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**Joint Force Headquarters Arkansas
Directorate of Military Support
North Little Rock, Arkansas 72199-9600
30 1500 JULY 2021**

**FRAGORD 2 to Arkansas National Guard (AR NG) Execution Order 21-042
(Updated Guidance for Operating in a COVID-19 Environment) (UNCLASSIFIED)**

(U) References [ADD]:

a. (U) Under SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, and Defense Agency and DOD Field Activity Directors, Subject: “Force Health Protection Guidance (Supplement 20)-Department of Defense Guidance for Personnel Traveling during the COVID-19 Pandemic”, dated 12 Apr 2021.

b. (U) Under SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, and Defense Agency and DOD Field Activity Directors, Subject: “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 COVID-19 Pandemic”, dated 22 Jun 2021.

c. (U) Under SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, and Defense Agency and DOD Field Activity Directors, Subject: “Force Health Protection Guidance (Supplement 18)-Department of Defense Guidance for Protecting All Personnel in Department of Defense Workplaces during the COVID-19 Pandemic”, dated 17 Mar 2021.

d. (U) Under SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, and Defense Agency and DOD Field Activity Directors, Subject: “Force Health Protection Guidance (Supplement 15) Revision 2-Department of Defense Guidance for COVID-19 Laboratory Testing Services”, dated 2Jul 2021.

e. (U) Military Times “Mandatory Vaccine Coming, dated 6 Jul 2021.

f. (U) Department of the Air Force Memorandum for ALMAJCOM-ALFLDCOM-FOA-DRU, Subject: “DAF Combined Addendum to DOD Force Health Protection (FHPG) (Supplement 16) Revision 1 – Deployment and Redeployment of Individuals and Units during the Novel COVID-19 Pandemic Response, and DOD FHPG (Supplement 20) – Guidance for Personnel Traveling during the COVID-19 Pandemic”, dated 6 Jul 2021.

g. (U) Under SECDEF Memorandum for Senior Pentagon Leadership, Defense Agency Directors and DOD Field Activity Directors, Subject: “Continued Use of Weather and Safety Leave during the COVID-19 Pandemic”, dated 19 Oct 2020.

h. (U) National Guard Bureau—Office of the Joint Surgeon, COVID-19 Delta Variant White Paper, dated 29 Jun 2021.

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i. (U) Under SECDEF Memorandum for Senior Pentagon Leadership, Defense Agency Directors and DOD Field Activity Directors, Subject: “Extension of Maximum Telework Flexibilities”, dated 20 Nov 2020.

j. (U) Deputy SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, Defense Agency, and DOD Field Activity Directors, “Updated Mask Guidance for all DOD Installations and Other Facilities,” dated 28 July 2021.

k. (U) [ADD] ACT 1002, 28 April 2021, “AN ACT TO END MANDATORY FACE COVERING REQUIREMENTS IN THE STATE OF ARKANSAS; TO DECLARE AN EMERGENCY; AND FOR OTHER PURPOSES”.

(U) Time zone used throughout the EXORD: Local.

(U) Task organization: The Arkansas National Guard (AR NG)

1. (U) Situation. [CHANGE]

a. (U) The Coronavirus Disease 2019 (COVID-19) Delta variant is dominating other variants spread across the US, with **30-60% higher transmission rates than the Alpha variant** and a higher level of rapidly progressive, severe illness, especially in younger populations. Risk of COVID-19 hospital admission doubles for non-fully vaccinated individuals with the Delta variant. Available modeling suggests that it will become the prevailing COVID-19 strain in the United States (U.S.) in the next couple of months.

b. (U) Individuals fully vaccinated against COVID-19 have a high level of protection (88%) against the Delta variant. A single dose of Pfizer only provides 33% protection. As of 24 June 2021, 31% of Army National Guard (NG) Service members (SM) are fully vaccinated and 50% Air NG SM across the nation are fully vaccinated. Health professionals anticipate the COVID-19 Delta variant will impact NG operations due to the significant number of individuals not fully vaccinated against COVID-19.

