status. This level of PPE may provide sufficient protection to HCP from possible transmissible infectious disease due to patient encounters with those documented or suspected of having certain contagious diseases (e.g., common cold and seasonal influenza) or those with non-contagious diseases (e.g., anthrax and tularemia). Patient presentation and condition even in cases of non-contagious disease may warrant the use of higher levels of PPE and associated measures under this framework. For example, when considering anthrax, initial patient presentation without proper decontamination or excessive drainage of lesions will influence the level of PPE selected. This level of PPE may also be used for other zoonotic or plant diseases as a way to contain the spread and thus control the associated economic loss. Levels II, III, and IV PPE build on Level I to increase protection against different modes of transmission.

Levels II and III PPE recommendations focus on contact and droplet modes of transmission, respectively. Level II PPE protects against direct and indirect transmission of infectious agents via interaction with the patient or their environment. Level III PPE is intended to prevent transmission of infectious agents spread through close contact of the mucous membranes or respiratory tract with respiratory secretions.

Level IV PPE offers respiratory protection to its users and when combined with PPE from the other levels protects all routes of entry into the human body, i.e., contact, inhalation, and ingestion. Level IV PPE is suitable for diseases with undetermined modes of transmission or due to suspected deliberate release until transmission is characterized sufficiently to inform control measures. In cases where patients are affected by diseases that are highly contagious; have high case-fatality risks; or may result in severe, persistent, recurrent, or irreversible morbidity, use of Level IV PPE and other infectious disease prevention and control measures should be considered to protect HCP and other patients.

Across all levels of PPE consideration should be given to medical procedures that may aerosolize particles and create inhalation hazards requiring the use of a respirator not a surgical mask. For example, if a patient with a viral hemorrhagic fever is undergoing intubation, suction, or other medical procedures that can aerosolize the virus, HCP should use Level IV PPE and use other elements of airborne precautions. All PPE must be used under applicable Occupational Safety and Health Act requirements and standards, including the Bloodborne Pathogens (Title 29 Code of Federal Regulations (CFR) 1910.1030); Personal Protective Equipment, general requirements (29 CFR 1910.132); and Respiratory Protection (29 CFR 1910.134) standards and other requirements under this Act.

Other factors to consider in the use of appropriate precautions are the availability of medical products, e.g., vaccines and therapeutic regimens and related adjunctive measures. In

addition, vaccination status of HCP may need to be considered when determining those who have patient interactions.

**Table 1. PPE Levels, Applicability or Mode of Transmission, and Example Infections and Conditions<sup>1</sup>**

PPE Levels	Applicability or Mode of Transmission	Example Infections and Conditions
<b>Level I (Standard Precautions)</b>	Universal Precautions and Body Substance Isolation Applicable for all patient encounters.	Anthrax, tularemia, ricin and some contagious disease (e.g., common cold and seasonal influenza)
<b>Level II (Contact Precautions)</b>	Contact	Generalized and progressive vaccinia
<b>Level III (Droplet Precautions)</b>	Droplet	Viral hemorrhagic fevers and pneumonic plague
<b>Level IV (Airborne Precautions)</b>	Airborne	Novel influenza, SARS, pulmonary or laryngeal tuberculosis, smallpox, EVD due to suspected deliberate release with undetermined modes of transmission, EVD undergoing aerosolizing activities (e.g., childbirth, dialysis, etc.)

Notes:

1. Examples of infections and conditions may require multiple types of precautions to account for multiple modes of transmission. The example infections and conditions are listed according to the highest Level of PPE required as associated with the types of precautions recommended in the CDC/HICPAC guidelines.

