



DEPARTMENT OF DEFENSE
DEFENSE CIVILIAN PERSONNEL ADVISORY SERVICE
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FOR: CIVILIAN PERSONNEL POLICY COUNCIL MEMBERS

FROM: Defense Civilian Personnel Advisory Service Director, Mr. Daniel J. Hester

SUBJECT: Force Health Protection Guidance Supplement 18, Revision 1, Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces during the Coronavirus Disease 2019 Pandemic

AUDIENCE: Nonappropriated and Appropriated Fund Employees

ACTION: Disseminate to Department of Defense Managers and Human Resources Practitioners

REFERENCE(S): Under Secretary of Defense for Personnel and Readiness (USD(P&R)) memorandum, Force Health Protection Guidance Supplement 18, Revision 1, Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces During the Coronavirus Disease 2019 Pandemic, January 6, 2022, (attached)

BACKGROUND/INTENT: On January 6, 2022, the USD(P&R) released the above referenced memorandum identifying implementation procedures for Commanders and supervisors for protecting individuals from disease transmission in DoD workplaces. This revision updates restrictions to workplace access consistent with current Center for Disease Control and Prevention's guidance regarding quarantine and isolation periods. Additionally, this revision identifies requirements for personnel who have been potentially exposed to COVID-19 based on close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case of COVID-19.

POINT(S) OF CONTACT: DCPAS Emergency Preparedness email: dodhra.mc-alex.dcpas.list.emergency-preparedness@mail.mil.

Attachment(s):
As stated

PERSONNEL AND
READINESS**UNDER SECRETARY OF DEFENSE**
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

JAN - 6 2022

MEMORANDUM FOR SENIOR PENTAGON LEADERSHIP
COMMANDERS OF THE COMBATANT COMMANDS
DEFENSE AGENCY AND DOD FIELD ACTIVITY DIRECTORS

SUBJECT: Force Health Protection Guidance (Supplement 18) Revision 1 – Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces During the Coronavirus Disease 2019 Pandemic

This memorandum rescinds and replaces reference (a)¹ and supplements requirements regarding the coronavirus disease 2019 (COVID-19) pandemic in accordance with references (b) and (c). The Occupational Safety and Health Administration's Emergency Temporary Standard for health care is addressed in reference (d).

All DoD Components will continually implement appropriate procedures to protect all personnel from disease transmission in DoD workplaces.

COVID-19 Vaccination Status

Personnel vaccination attestation and verification will be determined in accordance with reference (b).

Restrict Workplace Access

Commanders and supervisors will take the following steps in workplaces: continue to require the wearing of masks in indoor work spaces as required by reference (e), minimize close contact between individuals in the workplace to maintain at least 6 feet of separation from others where possible; assign telework if possible to decrease normal space occupancy, and comply with COVID-19 screening testing requirements as specified in references (c) and (f).

DoD Components will further restrict access to DoD-controlled workplaces by implementing the following additional requirements:

- Personnel who have signs or symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) will notify their commander or supervisor and stay home (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>). Personnel who develop any signs or symptoms consistent with COVID-19 during the workday must immediately distance from other workers, wear a face mask if they are not already wearing one, notify their commander or supervisor, and promptly leave the workplace.

¹ References are listed in Attachment 2.

