



# CHAIRMAN OF THE JOINT CHIEFS OF STAFF INSTRUCTION

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CJCSI 4220.01A  
17 December 2014

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## POST-DEPLOYMENT POLICY FOR 21-DAY CONTROLLED MONITORING OF DOD SERVICE MEMBERS AND CIVILIAN EMPLOYEES RETURNING FROM EBOLA VIRUS DISEASE OUTBREAK AREAS IN WEST AFRICA

Reference(s):

- a. CJCS Action Memorandum to SecDef, "21-Day Controlled Area Monitoring by the Services," 28 October 2014
- b. SecDef Memorandum to CJCS, "21-Day Controlled Monitoring by the Services," 29 October 2014
- c. SecDef Memorandum to Under Secretaries of Defense, "Pre-Deployment, Deployment, and Post-Deployment Training, Screening, and Monitoring Guidance for Department of Defense Personnel Deployed to Ebola Outbreak Areas-Change 1," 31 October 2014
- d. Centers for Disease Control and Prevention, "Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure," 3 November 2014

1. Purpose. In accordance with references a through d, this instruction provides policy and guidance for the Services in the conduct of 21-day controlled monitoring of Service members and volunteering DoD civilian employees returning from the Ebola virus disease (EVD) outbreak area in West Africa.

2. Superseded/Cancellation. This revised instruction supersedes CJCSI 4220.01 dated 14 November 2014.

3. Applicability. This instruction applies to:

- a. All Department of Defense (DoD) Service members who are assigned, deployed, or transited through the EVD outbreak area in West Africa as declared by the Centers for Disease Control and Prevention (CDC).

b. This instruction also applies to DoD civilian employees who are assigned, deployed, or transited through the EVD outbreak area who volunteer to participate in controlled monitoring.

4. Policy. DoD Service members, including Active, Reserve, and National Guard, will undergo a 21-day controlled monitoring program in a controlled monitoring area (CMA) upon returning from deployment to, transitioning through, or having been stationed in the EVD outbreak area in West Africa as declared by the CDC (to include Service personnel assigned to United Nations missions in the EVD outbreak area).

#### 5. Definitions

a. Batching. The gathering and organizing of DoD Service personnel, including Active, Reserve, National Guard, and volunteering DoD civilian employees, redeploying from the EVD outbreak area in order to facilitate controlled movement to a continental United States (CONUS) or outside continental United States (OCONUS) controlled monitoring installation.

b. Cohort. Imposed grouping of DoD Service personnel, including Active, Reserve, National Guard, and volunteering DoD civilian employees, redeploying from the EVD outbreak area for the purpose of controlled monitoring. Cohort is determined by time of entry into controlled monitoring and location of controlled monitoring area.

c. Controlled Monitoring. The process by which trained healthcare professionals or appropriately trained DoD personnel directly observe the Service members and volunteering DoD civilian employees, monitor their twice-daily temperature checks, and evaluate daily for symptoms consistent with EVD in an area established by the installation commander and due to operational requirements. During controlled monitoring at a CMA, Service members and volunteering DoD civilian employees are prohibited from having physical contact with family members and the general population.

d. Controlled Monitoring Area (CMA). A portion of an installation specifically designated for the housing and controlled monitoring of Service members and volunteering DoD civilian employees returning from the EVD outbreak area that meets the controlled monitoring area standards contained in this instruction.

e. Controlled Monitoring Area Commander. Officer designated by the controlled monitoring installation commander to command the CMA.

f. **Controlled Monitoring Installation.** DoD facility where a CMA has been established in accordance with this instruction.

g. **Controlled Monitoring Installation Commander.** Commander of the installation where a CMA is located.

h. **Controlled Movement.** Process by which all personnel subject to this instruction are transferred from the EVD outbreak area to their final controlled monitoring installation. To the greatest extent possible, this movement will utilize DoD airlift, DoD contracted airlift, and DoD arranged ground transport. DoD will arrange for the capability to provide controlled monitoring during all phases of movement.

i. **Ebola Virus Disease (EVD) Outbreak Area.** Countries designated by the Centers for Disease Control and Prevention experiencing widespread transmission of EVD (as of 14 November 2014, this includes Liberia, Guinea, and Sierra Leone).

j. **Self-Monitoring.** Twice daily monitoring by personnel who are not required to enter controlled monitoring due to exceptions for transient status and emergency/convalescent leave. Self-monitoring includes twice daily temperature and symptoms check. These personnel must report monitoring results daily to their unit's designated medical provider and immediately report to a medical treatment facility upon presentation of EVD symptoms.

k. **Service Member.** Includes Active and Reserve military members, and members of the National Guard in Federal service.