c. (U) Even with the aforementioned stated—at this time—COVID-19 vaccines remain voluntary for all SM. However, it is highly anticipated that if/when the Food and Drug Administration (FDA) fully approves the vaccines, DOD will make the vaccine mandatory for all SM.

d. (U) Force Health Protection Guidance Supplement 17 (revision 1) (FHP 17 (rev1)) provides a commander and supervisor the authority to verify the vaccination status of SM. FHP 17 (rev1) encourages commanders and supervisors, in coordination with their medical personnel, to conduct risk assessments to determine appropriate risk mitigation strategies to protect the force while conducting the mission.

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e. (U) [CHANGE] Deputy SECDEF Memorandum entitled, "Updated Mask Guidance for all DOD Installations and Other Facilities," dated 28 July 2021, rescinds guidance that fully vaccinated SMs are NOT required to wear masks in DOD installations or facilities. The memorandum states that in areas of substantial or high community transmission, DOD requires **all SMs, Federal employees, onsite contractor employees, and visitors, regardless of vaccination status, to wear a mask in an indoor setting in installations and other facilities owned, leased or otherwise controlled by DOD.**

f. (U) [ADD] Arkansas ACT 1002, 28 April 2021, prohibits a state agency or entity from mandating an individual to use a mask and mask wearing cannot be a condition for entry, education, or services. Installations that are state-owned, remain under the ownership and control of the state. It is "Recommended" for all persons to wear a mask in facilities controlled by the state.

g. (U) High transmission is classified as places with more than 100 cases per 100,000 in a seven day period. Substantial transmission is defined by the CDC as areas with 50 cases per 100,000 in a seven-day period.

h. (U) [CHANGE] With the recent increase in the number of COVID-19 cases in the state as a result of the Delta variant, the state of Arkansas is categorized as an area of substantial or high community transmission of COVID-19 and; therefore, the Military Department of Arkansas will comply with the aforementioned SECDEF memorandum effective immediately within the limitations of State of Arkansas Act 1002 of 2021.

i. (U) This FRAGORD provides updated guidance with respect to the ever-evolving COVID-19 and overall safe operating guidelines in a COVID-19 environment.

2. (U) Mission. [No Change]. As local conditions permit, the Arkansas National Guard (AR NG) continues necessary functions to conduct training and generate readiness while ensuring a safe environment for AR NG service members, Department of Defense (DOD) civilians, contractors, and families amidst the COVID-19 pandemic.

3. (U) Execution. [No Change].

- a. (U) Commander's intent.
- b. (U) Concept of operations.
- c. (U) Tasks to Subordinate Units.

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- (1) (U) Arkansas Army National Guard.
 - (a) (U) 39th IBCT. See coordinating instructions.
 - (a) (U) 77th TAB. See coordinating instructions.
 - (c) (U) 87th TRP CMD. See coordinating instructions.
 - (d) (U) 142nd FAB. See coordinating instructions.
 - (e) (U) MEDCOM. See coordinating instructions.
 - (f) (U) FCJMTC. See coordinating instructions.
 - (g) (U) RMTC. See coordinating instructions.
- (2) (U) Arkansas Air National Guard.
 - (a) (U) HQs, AR ANG. See coordinating instructions.
 - (b) (U) 188th W. See coordinating instructions.
 - (c) (U) 189th AW. See coordinating instructions.
- (3) (U) JFHQ-Arkansas. See coordinating instructions.
 - (a) (U) 233rd RTI. See coordinating instructions.
 - (b) (U) NGMTC. See coordinating instructions.
 - (c) (U) FCJMTC. See coordinating instructions.
 - (d) (U) RMTC. See coordinating instructions.
 - (e) (U) JFHQ-Detachment. See coordinating instructions.
- (4) (U) Tasks to Staff.
 - (a) (U) DCSPER (G1). See coordinating instructions.
 - (b) (U) Security/Intel (G2/J2). See coordinating instructions.
 - (c) (U) DCSOPS (G3). See coordinating instructions.

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(d) (U) DCSLOG (G4). See coordinating instructions.

(e) (U) DCSIM (G6/J6). See coordinating instructions.

(f) (U) DCSEN. See coordinating instructions.

(g) (U) DCSAVN. See coordinating instructions.

(h) (U) Safety. See coordinating instructions.

(i) (U) DOMS (J3/7). See coordinating instructions.

(j) (U) HRO (J1). See coordinating instructions.

(k) (U) STRAT (J5). See coordinating instructions.

(l) (U) PAO. See coordinating instructions.

(m) (U) IG. See coordinating instructions.

(n) (U) USP&FO (J8). See coordinating instructions.

(o) (U) SJA. See coordinating instructions.

(p) (U) Chaplain. See coordinating instructions.

d. (U) Coordinating Instructions.

(1) (U) No Change]. **Consideration of Mandatory COVID-19 Vaccinations.**

(a) (U) With COVID-19 positive cases back on the rise, the Pentagon is considering making the COVID-19 vaccinations for all service members mandatory once the FDA fully approves the shots.

(b) (U) On 7 May, 2021, Pfizer and BioNTech asked the FDA to consider fully approving their vaccine, and Moderna followed suit on 1 June 2021. At this time, it is unclear when or if the FDA might fully approve the vaccines.

(c) (U) Service members are already mandated to get 17 different vaccines, including shots against measles, mumps, diphtheria, hepatitis, smallpox, and the flu.

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(d) (U) Currently, COVID-19 vaccines remain voluntary for service members. The FDA has approved multiple COVID-19 vaccines under emergency use authorizations—a designation that allow for the distribution and administration but also requires informed consent by patients. Once the FDA issues full approval, the DOD has an obligation to instruct personnel on the benefits and side effects of the vaccine but can make it mandatory, as it does with other mandatory immunizations.

(e) (U) According to the Pentagon, more than 930,000 U.S. service members have been fully vaccinated across all components. As of 6 Jul 2021, the DOD has administered more than 4.1 million COVID-19 vaccines to its patient population, which includes service members, retirees, and families.

(f) (U) More than 300,000 DOD beneficiaries, civilian employees, and contractors have been infected with COVID-19 since the beginning of the pandemic, and 357 have died.

(2) (U) [Change]. **COVID-19 Risk Mitigation Pertaining to the Wearing of Masks.**

(a) (U) [No Change]. Under SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, and Defense Agency and DOD Field Activity Directors, Subject: “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 COVID-19 Pandemic”, dated 22 Jun 2021, rescinds previous guidance and provides an update pertaining to the use of masks in conjunction with other public health measures, including non-pharmaceutical interventions (NPIs), during the COVID-19 pandemic. This memorandum includes updated guidance for fully vaccinated personnel. It maintains guidance on use of personal protective equipment (PPE). ***Service members and civilian employees who misrepresent their vaccination status may be subject to appropriate adverse administrative or punitive actions.***

(b) (U) [No Change]. The Centers for Disease Control (CDC) requires all individuals, regardless of vaccination status, to wear a mask on public conveyances (e.g., planes, water transport, buses, trains, taxis, ride-shares) traveling into, within, or out of the United States, and in U.S. transportation hubs such as airports and stations. This requirement is extended to DOD transportation assets (including Government vehicles) and hubs, including those outside the United States, excluding ships, submarines, and aircraft in their operational environment.

(c) (U) [No Change]. All individuals, regardless of vaccination status, must wear a mask in correctional facilities and health care settings, including DoD military medical, dental, and veterinary treatment facilities, in accordance with CDC guidelines.