- Regardless of COVID-19 vaccination status, DoD personnel who test positive for COVID-19 will remain out of the workplace for 5 calendar days. Individuals may return to the workplace after 5 calendar days, if either: (1) they have no symptoms; or (2) if they are afebrile for more than 24 hours and any remaining symptoms are resolving. Mask wearing must continue in the workplace for an additional 5 calendar days, even in circumstances in which mask wearing is not required by any other DoD guidance.
- Personnel with potential exposure to COVID-19 based on close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case will notify their commander or supervisor. “Close contact” is defined in reference (f).
 - Asymptomatic personnel with potential exposure to COVID-19 based on close contact who: (1) are unvaccinated; or (2) have not received a recommended COVID-19 booster dose when eligible will remain out of the workplace for 5 calendar days. Regardless of vaccination status, asymptomatic personnel with potential exposure to COVID-19 based on close contact must wear a mask in the workplace for 10 calendar days from the date of their last close contact (i.e., day 0) with someone with COVID-19, even if mask wearing is not otherwise required by DoD guidance.
 - In cases of mission-essential activities that must be conducted on site, as determined by those with the authority to provide exceptions as indicated below, asymptomatic personnel with potential exposure to COVID-19 based on close contact, who otherwise would need to remain out of the workplace, may be granted an exception to continue to work on site provided they remain asymptomatic, do not have a positive test for COVID-19, and comply with the following key practices for 5 calendar days after the last exposure:
 - Obtain a COVID-19 test on calendar day 5;
 - Conduct daily pre-screening with temperature checks;
 - Wear a mask in the workplace for 10 calendar days after exposure, even if mask wearing is not otherwise required by DoD guidance; practice hand and cough hygiene; do not share headsets or other objects used near the face;
 - Continue to physically distance as much as possible; and
 - Clean and disinfect their workspaces daily.
 - This exception may be granted by the first general/flag officer, member of the Senior Executive Service (SES), or equivalent, in the chain of command/chain of supervision or, for those locations that do not have general/flag officers or SES leaders, by O-6 installation commanders. Vaccination status of the individual should be considered in granting an exception, as more risk will be assumed in granting an exception for an unvaccinated individual. If the individual develops signs or symptoms consistent with COVID-19 during the duty period, he/she will be sent home immediately.

- Personnel performing duties outside the United States will also follow applicable geographic Combatant Commander guidance to address host nation policies.

Collecting Information Necessary to Protect the Workplace

Due to the public health emergency, DoD Components are authorized to collect COVID-19 information from individuals whose place of duty is in the DoD workplace, to the extent such collection is necessary to implement the guidance above on workplace access and restriction. DoD Components are authorized to use DD Form 3112, "Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure," to collect this information (e.g., affected individual information, type of confirmed or possible health or safety issue). This form is located at:

<https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf>

- This collection of information is consistent with requirements of the health information privacy regulations under reference (g).
- This collection of information also does not conflict with the guidance of the Equal Employment Opportunity Commission under the Rehabilitation Act of 1973, 29 U.S.C. § 791 et seq., as amended, see: **<https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>**.
- All personally identifiable information (PII) on individuals must be appropriately safeguarded in accordance with references (h) and (i). In implementing this memorandum, DoD Components may collect, use, maintain, and/or disseminate only the minimum amount of PII necessary to prevent the spread of COVID-19 and to protect personnel in DoD workplaces.

If an individual reports to their commander or supervisor that they believe they contracted COVID-19 due to exposure in the workplace, the commander or supervisor will report this as a suspected occupational illness to supporting safety and occupational health staff as required by reference (j). The determination of work-relatedness and required recording and reporting will follow 29 CFR part 1904, as interpreted at:

<https://www.osha.gov/coronavirus/faqs#reporting>

Implementing Procedures

In implementing this memorandum, DoD Components will comply with other applicable procedural requirements, including the following:

- Information will be collected and maintained consistent with references (h) and (i), as applicable. For reference, please note that the Privacy Act system of records notice for personnel accountability and assessment may be found at: **<https://dpclld.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>**.

- Implementation of this guidance will also comply with applicable labor obligations to the extent such obligations do not hinder the DoD Component's ability to carry out its missions during this emergency.
- DoD Components will, through contracting officers, remind contractors that have personnel performing in a DoD workplace that such personnel are required to adhere to all applicable workplace access restrictions, including those required by this memorandum.