6. Responsibilities. See Enclosure.


7. Summary of Changes. CJCSI 4220.01A provides updated policy guidance on convalescent leave, exceptions for DoD military personnel permanently assigned to U.S. embassies under Chief of Mission authority, and guidance for aircrew members transporting symptomatic patients on DoD aircraft using the Transportation Isolation System (TIS).

8. Releasability. UNRESTRICTED. This directive is approved for public release; distribution is unlimited on NIPRNET. DoD Components (to include the Combatant Commands), other Federal agencies, and the public, may obtain copies of this directive through the Internet from the CJCS Directives Electronic Library at: [ [http://www.dtic.mil/cjcs\\_directives/](http://www.dtic.mil/cjcs_directives/) ]. JS activities may also obtain access via the SIPR Directives Electronic Library Websites.

9. Effective Date. This INSTRUCTION is effective as of 15 December 2014 and applies to personnel departing the EVD outbreak area on or after that date.

10. Interim Changes to Instruction. Interim changes to this INSTRUCTION may be issued by the Director of the Joint Staff.

For the Chairman of the Joint Chiefs of Staff:

  
DAVID L. GOLDFEIN, Lt Gen, USAF  
Director, Joint Staff

Enclosure  
- Responsibilities

## ENCLOSURE

### RESPONSIBILITIES

1. Commander, U.S. Africa Command (USAFRICOM), in coordination with Commander, U.S. Transportation Command (USTRANSCOM), Commander, U.S. European Command (USEUCOM), and Commander, Joint Force Command-UNITED ASSISTANCE (JFC-UA), will batch and coordinate the re-deployment of all Service members and volunteering DoD civilian employees re-deploying from the EVD outbreak area in West Africa, including all Active, Reserve, and National Guard members not assigned to OUA, for controlled movement to a CONUS or OCONUS controlled monitoring installation.
2. If necessary, Commander, U.S. Northern Command (USNORTHCOM), in coordination with Commander, USTRANSCOM, and the Service Chiefs will batch and coordinate the re-deployment of Service members and volunteering DoD civilian employees re-deploying from any potential EVD outbreak area in CONUS, including Active, Reserve, and National Guard members for controlled movement to a CONUS controlled monitoring installation.
3. Commander, USEUCOM, will coordinate all host-nation agreements required to establish CMAs in the USEUCOM AOR.
  - a. For Service members assigned and returning to OCONUS duty stations, every effort will be made to facilitate 21-day controlled monitoring at an OCONUS controlled monitoring installation in accordance with host-nation policies and facility capacities.
  - b. If these Service members cannot be accommodated OCONUS, they will return to a CONUS controlled monitoring installation to complete their 21-day controlled monitoring before returning to their assigned OCONUS duty station.
4. USAFRICOM will provide Joint Staff, J33 Current Operations (js.pentagon.j3.list.j33-curropsdiv@mail.smil.mil) details and status of individual cohorts, to include composition (unit, service, and home station) and size, departing the EVD outbreak area. The Joint Staff, J33 is responsible for tracking the status of cohorts from their departure of the EVD outbreak to the end of their 21-day controlled monitoring period.
5. The Services will report the status of CMA utilization to the Joint Staff, J33 Current Operations.

6. Controlled monitoring installation commanders, or their designated CMA commander, will maintain a roster, organized by cohorts, of individuals undergoing controlled monitoring. This roster will include entry and exit dates of each individual, changes in personnel status to include medical status, and any absence due to emergency leave. CMA commanders, in coordination with the Services, will provide this roster to the Joint Staff, J33 Current Operations, on a daily basis.

7. Approved DoD controlled monitoring installations include:

- (a) Fort Bliss, El Paso, TX
- (b) Joint Base Langley-Eustis, Hampton, VA
- (c) Fort Hood, Killeen, TX
- (d) Fort Bragg, Fayetteville, NC
- (e) Joint Base Lewis-McChord, WA
- (f) USAG Baumholder, Germany
- (g) Caserma Del Din, Vicenza, Italy (pending host-nation approval).