**Table 2. PPE Options**

PPE	Protected Body Parts	Types Of Hazards Protected Against	Level IV	Level III	Level II	Level I
Coverall Suits <sup>1</sup>	Body	Contact (Blood/Body Fluids)	X			
Gowns	Body	Contact (Blood/Body Fluids)	X	X	X	X <sup>2</sup>
Aprons	Body	Contact (Blood/Body Fluids)	X			
Scrubs, Top	Body	Contact (Blood/Body Fluids)	X	X	X	X
Scrubs, Bottom	Body	Contact (Blood/Body Fluids)	X	X	X	X

Respirators <sup>3</sup>	Face/Respiratory Tract	Inhalation (Aerosolized Droplets)	X			
Surgical Masks	Face/Respiratory Tract	Contact (Blood/Body Fluids)		X	X	X <sup>2</sup>
Face Shields	Face/Respiratory Tract	Contact (Blood/Body Fluids)	X	X	X	X <sup>2</sup>
Goggles	Face	Contact (Blood/Body Fluids)	X	X	X	
Surgical Hoods or Head/Neck Covers (including those parts of any loose-fitting or helmet/hood PAPRs that protect the head and neck)	Head/Neck	Contact (Blood/Body Fluids)	X	X	X	
Shoes	Foot	Contact (Blood/Body Fluids)	X	X	X	X
Boot Covers	Foot	Contact (Blood/Body Fluids)	X	X		
PVC Boots	Foot	Contact (Blood/Body Fluids)	X	X		
Hand Sanitizer	Hand	Contact (Blood/Body Fluids)	X	X	X	X
Duct Tape	Hand	Contact (Blood/Body Fluids)	X			
Gloves <sup>4</sup>	Hand	Contact (Blood/Body Fluids)	X	X	X	X <sup>2</sup>

## Notes:

1. Coverall suits are acceptable although not an ideal alternative to gowns and aprons. The ease of donning and doffing of gowns and aprons make them preferred options for body protection, considering the risk of cross-contamination is low when the donning and doffing of PPE is simple. In cases of viral hemorrhagic fevers (e.g., EVD) impermeable garments are required and gowns must extend to at least mid-calf; impermeable coveralls are required any time whole-body decontamination will be applied as part of doffing procedures.
2. Use of these items may be required even when using Standard Precautions depending on type of patient interaction and the anticipated exposure.
3. Examples of respirators that may meet the requirements for respiratory protection include the following: National Institute for Occupational Safety and Health-certified filtering facepiece

respirators with appropriate filter type (e.g., N95) or half-mask elastomeric air purifying respirators (APRs), loose-fitting powered air purifying respirators (PAPRs), full facepiece elastomeric APRs, and helmet/hood PAPRs. All elastomeric APRs must use the appropriate filters, cartridges, or canisters for the hazards in the workplace. PAPRs as a complete unit include cartridges or canisters, a charger, breathing tube, and batteries. Respirator use requires compliance with the Respiratory Protection standard to include medical evaluations and initial and annual fit testing for tight-fitting respirators as well as training and maintenance requirements. Respirator selection must account for the workplace hazards, assigned protection factors, and user factors. Examples of factors to consider in the healthcare setting include the need for sterile fields as it relates to exhalation valves and first receivers managing patients exposed to unknown substances. For more information on respirator selection and other PPE selection in the healthcare setting see the following references:

<https://www.osha.gov/Publications/OSHA3767.pdf>,

<https://www.osha.gov/Publications/osha3249.pdf>, and

[https://www.osha.gov/Publications/OSHA\\_pandemic\\_health.pdf](https://www.osha.gov/Publications/OSHA_pandemic_health.pdf)

4. Glove selection should account for the material and thickness of gloves in the context of the specific needs of the workplace. Double gloves must be used in cases of viral hemorrhagic fevers (e.g., EVD); at a minimum, outer gloves should have extended cuffs.

