



**SHEPPARD AIR FORCE BASE**  
**COVID-19**  
**RECOVERY GUIDE**

CAO 23 August 2020

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## **SUMMARY OF CHANGES AS OF 23 AUGUST 2020**

Appendix A, Movement Guidelines updated.

Appendix A1, Travel Risk Assessment Tool updated.

Appendix A2, COVID Travel Matrix updated.

Appendix A3, Travel Guidelines removed and updated into Appendix A. Appendix A3, Risk Assessment Worksheet Template added.

Appendix B, Quarantine and Isolation Guidelines updated.

Appendix B1 – 2, Isolation & Quarantine Orders removed.

Appendix E, Ceremony / Official Function Guidelines updated.

Appendix I, Expanded Base Services updated.

Appendix J, Sports Guidelines updated.

Appendix P, Temporary Food Establishments updated.

Appendix S, Teleworking Tips added.

Appendix T, Back to School Guidelines added.

Appendix T1, Team Sheppard Community Schools Overview added. Appendix T2, Back to School Safety Flyer added.

Definitions and Examples Updated.

References updated.



**DEPARTMENT OF THE AIR FORCE  
AIR EDUCATION AND TRAINING COMMAND**

1 July 2020

**PUBLIC HEALTH EMERGENCY ORDER 1C**

**TITLE:** Authorized and Prohibited Activities for Service Members Assigned or Attached to Sheppard Air Force Base During the COVID-19 Public Health Emergency

**PURPOSE:** To identify and regulate conduct that is prejudicial to the good order and discipline, health, safety, and mission effectiveness of Sheppard Air Force Base during the Public Health Emergency.

**COMMANDER'S INTENT:** Protect base and local personnel; preserve our ability to perform our vital missions; and support our local community. To accomplish this, we must minimize individual exposure to places where COVID-19 may be present.

**AUTHORITY:** Sections 243, 248, 249 and 264-272 of Title 42, Code of Federal Regulations (C.F.R.); 42 C.F.R. Parts 70 and 71; Title 5, United States Code (U.S.C.) § 301; 5 U.S.C. § 7106; 10 U.S.C. §§ 877-934; 10 U.S.C. § 2672; 10 U.S.C. § 9013; 18 U.S.C. § 797; 50 U.S.C. § 797; Department of Defense Instruction (DoDI) 6200.03, *Public Health Emergency Management (PHEM) Within the DoD*, March 28, 2019; Air Force Instruction (AFI) 10-2519, *Public Health Emergencies and Incidents of Public Health Concern*, 10 December 2019; Sheppard Air Force Base Public Health Emergency Declaration, 27 March 2020

**APPLICABILITY:** This Public Health Emergency Order (hereinafter, Order) applies to all U.S. Armed Forces (as defined in 10 U.S.C. § 101), International students and military personnel assigned or attached to Sheppard Air Force Base. The definition of the term "Service member" as used in this Order is a member of the U.S. Armed Forces to include members of the National Guard or Reserve Component. "Airmen-in-Training" are defined as Service members with no prior military service assigned or attached to Sheppard Air Force Base for initial skills training. "Initial skills training" is defined as a formal school pipeline, comprised of one or more courses, that results in the award of the 3-skill level in an Air Force specialty (or service equivalent). Prior service students are students attached to Sheppard Air Force Base in a temporary duty status for training purposes. "Permanent Party Service members" refers to all Service members and International students and military personnel who have permanent change of station orders to Sheppard Air Force Base. The term "DoD civilians" includes DoD employees (as defined by 5 U.S.C. § 2105) and contractor personnel.

- REFERENCES:**
- (a) Sheppard Air Force Base Public Health Emergency Order 1B, "Authorized and Prohibited Activities for Service Members Assigned or Attached to Sheppard Air Force Base During the COVID-19 Public Health Emergency," 5 June 2020 (cancelled)
  - (b) Sheppard Air Force Base Public Health Emergency Order 2A, "Authorized and Prohibited Activities for Airmen-In-Training During the Public Health Emergency," 24 April 2020
  - (c) Sheppard Air Force Base COVID-19 Recovery Guide, 3 June 2020

Effective immediately, this memorandum cancels reference (a).

**SUMMARY OF CHANGES:** The memorandum reissues travel guidance that will remain in effect until rescinded. It redefines the local area relative to Sheppard Air Force Base. It further provides updated guidance on travel and activities. The Sheppard Air Force Base Recovery Guide becomes the repository for all guidance as it relates to movement on and off the installation.

**1. STATEMENT OF MILITARY PURPOSE AND NECESSITY:** The Public Health Emergency resulting from the impact of COVID-19 has created the necessity to protect DoD installations, property, and other assets, as well as Service Members assigned or attached to Sheppard Air Force Base. Adhering to restrictions upon such activities is essential to ensure mission accomplishment and to protect the health, safety, and welfare of members of the United States and partner nations. In addition, the Public Health Emergency makes it prudent to restrict certain activities to maintain good order and discipline and ensure optimal force readiness.

**2. PUBLIC HEALTH DIRECTED ACTIVITIES AND LIMITATIONS:**

a. Airmen-in-Training:

(1) Unless otherwise approved to depart the installation, Airmen-in-Training are restricted to the confines of Sheppard Air Force Base and the Sheppard Air Force Base Explosive Ordnance Disposal Annex. Approval to authorize departure shall be no lower than the squadron commander and is not further delegable.

(2) Airmen-in-Training will continue to adhere to all applicable Phase requirements.

(3) Airmen-in-Training when marching in formation will remain at double arm interval spacing.

(4) Small marching units will be no larger than 50 Airmen-in-Training.

(5) Shall also adhere to the provisions of reference (b).

b. All Airmen-in-Training, Prior Service Students and Permanent Party Service Members:

(1) Shall adhere to orders and directives of Public Health.

(2) Shall adhere to public health restrictions located within the fitness center(s), when open. No person shall be permitted to remove barriers, signs, tape, rope, or any other object used to prevent use of fitness equipment or to limit access to areas in the fitness centers.

