COVID 19

CORONAVIRUS DISEASE

Adjusting the Dial: Guidance for Installation Risk Reduction

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Adjusting the Dial: Guidance for Installation Risk Reduction

BACKGROUND

On 16 April 2020, the White House Coronavirus Disease (COVID-19) Task Force released guidance on "Opening Up America Again," including gating criteria and phased easing of restrictions. Similarly, the Army must adapt to functioning in the new COVID-19 environment.

The following framework will assist Commanders' decision making regarding installation risk reduction actions for their local COVID-19 operating environments. Installations must balance the priority of Force readiness with actions necessary to mitigate transmission of COVID-19 on installations and within their communities. Selection and implementation of mitigation actions should be guided by the local circumstances of COVID-19 transmission. Commanders will need to apply appropriate health protection measures in varying degrees to balance risks and consequences of the ongoing COVID-19 pandemic to installations and communities.

Department of Defense Instruction (DoDI) 6200.03 (Public Health Emergency Management (PHEM) Within the DoD, dated 28 March 2019), defines the Health Protection Condition (HPCON) framework to inform installation populations of specific health protection actions recommended in response to an identified health threat. These actions and other mitigation strategies are to be stratified by the scope and severity of the health threat and their implementation or removal are dependent on local conditions.

This document has been updated in consideration of the availability of SARS-CoV-2 vaccines. The COVID-19 Operating Environment continues to evolve with the availability of vaccines granted Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA) to protect against SARS-CoV-2. Vaccines rely on the body's immune response to develop immunity, and this takes time to develop. According to the Centers for Disease Control and Prevention (CDC), immunity can take up to a few weeks to develop following vaccination. It is critical during this period that the vaccinated individual, as well as those around him/her, maintain compliance with COVID-19 mitigating strategies.

Vaccinating the Force will ultimately end community transmission. While vaccination uptake, expressed as a percentage of the total population, offers an indicator of Force health protection, it should not be interpreted as evidence that disease transmission has abated. The outcome of effective vaccination will be evident in a decline in incidence rates. Leaders should continue to follow local incidence rates as a measure of not only vaccination, but also the combined effectiveness of other mitigating strategies.

Population immunity requires safe and effective vaccines paired with successful implementation of vaccination campaigns. The concept of population immunity is used to promote vaccine campaigns for viruses like measles, wherein coverage of at least 95% immunity within a population, achieved by vaccination, protects the 5% of individuals who cannot get a vaccine within that population, such as newborns or those with compromised immune systems.

DESIRED OBJECTIVES

- Reduce risk of degradation to the installation mission(s)
- Protect and preserve the health of the Force

KEY INDICATORS

When implementing the Army Public Health "Prevent, Detect, and Respond" approach to COVID-19 mitigation on an installation, the Installation Commander should evaluate the:

- Army mission and training priorities
- Outbreak epidemiology
- Healthcare capacity
- Testing capacity
- Public Health capacity (e.g., monitoring, contact tracing)

GUIDING PRINCIPLES

Decisions to adjust mitigation strategies should reflect local conditions, ensure flexibility to titrate response efforts based upon those local considerations, and should seek to protect those at higher risk for adverse outcomes.

- Installation mitigation measures should be determined by local conditions:
  - Areas local to the installation include counties sharing a common geographic boundary with the installation and counties where a preponderance of the installation's population resides.
  - Decisions should be guided by local factors and made in coordination with the installation Public Health Emergency Officer (PHEO), Installation Public Health Department, and Medical Treatment Facility (MTF). Local transmission levels, medical capacity, and public health capacity remain the recommended metrics guiding installation risk reduction in the context of the COVID-19 pandemic. The implementation of a SARS-CoV-2 vaccination campaign, itself, should not be used to adjust Installation Force Protection mitigation strategies, apart from its effects on these metrics.
  - Each installation is unique. Appropriate disease mitigation strategies will vary based on a number of conditions and circumstances, including but not limited to:
    » Disease transmission in the surrounding communities;
    » Degree to which installation and surrounding community populations mix; and
    » Local community capacities to implement public health strategies and for medical facilities to absorb the burden of patients diagnosed with COVID-19.
  - Consider criteria across multiple domains, such as local epidemiology and the community response posture, to include healthcare, testing, and public health capacities. The goals are to create and maintain conditions wherein:
    » The COVID-19 epidemic is controlled;
    » Health systems are able to expand as necessary to accommodate any potential resurgence of cases that may arise after adjusting outbreak-control measures; and
    » Public Health surveillance systems are able to identify most cases and their contacts.
- Mitigating strategies (i.e., nonpharmaceutical interventions) remain important personal control measures that can prevent COVID-19 transmission. These should be maintained and enforced on an installation level until clear evidence exists (based on local epidemiologic conditions) that that the pandemic has abated. Remember the "3 W's": wear a mask, watch your distance, and wash your hands.
  - The wear of cloth face coverings continues to be instrumental in decreasing respiratory droplets both exhaled and inhaled. Compliance is most critical in indoor environments since droplets can concentrate in enclosed spaces. Data collected throughout this pandemic have continued to validate the efficacy of cloth face coverings in reducing spread of COVID-19.
  - Social distancing, or physically spacing to no less than 6 feet, minimizes the risk of being exposed to another individual's respiratory droplets. At all times when feasible, social distancing should be maintained.

- Handwashing is a well-established behavior that minimizes viral transmission due to direct contact with surfaces. Soap and warm water, or an ethanol-based hand sanitizer (≥ 60% EtOH), should be readily available and their use encouraged.

- The pandemic response must remain flexible and Installation Commanders should be able to readily titrate mitigation strategies:
  - Regardless of HPCON level, acute infectious disease mitigation strategies can, and should be, scaled up or down depending on the evolving local situation. The pandemic will likely impact installations in waves, and a correspondingly dynamic public health response, tailored specifically to the local population, is appropriate.
  - Mitigation strategies should be lifted incrementally. The degree to which COVID-19 cases and medical facility burden will increase after ending a mitigation method is unknown.
    - » Lift restrictions in a stepwise manner, rather than all at once. For example, rather than having all individuals return to workplaces at the same time, consider implementing administrative controls such as alternate work shifts and teleworking as operating conditions allow.
  - Be prepared to reinstate mitigation strategies. If unfavorable conditions are again observed, e.g., increased incidence of COVID-19 cases, Installation Public Health Department case investigation and/or contact tracing capacity is reached, or MTFs become significantly burdened by the treatment of COVID-19 patients, then Installation Commanders should adjust mitigation strategies as warranted.
  - Installation Commanders should communicate to the installation community that changing outbreak conditions may warrant either the reduction or reinstating of mitigation strategies, as appropriate.

- When contemplating response actions, the protection of persons at higher risk for severe illness and other adverse outcomes should be considered:
  - When selecting appropriate mitigation strategies, Installation Commanders should consider aspects of the installation community that might be especially impacted, including persons at higher risk for severe illness and those that may be impacted to a greater degree, either socially or economically.
  - Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.
    - » Those at higher risk include persons aged 65 years and older, smokers, those with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, liver disease, chronic kidney disease on dialysis, and those who may be immunocompromised due to cancer treatments, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and/or prolonged use of corticosteroids and other immune weakening medications.
  - Consider efforts to protect certain training populations (e.g., shipboard or barracks-dwelling populations, those residing in austere environments, etc.) that may not be able to readily implement non-pharmaceutical interventions or other preventive measures (e.g., social distancing, frequent hand washing) and may be at increased disease risk).
  - Installation Commanders and communities should remain cognizant of and identify ways to ensure the safety and social well-being of those for whom social isolation may exacerbate anxiety, depression, or other behavioral health concerns.
  - Consider the provision of forums to discuss issues, acknowledge shared anxieties and burdens, and recommend ways in which the community can assist with safeguarding its members at higher risk for severe illness and other adverse outcomes.
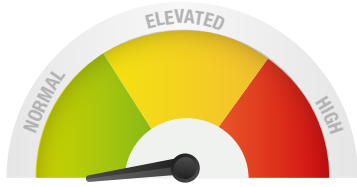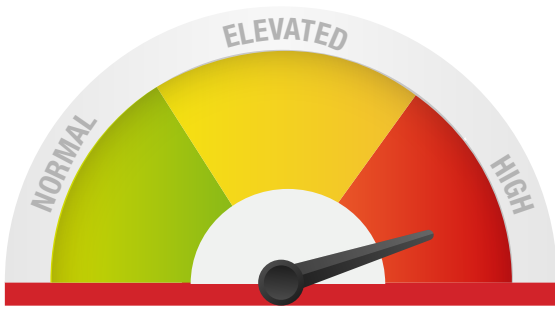
Condition-based Assessment