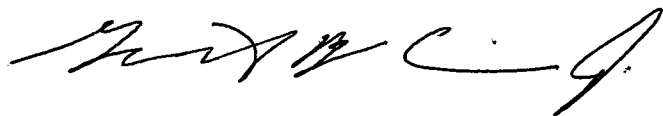
Annual Audiometric Testing

The annual survey requirements specified in paragraph 3.8 of reference (j) may be suspended by DoD Components at the discretion of the Component's Designated Agency Safety and Health Official (DASHO), or designated representative, during the COVID-19 pandemic so long as there is a good faith effort to complete required services and compliance is not otherwise possible. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions or return to Health Protection Condition (HPCON) "0," whichever comes sooner.

FAQs

Attachment 1 provides a listing of FAQs with responses that provide implementation procedures for a consistent approach to addressing many occupational safety and health issues associated with COVID-19 response activities.

DoD force health protection guidance regarding COVID-19 may be found at <https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/Latest-DOD-Guidance/>. Please direct any questions or comments to the following email address: dha.ncr.ha-support.list.policy-hrpo-kmc-owners@mail.mil.



Gilbert R. Cisneros, Jr.

Attachments:
As stated

ATTACHMENT 1
Department of Defense
Safety and Occupational Health
FAQs Regarding COVID-19

Personal Protective Measures

1. QUESTION. What actions should commanders and supervisors take if there are persons exhibiting signs or symptoms consistent with COVID-19 (available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) while at work?

ANSWER. Persons who appear to have signs or symptoms consistent with COVID-19 upon arrival at work, or who develop signs or symptoms during their work shift, should immediately be separated from other workers, customers, and visitors; be required to wear a face mask if they are not already wearing one; be sent home; and be encouraged to seek medical attention. It is the responsibility of the DoD personnel's commander or supervisor to inform the personnel of any alternative work arrangements such as telework or leave options if a personnel is sent home from the workplace. Workers diagnosed with COVID-19 may return to work when they meet the requirements for leaving isolation prescribed above and in reference (f).

Commander and Supervisor Actions for Worker Protection

2. QUESTION. What measures should commanders and supervisors take to assess DoD personnel's exposure to the virus which causes COVID-19 illness?

ANSWER. Commanders and supervisors should assess their personnel's potential exposure to COVID-19 based on job requirements. Examples of personnel in high-risk exposure groups include health care workers, correctional facility workers, teachers, emergency response workers, laboratory personnel, and retail establishment workers. The Occupational Safety and Health Administration (OSHA) has published guidance at <https://www.osha.gov/coronavirus/hazards>, which includes recommended actions that commanders and supervisors can take to assess and classify exposure risks to the virus which causes COVID-19 and the implementation of appropriate exposure controls to mitigate or minimize the exposure risk at: <https://www.osha.gov/coronavirus/control-prevention>. Specific requirements to assess hazards to health care personnel are specified in 29 CFR part 1904.502(c)(4).

3. QUESTION. What are some measures in addition to those above that commanders and supervisors can use to limit the spread of COVID-19 in the workplace?

ANSWER. Examples of other measures which are effective at reducing COVID-19 transmission include installing physical barriers where distancing cannot be maintained and improving ventilation (engineering); and increasing the frequency of cleaning and providing supplies for personal hygiene (administrative). In addition to telework, common strategies employed by commanders and supervisors to reduce person-to-person workplace interactions and COVID-19 transmission while sustaining mission requirements are: modifying work

schedules (e.g., duty-period start and stop times); and managing work schedules by groups or cohorts in order to reduce the variation in on-site personnel occupying the same work area. When a commander or supervisor determines that personal protective equipment is necessary (e.g., gloves, aprons, face shields) to protect personnel from exposure to COVID-19, personal protective equipment (PPE) must be provided in accordance with mandatory OSHA standards (i.e., 29 CFR parts 1910.132 and 1910.134). Additional protective measures are required for health care operations, see references (d) and (e).

4. QUESTION. Is there additional training that commanders and supervisors should provide to their DoD personnel concerning the presence and control of COVID-19 in their work spaces?