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(d) (U) [Add] Arkansas National Guard facilities that are federally-owned or leased by the Air Force or Army and then licensed to the state to operate fall within the DoD definition of "installations and other facilities owned, leased or otherwise controlled by DoD" as outlined in the Deputy SECDEF's Updated Mask Guidance memorandum (enclosure 1). This includes Fort Chaffee, Ebbing AFB, 189th AW Campus located on the LRAFB, PEC, and the Armed Force Reserve Centers (AFRC) located at Jonesboro, Hot Springs, El Dorado, Gum Springs. **Personnel present in any Arkansas National Guard facility located on Fort Chaffee, Ebbing AFB, the 189th AW, Jonesboro AFRC, Hot Springs AFRC, El Dorado AFRC and Gum Springs AFRC will comply with the Deputy Secretary of Defense updated mask wear guidance as outlined in enclosure 1.** Post mask wearing signs for federal facilities (enclosure 4)

(e) (U) [Add] Installations that are state owned and federal funded are considered to be under the ownership of the state and are **NOT** subject to the Deputy Secretary of Defense's updated mask wear guidance. This includes Camp Robinson (minus PEC) and all armories not listed in the previous paragraph, 3(d)(2)(d). State of Arkansas Act 1002 of 2021 prohibits a state agency from mandating the wear of face masks. **Thus, personnel present in National Guard facilities located on Camp Robinson (minus PEC) and armories not listed in the previous paragraph, 3(d)(2)(d), are encouraged but NOT required to wear masks.** Post mask wearing signs for state owned facilities (enclosure 3)

(f) (U) [ADD] All personnel who are not fully vaccinated also need to continue to physically distance consistent with applicable CDC and DoD Force Health Protection Guidance.

(g) (U) [No Change]. Units and Directorates will ensure masks are available for personnel on Arkansas National Guard installations, bases and in armories and facilities.

(h) (U) [No Change]. Secretary of Defense exceptions to wearing masks:

1. (U) When an individual is alone in an office with floor to ceiling walls with a closed door.

2. (U) For brief periods of time when eating or drinking while maintaining distancing in accordance with CDC guidelines and instructions from commanders and supervisors.

3. (U) When the mask is required to be lowered briefly for identification or security purposes.

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(i) (U) [No Change]. In addition to identified DOD exceptions for mask wear, the following are Arkansas National Guard exceptions to the DOD mask wear directive.

1. (U) When necessary to accommodate religious beliefs.

2. (U) When underlying health conditions prohibit the wear of face covering exists and the individual is in possession of medical documentation from a health care provider outlining such a condition and the restrictions the condition places on the wear of a face covering.

3. (U) When outdoors and proper social distance can be maintained.

4. (U) When actively participating in physical activities either indoors or outdoors and either proper physical distancing is maintained, or additional measures are implemented to mitigate the threat of transmission.

5. (U) When an individual is alone in a vehicle or sharing the vehicle only with a member of their household.

6. (U) When use substantively interferes with the proper use of personal protective or specialized respiratory equipment necessary for the accomplishment of one's duty.

7. (U) When personnel are in primary aircrew positions during critical phases of flight or emergencies; or when using flight crew oxygen equipment.

8. (U) When clear or unrestricted visualization of verbal communications are essential to safe and effective operations.

(j) (U) [No Change]. **There are no other provisions for exceptions to wearing masks in office environments.**

(k) (U) [Change]. As a general matter, supervisors may not inquire about or verify the vaccination status of civilian employees. Supervisors must follow applicable force health protection guidance and implement appropriate workplace measures to protect all employees, assuming that not everyone will be vaccinated.

(l) (U) [No Change]. Commanders and Supervisors of AR NG full-time personnel will comply with all applicable labor relations obligations to the extent such obligations do not conflict with the organization's ability to conduct operations during this emergency.

(m) (U) [No Change]. **Non-pharmaceutical interventions (NPIs):**

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1. (U) Masks and PPE use are part of a larger strategy for using NPIs to limit transmission of COVID-19. Further CDC information on NPIs may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>. It is important to practice NPI measures consistently, including but not limited to the following:

- a. (U) Physical distancing (6 feet or more) for settings where it is prudent for health and safety;
- b. (U) Frequent hand sanitation using soap and water or hand sanitizer;
- c. (U) Properly covering coughs and sneezes;
- d. (U) Staying at home when sick ("not feeling right," or "start of a cold or allergies," etc.);
- e. (U) Use of telecommunications in place of face-to-face interactions as much as possible; and
- f. (U) In most situations, routine daily cleaning of high-touch surfaces using soap or detergent is sufficient to reduce risk. Disinfection is recommended in indoor community settings where there has been a suspected or confirmed case of COVID- 19 within the last 24 hours.