Table. Conditions-based approach to assessment of outbreak severity and criteria for guiding installation risk reduction in the context of the COVID-19 pandemic.

	Conditions-based Assessment[1]			
Instruction	Primary Indicators include Local Outbreak Status, Local Medical Care, Local Testing, and Local Public Health. Installation Commanders should use their best judgement based on local conditions for transitioning priority, installation and PHEO actions.			
Transmission	←			→
Local Outbreak Status	Incidence of 50 or more new COVID-19 cases per 100,000 people over 14 days. - AND - Sustained reduction in documented COVID-19-positive cases for 0-6 days. - AND - Upward trend (5 or more consecutive days) in influenza-like and COVID-like illness (based on syndromic surveillance).	Incidence between 11 and 49 new COVID-19 cases per 100,000 people over 14 days. - AND – Downward trajectory of documented new COVID-19 cases for 7-13 days[2]. - AND – Downward trajectory of influenza-like and COVID-like illness for 7 to 13 days[2].	Incidence of 10 or fewer new COVID-19 cases per 100,000 people over 14 days. - AND – Downward trajectory of documented COVID-19-positive cases for 14 or more days[2]. - AND – Downward trajectory of influenza-like and COVID-like illness for 14 or more days[2].	Little to no community transmission - few or zero cases.
Local Medical Care	Two or fewer ICU beds per 10,000 of the population.	Between 3 and 5 ICU beds per 10,000 of the population.	Ability to expand to 6 or more ICU beds per 10,000 of the population.	Normal operations, preparedness planning.
Local Testing	Testing requirement exceeds capacity.	Capacity to test meets the daily requirement to test.	Capacity to test exceeds the daily requirement to test.	Ready to test.
Local Public Health	Neither installation nor local public health authorities have sufficient contact tracing and monitoring capability.	Either installation OR local public health authorities have sufficient contact tracing and monitoring capability.	Installation and local public health authorities have sufficient contact tracing and monitoring capability.	Normal operations, preparedness planning.

[1] Sources: Department of Defense Instruction (DoDI) 6200.03, Public Health Emergency Management (PHEM) Within the DoD; Conditions-based Approach to Reopen the Army; Centers for Disease Control and Prevention (CDC); U.S. Army Public Health Center Technical Information Paper (No. 98-102-0320), HPCON Considerations and Recommended Actions Coronavirus Disease (COVID-19). [2] To evaluate trajectories (e.g., of new cases and illnesses over time), first smooth the data to account for variability in timeliness of case reporting, for example by calculating and assessing trends in the 7-day moving average of counts in a given area over the specified time period.

Condition-based Assessment Actions- RED

Priority Actions

- Consider/continue declaration of PH Emergency per DoDI 6200.03, Section 3.1.
- Implement pandemic preparedness plans in context of current threat.
- Health risk communication-Continue to validate concerns and guide precautions.
- Prepare stakeholders to expect cancellation of in-person gathering and limited access to supplies and services.
- Enhanced non-pharmaceutical interventions and strict social distancing procedures.
- Protection ("cocooning") of highest risk personnel and individuals.

Installation Actions

- Utilize COVID-19 screening procedures at installation gates; employ signage at entry control points to facilitate throughput.
- Restrict installation access to asymptomatic key personnel.
- Prohibit personnel with COVID-19 symptoms from accessing installation unless essential for health and safety.
- Stop travel.
- Mandate telework/authorize Weather and Safety leave if initiation/continuation of Public Health Emergency/COOP (if no declaration/continuation of Public Health Emergency/COOP, encourage maximum telework).
- Prohibit group gatherings and services.
- Require social distancing, use of face cloth coverings, hand and respiratory hygiene.
- Enhance cleaning and disinfection practices.
- If feasible, conduct case investigations, contact tracing, respiratory disease surveillance, and apply quarantine and isolation protocols.
- Monitor and maintain adequate supply of PPE.
- Implement life-support plan for isolated and quarantined individuals.
- Instruct those meeting criteria for potential exposure to follow published guidance (e.g., self-isolate if symptomatic and call MTF before presenting for care).
- Post and distribute educational materials to all employees.
- Create daily outbreak-response activity reports.
- Test all suspected cases (symptomatic persons) and/or close contacts.
- Modify barracks and other group housing to ensure proper bed spacing; enhance cleaning/disinfection of frequently touched surfaces; establish hand-sanitation stations at entry points; ensure rest rooms are stocked with soap, disposable towels, hand sanitizer, and waste receptacles.
- Implement distance learning option for DoD schools or if not feasible, suspend classes.

- Curtail Child and Youth Services operations where feasible; require employees to use cloth face coverings, conduct daily health screenings.

- Reduce onsite operations of tenant organizations and workplaces; mandate teleworking and restrict personnel to key personnel; conduct daily health screening of personnel.

- Limit capacity to 30 persons at Post Exchange, Commissary.

- Close other retail locations including barbershops, military clothing, etc.

- Close restaurants and bars.

- Close Morale, Wellness, and Recreation facilities (including gymnasiums and swimming pools).

- Permit outdoor individual activities (e.g., walking, running, hiking) and require physical distancing.

- Prohibit attendance of sporting events, concerts, and events with large groups of people where social distancing cannot be maintained.

- Curtail operations at the Military Medical Treatment Facility and Dental Treatment Facility to medically necessary (urgent and emergent) services.

- Augment Public Health Department activities.

- Clean and disinfect worksites and public facilities frequently, particularly communal surfaces.

- Modify barracks and other group housing to ensure proper bed spacing; enhance cleaning/disinfection of frequently touched surfaces; establish hand-sanitation stations at entry points; ensure rest rooms are stocked with soap, disposable towels, hand sanitizer, and waste receptacles.

- Suspend training tasks if social distancing cannot be strictly maintained e.g. drilling and ruck marches, weapon range practice and qualifications, field training exercises, team-building exercises, and other group Soldiering activities. Utilize cocooning strategy for critical training not conducive to social distancing.

PHEO Actions

- Review pandemic preparedness plans in context of the current threat.

- Conduct routine non-pharmaceutical interventions.

- Issue updated health alert(s).

- Coordinate enhanced disease surveillance and reporting.

- Collaborate with local public health authorities.

- Coordinate contact tracing.

- Determine isolation and quarantine options and expansion capabilities as needed.

- Recommend implementation of enhanced screening procedures.

- Review and enhance cleaning/disinfection procedures at installation facilities; modify cleaning contracts or establish additional cleaning/disinfection teams using organic personnel.

- Identify and train cleaning/disinfection and contact tracing teams.

- Refine definitions of higher-risk populations and worst-case scenarios for hospitalization.

- Ensure PPE is restricted to medical personnel, unless clearly warranted.

Condition-based Assessment Actions- AMBER

Priority Actions

- Consider declaration of PH Emergency per DoDI 6200.03, Section 3.1.
- Implement pandemic preparedness plans in context of current threat.
- Health risk communication - Continue to validate concerns and guide precautions. Prepare stakeholders for travel restrictions and cancellation of public gatherings.
- Enhance non-pharmaceutical interventions and enact strict social distancing procedures.

Installation Actions

- Utilize COVID-19 screening procedures at installation gates; employ signage at entry control points to facilitate throughput.
- Prohibit personnel with COVID-19 symptoms from accessing installation unless essential for health and safety.
- Curtail travel to mission critical travel only.
- Encourage employees to telework (liberal telework policy).
- Curtail, postpone, or cancel non-essential public gatherings and services.
- Allow gatherings of 2-50 persons.
- Conduct case investigations, contact tracing, respiratory disease surveillance, and apply quarantine and isolation protocols.
- Require social distancing, use of face cloth coverings, hand and respiratory hygiene.
- Enhance cleaning and disinfection practices.
- Monitor and maintain adequate supply of PPE.
- Conduct vaccination campaigns.
- Implement life-support plan for isolated and quarantined individuals.
- Instruct those meeting criteria for potential exposure to follow published guidance (e.g., self-isolate).
- Post and distribute educational materials to all employees.
- Create daily outbreak-response activity reports.
- Test all suspected cases (symptomatic persons) and/or close contacts.
- Modify barracks and other group housing to ensure proper bed spacing; enhance cleaning/disinfection of frequently touched surfaces; establish hand-sanitation stations at entry points; ensure rest rooms are stocked with soap, disposable towels, hand sanitizer, and waste receptacles.
- Consider use of attendance rosters at larger gatherings to facilitate rapid contact tracing.
- Consider distance learning options for DoD schools; require use of cloth face coverings, employ daily health screening of all students, faculty, and staff.

- Open Child and Youth Services facilities; require employees to use cloth face coverings, conduct daily health screenings.
- Reduce onsite operations of tenant organizations and workplaces; enact liberal teleworking and restrict personnel to mission essential and key personnel; conduct daily health screening of personnel
- Limit capacity to 50 persons at Post Exchange, Commissary, and other large retail locations.
- Limit capacity of specialty shops such as barbershops, military clothing, etc. such that physical distancing is maintained.
- Limit capacity of restaurants and bars such that physical distancing is maintained and no more than 6 persons per table.
- Open Morale, Wellness, and Recreation facilities (including gymnasiums and swimming pools), limit to 50 guests.
- Permit outdoor individual activities (e.g., walking, running, hiking) and require physical distancing.
- Prohibit attendance of sporting events, concerts, and events with large groups of people where social distancing cannot be maintained.
- Conduct normal operations at the Military Medical Treatment Facility, Dental Treatment Facility, and Public Health Department
- Clean and disinfect worksites and public facilities frequently, particularly communal surfaces.
- Modify barracks and other group housing to ensure proper bed spacing; enhance cleaning/disinfection of frequently touched surfaces; establish hand-sanitation stations at entry points; ensure rest rooms are stocked with soap, disposable towels, hand sanitizer, and waste receptacles.
- Limit training tasks to 50 individuals. Maintain social distancing. Utilize cocooning strategy for essential training not conducive to social distancing.

PHEO Actions

- Review pandemic preparedness plans in context of the current threat.
- Conduct routine non-pharmaceutical interventions.
- Issue updated health alert(s).
- Coordinate enhanced disease surveillance and reporting.
- Collaborate with local public health authorities.
- Coordinate contact tracing.
- Determine isolation and quarantine options and expansion capabilities as needed.
- Prepare and recommend implementation of enhanced screening procedures.
- Review and enhance cleaning/disinfection procedures at installation facilities; modify cleaning contracts or establish additional cleaning/disinfection teams using organic personnel.
- Identify and train cleaning/disinfection and contact tracing teams.
- Refine definitions of higher-risk populations and worst-case scenarios for hospitalization.
- Ensure PPE is restricted to medical personnel, unless clearly warranted.

Condition-based Assessment Actions- Green

Priority Actions

- Review pandemic preparedness plans in context of current threat.
- Health risk communication - Validate concerns and guide precautions.
- Enhance non-pharmaceutical interventions.

Installation Actions

- Conduct regular garrison, operational, and industrial activities.
- Conduct routine official travel and personnel movement.
- Review telework policies, test or expand telework capacity, identify mission essential personnel.
- Practice hand and respiratory hygiene.
- Maintain regular cleaning and disinfection practices.
- Instruct those meeting criteria for potential exposure to follow published guidance (e.g., self-isolate).
- Be prepared to identify, isolate, and report new cases.
- Conduct case investigations, contact tracing, respiratory disease surveillance, and apply quarantine and isolation protocols.
- Maintain adequate supply of PPE.
- Determine isolation and quarantine options.
- Conduct vaccination campaigns.
- Post and distribute educational materials to all employees.
- Create daily outbreak-response activity reports.
- Develop life-support plan for isolated and quarantined individuals.
- Modify barracks and other group housing to ensure proper bed spacing; enhance cleaning/disinfection of frequently touched surfaces; establish hand-sanitation stations at entry points; ensure rest rooms are stocked with soap, disposable towels, hand sanitizer, and waste receptacles.
- Recommend use of cloth face coverings for non-symptomatic individuals when in large groups and unable to maintain social distancing.
- Conduct routine operations of schools, Child and Youth Services.
- Conduct routine operations of tenant organizations and workplaces.
- Conduct normal operations of Post Exchange, Commissary, restaurants, and other retail locations, e.g., barbershops, military clothing, etc.
- Conduct routine operations at Morale, Wellness, and Recreation facilities (including gymnasiums).
- Permit outdoor sports and physical activity with physical distancing (e.g., tennis, softball, volleyball).

- Avoid attendance of sporting events, concerts, and events with large groups of people where social distancing cannot be maintained.

- Conduct normal operations at Military Medical Treatment Facility, Dental Treatment Facility, and Public Health Department.

- Allow normal social and cultural activities.

- Allow gatherings and community events to include faith-based organizations.

- Allow normal use of parks and recreational facilities.

- Clean and disinfect worksites and public facilities frequently, particularly communal surfaces.

- Conduct normal Soldiering activities.

PHEO Actions

- Review pandemic preparedness plans in context of the current threat.

- Conduct routine non-pharmaceutical interventions.

- Issue health alert(s).

- Enhance disease surveillance and reporting.

- Increase collaboration with local public health authorities.

- Develop contact tracing plan.

- Determine isolation and quarantine options and expansion capabilities.

- Prepare and recommend to implement enhanced screening procedures.

- Review and enhance cleaning/disinfection procedures at installation facilities; modify cleaning contracts or establish additional cleaning/disinfection teams using organic personnel.

- Identify and train cleaning/ disinfection and contact tracing teams.

- Define higher-risk populations and worst-case scenarios for hospitalization.

Condition-based Assessment Actions- White

Priority Actions

- Precautionary health risk communication; address rumors and communicate appropriate precautions.

Installation Actions

- Conduct regular garrison, operational, and industrial activities.
- Conduct routine official travel and personnel movement.
- Establish and maintain regular and situational telework policies, identify mission essential personnel.
- Practice hand and respiratory hygiene, regular cleaning.
- Maintain regular cleaning and disinfection practices.
- Instruct those meeting criteria for potential exposure to follow published guidance (e.g., self-isolate).
- Be prepared to identify, isolate, and report new cases.
- Conduct case investigations, contact tracing, respiratory disease surveillance, and apply quarantine and isolation protocols.
- Maintain adequate supply of PPE.
- Determine isolation and quarantine options.
- Conduct vaccination campaigns.
- Post and distribute educational materials to all employees.
- Develop life-support plan for isolated and quarantined individuals.
- Do not restrict large group gatherings.
- Do not require social distancing.
- Do not require cloth face coverings for non-symptomatic individuals.
- Conduct routine operations of schools, Child and Youth Services.
- Conduct routine operations of tenant organizations and workplaces.
- Conduct normal operations of Post Exchange, Commissary, restaurants, and other retail locations, e.g., barbershops, military clothing, etc.
- Conduct routine operations at Morale, Wellness, and Recreation facilities (including gymnasiums).
- Permit all outdoor sports and physical activity.
- Permit attendance of sporting events, concerts, and events with large groups of people.
- Conduct normal operations at Military Medical Treatment Facility, Dental Treatment Facility, and Public Health Department.

- Allow normal social and cultural activities.
- Allow gatherings and community events to include faith-based organizations.
- Allow normal use of parks and recreational facilities.
- Clean and disinfect worksites and public facilities regularly.
- Conduct normal Soldiering activities.

PHEO Actions

- Review pandemic preparedness plans and considerations for elevation of the HPCON designation.
- Conduct routine non-pharmaceutical interventions.