ANSWER. Personnel should receive training about COVID-19 basic facts, including how it is spread and the importance of physical distancing, use of masks, and hand hygiene (available at: <https://www.osha.gov/coronavirus/safework#what-workers-need-to-know>, and <https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html>). Training also should include workplace policies and procedures implemented to protect workers from COVID-19 hazards, operation, and use of controls, and the requirement for personnel who are sick to remain away from work. All training should be provided in a language that personnel understand. DoD Components should comply with any applicable labor relations' obligations related to training.

Screening/Symptom Monitoring

5. QUESTION. Are there acceptable procedures to screen personnel so that persons who are infected with the virus that causes COVID-19 do not enter the workplace?

ANSWER. Yes. In addition to any screening mechanisms required by DoD force health protection guidance for workplace access, commanders and supervisors should ask individuals entering the workplace to evaluate themselves for signs or symptoms consistent with COVID-19 before coming to work, and to stay home if they are not well. A symptom list requiring immediate medical attention can be accessed on the Centers for Disease Control and Prevention (CDC) website at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. DoD Components should have processes in place to provide advice and support to commanders or supervisors on any related reporting or human resources requirements. Screening and health checks will not identify asymptomatic individuals and are not a replacement for other protective measures such as physical distancing, wearing of face masks, hand washing, personal hygiene, and recommending personnel get vaccinated.

Environmental Cleaning and Facilities/Workspace Management Considerations

6. QUESTION. What procedures should be followed to clean and disinfect a workspace with particular focus on areas previously occupied by someone who is known or suspected to have been infected with the virus that causes COVID-19 or common areas and equipment used and shared by multiple personnel?

ANSWER. The CDC and OSHA have established enhanced cleaning and disinfection guidance for the cleaning and disinfection of work areas—including those areas previously occupied by workers with known or suspected COVID-19. Enhanced cleaning and disinfection should also be performed for common use, high-touch, high-density spaces and equipment such as in lobbies, restrooms, break areas, office elevators, and stairwells. It should also include tools and equipment that are shared by multiple users. This guidance is available at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and **<https://www.osha.gov/coronavirus/safework>**. Use all disinfectants in accordance with the manufacturer’s labeling. Additionally, the Environmental Protection Agency (EPA) has a list of recommended disinfectants available on their website at: **<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>**.

7. QUESTION. What PPE should be worn by personnel who are cleaning and disinfecting work spaces, or conducting maintenance activities, in areas previously occupied by someone who is known or suspected to have contracted COVID-19?

ANSWER. Personnel should wear gloves, face shields (if there is a risk of splash), disposable gowns or aprons, and other protection as recommended on the Safety Data Sheet or EPA label of the cleaning or disinfectant product. When using electrostatic sprayers for disinfection, personnel should wear PPE as specified in the EPA product label. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance at: **<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>** and **<https://www.cdc.gov/niosh/docs/2012-126/pdfs/2012-126.pdf>**.

8. QUESTION. Is there a need to segregate a work area and demarcate it “off limits” when someone who is known or suspected to have contracted COVID-19 has worked in the area?

ANSWER. Segregation of such work areas prior to cleaning and disinfection is necessary. When the cleaning and disinfection procedures described above are complete, demarcation of areas where the individuals known or suspected to have contracted COVID-19 previously worked is not necessary.

9. QUESTION. What are some actions that leaders and facilities managers can take to prevent the spread of COVID-19 in elevators?

ANSWER. Personnel should be encouraged to take the stairs when possible and where feasible. Certain stairwells or sides of stairwells should be designated as “up” and “down” to promote physical distancing. Consider placing signs limiting the number of personnel allowed inside elevators and use floor markings showing where personnel should stand in elevator lobbies and within elevators to reinforce physical distancing. Additional information is available at: **<https://www.cdc.gov/coronavirus/2019-ncov/community/office-buildings.html>**.

10. QUESTION. Are there any special procedures that workers should take if they are planning to conduct maintenance in a residence where a person who is known or suspected to have contracted COVID-19 resides?

ANSWER. If possible, delay the maintenance work. If the maintenance is necessary, the resident should be asked to remove all items that would impede the work of the maintenance personnel. The resident should clean the area of any dirt, debris, dust, etc., that would impact the effectiveness of surface disinfectant used by maintenance personnel. Workers should maintain a distance of at least 6 feet from the resident who is known to have or suspected of having contracted COVID-19. Ask that the resident remain in a separate room while maintenance is conducted. If a separate room for the resident is unavailable and the worker is unable to remain 6 feet in distance from the resident during the work, appropriate protective equipment for close contact must be worn by the worker. If necessary, clean and disinfect the work area following the CDC-prescribed procedures described in FAQ #6, and follow the procedures for personnel protection described in FAQ #7.

Ventilation

11. QUESTION. Should heating, ventilation, and air conditioning (HVAC) and air handling systems be turned off or air vents covered to prevent the spread of COVID-19 in the workplace?

ANSWER. No. There is no need to shut down air HVAC and air handling systems. Based on what is currently known, increasing indoor air movement and ventilation is a cornerstone COVID-19 transmission mitigation strategy. Ensure existing HVAC systems in buildings are functioning properly, ensure the amount of outside air supplied to the HVAC system is maximized to the extent appropriate and compatible with the HVAC systems' capabilities, and ensure the use of air filters that have a Minimum Efficiency Reporting Value-13 or higher filter where the system can accommodate this type of filtration efficiency. In addition to the requirements for existing HVAC systems, building managers should consider other measures to improve ventilation in accordance with CDC guidance (e.g., opening windows and doors to let in outside air) at: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>. Complete guidance for improving ventilation is found at: <https://www.osha.gov/coronavirus/safework#improving-ventilation>

OSHA-Required Illness Recordkeeping

12. QUESTION. OSHA requires the reporting of COVID-19 as a recordable occupational illness, pursuant to 29 CFR part 1904 for those personnel who contract COVID-19 while working. Given the nature of community transmission of this illness, how can I be sure employee DoD personnel contracted COVID-19 in the workplace to satisfy OSHA recordkeeping requirements?

ANSWER. COVID-19 is a recordable occupational illness if a worker contracts the virus as a result of performing his or her occupational duties and if all of the following conditions are met: (1) COVID-19 illness is a confirmed case; (2) contraction of COVID-19 is work-related as described in 29 CFR § 1904.5 (this condition will require a determination by the commander or supervisor who may require input from the worker's health care provider); (3) the case of illness satisfies the requirement as a recordable illness as set forth in 29 CFR § 1904.7 (e.g., medical treatment beyond first aid is required, the number of calendar days away from work meets the

stated threshold). The reporting requirements are described in more detail in reference (k) and at: <https://www.osha.gov/SLTC/covid-19/standards.html>.

Suspension of Routine Safety and Occupational Health Services

13. QUESTION. May I suspend the completion of routine industrial hygiene and safety surveys required by Department of Defense Instruction (DoDI) 6055.05, “Occupational and Environmental Health,” dated November 11, 2008, and DoDI 6055.01, “DoD Safety and Occupational Health (SOH) Program,” dated October 14, 2014, during this pandemic in order to minimize the potential spread of the COVID-19, devote maximum resources to COVID-19 response activities, and provide maximum flexibility of DoD personnel to telework?

ANSWER. Yes. To ensure maximum compliance with CDC’s guidance and DoD Components’ telework arrangements, routine industrial hygiene and safety surveys may be suspended at the discretion of the Component DASHO, or designated representative, for the duration of the pandemic or the workplace returns to HPCON “0.”

14. QUESTION. DoDI 6055.12, “Hearing Conservation Program (HCP),” dated August 14, 2019, requires that audiometric test environments (e.g., booths) be surveyed annually. Given the recent travel restrictions associated with the COVID-19 pandemic, many components cannot complete these annual surveys. How can clinics safely resume this requirement for the duration of the COVID-19 pandemic?