Attachment 2

Item	Line #	Nomenclature	NSN	Specific Manufacturer Met Ecs	Specific Part Number Met Ecs	Procurement	Source List / Organization	Date Added		
Hand	HAND SANITIZER									
	1	HAND SANITIZER PURELL FST 3 FL OZ BOTTLE 245	650801355409	GOJO	9624-24	PVM/DAPA	Original and ARNORTH WR_DLA	10-Feb-17		
	2	Instant Hand Sanitizer	8520013469200	Medline Industries	MSC097030	PVM/DAPA/ECR	Original and ARNORTH WR_DLA	10-Feb-17		
3	HAND SANITIZER GEL 60% ETHYL ALCOHOL NO RINSE 4 OZ BT 365	6508013535671	Coloplast	md: 11701007504	DAPA/SMS	Original and ARNORTH and WR_DLA	10-Feb-17			
Log	GLOVES									
	4	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Small	6515016566006	Ansell	6034050	TAA/ PVM/DAPA/SMS	Original	10-Feb-17		
	5	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Medium	6515016564312	Ansell	6034051	PVM/DAPA/SMS	ARNORTH	10-Feb-17		
	6	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Large	6515016566219	Ansell	6034052	PVM/DAPA/SMS	ARNORTH	21-Jul-16		
	7	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs X-Large	6515016566176	Ansell	6034053	PVM/DAPA/SMS/ECAT	ARNORTH	18-Dec-17		
	8	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs X-Large	6515016566234	Ansell	6034054	PVM/DAPA/SMS/ECAT	ARNORTH	18-Dec-17		
	9	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Small	6515016564819	Owens & Minor	1314GLV7000	SMS	ARNORTH	18-Dec-17		
	10	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Small	6515016564756	Owens & Minor	1314GLV7001	SMS	ARNORTH	18-Dec-17		
	11	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Medium	6515016564742	Owens & Minor	1314GLV7002	SMS	ARNORTH	18-Dec-17		
	12	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs Large	6515016564814	Owens & Minor	1314GLV7003	PVM/ECAT/DAPA/SMS	ARNORTH	18-Dec-17		
	13	Gloves, General Nitrile Examination Powder Free Non Sterile with Extended, Beaded Cuffs X-Large	6515016564757	Owens & Minor	1314GLV7004	SMS	ARNORTH	18-Dec-17		
	14	Dust Tape - General purpose to affix gloves and sleeves together to ensure no skin exposure	5640014620302	Lab Safety Supply	28802 BL	YES - GSA ADVANTAGE	ARNORTH	31-Aug-16		
	15	* For Sterile Procedures - Gloves, Surgeons, Outer Layer, Latex & Powder Free (BioGel) Size 6.5	6515015142778	MOLNLYCKE HEALTH CARE	31465	PVM/ECAT/DAPA/SMS/FLT	OUA	18-Dec-17		
	16	* For Sterile Procedures - Gloves, Surgeons, Outer Layer, Latex & Powder Free (BioGel) Size 7.0	6515015142780	American Home Depot	31470	PVM/ECAT/DAPA/SMS/FLT	OUA	18-Dec-17		
	17	* For Sterile Procedures - Gloves, Surgeons, Outer Layer, Latex & Powder Free (BioGel) Size 7.5	6515015142781	MOLNLYCKE HEALTH CARE	31475	PVM/ECAT/DAPA/SMS/FLT/DVD	OUA	18-Dec-17		
	18	* For Sterile Procedures - Gloves, Surgeons, Inner Layer, Latex & Powder Free, Size 6.5	6515015196384	MOLNLYCKE HEALTH CARE	40665	PVM/ECAT/DAPA/SMS/FLT/DVD	MEDLOG	18-Dec-17		
	19	* For Sterile Procedures - Gloves, Surgeons, Inner Layer, Latex & Powder Free, Size 7.0	6515015196387	MOLNLYCKE HEALTH CARE	40670	PVM/ECAT/DAPA/SMS/FLT/DVD	Original	18-Dec-17		