8. In the event a controlled movement flight cannot land at its intended controlled monitoring installation and has to divert, Services will make contingency arrangements at the divert location to temporarily accommodate the Service members and any volunteering DoD civilian employees undergoing controlled movement. The originally intended controlled monitoring installation commander, in coordination with USTRANSCOM, will make arrangements for follow-on controlled movement to the originally intended controlled monitoring installation.

9. A Service member and volunteering DoD civilian employee's 21-day controlled monitoring period starts immediately upon departing the EVD outbreak area and ends at 0800L on the 22nd day of controlled monitoring.

10. Command Relationships

(a) The individual Services will maintain administrative control of their Service members and DoD civilians returning to CONUS controlled monitoring installations.

(b) The Geographic Combatant Commanders (GCC) will maintain OPCON for OCONUS forces returning to OCONUS-controlled monitoring installations.

(c) The controlled monitoring installation commander acts as the coordinating authority and will provide direct support to Service administrative liaison elements and personnel during their 21-day controlled monitoring period.

(d) As required, the Services will deploy an administrative liaison element to the controlled monitoring installations to facilitate Service-specific administrative tasks such as: emergency leave, orders, Uniform Code of Military Justice administration, follow-on travel arrangements, pay issues, etc.

11. The controlled monitoring installation commander is responsible for the local movement, reception, and in-processing of Service members and volunteering DoD civilian employees into the CMA.

12. Upon in-processing, the CMA commander will ensure Service members and volunteering DoD civilian employees are segregated into cohorts, remain in their designated cohorts, and to the maximum extent possible, remain segregated from other cohorts until the end of their 21-day controlled monitoring period.

13. CMA commanders will document the successful completion of 21-day controlled monitoring for each Service member and provide such documentation to the Service member and his/her respective Service prior to the member's departure from the CMA.

14. Controlled monitoring installation commanders, or their designated CMA commanders, control all access to the CMA and will ensure Service members and volunteering DoD civilian employees have no physical contact with family members and the general population.

15. The controlled monitoring installation commander will provide health care, quality of life service and support, and facility maintenance support for the CMA.

(a) Health care, quality of life service and support, and facility maintenance personnel are allowed to transit the CMA and are not included as part of the monitored population.

(b) The controlled monitoring installation commander, or the designated CMA commander, is responsible for the rules governing the transit of health care providers, quality of life service and support personnel, and facility maintenance personnel into and out of the CMA and, with the exception

of health care providers in the performance of their duties, ensuring no physical contact with Service members and DoD civilian employees being monitored.

#### 16. Controlled Monitoring Area (CMA) Standards

(a) Controlled monitoring installations, and by default CMAs, will be located near and have access to a medical facility capable of detecting, protecting against transmission, isolating, and treating EVD.

(b) CMAs will consist of hard-stand facilities.

(c) CMAs will be capable of conducting: twice-daily temperature checks, no less than 12 hours apart; medical screenings; controlled movement; and, controlled access.

(d) CMAs will have a sick-call capability (dedicated room or facility) and the ability to immediately isolate personnel presenting symptoms of EVD.

(e) CMAs will be equipped and/or capable of providing quality of life services and support such as, but not limited to: dining capability, laundry capability/service, MWR activities, internet, PT area, etc. Cohort members will not be required to pay fees to use laundry, MWR, internet, PT facilities, etc.

(f) Controlled monitoring installation commanders, or their designated CMA commanders, will strictly control access to the CMA. This includes transit of health care providers, quality of life service and support personnel, and facility maintenance personnel.

(g) To the maximum extent possible, CMAs will minimize cross-contact between established cohorts.

#### 17. Controlled Monitoring of DoD civilian employees.

(a) DoD civilian employees who are deployed to or who have transited through the EVD outbreak area may volunteer to participate in the 21-day controlled monitoring program.

(b) DoD civilian employees participating in the 21-day controlled monitoring program will be accommodated at the same standards as uniformed Service members.

