



# Health Protection Condition (HPCON) Trigger and Recommended Actions Coronavirus Disease (COVID-19)

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Department of Defense (DoD) Public Health Emergency Management policy (DoDI 6200.03) assigns Health Protection Condition (HPCON) levels to codify approaches to disease outbreaks given the severity of disease and level of disease transmission in a local community. HPCON levels inform actions to be taken by individual personnel, units, installations, Navy Medical Readiness Training Commands (NMRTC) and military treatment facilities (MTF) in response to a specific health threat.

Installation and NMRTC Commanders may employ the HPCON framework during an all-hazards emergency to communicate specific health protection measures to the affected population, including individuals working in, residing on, or visiting the installation. Standardizing responses within categories ensures a measured local response.

Any determination to elevate or lower the HPCON level will be made by the Installation Commander in consultation with the Public Health Emergency Officer (PHEO) and NMRTC Commander/MTF Director.

This framework may be updated during the response to the public health emergency as new information or guidance becomes available. Actions may be discontinued at the termination of the public health emergency, unless renewed by the Installation Commander for a specified period of time.

HPCON	Example Health Protection Measures	Possible Triggers	Recommended Actions
0	Routine: Maintain standard precautions such as routine hand washing, cough on sleeve, good diet, exercise, vaccinations, education, routine health alerts, and regular preparedness activities	Normal operations.	1. Regular planning and drills.
			2. Review and revise plans as necessary, to include HPCON framework per DoDI 6200.03.
			3. Identify workforce that can perform duties via telework.
			4. Identify mission essential personnel AND alternates who must report to work during an outbreak.
A	Limited: Health Alert. Communicate risk and symptoms of health threat to installation; review plans and verify training, stocks, and posture; prepare to diagnose, isolate, and report new cases	Evidence of isolated cases or limited community transmission in the world with potential to affect the U.S. and/or DoD assets, case investigations underway, no evidence of exposure in large communal setting (e.g., healthcare facility,	1. Communicate/educate medical providers on unusual health risk or disease and case reporting chain.
			2. Review applicable installation plans and checklists. Verify preparation (i.e., training, countermeasure stock, force posture) as well as Host Nation MOU's/MOA's.
			3. Epidemiological surveillance looking for further evidence of disease spread



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		<p>school, mass gathering).            Report of unusual health risk or disease; Declaration of PHEIC by WHO; CDC Health Alert of unusual health risk or disease.</p>	4. Contact local DoD affiliates and Host Nation Public Health Officials as appropriate
			5. Develop and disseminate media information on individual personal protective measures (hand-washing/hand sanitizers, cough/sneeze etiquette, stay home if ill). Ensure distribution to entire Installation & GSU's. Consider adding CDC health alert (HANs) examples for PA
			6. Follow Health Alert or provider instruction (i.e., social distancing, prophylaxis, PPE, standard precautions, etc.).
			7. Validate with available records the immunization status of base personnel if applicable
			8. Report number of vaccinations/post exposure medications for primary threat agent and the timelines to get them if not enough are available if applicable
			9. Prioritize the distribution of treatments/prophylaxis utilizing tiered approach from DCP.
			10. All military units should: ensure all personnel have Family Care Plans up-to-date, and personnel are prepared for school and work closings. Ensure all rosters are up-to-date.
			11. Identify ways to ensure that individuals with underlying mental health risk are appropriately cared for.
			12. <b>Workplaces:</b> should ensure all personnel know where to find local information on COVID-19, including signs and symptoms and what to do if symptomatic, and local DoD policies. Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette, etc.). Ensure frequently touched surfaces are disinfected at least daily, and that supplies for hand hygiene are readily available. Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. Ensure Telework and COOP plans up-to-date and actionable.



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			<p>13. <b>Healthcare facilities</b> should assess infection control programs, PPE supplies, and optimize PPE use. Should also assess policies (to include visitor policies, and HCP sick leave policies). Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival). Implement systems for phone triage and telemedicine to reduce unnecessary healthcare visits.</p> <p>14. <b>DoD schools/daycares:</b> should additionally ensure that staff know signs and symptoms of COVID-19 and what to do if students or staff become symptomatic. Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible). Encourage students and staff to stay home when sick and notify administrators of illness.</p>
<b>B</b>	Moderate: Strict hygiene (no handshaking, wipe common-use items); if exposed, self-isolate (wear mask or remain home); avoid contaminated water/food or risk area; vector control if applicable	Evidence of sustained and or widespread transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases. Multiple instances of community transmission (approximately 25-50 cases unlinked); or a report of a confirmed case on your installation; or Hospital Admission: >15% cases; or ICU Admission: >3% cases	<p>1. All Level A actions above</p> <p>2. Consider activation of EOC</p> <p>3. Revise &amp; disseminate media information/education regarding:</p> <ul style="list-style-type: none"> <li>a. Strict hygiene measures <ul style="list-style-type: none"> <li>i. no handshaking</li> <li>ii. wipe common use items/items located in public waiting areas with disinfectant prior to each shift</li> </ul> </li> <li>b. Avoidance of affected environmental exposures <ul style="list-style-type: none"> <li>i. vectors</li> <li>ii. contaminated food or water</li> </ul> </li> <li>c. Personnel affected by the disease should follow social distancing procedures (i.e., self-isolation)</li> </ul> <p>4. Identify Travel ban to affected countries and/or states and disseminate among local population &amp; GSU's</p> <p>5. Interview individuals returning from affected areas for signs of illness</p> <p>6. Consider evacuation of non-mission essential personnel</p> <p>7. Consider placing OG aircrews into crew rest for emergency mobility requirements or task available aircraft</p> <p>8. Consider placing medical personnel into alert status to support medical evacuation on OG aircraft</p>