	20	* For Sterile Procedures - Gloves, Surgeons, Inner Layer, Latex & Powder Free, Size 7.5	6515015196389	MOLNLYCKE HEALTH CARE	40675	PVM/ECAT/DAPA/SMS/ECR/DVD	MEDLOG	18-Dec-17		
	Log	BOOT COVER								
		21								
22										
23		Shoe Cover, Non-Skid - Universal (Fluid Resistant)	6532015847882	Premier MFG LTD	480-SC300	YES- ECT	DHA MEDLOG	10-Feb-17		
24		Shoe Cover, Non-Skid - Universal (Fluid Resistant)		ICP-Medical	ICP-SCMS0003	YES - GSA ADVANTAGE / DAPA / PVM	OUA	31-Aug-16		
25		Shoe Cover, Non-Skid - Large (Fluid Resistant)	6532015396517	ICP-Medical	ICP-SCMS0001	YES - DAPA / PVM	OUA	31-Aug-16		
26		High Guard Coverage Boot Ultra Blue, covers the shoe & lower leg; with plastic film coating, foam traction strips, elastic at the ankle. Size universal; Worm w/		Halyard Health	69572	YES - PVM, DAPA, SMS	Original	10-Feb-17		
27		High Guard Coverage Boot Ultra, white, covers the shoe & lower leg; with plastic film coating, traction strips, elastic at the ankle. Size XL (Fluid Resistant)		Halyard Health	69672	YES - DAPA / PVM	Original	31-Aug-16		
28		Prevention Plus Impervious Breathable boots (non skid) knee High - X-Large (Impervious)	6532015809459	Medline	NON2738RKL	SMS/DVD	DHA MEDLOG	18-Dec-17		
29										
Body Covers	DISPOSABLE									
	30									
	31	Paper Scrub, Disposable-v neck - Small	6532016618096	Medline	NON272025	YES-SMS	Original	7-Apr-17		
	32	Paper Scrub, Disposable-v neck - Medium	6532016618076	Medline	NON27202M	YES -SMS	Original	7-Apr-17		
	33	Paper Scrub, Disposable-v neck - Large	6532016693209	Medline	NON27202L	YES - SMS	Original	31-Aug-16		
	34	Paper Scrub, Disposable-v neck - XLarge	6532016620090	Medline	NON27202X	YES - SMS	Original	7-Apr-17		
	35	Paper Scrub, Disposable-v neck - XXLLarge	6532016618835	Medline	NON27202XL	YES -SMS	Original	7-Apr-17		
	36	Paper Scrub, Disposable-O neck - Small	6532016604277	Medline	NON272125	YES -SMS	Original	10-Feb-17		
	37	Paper Scrub, Disposable-O neck - Medium	6532014693087	Medline	NON27212M	YES - SMS	Original	10-Feb-17		
	38	Paper Scrub, Disposable-O neck - Large	6532014693209	Medline	NON27212L	YES - SMS	Original	10-Feb-17		
	39	Paper Scrub, Disposable-O neck - XLarge	6532014693211	Medline	NON27212XL	YES - SMS	Original	10-Feb-17		
	40	Paper Scrub, Disposable-O neck - XXLLarge	6532016604296	Medline	NON27212XXL	YES - SMS	Original	10-Feb-17		
	41	Scrubs, Disposable, Pants - Small	6532016630500	Medline	NON27213S	YES-SMS, DVD	DHA-MEDLOG	18-Dec-17		
	42	Scrubs, Disposable, Pants - Medium	6532016629983	Medline	NON27213M	YES-SMS, DVD	DHA-MEDLOG	18-Dec-17		
	43	Scrubs, Disposable, Pants - Large	6532016630014	Medline	NON27213L	YES-SMS, DVD	DHA-MEDLOG	18-Dec-17		
	44	Scrubs, Disposable, Pants - XLarge	6532016630019	Medline	NON27213XL	YES-SMS, DVD	DHA-MEDLOG	18-Dec-17		
	45	Scrubs, Disposable, Pants - XXLLarge	6532016630504	Medline	NON27213XXL	YES-SMS, DVD	DHA-MEDLOG	18-Dec-17		