(3) Shall wash their hands or use hand sanitizer upon entering the Installation dining facilities.

(4) Shall adhere to physical distancing requirements. Physical distancing is defined as remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately six feet or two meters) from others when possible. Members within each other's Ring-1 group are permitted to be within six feet of one another. Refer to reference (c) for the latest definition of "Ring-1" and mass gathering guidance.

c. Isolation and Quarantine:

(1) Airmen-in-Training, Prior Service Students and Permanent Party Service Members shall be placed into quarantine if they have been in close contact with a person medically determined to most likely have COVID-19, or by determination of their squadron commander based on guidance in reference (c).

(2) If directed by a provider or Public Health to isolate or quarantine, Airmen-in-Training, Prior Service Students and Permanent Party Service Members shall remain in assigned quarters as directed by their chain of command. All personnel subject to quarantine or isolation shall not put themselves in physical proximity or contact with any persons with the exception of approved medical appointments (including mental health) or as specified in the notice of quarantine and/or isolation.

(3) No person may, without authorization from Public Health or the unit commander, enter a quarantine location. No person may, without authorization from Public Health or unit commander, enter an isolation location. If someone enters a quarantined or isolation location without authority or warning, the person in quarantine or isolation shall notify the chain of command and Public Health immediately.

(4) Unless authorized by Public Health or the unit commander, Airmen-in-Training, Prior Service Students and Permanent Party Service Members shall not come within six feet of any person who has been recommended or directed into quarantine. Unless authorized by Public Health, personnel shall not come within six feet of any person who has been recommended or directed into isolation.

(5) Submission to diagnostic testing, treatment, or vaccination may be a requirement to return to work or gain access to Sheppard Air Force base or as a condition of exemption or release from restriction of movement to prevent transmitting COVID-19 and to protect public health and safety.

(6) If your dependents have been in close contact with a person medically determined to most likely have COVID-19, or by determination of the squadron commander based on updated Public Health guidance that you pose a risk to the health and safety of Sheppard Air Force Base personnel, both you and your dependents may have restrictions imposed on your movement around the installation or even be temporarily denied access to the installation. The amount of time an individual's movement may be restricted or access may be denied will depend on the factual circumstances and the recommendation of the medical community.

d. Resale of Merchandise: This Order prohibits the selling, bartering, or exchanging of any retail merchandise purchased at the Base Exchange, Commissary, or any online retailer.

e. Local Travel: The local area is now defined as the 350-mile driving radius around Sheppard Air Force Base. All members assigned or attached to Sheppard Air Force Base will maintain physical distancing while traveling in the local area. All personnel shall refer to reference (c) for the latest list of authorized and unauthorized activities within the local area. Should a proposed activity within the local area not be listed in the guide, squadron commanders may exercise discretion to approve activities that fall within the intent of the guide.

f. Travel Outside the Local Area: Authorized leave outside the local area will be approved at a level no lower than the unit commander or equivalent. Commanders will conduct a risk assessment of the

health status and travel itinerary for Service members requesting leave. Service members should not travel if they display a fever or other symptoms consistent with COVID-19 or if they have had close contact with someone who has tested positive for COVID-19 within the past 14 days. Service members will comply with any DoD, Federal, State, and local restrictions while on leave status. In addition, overseas travel is not authorized without the approval of the appropriate Group commander or equivalent.

(1) Leave approval must be accomplished IAW the COVID-19 recovery guide. All individuals travelling will be required to accomplish pre and post travel screening. Commanders should base leave approval on the conditions at the leave location(s), a sufficient reason for the leave and appropriate gauging of the risk to the member and the community. Upon return, appropriate restriction of movement actions will be taken based on the post travel assessment, IAW the Sheppard AFB COVID-19 recovery guide.

(2) Student Leave: Approving leave for the Airmen in Training population is delegated to the Group commander or equivalent in an effort to maintain the safety of the AiT population and the local community.

g. Large Gatherings: Service Members may not attend public or private meetings/gatherings of more than 25 people indoors, and 50 people outdoors.

h. Cloth Face Coverings: A cloth face covering or face mask is required to be worn in all public service spaces (e.g., commissary, base exchange, post office and finance/personnel/legal offices, etc.) on and off the installation and when physical distances of more than six feet cannot be maintained. A cloth face covering is required to cover the nose and mouth at the same time. Squadron commanders or higher are authorized to make determinations on this directive in accordance with the intent of this order

i. Providing Alcohol to Airmen-in-Training: As provided in reference (b), Airmen-in-Training are prohibited from importing, introducing, exporting, possessing, purchasing, selling, re-selling, distributing, transferring, manufacturing, or consuming any alcoholic beverage or alcohol-containing substance. All Sheppard Air Force Base prior service students and permanent party Service Members are prohibited from selling, distributing, transferring or providing alcohol to Airmen-in-Training.

3. **PUNITIVE ORDER:** Paragraph 2 of this Order is punitive. Persons violating this Order are subject to appropriate administrative, non-judicial, or judicial action. The intent of this Order is not to preempt already enumerated Uniformed Code of Military Justice offenses. If a court or higher authority supersedes or determines a provision within this Order is legally unenforceable or insufficient, the unaffected portions of this Order will remain enforceable. International students and military members may be subject to appropriate administrative, non-judicial, or judicial actions in accordance with their host nation governing directives.

#### 4. **CIVILIAN PERSONNEL:**

a. I have issued an order to all Sheppard Air Force Base active duty, reservists, and National Guard personnel on Title 10 regarding local and non-local travel, as discussed in paragraphs 2.e and 2.f above. I highly encourage all civilian personnel to adopt these same measures with regard to minimizing stops between your place of work here at Sheppard Air Force Base and your residence to those of necessity. Moreover, you are highly encouraged to restrict your travel to the one day 350-mile driving radius around

Sheppard Air Force Base. If you have been in close contact with a person medically determined to most likely have COVID-19, or by determination of the squadron commander based on updated Public Health guidance, you may temporarily be denied access to the installation. The amount of time you are denied access will depend on the circumstances and/or the recommendation of the medical community.

b. If you are denied access to Sheppard Air Force Base and are able/authorized telework, it is likely you will be expected to telework. If you are denied installation access and are unable/unwilling to telework, coordinate with your supervisor to determine what type of leave is authorized in your circumstance according to the Office of the Under Secretary of Defense's memorandum dated 8 March 2020. Please note, Safety and Weather Leave is determined by circumstance, and the supervisor should contact the Civilian Personnel Office for guidance.

#### **5. CONTRACTOR PERSONNEL:**

a. I have issued an order to all Sheppard Air Force Base active duty, reservists, and National Guard personnel on Title 10 regarding local and non-local travel, as discussed in paragraphs 2.e and 2.f above. As a key part of the Sheppard Air Force Base community, I strongly encourage all contractors to direct their employees working on Sheppard Air Force Base to adopt these same measures, minimizing your footprint both on Sheppard Air Force Base and in the local community. Moreover, you are highly encouraged to restrict travel to the one day 350-mile driving radius around Sheppard Air Force Base, if possible.

b. Contractors with current access to Sheppard Air Force Base that pose a health concern and or individuals who otherwise pose a risk to the health and safety of Sheppard Air Force Base personnel, may have restrictions imposed on their movement around the installation or even be temporarily denied access to the installation. The amount of time an individual's movement may be restricted or access may be denied will depend on the factual circumstances and the recommendation of the medical community.

c. Many of Sheppard Air Force Base's military and civilian personnel are currently teleworking to increase social/physical-distancing and reduce the risk of contamination. Sheppard Air Force Base contractors are encouraged to coordinate with the responsible Contracting Officer to discuss similar options within the bounds of their contract.

d. Following the above measures is the best way for each of us to protect the health and safety of all Sheppard Air Force Base personnel, their families and our local community, help maintain mission readiness, and assure our training and medical missions are met. Please join me and our total force in following these common sense rules so we can limit the spread of COVID-19 and ensure mission success.

**6. INDIVIDUAL DUTY:** Personnel subject to this Order have the individual responsibility to know and understand the prohibitions contained herein.

**7. LEADER RESPONSIBILITY:** This Order charges all commanders, senior leaders, senior national representatives, directors, training leaders, instructors, and supervisors to brief ALL PERSONNEL on the prohibitions and requirements of this Order.

**8. EFFECTIVE DATE:** This Order is effective immediately.

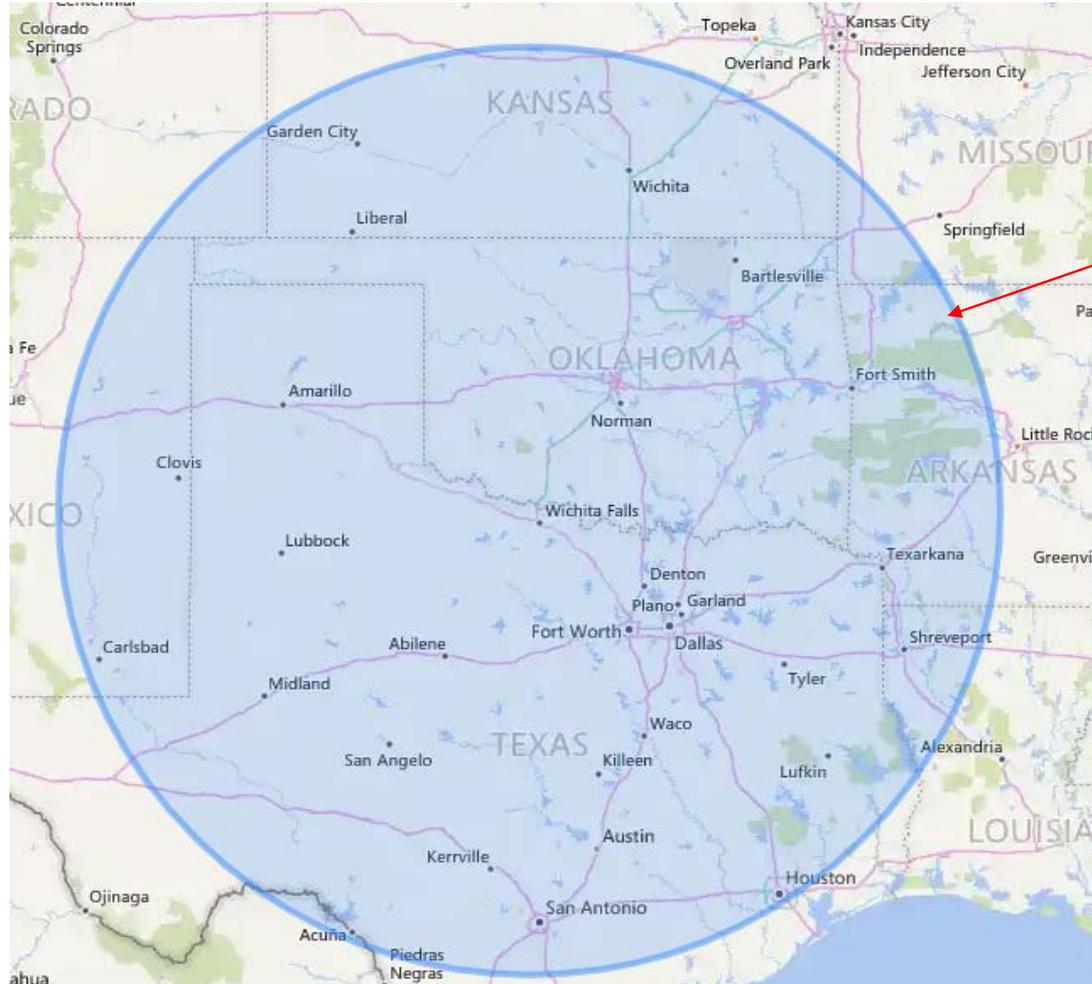
9. **EXPIRATION:** This Order will expire when the Public Health Emergency is over or when rescinded by the Sheppard Air Force Base Installation Commander or higher authority.

