



AEDC RETURN TO FULL CAPACITY



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Gating Criteria & Surveillance Measures



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*AEDC Proposed Gating Criteria**

(Required to Meet Before Proceeding to Phased Opening)

CASES

- ✓ Downward trajectory of active cases within a 14-day period

HOSPITALS

- ✓ Monitor local hospitals and Department of Health

AND

- ✓ Robust testing program in place in the local community

*The AEDC commander may elect to tailor the application of these criteria based on local circumstances.



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AEDC Surveillance Measures

(Measures to continue monitoring for phase transition or regression)

TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites with local health care providers
- ✓ Ability to test persons for COVID and trace contacts of COVID+ results with local health care providers
- ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced

HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient PPE and critical medical equipment to handle dramatic surge in need
- ✓ Local Community Ability to surge ICU capacity

PLANS

- ✓ Protect the health and safety of all workers
- ✓ Advise personnel regarding protocols for social distancing and face coverings
- ✓ Monitor conditions suggesting any resurgence or outbreaks
- ✓ Immediately take steps to limit and mitigate any resurgence or outbreaks by restarting a phase or returning to an earlier phase, depending on severity



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AEDC FRAMEWORK



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3 Phase Approach

BASED ON UP-TO-DATE DATA AND READINESS

MITIGATES RISK OF RESURGENCE

PROTECTS THE MOST VULNERABLE

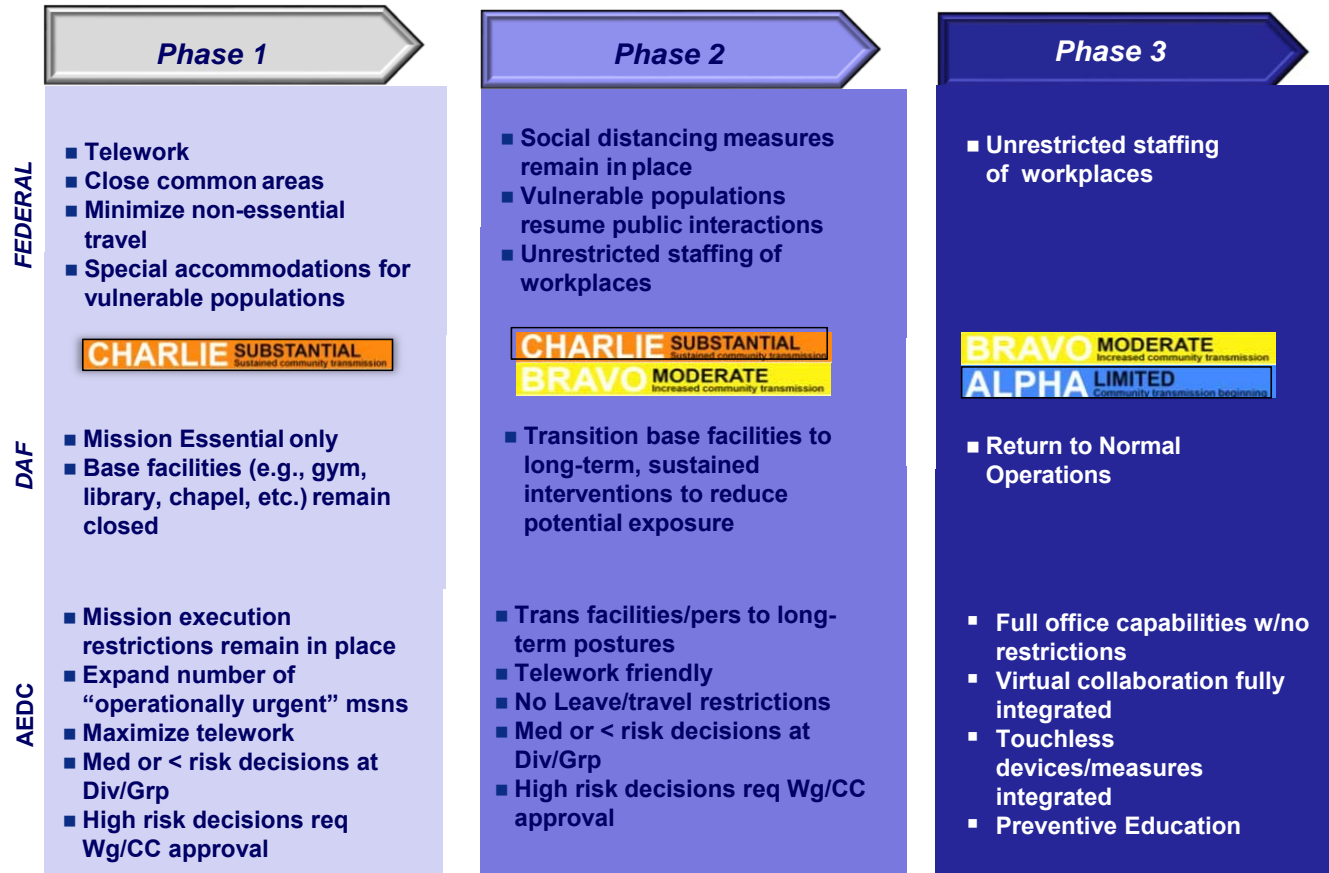
**IMPLEMENTABLE ON INSTALLATION-WIDE
OR GSU BASIS AT AEDC COMMANDER'S
DISCRETION**