	46	Scrubs, Disposable, Top, Short Sleeve - Medium	6532016603850	Halyard Health	69701	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	47	Scrubs, Disposable, Top, Short Sleeve - Large		Halyard Health	69702 / OBM PVON 3642069701 / CARDINAL PVON KM69701	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	48	Scrubs, Disposable, Top, Short Sleeve - XLarge	6532016603839	Halyard Health	69703 / OBM PVON 3642069703 / CARDINAL PVON KM69703	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	49	Scrubs, Disposable, Top, Short Sleeve - XXLLarge	6532016603812	Halyard Health	69704 / OBM PVON 3642069704 / CARDINAL PVON KM69704	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	50	Scrubs, Disposable, Pants - Medium	6532016603854	Halyard Health	69711 / OBM PVON 3642069711 / CARDINAL PVON KM69711	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	51	Scrubs, Disposable, Pants - Large	6532016603845	Halyard Health	69712 / OBM PVON 3642069712 / CARDINAL PVON KM69712	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	52	Scrubs, Disposable, Pants - XLarge	6532016603836	Halyard Health	69713 / OBM PVON 3642069713 / CARDINAL PVON KM69713	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	53	Scrubs, Disposable, Pants - XXLLarge	6532016603792	Halyard Health	69714 / OBM PVON 3642069714 / CARDINAL PVON KM69714	YES - PVM / DAPA / SMS	WR_DLA	10-Feb-17		
	GOWN	DISPOSABLE								
		54								
		55	Gown Surgical Disposable XLarge / X Long (Impervious) (ASTM F1671/1670), sterile	6532015961219	Medline	DNWIP2302P	YES - SMS	DHA MEDLOG	31-Aug-16	
		56	Gown Surgical Disposable Large / Long (Impervious) (ASTM F1671/1670), sterile		Medline	DNWIP2301P		DHA MEDLOG	16-May-16	
		57	Gown Surgical Disposable XLarge / X Long (Impervious) (ASTM F1671/1670), sterile		Medline	DNWIP2303P		DHA MEDLOG	16-May-16	
		58	Non Sterile Prevention Plus Gown - Large (ASTM F1670/F1671 Standard)		Medline	19319PCS		DHA MEDLOG	16-May-16	
		59	Non Sterile Prevention Plus Gown XLarge (ASTM F1670/F1671 Standard)		Medline	21394PCS		DHA MEDLOG	16-May-16	
		60	Gown, Surgical, Green, Large (AAMI 4)		Medline	MDTGXC4JL		DHA MEDLOG	16-May-16	
		61	Gown, Surgical, Green, XLarge (AAMI 4)		Medline	MDTGXC4JXL		DHA MEDLOG	16-May-16	
		62	Gown, Surgical, Green, XXLLarge (AAMI 4)		Medline	MDTGXC4JXXL		DHA MEDLOG	5-Nov-14	
		63	Gown, Surgical, Ocean Blue, Large (AAMI 4)		Medline	MDTGXC4DL		DHA MEDLOG	16-May-16	
		64	Gown, Surgical, Ocean Blue, XLarge (AAMI 4)		Medline	MDTGXC4DXL		DHA MEDLOG	16-May-16	
		65	Gown, Surgical, Ocean Blue, XXLLarge (AAMI 4)		Medline	MDTGXC4DXXL		DHA MEDLOG	5-Nov-14	
		66	Gown, Procedure, Universal (ASTM F1670/F1671)		Halyard Health	69906 / OBM PVON 3642069606	YES - PVM / DAPA	DHA MEDLOG	31-Aug-16	
		67	Gown, Surgical Disposable Large (Impervious), sterile (ASTM F1671/1670)	6532015928501	Halyard Health	92340	YES-PVM/ECAT/DAPA/SMS/ECR	DHA MEDLOG	7-Apr-17	
	68	Gown, Surgical Disposable XLarge (Impervious), sterile (ASTM F1671/1670)	6532015884456	Halyard Health	92342	YES-PVM/ECAT/DAPA/ECR	DHA-MEDLOG	7-Apr-17		
	69									