A handwritten signature in black ink, appearing to read "Kenyon K. Bell". The signature is fluid and cursive, with a long horizontal stroke at the end.

KENYON K. BELL  
Brigadier General, USAF  
Installation Commander



# Sheppard AFB Recovery Plan Phase 2A – Local Area



350 mile  
radius  
from  
Sheppard  
AFB

CAO 4 June 2020

*"Train, Develop and Inspire Warriors"*



# Sheppard AFB Recovery Plan Overview for Leaders



CAO 5 June 2020

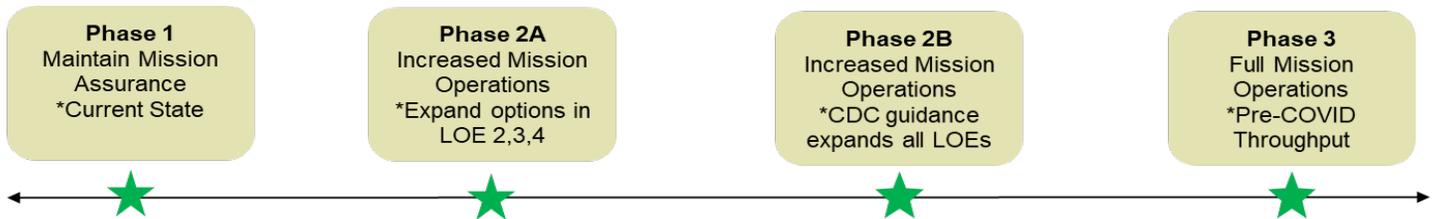
## PURPOSE

1. The Sheppard AFB Recovery Plan mirrors the plan developed by AETC which is available in the AETC Playbook (see reference appendix). Our efforts going forward are aligned with White House and Air Force guidance. We are currently in what is being referenced as Phase 1 with the focus on mission assurance. This posture is focused on continuing mission operations and protecting the force with various mitigation strategies.
2. This product is intended to provide leaders necessary guidance to plan and communicate the way forward.
3. Throughout the document are products focused on mitigating risk while accomplishing our mission and caring for Team Sheppard. These products will be updated as guidance and risk assessments evolve.
4. Ultimately, this plan empowers Commanders to make informed decisions as they lead their Airmen.

## COMMANDER'S INTENT

Provide leaders a deliberate, phase-based approach with data-driven guide posts that allow them to lead within each phase based on the unique dynamics of their individual units until we reach Full Mission Operations.

## PHASED PROGRESSION OVERVIEW



This plan is anchored to the AETC defined recovery path to returning to full mission operations. As we move out of Phase 1 and into Phase 2, operations will begin to increase, services across the installation will have increased availability and our workforce will gradually return to work.

Every PHASE identifies expectations for each of our four lines of effort:

LOE1 - **MISSION**: Activities directly related to training and readiness

LOE 2- **ESSENTIAL SERVICES**: Supporting functions critical to achieving the mission (ex. MSG agencies, AAFES/DECA, etc)

LOE 3 - **COMMUNITY SUPPORT**: Supporting functions that enhance mission accomplishment (ex. A&FRC, HC, etc)

LOE 4 - **MORALE**: Broadly encompasses morale, welfare, and recreation activities (ex. Pools, Theater, etc)

COVID Mitigation underpins ALL phases. (ex. Physical distancing, face coverings, etc)

Transitions from Phase to Phase will be conditions based and data-driven

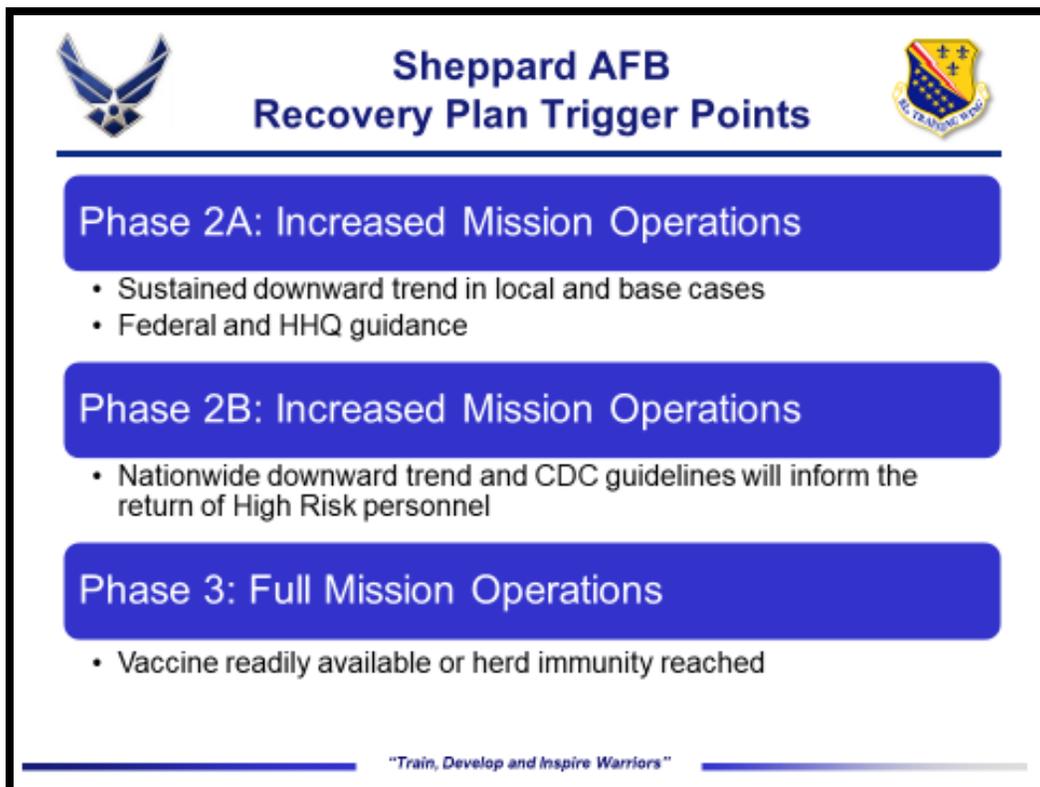
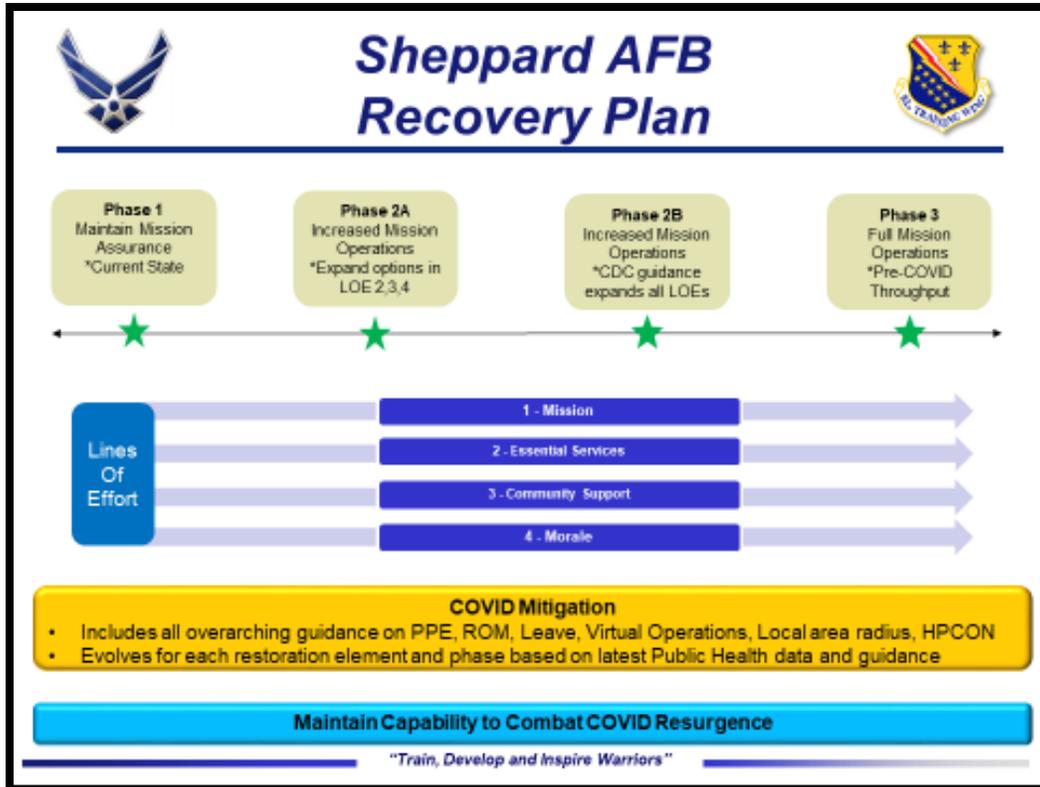
## BASELINE ASSUMPTIONS AND EXPECTATIONS

1. Sheppard AFB will have **SOME LEVEL OF RESTRICTIONS** until A) there is a vaccine, B) herd immunity is developed, or C) the virus is no longer present.
2. **MULTIPLE WAVES** are likely to occur: A) their size and impact on our community is driven by multiple factors, and B) this framework permits transitioning between phases based on local impact and factors.
3. **SUPERVISORS** will send SICK personnel home immediately, with instructions to call 82 MDG at 676-2273.
4. All personnel must **USE GOOD JUDGEMENT** to minimize exposure and protect each other.



# Sheppard AFB Recovery Plan Overview for Leaders

CAO 5 June 2020





# Sheppard AFB Recovery Plan—Phase 2

Permanent Party (Military, Civilians, Families)

CAO 5 June 2020



## PURPOSE

Sheppard AFB has a conditions-based, phased approach to return to full mission operations. We are all in this together and must do our part to **MINIMIZE EXPOSURES**. The intent of this approach is to provide an increase in liberties while balancing our need to successfully accomplish the mission. This plan provides strategies to minimize risk while executing mission demands and caring for each other and our families.

## PHASED PROGRESSION OVERVIEW

This phased approach is anchored to the AETC plan to return to full mission operations. As we move out of Phase 1 and into Phase 2, operations will begin to increase, services across the installation will have increased availability and our workforce will gradually return to work. We should be prepared to stay in Phase 2 for several months as we move closer to herd immunity and the development and availability of a vaccine. The movement from each phase will be dependent on medical guidance as well as the health and safety of our community.

## MITIGATION EFFORTS

1. **Limiting Interactions:** a teaming/pod approach that minimizes contact with others outside of classmates, roommates, close co-workers and other “Ring One”/pod members
2. **Physical Distancing:** remain 6 feet away from others and avoid direct interactions with those outside your “Ring One” circle.
3. **Sanitation:** processes for killing the virus since it can live on surfaces for several days.
  - Workspaces should be cleaned at the BEGINNING and END of each day, focusing on frequently touched surfaces—door handles, light switches, desk, etc.
  - Wash hands OFTEN with soap and water for at least 20 seconds.
    - Apply hand sanitizer when entering/exiting buildings.
    - AVOID touching your eyes, nose, and mouth.
  - Wash UNIFORMS in the warmest setting on your washer and dryer.
4. **Face Coverings:** all personnel will wear a face covering when 6 feet of distance cannot be maintained. This is to protect the mask wearer from passing the illness to others.
5. **Mass gatherings:** avoid large crowds (greater than 50 people) and interactions outside of your “Ring One”. Minimizing these interactions with others will decrease your chance of spreading the virus.

## BASELINE ASSUMPTIONS AND EXPECTATIONS

1. Sheppard AFB will have **SOME LEVEL OF RESTRICTIONS** until A) there is a vaccine, B) herd immunity is developed, or C) the virus is no longer present.
2. Sanitation standards, limited interactions outside of “Ring Ones” and face masks will REMAIN.
3. Be SMART — just because you ARE PERMITTED to do an activity does not mean you SHOULD do it.
4. Remain VIGILANT— if facilities you patronize are not adhering to Sheppard AFB guidelines, go elsewhere.
5. If you feel SICK you should remain home, call your supervisor and your healthcare provider.
6. BEHAVIORS in VIOLATION of these guidelines may result in administrative actions.

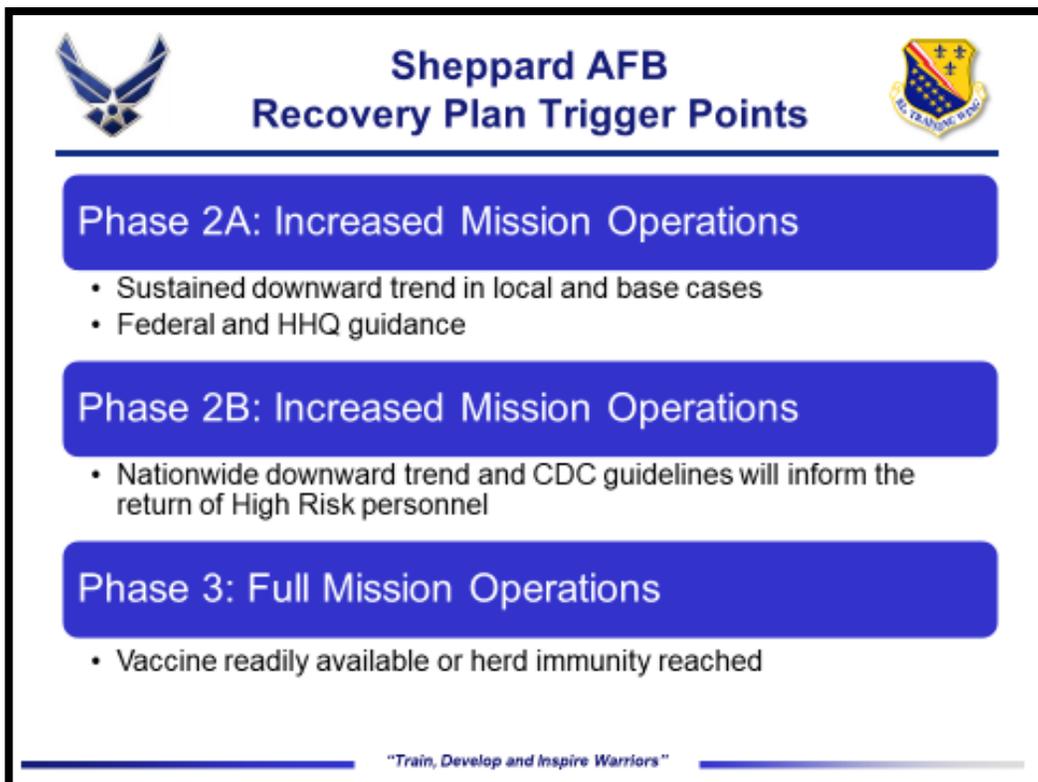
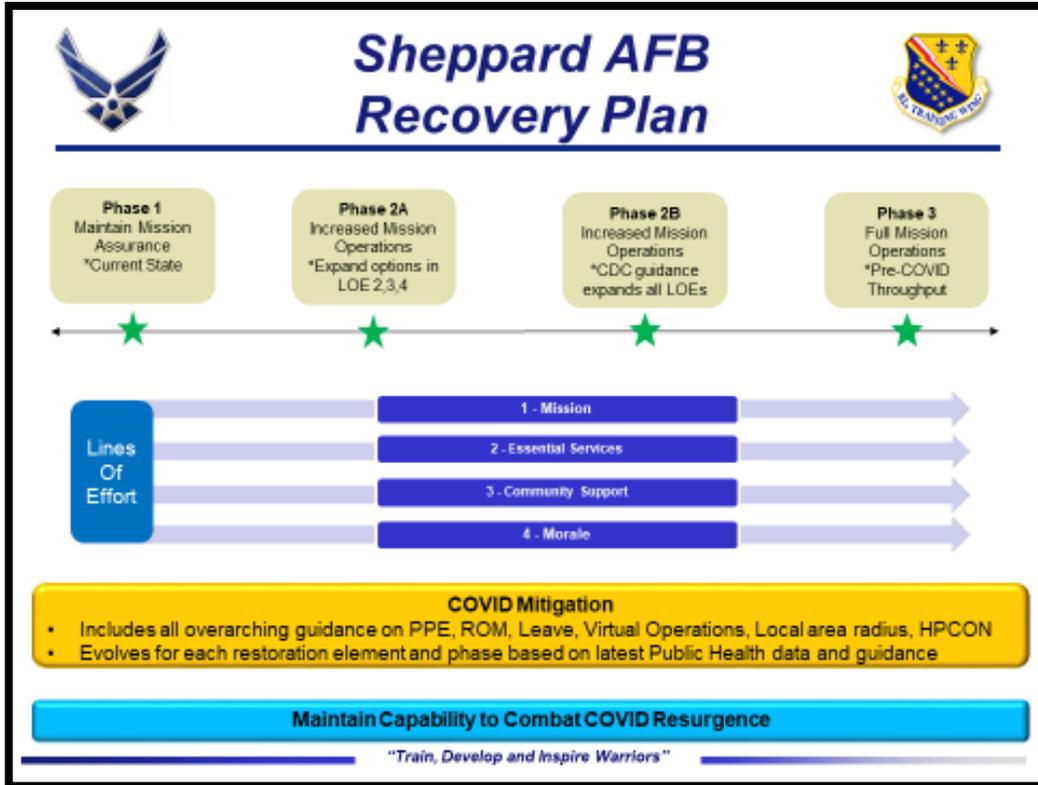
Stay engaged with leadership concerning COVID-19 transmission, mitigation efforts and installation posture.



# Sheppard AFB Recovery Plan—Phase 2

Permanent Party (Military, Civilians, Families)

CAO 5 June 2020





# Sheppard AFB Recovery Plan—Phase 2

## Airman in Training

CAO 5 June 2020



### PURPOSE

Sheppard AFB has a conditions-based, phased plan to return to full mission operations. We are all in this together and must do our part to **MINIMIZE EXPOSURES**. The intent of this plan is to safely increase opportunities available to you while balancing the need to successfully accomplish our mission. This plan provides strategies and ways to minimize COVID-19 risk to all of us while executing our mission and caring for each other.

### MITIGATION EFFORTS

1. **Limiting Interactions:** a teaming/pod approach that minimizes contact with others outside of classmates, roommates, close co-workers and other “Ring One”/pod members
2. **Physical Distancing:** remain 6 feet away from others and avoid direct interactions with those outside your Ring One circle.
3. **Sanitation:** processes for killing the virus since it can live on surfaces for several days.
  - Workspaces should be cleaned at the BEGINNING and END of each day, focusing on frequently touched surfaces—door handles, light switches, desk, etc.
  - Wash hands OFTEN with soap and water for at least 20 seconds.
    - Apply hand sanitizer when entering/exiting buildings.
    - AVOID touching your eyes, nose, and mouth.
  - Wash UNIFORMS in the warmest setting on your washer and dryer.
4. **Face Coverings:** all personnel will wear a face covering when 6 feet of distance cannot be maintained. This is to protect the mask wearer from passing the illness to others.
5. **Mass gatherings:** avoid large crowds (greater than 50 people) and interactions outside of your “Ring One”. Minimizing these interactions with others will decrease your chance of spreading the virus.

### BASELINE ASSUMPTIONS AND EXPECTATIONS

1. Sheppard AFB will have **SOME LEVEL OF RESTRICTIONS** until A) there is a vaccine, B) herd immunity is developed, or C) the virus is no longer present.
2. Sanitation standards, limited interactions outside of Ring Ones and face masks will REMAIN.
3. Be SMART — just because you ARE PERMITTED to do an activity does not mean you SHOULD do it.
4. Remain VIGILANT— if facilities you patronize are not adhering to Sheppard AFB guidelines, go elsewhere.
5. If you feel SICK you should remain home, call your supervisor and 82 MDG at 676-2273.
6. BEHAVIORS in VIOLATION of these guidelines may result in administrative actions.

### WHAT CAN I DO DURING PHASE 2?

Attend all activities available on Sheppard Air Force Base. See Force Support Squadron Flyers.

- Pitsenbarger Gym open Monday thru Friday 0600-1800 and Saturday and Sunday 0700-1800.
  - All outdoor fitness containers will remain open.
- Classes / activities at the Community Activity Center, Solid Rock Café, Pool, etc
- Skate Park now open!

Stay engaged with your leadership concerning COVID-19 transmission, mitigation efforts and installation posture.

## **MOVEMENT GUIDELINES**

1. As we continue adapting to the constraints imposed by Coronavirus 2019 (COVID-19) we must continue to adhere to specific rules of engagement with the ultimate mission of protecting the force. Below are the current movement guidelines that coincide with Brigadier General Bell's Public Health Emergency Order 1C dated, 1 July 2020. As we increase community engagement and involvement, we must not disengage from the mitigation strategies we have grown accustomed to utilizing. These effective mitigation strategies minimize our exposure which has proven to be key to our capability to continue accomplishing our mission.

### **2. Overarching ROES:**

- a. Use good judgment
- b. Intent is to minimize exposure
- c. Mitigation strategies will remain in effect
  - (1) Hand hygiene
  - (2) Wear face coverings
  - (3) Physical distancing
  - (4) If you are sick stay home
- d. When frequenting establishments off-base, **use good judgment** and ensure you are placing yourself in safe environments. For example, if the establishment is crowded or individuals are not wearing face coverings, consider returning at another time or patronize an alternate location where mitigation strategies can be implemented and exposure is minimized.

### **3. Airmen in Training (AiT):**

- a. Restricted to Installation
- b. No alcohol
- c. On base activities permitted

### **4. Permanent Party (PP):**

- a. Local area = 350 miles radius from Sheppard AFB. Travel outside of the local area requires member to be on official leave status unless directed differently by their unit leadership.
- b. Permanent Party may now travel within local area via personal vehicle (POV) without automatically incurring restriction of movement (ROM) upon return. Squadron Commanders will determine necessary ROM or duty restriction requirements to ensure the safety of their unit. ROM determinations will be based on deviations from approved travel plans that may involve behavior that increases risk or exposure to the member and the mission upon member's return from leave.
- c. Travel outside of local area will return to ordinary approval authorities in accordance with current AF guidance. Leaders will reference the approved "green" locations available on the MyPers website. Travel to locations classified as "red" will require an exception to policy (ETP). ROM requirements will be at the discretion of squadron leadership and will consider travel location, activity while on leave and route of travel. Leaders should utilize the travel risk assessment tool and travel guidelines (Appendix A1 – A3).
- d. Access to retail locations off base is authorized and should continue with a buy not shop mentality.
- e. Base access for visitors requires squadron commander approval. Encourage members to implement mitigation strategies prior to arrival to the local area to limit exposure to Team Sheppard members.

f. Authorized: \*\*\* Use Good Judgement\*\*\*

- (1) Carry out / drive-thru at restaurants
- (2) Patio dining at restaurants
- (3) Beauty shops / hair salons
- (4) Barber shops
- (5) Nail salons
- (6) Farmers market
- (7) Uber / Lyft (solo / Ring 1)
- (8) Outdoor gatherings (less than 50 people)
- (9) Hotels / AirBnB
- (10) Community pools / Splash pads
- (11) Tattoo Shops
- (12) Zoos
- (13) Museums
- (14) Outdoor sports and fitness challenges
- (15) Bowling alleys
- (16) Golf / miniature golf

g. Unauthorized:

- (1) No mass gatherings
- (2) No entertainment locations or indoor playground / gaming centers where surfaces are not disinfected between use, masks are not worn or physical distance cannot be maintained
- (3) No indoor dining at restaurants
- (4) No bars / clubs
- (5) No off-base gyms or fitness classes
- (6) No water parks / amusement parks
- (7) No Uber carpool
- (8) No festivals / fairs / carnivals / concerts
- (9) No casinos
- (10) No professional sporting events
- (11) Event Expos

5. Temporary Duty (TDY):

a. Will review this guide and course reporting requirements and consult with gaining unit for expectations pertaining to restriction of movement.

b. Squadron leadership may impose a 14 day ROM or a commander directed duty to domicile depending on mission requirements.