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			<p>9. Increased screening of patients at MDG to possibly include addition of questions specific to travel location and relevant disease exposure.</p>
			<p>10. In coordination with state, local, tribal and territorial (SLTT) government, consider declaring Public Health Emergency (PHE) and initiating Health Alert to communicate potential disease risk in local area.</p> <ul style="list-style-type: none"> <li>a. Generate signed PHE declaration and report up the chain</li> <li>b. Report declaration of a public health emergency via an Operational Event/Incident Report-3 (OPREP-3) Report (voice) within 15 minutes, with a message report submitted within one hour of the incident to the National Military Command Center (NMCC).</li> </ul>
			<p>10. Identify alternate treatment &amp; isolation/quarantine facilities (HN, DoD, etc.)</p>
			<p>11. Consider:</p> <ul style="list-style-type: none"> <li>a. implementing single point of entry (SPE) to MTF Mask or</li> <li>b. separating patients with signs/symptoms consistent with case definition</li> <li>c. ordering additional medical supplies (i.e., surgical masks, medications)</li> <li>d. establishing triage/care capability outside MTF to protect resources (consider isolation/quarantine needs)</li> <li>e. Activating In Place Patient Decontamination (IPPD) if biological attack suspected</li> </ul>
			<p>12. Consider moving to HPCON C if there is a substantial threat of disease for personnel due to a local epidemic outbreak of a disease with a high morbidity rate, imminent spread of such a disease to the local area, and/or a wide area of contamination that requires special or costly avoidance procedures.</p>
			<p>13. <b>Workplaces:</b> should additionally consider implementation of COOP plans, encouraging staff to telework when feasible (particularly individuals at increased risk of severe illness). Implement social distancing measures (increased physical space between workers, staggering work schedules (arrival, meal, and departure times), and</p>



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			limit in-person meetings and large gatherings. Limit non-essential work travel.
			<p>14. <b>Healthcare facilities:</b> should consider implementation of changes in visitor policies to limit exposure, implement triage before entering facilities, and actively monitor respiratory illness among HCP. Actively monitor PPE supplies. Establish processes for evaluation and testing of large numbers of patients if needed (e.g., designated clinic or surge tent). Begin to plan for potential HCP shortages.</p>
			<p>15. <b>DoD schools/daycares:</b> should additionally consider implementation of social distancing measures (e.g., reduce frequency of large gatherings, stagger scheduled events like recess and entry/dismissal times, limit inter-school interactions, consider distance/e-learning in some settings) and short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students). Consider regular health checks (e.g., temperature and respiratory symptom screening) of students and staff if feasible. Students at increased risk of severe illness should consider implementing individual plans to maintain social distancing.</p>
<b>C</b>	<p>Substantial: Social distancing (limit or cancel in-person meetings, gatherings, temporary duty assignments); shelter in-place indoors; utilize respirators; mass distribution of MCM</p>	<p>Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc. Evidence of sustained community transmission (&gt;50 cases); or a report of multiple unlinked confirmed cases on your installation; or Hospital Admission: &gt;30% cases; or ICU Admission: &gt;10% cases.</p>	<p>1. All Level A and Level B actions above</p> <p>2. Consider declaring PHE (if have not previously declared).</p> <p>3. Implement Health Alert (or provider) instruction such as stringent disease containment measures</p> <ul style="list-style-type: none"> <li>a. Broad social distancing <ul style="list-style-type: none"> <li>i. School closures</li> <li>ii. Cancellation of conferences, meetings, socials, TDYs, etc.</li> </ul> </li> <li>b. Medical Countermeasures <ul style="list-style-type: none"> <li>i. Prophylaxis distribution</li> <li>ii. Mass vaccination</li> <li>iii. PPE (i.e., masks, etc.)</li> </ul> </li> <li>c. Alternate Measures <ul style="list-style-type: none"> <li>i. Shelter-in-place</li> <li>ii. Telephone screening of patients</li> </ul> </li> </ul>



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			4. Provide updates to EOC/GSU's/ DoD affiliates/Host Nation as needed
			5. Establish a Joint Information Center as needed with local health department partners
			6. Consider options to expedite acquisition of post exposure medicine and vaccines if supply is unavailable.
			7. Notify HN authorities of the situation and inquire about closure or evacuation of civilian areas/functions
			8. Issue legal memorandums of Quarantine & Isolation to subjects
			9. Advise Installation/CC and MSG/CC on legal/jurisdictional issues with HN.
			10. Consider utilization of alternate facilities & methods identified in HPCON B for patient triage & care, isolation & quarantine and patient transportation throughout the installation, DoD & HN as needed
			11. Request SNS support from COCOM through MAJCOM as applicable.
			12. Implement Host Nation MOU's/MOA's as applicable
			13. Assess operational impact due to loss of affected personnel
			14. Forward numbers of Dead, Injured or Missing to the EOC as the information becomes available.
			15. Relay casualty information to the Med Rep (ESF 8) in the EOC. <ul style="list-style-type: none"> <li>a. Forward names of dead and injured to EOC by runner.</li> <li>b. Ensure only medical authorities certify death.</li> </ul>
			16. Coordinate handling of deceased personnel to include (but not limited to) the following actions: <ul style="list-style-type: none"> <li>a. Perform mortuary services.</li> <li>b. Set up a temporary morgue as needed.</li> <li>c. Contact local coroner for release, and approval to remove remains of AF personnel.</li> <li>d. Coordinate with medical personnel or AF identification team, if required, for help in identifying remains.</li> <li>e. Coordinate handling contaminated remains.</li> <li>f. Relay fatality information to FSS Rep (ESF 6) in the EOC.</li> </ul>



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			<p>g. Notify casualty reporting officer of names of identified fatalities.</p>
			<p>17. Dispatch personnel and conduct operations as needed.</p> <ul style="list-style-type: none"> <li>a. Provide spiritual support and advise CAT/EOC.</li> <li>b. Provide spiritual support to incident personnel when safe.</li> <li>c. Dispatch a Religious Support Team (RST) and/or Disaster Mental Health Team to the Medical Facility.</li> <li>d. Activate the Chapel Control Center upon notification from CAT.</li> <li>e. Place the Death/Notification Team on stand-by.</li> <li>f. Prepare chapel facilities for spiritual support as needed.</li> </ul>
			<p>18. With sustained community transmission and overwhelmed Public Health staff, individual contact investigations become less effective. Coordinate with your respective SLTT public health department and consider limiting and prioritizing contact investigations to target and protect most vulnerable population.</p>
			<p>19. Consider moving to HPCON D if there is a local epidemic with a high mortality rate or imminent spread of such a disease to the local area.</p>
			<p>20. All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to DoD guidance.</p>
			<p>21. <b>Workplaces:</b> should additionally cancel mission non-essential work travel (including conferences, etc.). Implement extended telework arrangements when feasible. Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals.</p>



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			<p>22. <b>Healthcare facilities:</b> should restrict/limit visitors (e.g., maximum of one/day) to reduce facility-based transmission. Cancel elective and non-urgent procedures. Establish cohort units or facilities for large numbers of patients.</p> <p>23. <b>DoD schools/daycares:</b> should consider broader and/or long-term school dismissals (either as a preventive measure or because of staff and/or student absenteeism), cancellation of school-associated congregations, and implementation of distance learning if feasible.</p> <p>24. Cancel community and faith-based in-person gatherings (consider conducting virtually).</p>
<b>D</b>	Severe: Restriction of movement (e.g., quarantine); mass evacuation; mass decontamination; subsist on secure food/water sources	Widespread transmission and health infrastructure strained Hospital Admission: >40% cases; or ICU Admission: >20% cases	<p>1. All Level A, B and C actions above</p> <p>2. Declare PHE (if have not previously declared)</p> <p>3. Implement advanced disease containment measures, to include:</p> <ol style="list-style-type: none"> <li>a. Formal Quarantine &amp; Isolation</li> <li>b. Mass evacuation</li> <li>c. Mass decontamination</li> <li>d. Food/Water Rationing</li> </ol> <p>4. Consider increased Restriction of Movement (ROM) to emergency-essential personnel only (i.e., HN &amp; DoD first responders, etc.)</p> <p>5. Consider restricting all mass gatherings (close schools, BX, theaters)</p> <p>6. Consider mandating use of PPE (i.e., surgical masks) by all personnel when on installation.</p> <p>7. Mass distribution of food &amp; water, etc. (consider using PODs and/or going through Unit Command Centers (UCC's) to distribute to base personnel)</p> <p>8. Consider decreasing HPCON level as needed.</p>

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