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PROTECT THE WORKFORCE * EXECUTE THE MISSION * TAKE CARE OF EACH OTHER





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Guidelines for All Phases: Individuals

CONTINUE TO PRACTICE GOOD HYGIENE

- ✔ Wash your hands with soap and water or use hand sanitizer, especially after touching frequently used items or surfaces
- ✔ Avoid touching your face
- ✔ Sneeze or cough into a tissue, or the inside of your elbow
- ✔ Disinfect frequently used items and surfaces as much as possible
- ✔ Strongly consider using face coverings while in public, and particularly when on base

PEOPLE WHO FEEL SICK SHOULD STAY HOME

- ✔ Do not go to work or school.
- ✔ Contact and follow the advice of your medical provider.

Individuals returning in each phase must be trained, and leaders at all levels must reinforce health protection habits



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Guidelines for All Phases: Leaders

PROTECT THE WORKFORCE * EXECUTE THE MISSION * TAKE CARE OF EACH OTHER

Implement policies, in accordance with Federal, DoD, State, and local regulations and guidance, and informed by industry best practices, regarding:

- ✓ Social distancing and personal protective equipment
- ✓ Screening for symptoms (fever, cough, shortness of breath), close contact, and travel
- ✓ Testing, isolating, and contact tracing
- ✓ Use and disinfection of common and high-traffic areas
- ✓ Mission-essential travel per DOD policy

Monitor workforce for indicative symptoms.

Use ALL available risk mitigation techniques to resume mission and support functions

Do not allow symptomatic people to physically return to work until cleared by a medical provider.

Public Health collaborate with units to perform contact tracing following employee COVID+ test.

Leaders and units returning in each phase must be trained, and leaders at all levels must reinforce health protection habits



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AEDC Framework Details



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Phase 1

HPCON Charlie*

High morbidity epidemic or contamination

APPLIES TO ALL MISSIONS/SUPPORT FUNCTIONS THAT MEET GATING
CRITERIA FOR Phase 1

*HPCON as directed by installation commander where unit is located



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Phase 1: Overview

GATING CRITERIA:

- Downward trajectory of documented active cases for a 14-day period for Bedford, Coffee, Franklin and Grundy Counties
- Assess Mission Priority, Risk to Mission, and Risk to Force for mission areas that should continue/begin without meeting all Gate/Phasing Criteria

RISK DECISION AUTHORITY:

- HIGH – Wg/CC
- MED/LOW – DIVISION CHIEF/GROUP COMMANDER*

**Low risk decision authority can be delegated down to the Branch Chief*

RISK MITIGATION PRACTICES:

- Max Telework
- Social Distancing
- PPE Use
- Work Redesign
- Increase Building Ventilation
- Cleaning Supplies

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.



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Phase 1: INDIVIDUALS

ALL VULNERABLE INDIVIDUALS * should continue to shelter in place

ALL INDIVIDUALS WHEN IN PUBLIC (e.g., parks, outdoor recreation areas, shopping areas), should maximize physical distance from others. Social settings of more than 10 people, where appropriate distancing may not be practical, should be avoided unless mission essential

Avoid SOCIALIZING in groups of more than 10 people in circumstances that do not readily allow for 6-feet of physical distancing (e.g., meetings)

MINIMIZE NON-ESSENTIAL TRAVEL and adhere to DOD and CDC guidelines regarding isolation following travel

*See Appendix 1 for Definition of Vulnerable Individuals

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Phase 1: LEADERS

MISSION EXECUTION RESTRICTIONS REMAIN IN PLACE

Continue to ENCOURAGE TELEWORK, whenever possible and feasible with business operations

EXPAND “OPERATIONALLY NECESSARY” ACTIVITIES USING RISK MITIGATION TECHNIQUES

Continue to close COMMON AREAS where personnel are likely to congregate and interact, or enforce strict social distancing protocols

Minimize NON-ESSENTIAL TRAVEL and adhere to DOD and CDC guidelines regarding isolation following travel

Strongly consider SPECIAL ACCOMMODATIONS for personnel who are members of a VULNERABLE POPULATION

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Phase 1: SPECIFIC TYPES OF UNITS & VENUES

ORGANIZED ACTIVITIES that are currently closed should remain closed

VISITS TO MEDICAL AID STATION should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene

LARGE VENUES (Fitness Center (appt only), Commissary, BX) can operate under required physical distancing protocols

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Phase 2 HPCON Charlie/Bravo* New Normal

