



North Carolina National Guard COVID-19 Operations Guide

12 April 2022

This document will be updated every 4 weeks or upon issuance of updated federal or state guidance eff 27 November 2020.

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The health and safety of our Employees and Service Members (SM) is the highest priority and a shared responsibility of all.

This document provides a guide for safe operations for the North Carolina National Guard. In order to reduce the risk of COVID-19 exposure to service members, employees, visitors, contractors, vendors, and volunteers entering NCNG owned and leased property, this guidance should be considered based on individual staff and unit functions, physical layout, and available resources to implement public health measures best suited for the specific worksite.

The guidance herein comes from the Centers for Disease Control (CDC), National Safety Council (NSC), Occupational Safety & Health Administration (OSHA), Department of Defense (DOD), Army Public Health Command (APHC), Department of the Army, Department of the Air Force, National Guard Bureau (NGB), North Carolina Department of Health and Human Services (DHHS), and Department of Public Safety (DPS).

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Summary of Changes

Updated COVID-19 Travel Restrictions Installation Status Update	12 April 2022
Updated reference for Quarantine, Isolation, Testing, and Return to Work Requirements	12 April 2022

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*****NCNG hyperlinks require CAC to access; civilian resource links do not*****

Daily Operations

[NC.gov: Current Restrictions & Recommendations](#)

Reference [NC.gov: COVID-19 Orders & Directives](#) for the latest NC Executive Orders and Directives to Address COVID-19 and Related Variants.

We are operating IAW [FRAGORD 40](#) to [OPORD 21-016](#) (Hornet Vaccination Internal) for updated HPCON guidance, to include training, meeting and face mask guidelines for NCNG and DoD Facilities.

Buildings and Facilities

General Cleaning Guidelines

Cleaning and disinfecting are key to limiting exposure to maintaining a safe environment during the COVID-19 Pandemic. Supervisors must conduct a job safety analysis to protect employees conducting cleaning operations and provide appropriate PPE and Safety Data Sheets (SDS) for the chemicals used.

- [CDC COVID-19 Cleaning Guidance](#)
- [Safe & Effective Disinfectant Use Infographic](#)
- [List N: Disinfectants for Coronavirus \(COVID-19\)](#)

Responding to COVID-19 in the Workplace

It is important to recognize and take action to prevent transmission of infectious diseases, including COVID-19, in the workplace. If an employee presents COVID-19 symptoms at the workplace, Supervisors must immediately isolate the employee and conduct follow on actions IAW the [COVID-19 Smart Card](#). Workplace sites that have COVID-19 positive personnel will conduct [cleaning and disinfection protocol](#) as outlined by the CDC. Supervisors should not close facilities without consulting with the Chief of Staff.

COVID -19 Facility Restrictions

[Gyms and workout facilities guidance](#)

Armory Rentals and Usage by other than NCNG units

Armory rentals and usage are authorized until further notice IAW [FRAGORD 40](#) to OPORD 21-016.

G1 Service Member Support Services

RAPIDS ID Card Facilities and Services: Effective 1 March 2021, the NCNG ID Card (RAPIDS) sites return to normal operations with the exception of certain conditions. Reference the [NCNG COVID-19 ID Card Operations](#) site for the latest updates.

Family Programs: For information on available programs and assistance see the [NCNG Family Programs Public Webpage](#).

Retirement Support Services: For information on available programs and assistance see the [NCNG Retirement Services Webpage](#).

Employment Center: For information on available programs and assistance see the [NCNG Employment Center Public Webpage](#).

Education Services Office: For information on available programs and assistance see the [NCNG Education Services Office Public Webpage](#).

Integrated Behavioral Health System (IBHS): To schedule a virtual telehealth treatment option appointment or to request emergent services, call 1-855-322-3848.

NCARNG Training Guidance

NCARNG IDT/AT Guidance

72 hours prior to IDT, AT, SAD, and T32 first formation and until further notice, full-time unit staff conducts [COVID-19 Pre-Duty Phone Screening Form](#). Any 'YES' responses to the screening will be referred to respective MSC medical personnel.

- Service Members not cleared for duty will complete makeup training or SUTA as directed.
- Unit admin will submit cleared and not cleared roster to BN S1. Maintain screening forms until COVID-19 Operations complete.

TAG approves training and activities within NC at non-Federal and NCNG training facilities. Therefore, no Exception to Policy (ETP) is required to plan or conduct training at these locations IAW approved FY21 training plans. However, units assigned to or conducting training at Federal installations are subject to the directives of the Garrison Commander unless superseded by higher authority.

MSC Commanders have the authority to modify training locations and schedule alternate events as required, based upon risk mitigation, in order to maximize ***mission essential operations and training events that are necessary to complete assigned missions or required to build and maintain readiness***. SMs are authorized 60 days from date of training to make-up IDT.

Any IDT periods that are conducted virtually from distributed locations must be documented via the MARRS-N calendar. Identify virtual training by including the key word "virtual" in the "notes" column for any IDT conducted virtually.

Changes to annual training periods (including those impacted by COVID-19) must be documented via the MARRS-N calendar. Identify changes due to COVID-19 by including the key word "COVID impact" in the "notes" column.

NCARNG Professional Military Education (PME) and Functional Training

Soldiers continue to plan for in-person PME, DMOSQ, and Functional Training attendance. Guidance on COVID-19 policies and restrictions (including requisite funding for quarantine) are regularly updated by TRADOC, NGB and Installation Commanders and distributed through the Orders Process in conjunction with email notification from the State G3-T to the Training Officer and NCO distribution lists.

IAW ATRRS Message 21 Jan 2022, COVID Vaccination Rules for all PME and Functional Training at TRADOC Schools, effective 1 Jan 2022, Service Members scheduled to attend resident PME and resident functional training will be fully vaccinated IAW DOD guidance prior to the class start date.

- a) Service Members pending a COVID vaccine exemption will not travel to training attendance until their exemption is adjudicated. Service Members reserved for schools with a pending exemption request, should move the school date to later in the year to allow exemption request to be completed.
- b) Unvaccinated Soldiers/students should not travel for training attendance, unless an exemption for travel has been approved by the Undersecretary of the Army.
- c) Fully vaccinated personnel who are symptomatic should not be permitted to travel for training.
- d) Soldiers/students must show proof of vaccination (Vaccination Card/MEDPROS) upon arrival for training when signing in at the school.
- e) Fully vaccinated personnel will be tested at the training location if symptomatic.
- f) Fully vaccinated personnel testing positive at the training location may be returned to home station (CoE/school have ROM/isolation procedures before returning to home station).

Restriction of Movement (ROM) Defined

Restriction of Movement (ROM) is defined as "Limited movement of an individual or group to prevent or diminish the transmission of a communicable disease, including limiting ingress and egress to, from, or on a military installation; isolation; quarantine; and conditional release (DODI 6200.03)."

Standards for ROM:

- Restrict Movement to a residence or other appropriate domicile
- ROM location is an official duty location
- Limit close contact to others

State Partnership Program (SPP) Guidance and Outlook

SPP planning timelines remain the same, and at the 60-90 day mark, events are identified as being possible to conduct virtually or tentatively will be delayed/cancelled, on a case-by-case basis.

Impacts to events include partner country travel restrictions, DOD COVID-related travel directives, and additional time/funding requirements for personnel to meet them, e.g. an AGR Soldier may be able to meet a quarantine restriction while working at home, but an M-day Soldier would need additional orders.

Approval authority to conduct SPP engagements remains the Combatant Command, assuming

Embassy concurrence, and this includes the authorization to travel and/or enter the partner country on official status. SMs participating in SPP engagements require complete COVID vaccinations.

Physical Fitness Readiness

Physical fitness readiness remains an enduring requirement and an individual responsibility. All Soldiers will maintain their physical fitness based on standards associated with the ACFT.

- All Units continue to assess body composition IAW [AR 600-9 \(The Army Body Composition Program\)](#)
- All Units incorporate COVID-19 mitigation measures based on local risk assessment

NCANG Training Guidance

COVID-19 Group Training Planning Guide COVID-19 AT/Inactive Duty Mission Medical Briefing Pre-Mission Planning

All service members (SM) attending inactive duty training must complete the [COVID-19 Pre-Duty Phone Screening Form](#) (see instructions) and submit to supervisor for review 72 hours prior to leaving their home of record and travelling to AT site. A temperature recording is not required on this form at this point. Any form with yes answers has to be reviewed and dispositioned by 145 MDG PRIOR to service member leaving their home of record to attend the inactive duty training. This is an NGB requirement.

All SM attending training should review and be familiar with the CDC recommendations on [“How to Protect Yourself and Others.”](#)

All SM should make sure they have three cloth masks and that they are in good working condition prior to leaving for the training.

If local lodging conditions/budgeting allow, each SM should have their own room/billeting. If conditions do not allow, lodging directors/commanders should set up billeting to maximize social distancing/distance mitigation efforts.

Unit Commanders and training planners should be aware of the COVID-19 risk at their destination. The CDC guidance on travel is available at the following link:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

Travel Restrictions

CONUS Travel not authorized for unvaccinated personnel unless an ETP is granted through Chain of Command. OCONUS travel is only authorized for vaccinated personnel.

Title 32 FTNGD-OS/M-Day

At this time, there are no travel restrictions when approved for personal leave. MSCs will continue to manage conference/school attendance in accordance with published guidance from those organizations.

Technician/Title 5/AGR

At this time, there are no travel restrictions for Technicians/Title 5 employees when approved for

personal leave.

T32/T5 Technician requests for training will be reviewed on a case-by-case basis. Technician employees must be vaccinated IOT travel for training purposes.

Technician Training requests will continue to be submitted using [Standard Form 182, Authorization, Agreement and Certification of Training](#). HRO-HRD will adhere to current state and agency guidelines in place upon receipt of training request and will confirm no change prior to training dates. HRO-HRD will contact vendors to identify any vendor specific limitations or restrictions related to COVID-19 with regards to the requested training. Questions may be directed to nq.nc.ncarng.mbx.hro-hrd@mail.mil.

All training travel requests will be reviewed prior to travel dates. HRO will adhere to current state and agency guidelines in place upon receipt of travel request prior to approving requests.

Commanders and Supervisors are responsible to approve official travel, utilizing the [COVID-19 Travel Restrictions Installation Status Update](#). Commanders must take into account local government restrictions when approving official travel.

Human Resources

High Risk Employees

There are certain underlying [medical conditions identified by the CDC](#) that may increase one's risk for developing severe illness from COVID-19. This list may not include every condition and is subject to updates as new information is learned about COVID-19. Individuals with any underlying medical condition should consult with their healthcare providers to determine whether extra precautions are warranted. Employees with one or more of these conditions may present significant concerns about being asked to return to the workplace. These requests present a myriad of considerations for the employer.

Telework

Supervisors of telework eligible employees review [NCNG Telework Policy](#) effective 10 January 2022.

Weather and Safety Leave:

Weather and Safety Leave provides a type of Administrative paid leave when weather or other safety-related conditions prevent safe travel to or safe performance of work at an approved location due to an act of God, terrorist attack, or other applicable condition (pandemic/COVID-19). For COVID-19 related situations, Weather and Safety Leave can only be used in the following situations.

- Employee is asymptomatic and is directed by the agency and/or medical professional or public health authority to stay home/self-quarantine or is subject to a Federal, State or local quarantine or isolation order related to COVID-19.
- Employee is at increased risk of severe illness from the virus that causes COVID-19 and have not been directed to report to the workplace.

Weather and Safety Leave is **only available** to technicians that are **not** eligible to telework and who also have an HRO approved accommodation.

Technicians and supervisors will follow [ATAAPS Weather and Safety Leave Guidance](#).

Supervisors should update the [COVID-19 tracker](#) in accordance with the instructions in the COVID reporting section of this guide.

Administrative Leave for COVID-19 Vaccination

The American Rescue Plan Act (ARPA) of 2021 (Public Law 117-2) was enacted 11 Mar 21 and allows administrative leave be granted for an employee receiving the COVID-19 vaccination.

- An employee may be granted up to two hours of administrative leave (per vaccination event) to receive a COVID-19 vaccination administered by DoD, Federal, state and local government organizations, or private health care organizations and pharmacies.
- On a case-by-case basis, supervisors may grant employees who encounter extenuating circumstances additional administrative leave.
- Employees who experience an adverse reaction to a COVID-19 vaccination: DoD policy grants up to two workdays of administrative leave for recovery associated with a single vaccination dose. If an employee requires more than two workdays to recover from a condition related to the vaccination, the employee may request to use Emergency Paid Leave (EPL) authorized under ARPA or other paid leave for which the employee is eligible.
- Employees who were vaccinated prior to the date of the DoD memorandum may be allowed to retroactively substitute administrative leave for personal leave taken (i.e. approved sick leave, annual leave, LWOP, earned comp time, etc.) for their vaccination event(s) and, if used for associated recovery time.
- Employees should use the time and attendance code for “physical fitness” to record administrative leave for COVID-19 vaccinations and recovery. The type hour code is “LN” and the environmental/hazard/other code is “PF”.

Employees and supervisors will follow ATAAPS Guidance for Admin Leave for COVID-19 Vaccination. Reference [ARPA ATAAPS Guidance for COVID Vaccine](#).

Refer to [NCNG COVID-19 Workplace Leave Flexibilities Matrix.pdf](#) to determine appropriate leave category.

Personnel on Title 32 FTNGD-OS (including AGR, Counter Drug, and ADSW) are also afforded the opportunity to request a [non-medical Temporary Work Flexibility request](#) if not able to work at the primary designated workplace location. These personnel also have several leave options IAW [AR 600-8-10](#) if unable to be at the workplace nor telework.

Accommodation Process

Employees not able to return to the worksite will complete and submit the appropriate temporary accommodation request listed below for approval.

Title 5 and Title 32 personnel should complete the [NCNG Reasonable Accommodation Request Form](#) found in HRO's [Reasonable Accommodation \(RA\) SOP](#) when requesting an accommodation for medical reasons.

AGR and FTNGD-OS personnel should complete the [NCNG AGR & FTNGD-OS COVID-19 Medical Temporary Accommodation Request Form](#) when requesting an accommodation for medical reasons.

All travel for employees with accommodations is prohibited. Only exceptions to this can be approved by the DJS.

Personnel should consult HRO's Labor Relations Specialist at ng.nc.ncarnq.mbx.hro-labor-relations@army.mil regarding the processing of RA requests as well as temporary non-medical accommodation requests.

Temporary Accommodation Request forms

Requests related to COVID-19 will be closely monitored and will evolve based on guidance released by local, state and federal entities. Personnel are responsible for notifying their respective supervisors of any changes affecting approved accommodations. Supervisors should update HRO Labor Relations when accommodations are no longer needed or are rescinded for any reason.

Equal Employment Opportunity (EEO) and Americans with Disabilities Act (ADA)

The EEO laws, including the ADA and Rehabilitation Act, continue to apply during the time of the COVID-19 pandemic, but they do not interfere with or prevent employers from following the guidelines and suggestions made by the CDC or state/local public health authorities about steps employers should take regarding COVID-19. **Employers should remember that guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. Therefore, employers should continue to follow the most current information on maintaining workplace safety.** Many common workplace inquiries about the COVID-19 pandemic are addressed in the CDC publication "[General Business Frequently Asked Questions](#)."

The ADA has restrictions on when and how much medical information an employer may obtain from any applicant or employee. Once an employee begins work, any disability-related inquiries or medical exams must be job related and consistent with business necessity.

A more detailed listing of EEO and ADA related considerations is available at [What You Should Know about COVID 19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#).

Frequently Asked Questions

Reference the [HRO COVID-19](#) SharePoint for additional information. There is also a list of [Frequently Asked Questions](#) (FAQs) available.

COVID-19 Screening, Testing, and Reporting

COVID-19 Screening

All full-time employees (FTM) and M-Day personnel will continue self-monitoring and self-reporting of [COVID-19 symptoms](#) and exposure through their respective chain of command(s).

COVID-19 Testing Requirements and Options

If you have COVID-19 symptoms, immediately isolate, notify your supervisor and please call your Primary Care Provider or closest Urgent Care. You may be directed to physically have a medical appointment or will be referred to your local public health department or [other testing location](#). Supervisor will be responsible for updating the COVID-19 Tracker and identifying close contacts in the workplace.

COVID-19 CDR Critical Information Requirements

The [COVID-19 Tracker](#) moved from the JOC Share Point page to MS Teams and replaces the COVID Green 8 submission requirements. Use the Team Code **vruxw7m** to access the Team and Channel (MS Team --> NGNC-JFH (JFHQ) --> General --> Files) to update the tracker.

Tracker is to be updated weekly. Failure to maintain reporting results in re-implementation of the COVID Green 8 requirements.

Any employee approved for administrative leave due to quarantine requirements must be annotated on the COVID-19 Tracker.

If a SM tests positive, and is admitted into the hospital, then the normal SIR Green 8 is still required.

COVID-19 Vaccination Information

A vaccinated individual is defined as: Anyone who has received both doses of the Pfizer or Moderna vaccine, or the single dose of the J&J vaccine, and it has been 14 days or more since their final vaccination.

On 24 August 2021, the Secretary of Defense directed all service components to begin mandatory vaccination of all service members. In response to COVID-19, the Department of Defense and the National Guard Bureau is sourcing the FDA approved Pfizer/COMIRNATY as the primary vaccine, while continuing to authorize the Moderna and Johnson & Johnson vaccines under the Emergency Use Authorization. It is the priority of The Adjutant General of North Carolina to vaccinate the force in order to maintain a ready, reliable force and to continue support of COVID-19 operations throughout the state. Information regarding mandatory vaccination due dates by duty type can be found in [OPORD 21-016](#), NCNG Vaccination Order.

Quarantine, Isolation, Return to Work

COVID Quarantine, Isolation and Return to Work Requirements

Quarantine, isolation, testing, and return to work requirements are provided in the [Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance](#), dated 4 April 2022. Updated recommendations depend upon several different factors. The [COVID-19 Smart Card](#) provides Supervisors and Commanders with the necessary actions to take when an employee or Service Member reports any of the following:

- Close contact with a known COVID-19 positive individual
- Exhibits suspected COVID-19 symptoms
- Tests positive for COVID-19

Training & Pay Guidance for COVID-19 Exposure

M-Day Pay & Allowance orders extension guidance for COVID-19 Exposure:

During all planned training, unit leadership must ensure that all Service Members scheduled for training are prescreened prior to reporting for duty. Routinely monitor those reporting for duty for [COVID-19 symptoms](#), and refer Service Members to the [COVID-19 Smart Card](#) for screening and testing requirements.

MSC Medical personnel will review any cases involving a positive COVID-19 test or close contact that will require quarantine or isolation and make a determination for orders extension. If an orders extension is directed, MSC/Unit will input request for orders and G1 Med will review orders under 12301(h) authority. Directed location for all quarantine periods is SM home of record.

Contact [CPT Ryan Bedgood](#) or [LTC Lee Pearson](#) to submit an exception to policy if an orders delay occurs that negatively impacts the affected Soldier.

Pay and Allowance Orders following exposure and resulting directive to quarantine due to Close Contact during Annual Training (AT), Individual Duty Training (IDT), or other periods of Title 32 duty:

Options for Service Members to continue to work, train, or receive paid leave if they are subject to a mandatory quarantine due to a close contact during AT or IDT include (1) potential AT funding according to an approved training plan for the period of quarantine; and (2) working from home in accordance with their employer's work from home policy.

- No request for orders may be required if a SM is either paid their normal wage while working from home, or is authorized by their civilian employer use of emergency sick leave.
- If a SM is unable to work from home, and there is no recourse for financial reimbursement from their civilian employer through emergency sick leave or non-chargeable leave, the MSC should submit an ECW to G3T, including a letter from the civilian employer or Service Member stating the reason the SM is unable to receive pay (whether regular pay, emergency sick leave, or other non-chargeable leave).

Following a directive to quarantine, SM's should review the employer's work from home and paid leave policy, to include emergency sick leave with their employer prior to requesting Pay orders. If necessary, contact the NCNG SJA Office.

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If a SM is directed to quarantine or isolate but is currently unemployed, MSCs submit an ECW to G3T and annotate the SMs employment status.

In all cases not resulting in issuance of 12301(h) orders, if an SM is approved for Pay orders, the number of days will not exceed 14 total for quarantine (to include any quarantine days incurred while in a duty status on orders), and is based on the date of exposure.

Since service connection to a positive test or screening over a typical IDT period cannot be presumed and follow-on care is not always necessary, LODs are not warranted in every case (each LOD determination is factually specific).

TAG maintains the authority to place Soldiers on orders to complete training and other missions as appropriate.

Factors for consideration for continuing orders after a quarantine determination:

- (1) Soldiers should request to be placed on orders
- (2) Unit Commander shall approve an appropriate training plan following Force Health Protection guidance and considerations if orders are approved
- (3) Document training prior to completion of orders
- (4) Funding comes from existing allotment

Communications and Information Technology

[NCNG Teleworking Policy](#)

[NCNG Teleworking Agreement](#)

[DOD Telework Guidance](#)

[NCNG Telework and Conference Help Pages](#)

[MS TEAMS SOP](#)

During longer periods of teleworking (excess of 30 days), employees are required to bring in their laptop/tablet at least once a month in order to receive critical updates that cannot be pushed over VPN. The device must be left on the network overnight and the preferred method is leaving the device on the network over a weekend.

If employees are issued a desktop and are required to telework and have not been issued a laptop/tablet, then submit a KACE ticket for additional hardware: <https://ngncem-350-07.ng.ds.army.mil/>. Approval will be based on quantities of hardware on hand and mission priorities.

Voluntary Use of N95 Respirators

Based upon availability, the NCNG may distribute N95 respirators to employees for voluntary wear in the workplace. Voluntary use of N95 respirators is authorized for employees not engaging in tasks where a known workplace respiratory hazard is present. Employees who choose to wear a N95 respirator will:

- Be provided a copy of Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard.
- Be provided a copy of the manufacturer's instructions on use for the respective model of N95 provided.
- Dispose of the respirator when it is dirty, damaged or difficult to breathe through.
- Not wear the N95 with other masks or respirators.

Voluntary use of N95 respirators does not require the employee to be fit-tested or enrolled in the NCNG written Respiratory Protection Program.

When an employee is required to wear a respirator for their job (e.g. healthcare personnel, allied trades, aircraft mechanics), all requirements of 29 CFR 1910.134 Respiratory Protection Program will be met.

Appendix 1 Health Protection Condition (HPCON) Status

NCNG Organizational HPCON Guidance Ver 2 (17 Feb 21)		
Situation	HPCON	Recommended Preventative Measures (TAG may implement Higher level measures when in Lower HPCON) <i>* Continue all measures from previous higher risk levels during escalation of risk levels</i>
Routine- Prior to community transmission	None	<ol style="list-style-type: none"> 1. Review and update NCNG HPCON Framework and preventative measures per DODI 6200.03 2. Review and maintain awareness of Current NC Government Response 3. Maintain/update roster of positions authorized to telework 4. Maintain/update roster of Mission Essential positions
Limited- Community transmission beginning	A	<ol style="list-style-type: none"> 1. Communicate and emphasize risks, symptoms, and preventative measures based on health threat (Wearing masks, social distancing, hand washing) 2. Publish/update guidance regarding reporting possible exposure, quarantining, and isolating 3. Avoid high risk activities and areas
Moderate- Increased community transmission	B	<ol style="list-style-type: none"> 1. Implement Personal Protective Equipment (PPE) posture for high risk operations and personnel 2. Consider implementing medical screening (remote and on-site as required) 3. Consider implementing alternate work arrangements to ensure continued operations and support as appropriate (shift schedules, accommodations, remote work) 4. Consider implementing Restriction of Movement (ROM) as appropriate and advise all of travel risks 5. Consider re-scoping or modifying large-scale training, events, and gatherings to limit person to person contact
Substantial- Sustained community transmission	C	<ol style="list-style-type: none"> 1. Consider limiting access to facilities based on risk or ongoing operational requirements 2. Consider re-scoping, modifying, or postponing training, events, travel, meetings, and other gatherings to limit person to person contact 3. Consider implementing restrictions and approval process for leave outside of local commuting area
Severe- High mortality epidemic or contamination , widespread community transmission	D	<ol style="list-style-type: none"> 1. Cancel all non-mission essential activities 2. Limit onsite in-person manning to essential personnel only 3. Maximize remote work 4. Limit access to facilities, installations, and impose restriction of movement 5. Re-scope or modify mission essential training and events 6. Cancel all non-essential travel and leave

Appendix 2 Terms

- **Pandemic-** An outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population; most people will not have immunity to the new disease.
- **Quarantine:** A state, period, or place of segregation in which people that have arrived from elsewhere or have been exposed to infectious or contagious disease are placed. When in quarantine, avoid close contact and limit sharing of personal items with other members of the household and utilize appropriate respiratory hygiene.
- **Isolation-** Denotes the physical segregation of a patient with contagious or infectious diseases in a personal residence, hospital, or ward.
- **Self-Observation:** People should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, Self-isolate, limit contact with others, and seek advice by Telephone from a healthcare provider or their local health.
- **Self-Monitoring:** People should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.
- **Close-Contact:** Within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period.

Appendix 3 NCNG COVID-19 References

- [OPORD 20-035 \(COVID-19 Internal\)](#)
- [OPORD 20-037 \(COVID-19 External\)](#)
- [OPORD 21-016 \(NCNG Vaccination Order\)](#)
- [CDC Printable COVID-19 Related Flyers](#)
- [NC Printable Safe Return to Work Flyers](#)
- [NCANG WING COVID Policies](#)
- [NCNG COVID-19 RESPONSE \(Vaccine Information & Resources\)](#)
- [DOD Coronavirus Guidance](#)
- [CDC Update for Reduction of Quarantine/Isolation](#)