ANSWER. The annual survey requirements specified in paragraph 3.8 of DoDI 6055.12 may be suspended at the discretion of the Component DASHO, or designated representative, during the COVID-19 pandemic. These requirements should resume upon the conclusion of the pandemic, upon removal of travel restrictions at the discretion of the Component DASHO or designated representative, or return to HPCON “0.”

15. QUESTION. Spirometry (lung function) testing is required in certain occupational medicine surveillance and certification exams. Given the concern with aerosolized respiratory secretions (e.g., from coughing and forced exhalation) during the COVID-19 pandemic, how can occupational medicine clinics resume spirometry safely?

ANSWER. Spirometry can be safely performed by following the CDC guidance for increased ventilation and regular room cleaning and disinfection, patient screening, and implementation of single use disposable items. The guidance for the safe performance of pulmonary function tests contained in reference (l) and updated guidance for the safe performance of spirometry published by the American College of Occupational and Environmental Medicine at:

<https://acoem.org/Guidance-and-Position-Statements/Guidance-and-Position-Statements/Occupational-Spirometry-and-Fit-Testing-in-the-COVID-19-Era-Updated-Recommendations-from-the-Americ> should be followed wherever possible.

Respiratory Protection

16. QUESTION. Some of the N95 respirators in the pandemic stockpiles have exceeded their manufacturer's recommended shelf-life and expiration date. Should these be discarded?

ANSWER. No. Current CDC guidance addresses this issue when describing strategies for optimizing the supply of N95 respirators. Use of expired respirators may be prioritized for situations where personnel are not exposed to the virus that causes COVID-19, such as for training and fit testing. Respirators which have exceeded their recommended shelf life and expiration date can be used for training and fit testing to extend the availability of supplies of N95 respirators which haven't exceeded their shelf lives or expiration dates. These strategies can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>. The manufacturer should be contacted for additional guidance on the use of expired respirators for any reason

Sources of Additional Information

17. QUESTION. What are the authoritative sources to obtain the most relevant and current information concerning guidance for the protection of DoD personnel?

ANSWER. The most relevant and current guidance applicable to DoD is the published by DoD at: <https://www.defense.gov/Spotlights/Coronavirus-DOD-Response/>.

ATTACHMENT 2

References

- (a) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 18) – Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces During the Coronavirus Disease 2019 Pandemic,” March 17, 2021 (hereby rescinded)
- (b) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 23) Revision 3– Department of Defense Guidance for Coronavirus Disease 2019 Vaccination Attestation, and Screening Testing, and Vaccination Verification,” December 20, 2021
- (c) Department of Defense Instruction (DoDI) 6200.03, “Public Health Emergency Management (PHEM) Within the DoD,” March 28, 2019
- (d) Assistant Secretary of Defense for Readiness Memorandum, “Implementation of the Occupational Safety and Health Administration Emergency Temporary Standard for Healthcare During the Coronavirus Disease 2019 Pandemic,” December 2, 2021
- (e) Acting Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 17) Revision 1 – Department of Defense Guidance for the Use of Masks, Personal Protective Equipment, and Non-Pharmaceutical Interventions During the Coronavirus Disease 2019 Pandemic,” June 22, 2021.
- (f) Under Secretary of Defense for Personnel and Readiness Memorandum, “Force Health Protection Guidance (Supplement 15) Revision 3 – Department of Defense Guidance for Coronavirus Disease 2019 Laboratory Testing Services,” December 30, 2021
- (g) DoDI 5400.11, “DoD Privacy and Civil Liberties Programs,” January 29, 2019, as amended
- (h) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (i) Privacy Act of 1974, 5 U.S.C. § 552a, “Records maintained on individuals”
- (j) DoDI 6055.12, “Hearing Conservation Program (HCP),” August 14, 2019
- (k) DoDI 6055.07, “Mishap Notification, Investigation, Reporting, and Record Keeping,” June 6, 2011, as amended
- (l) Defense Health Agency Deputy Assistant Director for Medical Affairs Memorandum, “Outpatient Pulmonary Function Tests (PFT) During COVID-19 Pandemic,” August 18, 2020