FOR INSTALLATION ZONES THAT SATISFY THE GATING CRITERIA FOR
Phase 2

*HPCON as directed by installation commander where unit is located



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Phase 2: Overview

GATING CRITERIA:

- Successful Phase 1 implementation
- Downward trajectory of documented (active) cases continues for Bedford, Coffee, Franklin, and Grundy Counties

RISK DECISION AUTHORITY:

- HIGH – Wg/CC
 - MED/LOW – Division Chief/Group Commander
- *Low risk decision authority can be delegated down to the Branch Chief*

RISK MITIGATION PRACTICES:

- Telework Friendly
- Social Distancing
- PPE Use as required
- Work Redesign as required
- Maintain Increased Building Ventilation
- Cleaning Supplies

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Phase 2: INDIVIDUALS

VULNERABLE INDIVIDUALS can resume public interactions, but should practice social distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed

LOW-RISK POPULATIONS should consider minimizing time spent in crowded environments (i.e., stores) in the community

Phase 2: LEADERS

Resume **UNRESTRICTED STAFFING** of all missions

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Phase 2: **SPECIFIC TYPES OF** **EMPLOYERS**

ORGANIZED ACTIVITIES can reopen in concert with state and local authorities

LARGE VENUES (e.g., Fitness Center, commissary, BX, Café 100, Outdoor Recreation, Lodging, FAMCAMP, Arnold Lakeside Club, Barber Shop) can operate under required physical distancing protocols

MEDICAL AID STATION can provide routine care if they screen patients for symptoms before entry

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Phase 3 HPCON Bravo/Alpha* Vaccine Available

FUTURE STATE SEROLOGY TESTING AVAILABLE VACCINE AVAILABLE

***HPCON as directed by installation commander where unit is located**



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Phase 3: Overview

GATING CRITERIA:

- Vaccines are available to the public

RISK DECISION AUTHORITY:

- HIGH – Wg/CC
- MED/LOW – Division Chief/Group Commander*

**Low risk decision authority can be delegated down to the Branch Chief*

RISK MITIGATION PRACTICES:

- Telework Friendly
- Social Distancing
- No PPE required
- Touchless
- Work Redesign
- Maintain Increased Building Ventilation
- Cleaning Supplies

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Phase 3: **INDIVIDUALS**

VULNERABLE INDIVIDUALS resume unrestricted public interaction

LOW-RISK POPULATIONS resume unrestricted public interactions

Phase 3: **LEADERS**

UNRESTRICTED STAFFING of all missions

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Phase 3:

SPECIFIC TYPES OF EMPLOYERS

ORGANIZED ACTIVITIES are open in concert with state and local authorities

LARGE VENUES (Fitness Center, commissary, BX, Café 100, Outdoor Recreation, Lodging, FAMCAMP, Arnold Lakeside Club, Barber Shop) can operate freely

MEDICAL AID STATION can provide routine care

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REGRESSION

COVID RESURGENCE



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Regression: Overview

GATING CRITERIA:

- Predictive/Forecast Models Signaling Regression
- Return of positive cases following a 14 day downward trend
- Increase in cases after plateau. Look at positive cases and cumulative

RISK DECISION AUTHORITY:

- **HIGH** (models/trends signal regression)
* *High risk decisions are only authorized by the Wing/CC*
- **MED/LOW** (active cases have increased, but do not meet gating criteria)
* *Low risk decision authority can be delegated down to the Branch Chief*

RISK MITIGATION PRACTICES:

- Max Telework
- Social Distancing
- PPE Use
- Trend Analysis
- Work Redesign
- Janitorial/Sanitation
- Travel Limitations
- Predictive/Forecast Models

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- Regression can occur in any phase
- Consider returning to a previous phase
**Depends on the regression severity*
- Flexibility is critical in moving back and forth with the prevalence trajectory every two weeks

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Regression: INDIVIDUALS

VULNERABLE INDIVIDUALS-reinforce social distancing, staying at home, PPE, sanitation. Personnel with at risk comorbidities should not return to work until health risk and transmission is low. Consider return in HPCON Bravo

LOW-RISK POPULATIONS-reinforce social distancing, maximize telework capabilities, PPE, sanitation

Regression: LEADERS

Reinforce who has access to services and facilities. Modify security gate posture (hot spots). Each unit should modify their activities according to the tier and regressed phase. Address travel / TDY / movement out-in the area. With regression, consider return to essential work only status

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Regression: SPECIFIC TYPES OF EMPLOYERS

ORGANIZED ACTIVITIES follow local installation policy

VISITS TO HOSPITAL follow local installation policy

LARGE VENUES (e.g. fitness center, commissary, BX) can operate under physical distancing protocols with Wing/CC approval

MEDICAL AID STATION Routine care dependent on the regressed phase

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Appendix 1

Vulnerable Individuals:

1. Elderly individuals, 65 and older

2. Individuals with serious underlying health conditions (comorbidities), including chronic lung disease, pulmonary hypertension, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy