

**FRAGMENTARY ORDER 005 (Updated Guidance) to OPERATION ORDER 21-019
(United States Army Reserve Command, Coronavirus Disease 2019 Vaccination
Program)**

(U) References:

a - i. (U) No change.

Time Zone Used Throughout the Order: Zulu.

1. (U) Situation. No change from base order.

2. (U) Mission. (RESTATED) The United States Army Reserve Command initiates immunization of Army Reserve personnel upon the availability of COVID-19 vaccines in order to reduce the component's COVID-19 risk and increase force health protection posture and readiness.

3. (U) Execution.

a. (U) Commander's Intent. **(RESTATED)**

(1) (U) Purpose. COVID-19 vaccines are expected to protect our personnel from the viral disease. Immunization of the USAR allows us to reduce the risk of COVID-19 and maintain the wellness of our command.

(2) (U) Key tasks.

(a) (U) Prioritize vaccine requests based on Headquarters Department of the Army (HQDA), and United States Army Medical Command (USAMEDCOM) guidance.

(b) (U) Immunize USAR personnel in accordance with (IAW) DoD and USAR priorities.

(c) (U) Record administered vaccines in systems of record (locally or through Reserve Health Readiness Program (RHRP)) and report up the chain of command.

(d) (U) Capture potential cost requirements IOT fund vaccinations of USAR personnel.

(3) (U) End state. USAR personnel are at reduced risk of COVID-19, return to readiness enhancing activities, and continue to shape tomorrow.

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b. (U) Concept of the Operation.

(1) (U) **(CHANGE)** USAR personnel (Soldiers, civilians, and contractors) will receive immunizations in tiers, based on priority and availability of vaccines at MTFs. These tiers correspond with DoD and USAMEDCOM tiers (see Annex A). These tiers are conditions based and each MTF may be at a different tiers. Only change to the following paragraphs is the renaming of phases to tiers.

(a) (U) **(CHANGE)** Tier 1.

1. (U) **(CHANGE)** Tier 1a. USAR medical and non-medical first responder personnel supporting COVID-19 response operations (i.e. UAMTFs) and is broken down to three separate sub-tiers (see Annex A). Medical first responders are law enforcement who perform patrols and investigations on installations, fire fighters, correctional personnel, and those performing installation gate security (including borrowed military manpower detailed to support gate security requirements). These personnel are assigned to the directorate of emergency services or assigned to military police commands who perform duties on installations.

2. (U) **(CHANGE)** Tier 1b. USAR personnel on active duty in support of critical national capabilities (i.e. C2CRE), preparing to deploy OCONUS in the next 90 days, authorized personnel aged 75 years and older, and frontline essential workers. This tier 1b combines the previous phases 1b1 and 1b2, and changes the deployment timeline requirement.

3. (U) **(CHANGE)** Tier 1c. Authorized USAR personnel aged 65-74, authorized persons aged 16-64 years with increased risk for severe illness as defined by the CDC, and essential personnel not previously included in phase 1a or 1b. This tier 1c was previously known as phase 1b.3 and changes the deployment timeline requirement.

4. (U) **(DELETED)**

(b) (U) **(CHANGE)** Tier 2. Healthy USAR personnel aged 16 years (Pfizer) or 18 years (Moderna/Janssen) and older not previously recommended for vaccination.

(2) – (4) (U) No change from base order.

c. (U) Tasks to Staff and Subordinate Units.

(1) (U) USARC Surgeon. **(CHANGE)**

(a) (U) No Change from base order.

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(b) (U) **(ADD)** Provide notes and materials as requested to support Subordinate Command COVID-19 town-halls.

(c) (U) **(ADD)** Review and certify Vaccine Team CONOPs as submitted by Commands.

(2) (U) No change from base order.

(3) (U) Major Subordinate Commands.

(a) (U) No change from FRAGORD 003.

(b) (U) No change from base order.

(c) (U) No change from FRAGORD 003.

1. (U) **(CHANGE)** Any organic healthcare SM meets the "healthcare team member" requirement for purposes of the DHA Form 207 (Annex D). Organic healthcare SMs will be familiar with the current Center for Disease Control (CDC) information (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>) and DHA information (<https://www.health.mil/Military-Health-Topics/Combat-Support/Public-Health/Coronavirus/COVID-19-Vaccine-Efforts>).

2. (U) **(RESTATED)** The fact sheets for the currently available vaccines are available at:

a. – b. (U) No change from FRAGORD 002.

c. (U) **(ADD)** Janssen Fact Sheet:
<https://www.fda.gov/media/146305/download>

d. (U) See Annex M for COVID-19 Vaccine Comparison Chart.

3. (U) No change from FRAGORD 002.

4. – 5. (U) No change from FRAGORD 003.

(d) (U) **(ADD)** All Commanders will develop and implement at least one informal town hall at the lowest possible echelon for Soldier and Civilians to inform the Force and synchronize unit messaging. Open and honest correspondence with commanders and medical professionals has the most direct impact on affecting COVID-19 declination rates. Division Surgeons and their staffs are best positioned to coordinate these critical discussions. Question and Answer forums that address the major concerns initially and leave sufficient time to address soldier concerns have been successful in reducing

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declination rates. Topics that should be included are: reasons for declination identified on the vaccination tracker to include - efficacy, medical concerns, childbearing, side effects, and the wait for full FDA approval. A customizable template is available on the APHC MilSuite portal: <https://www.milsuite.mil/book/docs/DOC-926048> it is an AC presentation and must be modified to your local conditions.

(e) (U) **(ADD)** Commands or Installations developing immunization teams must meet the following requirements. Once certified by the USARC Surgeon Directorate the team will be considered a clinic and must meet all the DHA requirements for a COVID Immunization Clinic.

1. (U) **(ADD)** Submit a concept of operation to the USARC Surgeon Directorate for formal certification of the concept to include the following requirements:
2. (U) **(ADD)** Medical direction and qualified personnel. A medical provider (Physician or Nurse Practitioner) must be identified and properly privileged by the nearest MTF to provide medical direction to the vaccination team. Vaccinators will be Physicians, Physician Assistant, Pharmacist, Dentist, Veterinarian, Registered Nurses, Licensed Practical Nurse (68C), Combat Medic (68W), Pharmacy Technicians (68Q), Veterinary Technicians (68T) or Dental Technicians (68E). Combat Life Savers without a medical AOC/MOS are not authorized to provide immunizations. (Annex F, IP DOD Personnel Authorized to Administer COVID-19 Vaccine).
3. (U) **(ADD)** Training. All personnel participating on Vaccination teams will complete training as outlined in Annex G, Required Training for COVID-19 Vaccinators.
4. (U) **(ADD)** Resuscitative plan. Every site will have a plan and equipment to address any acute allergic reaction, respiratory compromise, and cardiac arrest.
5. (U) **(ADD)** Logistics plan. Commanders must validate cold storage capabilities by completing the "Commander's Confirmation of Prepared to Receive COVID-19 Vaccines, Memorandum and Checklist" electronically at <https://surveys.max.gov/367286?lang=en>. Address storage resources and capabilities sufficient to support the vaccine being received. How the vaccine will be received and transported if required. Cold storage handling training must be completed by the logistics team. Process must comply with Annex H, DHA-PI 6205.01, Medical Logistics Guidance for DoD COVID-19 Vaccination Program. Vaccine loss will be submitted as a CCIR with the DHA Form 177 Vaccination Loss Form (J) through G33 for reporting to DHA.
6. (U) **(ADD)** Documentation plan. When providing immunizations it is considered a treatment and must be recorded in AHLTA or MHS GENESIS, ensure you have providers with sufficient access to ensure the medical update is completed. Also,

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capture the vaccine administration in MEDPROS, if providing the immunization ensure the unit (child) DMIS ID is annotated in the “Admin Provider Location” field.

7. (U) **(ADD)** Obtaining vaccine. Once the command has a USARC Surgeon Directorate approved CONOP, vaccination requests are submitted through USARC G33 for aggregation and transmission to the Army COVID-19 Task Force. Delivery of vaccine will take between three to five weeks from submission of request.

d. (U) Coordinating Instructions.

(1) – (2) (U) No change from base order.

(3) (U) **(CHANGED)** COVID-19 vaccination availability (see Annex I for graphic representation).

(a) (U) **(CHANGED)** Vaccinations at DoD MTFs are immediately available based on tier and location (Annex K, DHA Authorization memo). USAR personnel are eligible to receive the vaccine from all DoD vaccination sites, Annex L, lists all DoD MTFs/Clinics providing the vaccine. Many MTFs are now using centralized appointment tools on which SMs must register.

(b) (U) **(CHANGED)** TRICARE for Prime Remote and Reserve Select is now offering vaccination through community pharmacies and clinics. Pharmacies do not have to be in network to have the vaccine covered, they are accepting any pharmacy for COVID-19 immunizations (<https://www.tricare.mil/covidvaccine>).

(c) (U) **(ADD)** Local and state health department COVID-19 vaccination sites (<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>)

(d) (U) **(ADD)** Local pharmacies to include (Walmart/SAM’s Club, CVS, Walgreens, etc.). As vaccine becomes available within the communities it is being offered for free with or without insurance (those without insurance will be covered for free by the Federal Retail Pharmacy Program (FRPP) <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html> , check with your local pharmacy for details).

(e) (U) **(ADD)** Veterans Affairs (VA) is offering eligible SMs access to the vaccine. Check local VAs for current tiers.

(f) (U) **(ADD)** RHRP remains unavailable to support COVID-19 Vaccination.

(7) (U) No change from FRAGORD 001.

(8) – (11) (U) No change from base order.

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(12) – (16) (U) No change from FRAGORD 002.

(17) (U) No change from FRAGORD 003.

(18) (U) **(CHANGE)**

(a) (U) USAG Buchanan, Devens, FHL and McCoy are required to report vaccination status totals through their Readiness Divisions for their installations and the installation tenant units in Annex B.

(b) (U) This update to the installation reporting requirement is to capture deltas in personnel eligible and vaccinations for potential future vaccine distributions to USAR funded installations and their tenants. Tenants include but are not limited to all non-USAR units, retirees, and contractors.

(c) (U) Installation reporting will be sent to FORSCOM and HQDA IAW with FORSCOM G357 directive.

(19) (U) **(ADD)** Defined Metrics

(a) (U) Shot 1: Those personnel who have only received the first shot of a two shot series.

(b) (U) Shot 2/Fully Immunized: Those personnel who have received shot 2 of a 2 shot series or the single shot in a one shot immunization.

(c) (U) Once an individual receives the shot two, they should not be included in the shot one count.

4. (U) Sustainment.

a. (U) Transportation. No change from base order.

b. (U) Funding.

(1) (U) **(CHANGE)** Medical Dental Readiness Periods Additional Duty Assemblies (MDRP-ADA) or “Code 61” funding is authorized for Soldier’s time as an incentive in support of this Force Health Protection (FHP) measure. When receiving the vaccine at a DoD facility TPU Soldiers must be in a duty status; unless already on another duty status use MDRP ADA. These funds are authorized for community provided and personally procured vaccinations. SMs are authorized one MDRP-ADA for each visit of a two visit vaccination (Pfizer and Moderna).

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(2) (U) No change from FRAGORD 003.

(3) (U) **(DELETED)**

(4) – (5) (U) No change from FRAGORD 003.

5. (U) Command and Signal.

a. (U) Command. Current chain of command remains in effect.

b. (U) Control.

(1) (U) OPSEC. All personnel associated with this operation will become familiar with the USARC Critical Information List (CIL), to prevent disclosures. Do not discuss or transmit critical information via non-secure means of any type. Properly mark, store and dispose, using approved methods and processes, all material directly or indirectly related to this operation. Immediately report all accidental disclosure of CILs as a CCIR per USARC OPORD 19-004 (USARC, USAR CCIR) and associated FRAGORDs.

(2) (U) PROTECTION. Every member of the U.S. Army Reserve community plays an important role in preventing terrorist and criminal acts. Participating personnel will be familiar with current force protection conditions and physical security requirements. Personnel must be alert for and aware of the indicators of potential terrorist or violent criminal activities. Personnel who witness suspicious activity will immediately notify local law enforcement followed by a report (IAW USARC OPORD 19-004) through their chain of command. Soldiers serve as "sensors" enhancing the U.S. Army Reserve protection posture.

c. Signal.

(1) (U) Submit all requests for information (RFI) to the COVID-19 RFI SharePoint page at https://xtranet/usarc/g33/Operations/CURRENT%20OPS/Crisis%20Action%20Team/IRMA/SitePages/Incoming_RFI.aspx

(2) (U) The point of contacts for this order are:

(a) (U) COL Eric Bullock, Deputy Surgeon, 910-570-8108,
eric.w.bullock.mil@mail.mil

(b) (U) USARC Surgeon Operations email: usarmy.usarc.usarc-hq.list.surgeon-operations@mail.mil.

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(c) (U) MAJ Joseph Lee, Future Operations Planner, G33 FUOPS, 910-570-9808, joseph.lee10.mil@mail.mil.

ACKNOWLEDGE: Receipt of this order NLT 72 hours of receipt to the USARC G-33 Future Operations Team at usarmy.usarc.usarc-hq.mbx.g33-ops-div-satc-branch@mail.mil.

**DANIELS
LTG**

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ANNEXES:

ANNEX A- **(CHANGE)** DoD Population Schema
ANNEX B- COVID-19 Vaccination Report
ANNEX C- RHC RC POCs Map
ANNEX D- **(CHANGE)** DHA Form 207
ANNEX E- Public Affairs
ANNEX F- **(ADD)** IP on DoD Personnel Authorized to Administer COVID-19 Vaccine
ANNEX G- **(ADD)** Required Training for COVID Vaccinators
ANNEX H- **(ADD)** DHA-PI 6205.01
ANNEX I- **(ADD)** COVID-19 Vaccination Availability
ANNEX J- **(ADD)** DHA Form 177 Vaccination Loss Form
ANNEX K- **(ADD)** DHA Authorization Memo
ANNEX L- **(ADD)** MTF Addresses
ANNEX M- **(ADD)** COVID-19 Vaccine Comparison Chart

DISTRIBUTION:

MAJOR SUBORDINATE COMMANDS:

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79 TSC
80 TNG CMD (TASS)
81 RD
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84 TNG CMD (UR)
85 USAR SPT CMD
88 RD
-USAG-Fort McCoy
99 RD
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108 TNG CMD (IET)
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412 TEC
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