Item	Line #	Nomenclature	NSN	Specific Manufacturer Mat Ecs	Specific Part Number Mat Ecs	Procurement	Source List / Organization	Date Added
	70	Gown, Procedure, XX Large (ASTM F1670/F1671)		Halyard Health	37284		DHA MEDLOG	14-May-16
APRON	71	Sleeved Apron - Tychem ThermoPro Elastic Wrists 49 long Snaps at neck, waist ties, Taped Seams Orange (Impervious)		Dupont	TP278TOR0000400	YES - GSA ADVANTAGE	Original	10-Feb-17
	73	Sleeved Apron - Tychem ThermoPro Elastic Wrists 49 long Snaps at neck, waist ties, Taped Seams Gray (Impervious)		Dupont	TP278TG0000400	YES - GSA ADVANTAGE	Original	10-Feb-17
	74	Apron - Disposable, fluid resistant/impermeable that extends to mid-calf (Impervious)	6532015961200	Medline	NON24280	YES-PVM/DAPA/SMS/ECR	ARNORTH / OUA	10-Feb-17
	75	Tychem SL Sleeved Apron, elastic wrists, 52" long, bound yoke neck w/out snaps, waist ties, bound seams White (Impervious)		Dupont	SL278WH00001200		DHA MEDLOG	6-Nov-14
	76	Tychem SL Sleeved Apron, elastic wrists, 44" long, snaps at neck, waist ties, taped seams (Impervious)		Dupont	SL278T WH		DHA MEDLOG	6-Nov-14
	77	Tychem QC Sleeved Apron, Elastic Wrists 52" long, bound yoke neck w/o snaps, waist, Bound Seams Yellow (Impervious)		Dupont	QC278B YL		DHA MEDLOG	6-Nov-14
	78	Tychem QC Sleeved Apron, Elastic Wrists 44" long, Neck snaps, waist Bound Seams Yellow (Impervious)		Dupont	QC278B YL		DHA MEDLOG	6-Nov-14
COVERALLS	79							
	80	Extra Protection Coverall, White, Elastic Wrist and Cuff, SMS, XLarge - (Fluid Resistant)		Halyard Health	100B5 / OBM PVON 36420100B5 / CARDINAL PVON KM100B5	YES - PVM / DAPA	OUA	31-Aug-16
	81	Tyvek® Coverall w/ Collar Open Wrists Open Ankles Serged Seams White (Fluid Resistant)		Dupont	TY120S WH		ARNORTH	30-Oct-14
	82	Tyvek® Coverall w/ Collar Elastic Wrists Elastic Ankles Serged Seams White (Fluid Resistant)		Dupont	TY125S WH		ARNORTH	30-Oct-14
	83	Tyvek® Coverall w/ Collar Elastic Wrists Elastic Ankles Serged Seams Anti Skid Resistant Boots White (Fluid Resistant)		Dupont	TY121S WH option NS		DHA MEDLOG	31-Oct-14
	84	ChemMax1, Coverall with Collar and Open Wrists/Ankles Bound Seams, Small (Impervious)		Lakeland	07412B-S	YES - ECAT / GSA ADVANTAGE	AFMOA	31-Aug-16
	85	ChemMax1, Coverall with Collar and Open Wrists/Ankles Bound Seams, Medium (Impervious)		Lakeland	07412B-M	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	86	ChemMax1, Coverall with Collar and Open Wrists/Ankles Bound Seams, Large (Impervious)		Lakeland	07412B-L	YES - ECAT / GSA ADVANTAGE	AFMOA	31-Aug-16
	87	ChemMax1, Coverall with Collar and Open Wrists/Ankles Bound Seams, XLarge (Impervious)		Lakeland	07412B-XL	YES - ECAT / GSA ADVANTAGE	AFMOA	31-Aug-16