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(g) (U) [No Change]. The table below prescribes prioritized categories for PPE use, subject to available supply and direction from local commanders and supervisors.

Priority	Category	Examples	Measures
1	Source control	A COVID-19 patient or person under investigation (PUI)	Surgical Masks or Other Masks
2	Health care delivery	Military Medical Treatment Facility Patient Care Requirements Emergency Medical Services Ancillary Health Care Providers (e.g., Dental, Veterinary)	N95 or higher respirators (preferred)/ Surgical Masks (acceptable alternatives if respirators not available) Eye Protection Gowns Gloves
3	Discrete COVID-19 support missions	COVID-19 Patient or PUI Transport Quarantine and PUI Support Mortuary Affairs Teams	N95 or higher respirators (preferred)/ Surgical Masks (acceptable alternatives if respirators not available) Eye Protection Gowns Gloves
4	Increased risk in performance of official duties	Commanders, in consultation with their Public Health Emergency Officers, may require PPE for special public-facing duties and incorporate CDC considerations for other special groups.	Gloves Masks

(h) (U) [No Change]. Authority for granting exceptions for temporary unmasking due to mission requirements for situations not already excepted in paragraph 3.d (2)(g) and (h) is delegated to the Director of the Joint Staff (DJS), the Land Component Commander (LCC) and the Air Component Commander (ACC) under the following guidelines.

2. (U) The DJS is the approval authority for exceptions to policy pertaining to AR ARNG, HQ ANG and Joint Staff full-time personnel (AGR, T5 & T32) and activities (Directorates, Installations and Joint Force Headquarters). The DJS is also delegated the authority for exceptions to policy relating to Robinson Maneuver Training Center (RMTC) and Fort Chaffee Joint Maneuver Training Center (FCJMTC) IDT and AT operations.

3. (U) The LCC is the approval authority for exceptions to policy pertaining to tactical, collective and operational events normally performed in IDT, AT or ADOS status for all AR ARNG units except for RMTC and FCJMTC.

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4. (U) The ACC is the approval authority for exceptions to policy pertaining to AR ANG Wing operations.

5. (U) Forward exceptions through the chain of command to the respective Brigadier General.

6. (U) The DJS office will maintain a record of all exceptions to policy approved by the DJS

7. (U) The Army CoS office will maintain a record of all exceptions to policy approved by the LCC

8. (U) The ANG DOS will maintain a record of all exceptions to policy approved by the ACC.

(i) (U) [No Change]. Exception to policy request format is the standard memo format for the respective service branch and routed through the chain of command to the approval authority.

(3) (U) [No Change]. **Travel during the COVID-19 Pandemic.**

(a) (U) Restriction of Movement (ROM) is a mandatory 14-day period, consisting of 14 full and continuous 24-hour periods, during which personnel will limit close contact (within 6 feet or 2 meters) with others and be restricted to their residence or other appropriate domicile or location. For overseas deployments, if the Host Nation (HN) requires a ROM in-country, a pre-deployment ROM is not required. If HN agreements allow and after an appropriate risk assessment, ROM will decrease to 10 days (without testing); or 7 days (with a negative viral test within 48 hours prior to the end of the ROM). The 7-day ROM with viral test is the preferred option if HN agreements allow.

(b) For travel from the U.S. to a foreign country, the Secretary of the Air Force and Secretary of the Army, or their respective offices—consistent with applicable Host Nation public health measures—may decrease the Restriction of Movement from 14 days to 10 days (without testing) or 7 days (contingent upon a negative viral test result on a sample obtained within the final 48 hours of the 7-day ROM).

