AEDC RETURN TO FULL CAPACITY

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.
AEDC RETURN TO FULL CAPACITY

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
AEDC FRAMEWORK
AEDC RETURN TO FULL CAPACITY

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
AEDC RETURN TO FULL CAPACITY

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

**Phase 1**
- Telework
- Close common areas
- Minimize non-essential travel
- Special accommodations for vulnerable populations

**Phase 2**
- Social distancing measures remain in place
- Vulnerable populations resume public interactions
- Unrestricted staffing of workplaces

**Phase 3**
- Unrestricted staffing of workplaces

**Federal**
- Mission Essential only
- Base facilities (e.g., gym, library, chapel, etc.) remain closed

**DAF**
- Mission execution restrictions remain in place
- Expand number of “operationally urgent” msns
- Maximize telework
- Med or < risk decisions at Div/Grp
- High risk decisions req Wg/CC approval

**AEDC**
- Trans facilities/pers to long-term postures
- Telework friendly
- No Leave/travel restrictions
- Med or < risk decisions at Div/Grp
- High risk decisions req Wg/CC approval

- Transition base facilities to long-term, sustained interventions to reduce potential exposure

- Return to Normal Operations
- Full office capabilities w/no restrictions
- Virtual collaboration fully integrated
- Touchless devices/measures integrated
- Preventive Education
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.

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Individuals returning in each phase must be trained, and leaders at all levels must reinforce health protection habits.
Guidelines for All Phases: Leaders

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.
AEDC Framework Details
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
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

AEDC RETURN TO FULL CAPACITY

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

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

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

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

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

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

*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

Phase 2: Overview

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

INDIVIDUALS

Resume UNRESTRICTED STAFFING of all missions

Phase 2:

LEADERS

AEDC RETURN TO FULL CAPACITY

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

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

AEDC RETURN TO FULL CAPACITY
Phase 3
HPCON Bravo/Alpha*
Vaccine Available

FUTURE STATE SEROLOGY TESTING AVAILABLE  VACCINE AVAILABLE

*HPCON as directed by installation commander where unit is located
AEDC RETURN TO FULL CAPACITY

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

Phase 3:
Overview

EACH PHASE OF THIS GUIDANCE ADDRESSES THOSE ASPECTS OF DAILY LIFE FOR WHICH RESTRICTIONS REMAIN APPROPRIATE DUE TO COVID.
Phase 3: INDIVIDUALS

VULNERABLE INDIVIDUALS resume unrestricted public interaction

LOW-RISK POPULATIONS resume unrestricted public interactions

Phase 3: LEADERS

UNRESTRICTED STAFFING of all missions

AEDC RETURN TO FULL CAPACITY

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

AEDC RETURN TO FULL CAPACITY

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

REGRESSION

COVID RESURGENCE
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

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

AEDC RETURN TO FULL CAPACITY
Regression:

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:

INDIVIDUALS

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

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

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

Regression:

SPECIFIC TYPES OF EMPLOYERS

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