(c) DoD civilian employees not participating in the 21-day controlled monitoring program will follow reference c and should return to CONUS on commercial air via one of the Customs and Border Control (CBP) identified enhanced screening airports. USAFRICOM will identify non-participating DoD



civilian employees returning to CONUS and will report them to Joint Staff, J33. DoD civilian employees will self-notify to CBP officers of their return from an Ebola affected country and must comply with federal, state, and local public health laws and regulations governing their return from an EVD outbreak area.

18. EVD symptomatic medical care at the CMA

(a) If a person in controlled monitoring exhibits symptoms of EVD, they will immediately be removed from the cohort population, placed into sick call, and isolated until EVD trained medical personnel arrive.

(b) The installation or CMA commander will immediately contact EVD trained medical personnel and inform them of a symptomatic patient.

(c) As soon as possible, EVD trained medical personnel will transfer the symptomatic person to the nearest medical facility capable of detecting, protecting against transmission, isolating, and treating EVD. Patient isolation will be maintained during transport.

(d) If the symptomatic person tests positive for EVD, arrangements will be made to medically evacuate the person as soon as possible to a national bio-containment unit (hospital) or, if necessary, to a DoD designated facility capable of providing bio-containment care.

(e) If a symptomatic person tests positive for EVD, the person's entire cohort will be evaluated for possible exposure by EVD trained medical personnel. The controlled monitoring installation commander, after conferring with Public Health/Preventive Medicine, the installation's senior medical officer, and infectious disease consultants, will determine if it is necessary to restart the 21-day controlled monitoring for all/selected members of the infected person's cohort.

19. Exception to 21-day controlled monitoring for certain personnel who transited the EVD outbreak area

(a) Service members are classified exempt from DoD-controlled monitoring if their mission is transient in nature and they meet all of the following criteria:

(1) Limit their activity to airfield, port, and logistics support area operations; and,

(2) Limit close contact (3 feet or less) to only DoD personnel being monitored twice-daily for symptoms of EVD; and,

(3) Have no contact with blood or bodily fluids from other individuals while in the EVD-affected country, no contact with live or dead animals, or no contact with dead bodies; and,

(4) Do not participate in the transport or care of individuals suspected of being exposed or infected with EVD, or once DoD has the capability to transport individuals suspected of being exposed but are asymptomatic, those transporting and providing care during transport will be treated as transient if individual(s) being transported remain asymptomatic. (If a person becomes EVD symptomatic in-flight, the person will be isolated in accordance with USTRANSCOM/Air Mobility Command procedures. Aircrew and remaining passengers determined to be at risk of exposure by proximity to the symptomatic person (within 6-feet) or by coming into contact with the symptomatic individual's blood or bodily fluids, will lose transient status and undergo 21-day controlled monitoring);

(5) Use lodging, rest, hygiene, and dining facilities under DoD control (use of local hotels are not considered under DoD control); and,

(6) Do not display any symptoms of EVD.

(b) The Commander, USAFRICOM, and the Commander, Joint Force Command-UNITED ASSISTANCE (or Commander, USTRANSCOM, with regard to USTRANSCOM forces), may designate forces as transient in accordance with the above criteria.

(c) Service members meeting all of the above criteria will perform self-monitoring procedures (twice-daily temperature checks reported on a daily basis to their unit's designated medical provider) for 21 days commencing upon departure from the EVD outbreak area. Transient personnel reentering the EVD-affected area (e.g., aircrew on a subsequent mission) will recommence a new 21-day monitoring period upon departure from the EVD outbreak area.

(d) To ensure senior military and civilian officials with oversight responsibilities for operations in West Africa can immediately resume their duties upon return from the EVD affected area, those officials, and military personnel detailed to their staffs and accompanying them on approved travel in West Africa, are exempt from controlled monitoring except as outlined below. Any activity (excluding training and demonstrations) requiring the donning of PPE for the protection against EVD will subject any member of DoD to controlled monitoring regardless of rank or position.

(1) Senior military officials and military personnel detailed to their staff and the staffs of senior civilian officials will perform self-monitoring procedures (twice-daily temperature checks reported on a daily basis to their unit's designated medical provider) for 21 days commencing upon departure

from the EVD outbreak area. Senior DoD civilian officials and their civilian staff members will comply with OSD guidance (reference c) and are subject to CDC monitoring guidance and state and local public health restrictions.

(2) All distinguished visitors (i.e., senior military and civilian personnel) must comply with the Commander, USAFRICOM, policy on distinguished visitor/visitor travel to destinations within the Operation UNITED ASSISTANCE Joint Operations Area. The Commander, USAFRICOM, or the USAFRICOM Commander's designee, is the approval authority for all travel to the JOA, a decision based on proposed itinerary and impact to ongoing operations.

(3) Prior to departure from the EVD outbreak area, all military personnel, and DoD civilian employees, regardless of rank, will be screened for risk per guidelines in this instruction and in accordance with reference c.

(4) All senior military and civilian personnel shall perform prudent risk assessment and adjust proposed visits and itineraries as necessary to limit risk of exposure.

(e) Medical personnel and aircrew entering the Transportation Isolation System (TIS) when transporting patients with EVD will be evaluated by a Public Health Emergency Officer (PHEO) at the final destination. Results of the evaluation will be sent to TRANSCOM/SG for disposition on the need for controlled monitoring.

## 20. Emergency Leave

(a) Emergency leave for DoD Service members in an EVD affected area may be granted for emergency situations involving only immediate family as defined by the individual Service member's Service policy.

(b) Emergency leave may be granted in any of the following situations:

(1) A member of the immediate family has died.

(2) The Service member's presence would contribute to the welfare of a dying member of the immediate family.

(3) Serious illness of an immediate family member imposes a demand on the Service member that must be met immediately and cannot be accomplished from the duty station or by any other means.

(4) The Service member's failure to return home places a severe or unusual hardship on the Service member or their immediate family.

(c) The Commander, JFC-UA (or his designated O-6 or higher), is the emergency leave approving authority for forces assigned to OUA.

(d) The first General or Flag officer (GO/FO) (or his/her designated O-6 or higher) in a Service member's chain of command is the emergency leave approving authority for all other OCONUS forces deployed to the EVD outbreak area.

(e) For CONUS and OCONUS Service members undergoing 21-day controlled monitoring at a CONUS or OCONUS CMA; the Service member's unit commander is the emergency leave approving authority with concurrence of the CMA commander.

(f) A medical professional must medically clear the Service member prior to his/her departure on emergency leave.

(g) Commercial travel is authorized and should be used to the maximum extent with routing through CBP enhanced screening airports for emergency leave. Service members should self-report to CBP staff they are returning from West Africa. In the event MILAIR is required, the commander approving emergency leave will coordinate with the transit and receiving GCC for reception, monitoring, life support, and onward movement support. The GCC shall ensure enhanced screening is accomplished at the APOE and that notification is made to the Health and Human Services (HHS) operations center of the Service member's itinerary and ultimate destination.

(h) Commanders are encouraged to authorize the minimum amount of time required—not to exceed 30 days—for emergency leave.

(i) Service members on emergency leave will perform self-monitoring procedures (twice daily temperature and symptoms checks) and report results daily until the completion of their 21-day self-monitoring period.

(1) If on emergency leave from OCONUS or from an OCONUS CMA, the Service member will report daily results to his/her home-station unit commander and/or designated unit medical provider.

(2) If on emergency leave from a CMA in CONUS: the Service member will report daily results to the CMA commander from which he/she departed for leave in order to maintain continuity of medical records.

(j) Commanders have the option of assigning a "battle buddy" to accompany the Service member going on emergency leave if necessary. This battle buddy must be medically cleared and will perform self-monitoring in

accordance with paragraphs 6.t.(9)(a) and 6.t.(9)(b) for 21 days or until returned to duty in the EVD outbreak area.

(k) Before authorizing emergency leave, commanders and Service members must assess the impact of federal, state, and local restrictions on individuals returning from EVD affected countries on their ability to take emergency leave.

(l) If the Service member's emergency leave destination is other than CONUS, the approving commander will contact the receiving GCC before emergency leave is authorized. This coordination assists in facilitating notification to and approval from the appropriate Embassy Chief of Mission, while also assessing the impact of any host-nation travel restrictions on individuals returning from EVD affected countries.

## 21. Medical evacuation of Service members for non-EVD related medical treatment

(a) Service members medically evacuated from the Ebola outbreak area for non-EVD related medical treatment at a Military Treatment Facility (MTF) are authorized to fulfill 21-day monitoring at the Military Treatment Facility contingent upon MTF approval and bed availability. The MTF will report patient status in accordance with paragraphs 6(d) and 6(e) of this instruction.

(b) Service members who are discharged from the MTF prior to fulfilling 21 days of controlled monitoring will complete their 21 days of self-monitoring per convalescent leave procedures in paragraph v.

## 22. Convalescent Leave

(a) Convalescent leave for DoD Service members who are in or have recently served in the EVD outbreak area will be considered when a non-EVD illness or injury impairs or severely limits the member's ability to complete the mission and it is determined the member will not be returned to duty in the EVD outbreak area after the medical procedure. This policy applies for routine redeployments for medical reasons as well as non-EVD medical evacuation process.

(b) The Commander, JFC-UA (or his designated O-6 or higher), with advice from appropriate medical authority, is the convalescent leave approving authority for forces assigned to OUA.

(c) The first General or Flag officer (GO/FO) (or his/her designated O-6 or higher) in a Service member's chain of command, with advice from

appropriate medical authority, is the convalescent leave approving authority for all other OCONUS forces deployed to the EVD outbreak area.

(d) For CONUS and OCONUS Service members undergoing 21-day controlled monitoring at a CONUS or OCONUS CMA; the Service member's unit commander is the convalescent leave approving authority with concurrence of the CMA commander.

(e) A medical professional must medically clear the Service member prior to his/her departure on convalescent leave.

(f) Movement of Service members approved for convalescent leave will be regulated by USTRANSCOM Theater Patient Movement Requirement Centers, and all such movements require a validated patient movement request to be submitted in TRAC2ES. USTRANSCOM will plan to utilize Andrews AFB, Maryland, as the sole port of entry to CONUS for all regulated movements of convalescent leave personnel, and will be responsible for coordinating all entry requirements and screening with Federal, state, and local authorities.

(g) Service members on convalescent leave will report to their home station and unit and will perform self-monitoring procedures (twice daily temperature and symptoms checks) and report results daily to their unit's designated medical provider for the remainder of the 21-day monitoring period since they departed the Ebola outbreak region.

(h) The period of convalescence will extend to the 22nd day after the Service member's departure from the Ebola outbreak region, at a minimum.

(i) Commanders have the option of assigning a "battle buddy" to accompany the Service member going on convalescent leave if necessary. This battle buddy must be medically cleared and will perform self-monitoring in accordance with paragraphs 6.t.(9)(a) and 6.t.(9)(b) for 21 days or until returned to duty in the EVD Outbreak Area.

(j) Before authorizing convalescent leave, medical authorities, commanders and Service members must assess the impact of federal, state, and local restrictions on individuals returning from EVD affected countries on their ability to take convalescent leave.

(k) If the Service member's convalescent leave destination is other than CONUS, the approving commander will contact the receiving GCC before convalescent leave is authorized. This coordination assists in facilitating notification to and approval from the appropriate Embassy Chief of Mission, while also assessing the impact of any host-nation travel restrictions on individuals returning from EVD affected countries.

23. DoD Military Personnel under Chief of Mission authority performing official duties outside the EVD outbreak area

(a) Service members permanently assigned to U.S. embassies in the EVD outbreak area already comply with Department of State procedures. DoD personnel operating under Chief of Mission authority are not deployed to, but live in the EVD outbreak area as part of a U.S. Embassy Country Team. Consequently, they are already subject to Department of State EVD avoidance measures and monitoring guidance.

(b) DoD Military Personnel (e.g., U.S. Defense Attaché Office, Office of Security Cooperation and Marine Security Guard) who are required as part of their official duties to travel outside the EVD outbreak area are exempt from the 21-day controlled monitoring requirement.

(c) The Chief of Mission is the approval authority for temporary duty of these covered personnel.

(d) Personnel on TDY will perform self-monitoring for the duration of their duties and report results to the SDO or other designated embassy personnel.

(e) Personnel performing TDY in CONUS are subject to any commercial travel restrictions as well as federal, state and local regulations. These factors shall be considered prior to departure.

(f) For personnel performing TDY in an OCONUS location, the approving official will contact the receiving GCC before TDY is authorized. This coordination assists in facilitating notification to and approval from the appropriate Embassy Chief of Mission, while also assessing the impact of any host-nation travel restrictions on individuals traveling from EVD affected countries.

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