(c) (U) For travel from a foreign country to the U.S., the Secretary of the Air Force and Secretary of the Army, or their respective offices, may decrease the Restriction of Movement (ROM) from 14 days to 10 days (without testing) or 7 days

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(contingent upon a negative viral test result on a sample obtained within the final 48 hours of the 7-day ROM).

(d) (U) For non-deployment related travel, risk assessment will be conducted and at a minimum, will also consider: (1) the relative statuses of the service member's point of origin and the travel destination with respect to COVID-19 infection rates and trends; (2) the recommendations and requirements of any installation, State, and local authorities at the travel destination location; and (3) the risks to the service member, their family/dependents, and the communities at home stations and leave/travel locations in connection with the service member's travel. (See Travel Risk Assessment Tool located at: https://mypers.af.mil/app/answers/detail/a_id/46624).

(4) (U) [No Change]. **Steps to be taken during Restriction of Movement (ROM).**

(a) (U) For service members, notify their chain of command or supervision if they or persons in their household develop signs or symptoms consistent with COVID-19. Such health information will be used only for Force Health Protection (FHP) purposes and will be protected IAW applicable laws and policy.

(b) (U) DOD civilian employees should notify supervisors if they develop or have had contact with anyone who exhibits signs or symptoms consistent with COVID-19. Such health information will be used only for FHP purposes and will be protected IAW applicable laws and policy.

(c) (U) Telework when practicable per direction of their commander and/or supervisor.

(d) (U) For personnel whose presence is required in the workplace by their supervisor, consider whether and when to return to work during the ROM period.

(e) (U) Exception to ROM: Unless otherwise required by a more restrictive DOD policy, pre- and post-travel ROM is not required for individuals who are 14 days post-completion of COVID-19 vaccination with a FDA authorized vaccine and meet all of the CDC criteria for the specific vaccine administered. Individuals will continue to adhere to public health measures, such as physical distancing to the greatest extent possible and mask wearing.

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(5) (U) [No Change]. **Eligibility of DOD Personnel, Other Beneficiaries, and Other Populations for Testing.**

(a) (U) DOD Components may test service members (including members of the Reserve Components when on active duty for a period of more than 30 days, or on full-time National Guard duty of more than 30 days) IAW this guidance. Reserve Component service members on active duty for a period of 30 days or less will follow their component's guidelines.

(b) (U) DOD civilian employees (who are not otherwise DOD health care beneficiaries) may be offered testing IAW this guidance if their supervisor has determined that their presence is required in the DOD workplace.

(c) (U) Eligible DOD beneficiaries may be offered testing.

(d) (U) DOD contractor personnel may be offered testing, subject to available funding, if such testing is necessary to support mission requirements and is consistent with applicable contracts (for example, if testing is explicitly called for under the contract, or if testing is required to access a DOD facility, the contractor personnel must access the DOD facility to perform under the contract, and the contract requires contractor personnel to abide by facility access requirements). DOD contracting officers may also modify existing contracts to require contractors to test their personnel, or permit DOD to test their personnel, as necessary to support mission requirements and subject to available funding.

(e) (U) The point of contact for obtaining COVID-19 test kits for Army personnel is LTC Sharetta Glover, MEDCOM, at 501-212-5456 or sharetta.n.glover.mil@mail.mil, for 188th WG the point of contact is Lt Col Peter Mudge at 479-573-5581 or peter.mudge@us.af.mil, for the 189th WG the point of contact is Lt Col Seth Tolliver at 501-987-5224 or seth.tolliver@us.af.mil.

(6) (U) [CHANGE]. **Restrict Workplace Access.**

(a) (U) Personnel who have symptoms of COVID-19 (e.g., fever, cough, or shortness of breath) should notify their supervisor. Personnel who develop any symptoms consistent with COVID-19 during the workday must immediately isolate, notify their supervisor, and promptly leave the workplace. Supervisors of full-time personnel will follow the below guidance:

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1. (U) Supervisors of AGR personnel will contact the TMC or Medical Group Provider to receive guidance on appropriate military status.

2. (U) Supervisors of Federal Employees (T32/T5) will contact the HRO Technician Manager or Labor Relations Specialist to determine the appropriate status based on the circumstances of their position and situation.

3. (U) Point of contact regarding full-time service members and federal employees (T32/T5) should contact the HRO Labor Relations Specialist to discuss appropriate options regarding potential temporary telework or leave status options. Mr. Kevin Burton may be reached at (501) 212-4207 or kevin.s.burton.civ@mail.mil.

(b) (U) Asymptomatic, non-immunized personnel with potential exposure to COVID-19 based upon close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case should notify their supervisor, who then contact's HRO for further guidance regarding status and employee options. "Close contact" means a person has spent more than a total of 15 minutes in a 24-hour period within 6 feet of a COVID-19 infected individual. Close contact includes the time period of contact starting from 2 days before illness onset (or, for asymptomatic persons, 2 days prior to test specimen collection). If individuals become symptomatic during the duty period, they should be sent home immediately.

1. (U) As a general rule, such asymptomatic, non-immunized personnel with potential exposure to COVID-19 should not return to the workplace until cleared by their supervisor, who should coordinate with HRO. Supervisors of DOD civilian employees should also consult with human resources to determine the appropriate status for the employee.

2. (U) 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, non-immunized asymptomatic personnel who otherwise would be self - quarantining 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 14 days after the last exposure: obtain and have a negative COVID-19 test, conduct daily pre-screening with temperature checks; self-monitor with supervision by a commander or supervisor; wear a mask, practice hand and cough hygiene; do not share headsets or other objects used near the face; continue to social distance as much as possible; and clean and disinfect their workspaces daily. This

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exception may be granted by the first general/flag officer. If the individual becomes symptomatic during the duty period, he/she will be sent home immediately and contact HRO for further guidance.

(c) (U) Personnel who have tested positive for COVID-19 within the past 3 months and who have recovered are not required to remain out of the workplace even if they have been in close contact with someone who is suspected or confirmed to be infected with COVID-19.

(d) (U) Fully vaccinated personnel are not required to remain out of the workplace if they have been in close contact with a person who has a laboratory confirmed, clinically diagnosed or presumptive case of COVID-19.

(e) (U) DOD Service members and civilian employees may report to work as directed to do so by a commander or supervisor once coordinated with HRO.

(7) (U) [No Change]. **Collecting Information Necessary to Protect the Workplace.**

(a) (U) Due to the public health emergency, the collection by DOD Components of 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, is authorized. DOD Components are authorized to use enclosure 1 (DD Form 3112, "Personnel Accountability and Assessment Notification for Coronavirus Disease 2019 (COVID-19) Exposure)," to collect this information.

(b) (U) This collection of information is consistent with requirements of the health information privacy regulations as:

1. (U) This collection of information also does not conflict with recent COVID-19 guidance from the Equal Employment Opportunity Commission under the Rehabilitation Act of 1973, 29 U.S.C. § 791, et seq., as amended.

2. (U) All personally identifiable information (PII) on individuals must be appropriately safeguarded in accordance with reference (d). 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.

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3. (U) If an individual reports to their supervisor that they believe they contracted COVID-19 due to exposure in the workplace, the supervisor will report this as a suspected occupational illness to supporting safety and occupational health staff as required by reference (f). The determination of work-relatedness and required recording and reporting will follow part 1904 of title 29, Code of Federal Regulations, as interpreted at: <https://www.osha.gov/coronavirus/faqs#reporting>.

(c) (U) Implementing Procedures.

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

2. (U) 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.

3. (U) DoD Components will, through applicable contracting officers, instruct contractors to take the steps necessary to ensure that their employees whose place of duty is in a DOD workplace adhere to the workplace access restrictions required by this memorandum.

(8) (U) [No Change]. **Isolation Guidance for Potential COVID-19 Cases.** Arkansas National Guard Full Time Unit Staff who are identified as symptomatic, probable, or confirmed COVID-19 cases are required to undergo isolation. Supervisors, in coordination with TMC or appropriate MED Group and HRO will consider the most recent Centers for Disease Control (CDC) guidance for release of individuals from isolation and return to home or work. Supervisors of Federal Employees (T32/T5) may request appropriate medical documentation (i.e. Positive COVID-19 test results, Medical Provider or AHD/CDC instructions) in order to justify employee status options.

(9) (U) [No Change]. **Reserve Component Polices.** It is DOD policy that units and personnel of the Reserve Components involuntarily ordered to active duty will be kept on active duty no longer than operationally necessary. If it is determined that ROM days are not required, owning units are directed to:

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(a) (U) Recalculate the service member's actual activation start and/or end date as applicable.

(b) (U) Modify the service member's individual activation order accordingly.

(c) (U) Return any unused man-day allocations to the applicable service component.

(10) (U) [No Change]. **Use of Weather and Safety Leave during the Coronavirus Disease 2019 Pandemic.**

(a) (U) Weather and Safety Leave only applies to Federal Employees (T32/T5). The continued need to grant weather and safety leave has diminished due to the investments in technology and fully utilized human resources flexibilities. Supervisors should develop a plan to return to the workplace with employees who are on weather and safety leave or who teleworking to some extent are but are not fully performing essential functions of their functions.

(b) (U) This plan should inquire whether the employee needs any flexibilities or reasonable accommodations to return to the workplace. If an employee request to telework because of a medical condition (other than COVID-19), the supervisor needs to follow the reasonable accommodation process under section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C 794 (Rehabilitation Act). Questions regarding telework for reasonable accommodation should refer to TAG Policy 2020-18 (AR NG) Telework Program.

(c) (U) In limited instances where these tools are not practicable or deemed effective ARNG components may, but are not required to, continue to provide weather and safety leave. ARNG components may require medical documentation in support of weather and safety leave to the extent with the Rehabilitation Act which prohibits seeking documentation for conditions that are obvious or already known.

(d) The use of weather and safety leave for child or dependent care remains prohibited.

(11) (U) [No Change]. **Extension of Maximum Telework Flexibilities.**

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(a) (U) The Under SECDEF Memorandum for Senior Pentagon Leadership, Defense Agency Directors and DOD Field Activity Directors, Subject: "Extension of Maximum Telework Flexibilities", dated 20 Nov 2020, **expired as of June 30, 2021**. DoD Components **no longer** allow civilians 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.

(b) (U) The option for temporary or ad hoc telework will be approved on a case-by-case basis as it relates to isolation or quarantine orders. POC on this matter is Mr. Kevin Burton, HRO Labor Relations Specialist, at (501) 212-4207 or kevin.s.burton.civ@mail.mil.

~~(12) (U) [DELETE] All AR NG MSGs and Directorates will ensure that the sign found at Enclosure 2 is conspicuously posted on all entrances to Military Department of Arkansas buildings / facilities immediately.~~

4. (U) Sustainment. [No Change].

1. (U) Logistics.

2. (U) Personnel.

3. (U) Health.

5. (U) Command and Control. [No Change].

a. (U) Command.

b. (U) Control.

c. (U) Signal. Point of contact is LTC Anthony Sanders at (501)-212- 5478 or anthony.q.sanders4.mil@mail.mil.

ACKNOWLEDGE:

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OFFICIAL:
NEUGEBAUER
COL, J3

ENCLOSURES:

1. Encl 1 – Deputy SECDEF Memorandum for Senior Pentagon Leadership, Commanders of the Combatant Commands, Defense Agency, and DOD Field Activity Directors, “Updated Mask Guidance for all DOD Installations and Other Facilities,” dated 28 July 2021.
2. ~~[Delete]Encl 2—Mask Wearing Sign~~
3. Encl 3 [Add] Mask Wearing Sign State Owned Facilities
4. Encl 4 [Add] Mask Wearing Sign - Federal