	88	ChemMax1, Coverall with Collar and Elastic Wrists/Ankles Bound Seams, Small (Impervious)		Lakeland	55417-S	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	89	ChemMax1, Coverall with Collar and Elastic Wrists/Ankles Bound Seams, Medium (Impervious)		Lakeland	55417-M	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	90	ChemMax1, Coverall with Collar and Elastic Wrists/Ankles Bound Seams, Large (Impervious)		Lakeland	55417-L	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	91	ChemMax1, Coverall with Collar and Elastic Wrists/Ankles Bound Seams, XLarge (Impervious)		Lakeland	55417-XL	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	92	ChemMax1, Coverall with Collar and Open Wrists/Ankles Sealed Seams, Small (Impervious)		Lakeland	70100-S	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	93	ChemMax1, Coverall with Collar and Open Wrists/Ankles Sealed Seams, Medium (Impervious)		Lakeland	70100-M	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	94	ChemMax1, Coverall with Collar and Open Wrists/Ankles Sealed Seams, Large (Impervious)		Lakeland	70100-L	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	95	ChemMax1, Coverall with Collar and Open Wrists/Ankles Sealed Seams XLarge (Impervious)		Lakeland	70100-XL	YES - GSA ADVANTAGE	AFMOA	31-Aug-16
	96							
A Neck / Low	PAPR Hood							
	97							
	98	Disposable Hood, 18 inches long, universal size, white, SMS material, elastic closure to be worn over PAPR hood White (Fluid Resistant)		Dupont	TY6575WHxx-size	YES - GSA ADVANTAGE	Original	31-Aug-16
	99	KLEENGUARD A60 ULTRA Bloodborne Pathogen & Chemical Splash Protection Hoods (Impervious, ASTM F1670/1671)		Halyard Health	45343 (per Manu) 45345 (Per MMC)	P/Ns don't match MMC vs Manufacturer YES - GSA ADVANTAGE	Original	31-Aug-16
	100	PAPR Hood 3M BE-10 (R Series) Hood (Fluid Resistant)		3M	BE-10-20 70070867313	YES - GSA ADVANTAGE	ARNORTH and WR_DLA	31-Aug-16
	103	Respirator Hood H-420-10, Hood with Inven tub, Tyvek, QC, for use with belt mounted powered air purifying respirators or supplied air components (Fluid Resistant)		3M	H-420-10	YES - GSA ADVANTAGE	DHA MEDLOG	31-Aug-16
	102	Hood BE-10RB Butyl Rubber		3M	BE-10RB	YES - GSA ADVANTAGE	DHA MEDLOG	31-Aug-16
	104	Hood Cover (Fluid Resistant)		Dupont	4381	YES - ECAT	Original	31-Aug-16
	105							
Protection / Re	Powered Air-							
	106							
	107	Breathe Easy (RBE) Powered Air Purifying Respirator (PAPR) System RBE-NM10 with NiMH Battery (Rechargeable)		3M	RBE-NM10	YES - GSA ADVANTAGE	Original and ARNORTH	31-Aug-16
	108	Breathe Easy (RBE) Powered Air Purifying Respirator (PAPR) System RBE-L10 with Lithium Battery (Non Rechargeable)		3M	RBE-L10	YES - GSA ADVANTAGE	Original and ARNORTH	31-Aug-16
	109	Breathe Easy Butyl Rubber Hood PAPR FR-57N10 System, NiMH Battery (Rechargeable)	4240014961951	3M	FR57N10	YES - SMS	Original and ARNORTH	31-Aug-16
	110	Breathe Easy Butyl Rubber Hood PAPR FR-57L10 System, Lithium Battery (Non Rechargeable)		3M	FR57L10	YES - GSA ADVANTAGE	DHA MEDLOG	31-Aug-16
	111							
N95 RESPIRAT								
	112	Mask, N95 Particulate, Regular	6532014225282	3M	1860	YES - PVM / ECAT / DAPA / SMS / ECR	Original and ARNORTH	31-Aug-16
	113	Mask, N95 Particulate, Regular	6515014684276	DYNAREX	20072295	YES - DAPA	Original and ARNORTH	31-Aug-16
	114	Mask, N95 Particulate, Regular	6515016229571	3M	1860	YES - PVM / ECAT / DAPA / SMS / ECR	Original and ARNORTH	31-Aug-16
	115	Mask, N95 Particulate, Small	6532014398571	3M	1860S	YES - PVM / ECAT / DAPA / SMS / ECR	Original and ARNORTH	31-Aug-16
	116	Respirator, Air Filtering N95 Small/Medium	6515015860215	ANSELL	112410	YES - ECAT / SMS	Original	31-Aug-16
	117	Respirator, Air Filtering N95 Medium/Large	6515016578602	Ansell	112411	YES - ECAT	Original	31-Aug-16
	118	Mask, N95, Particulate, Cone, Xsmall		MOLDEX	1510N95		DLA TS	24-Feb-16
	119	Mask, N95 Particulate, Cone, Small	4240014960850	MOLDEX	1511N95	YES - SMS	DLA TS	31-Aug-16
	120	Mask, Particulate, N95 with Nose Flange, Medium	4240014960916	MOLDEX	1512N95	YES - SMS	DLA TS	31-Aug-16
	121	Mask, Particulate, N95 with Nose Flange, Large	4240014960918	MOLDEX	1513N95	YES - SMS	DLA TS	31-Aug-16
	122	Mask, Particulate, N95 Cone, Low Profile, Nose Bridge		Moldex	1517	YES - PVM / DAPA	DLA TS	31-Aug-16
	123	Mask, N95	6515014997201	HALYARD HEALTH	46727	YES - PVM / ECAT / DAPA / SMS / ECR	Original	31-Aug-16
	124	Mask, N95	6532014502057	HALYARD HEALTH	46727Z	YES - DAPA	Original	31-Aug-16
SURGICAL MA								
	125							
	126	Mask, Surgical, Anti-fog, Pleated Disposable	6515011535988	PRECEPT MEDICAL MEDLINE	3M 15212 1834 NON27379A NON27371A	3M part numbers are not accurate in MMC for this NSN / ECAT / DAPA / SMS YES - PVM	Original	31-Aug-16
	127	Mask Surgical, non-sterile, non-woven, fabric cupped adjustable nose piece	6515009817493	3M MOLLYCKE MAKRITE	DYNAREX 3M part numbers are not accurate in MMC for this NSN 4235 3M -NON27381 2203	TAA PVM / ECAT / DAPA / SMS YES - WR_DLA	Original	31-Aug-16
	128	Fog free Surgical Mask		Halyard Health	49214	YES - PVM / ECAT / DAPA	Original	31-Aug-16
FACE SHIELD								
	129							
	130	Face Shield Splash Shield	6515013615228 / 6515013746757	SPLASH SHIELD SYBRON DENTAL	4505 GCF5G	YES - PVM / ECAT / DAPA / SMS ECR	Original and ARNORTH	31-Aug-16
	131	Medline - Full Face Shield w/Elastic Band	6515016175456	MEDLINE	NONF300	YES - PVM / ECAT / DAPA / SMS	DHA MEDLOG	31-Aug-16
	132	Medline - Full Face Shield w/Elastic Band	6515012908744				OUA	31-Aug-16
	133	Medline-Biomask Anthrax, Earloop Blue	6532016495367	MEDLINE	B10M2001A	YES - SMS		31-Aug-16
EYE PROTECT								
	134							
	135	Pending Data from DLA on one set of goggles with no 3-1 source found.						