(1) Commander directed duty to domicile: :

- a) Facemasks must be worn
  - i. Classrooms: facemasks 100% of time
  - ii. In simulations/labs w/in 6ft 100%
- b) Duty to domicile and mission essential tasks only
  - i. Grocery shopping
  - ii. Takeout food
  - iii. Medical appointments
  - iv. Restricted to base

6. **Visitors of Permanent Party to the Installation:**
- a. Highly encouraged to be familiar with Sheppard AFB policies and procedures prior to arrival.
  - b. Will not visit the installation if sick or under quarantine or isolation orders.
  - c. Will follow all mitigation strategies while on the installation.
    - i. Wear face covering at all times
    - ii. Maintain physical distancing
    - iii. Practice hand hygiene
  - d. Visitors traveling internationally from CDC THN Level 3 areas will require ROM.
  - e. Visitors from CDC THN Level 2 or CDC THN 1 areas will self-monitor and contact their physician if they develop any symptoms.
  - f. Military members who have a quarantined visitors are not required to ROM if member is able to sequester in their residence and minimize exposure.
  - g. Visitor passes to access the installation are authorized by member's Squadron Commander.
7. General recommendations for safe movement / travel:
- a. Do not travel if you are sick or travel with someone who is sick.
  - b. Secure gas in the local area before departing. If you need to fill up, utilize "pay at pump" and other methods of contactless transactions to the greatest extent possible.
  - c. Limit stops at public places such as convenience stores or restaurants to only bathroom breaks and other essential purchases. Travel by the most direct route possible with minimal stops.
  - d. Wear a cloth face covering in public.
  - e. Enforce physical distancing by maintaining 6 feet of physical distance
  - f. Ensure you are practicing good hand hygiene; wash hands and use hand sanitizer often.
  - g. Bring sanitizer and keep it in a place that is readily accessible. Use paper towels to turn off sinks and open bathroom doors.
  - h. Pack an EPA approved disinfectant or disinfectant wipes to clean surfaces.
  - i. Recommend showering upon arrival.
  - j. If you become sick with COVID-19 symptoms (cough, fever, shortness of breath, fatigue) within 14 days after travel, please call your health care provider and inform them of your recent travel.
8. **ROEs During Restriction Of Movement (ROM):**
- a. ROM is indicated due to recent travel (Reference Supplement 12) and is dictated by unit leadership.
    - b. Restrict movement to residence or other appropriate domicile.
    - c. To the extent practicable, limit close contact (within 6 feet) with others (family members or roommates).
    - d. Consider their ROM location as their alternate duty location.
    - e. Self-monitor for fever (>100.4 °F) by taking temperature twice a day (if possible); cough; difficulty breathing; or other COVID-19 symptoms. Other COVID-19 symptoms include: chills, sore throat, shortness of breath, congestion or runny nose, muscle or body aches, headache, fatigue, new loss of taste or smell, nausea or vomiting, and/or diarrhea.
    - f. If symptoms of COVID-19 develop during the self-monitoring period, member

## APPENDIX A

will self-isolate, limit contact with others, and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is needed.

g. Notify chain of command or supervisor if member or family members who are authorized Government travel develop a fever or other symptoms consistent with COVID-19.

h. If ROM is conducted prior to travel, travel to and from an Aerial Point of Debarkation/Embarkation (APOD/APOE) following ROM completion will be conducted in a manner that minimizes the risk of personnel being exposed to or contracting the virus that causes COVID-19 during travel.

9. Items described in this document are not exhaustive. They are provided to describe the Installation Commander's intent and to guide leaders through their decision making process. Movement restrictions listed above will be updated according to Air Force guidance as well as risk assessments of the local community.

## APPENDIX A1

### **TRAVEL RISK ASSESSMENT TOOL (T-RAT)**

*Please note that this covers procedures intended to guide members and leaders with safe travel planning. Concerns related to travel locations will not be updated or captured in this document. Leaders will authorize travel based on AF guidelines available at the time of travel.*

#### **WITHIN 30 DAYS OF TRAVEL:**

1) Traveler and Unit CC will review COVID-19 risk at the planned destination(s), as well as along the travel route:

-- **OFFICIAL TRAVEL**: review DoD & DAF Installation Travel Restriction Criteria Results to see if destination location(s) is/are and/or installations are listed as meeting the conditions to lift travel restrictions. For OCONUS official travel, member will also review Geographic Combatant Commander (GCC) guidance, applicable Host Nation (HN) procedures, and DoD Foreign Clearance Guide.

-- **LEAVE TRAVEL**:

--- **OCONUS**: review Centers for Disease Control (CDC) Travel Health Notices (THN) to determine whether destination location(s) is/are experiencing an elevated or unknown level of COVID-19 transmission (THN Level 3). (<https://wwwnc.cdc.gov/travel/notices>)

Member will also review GCC guidance, applicable HN procedures, and DoD Foreign Clearance Guide.

--- **CONUS**: review AF guidelines at the time of travel and ensure travel is authorized to that location which is dependent on the environment at that moment.

2) Travel approval to locations of concern and post-travel ROM decision are at Unit CC discretion (and/or IAW Installation CC guidance).

#### **WITHIN 7-10 DAYS OF TRAVEL:**

1) Traveler and Unit CC will recheck planned destination(s) for 'open' ('green to green') / not a 'hot spot' or location of concern status.

2) Unit CC will review the following items with the traveler:

-- COVID-19 symptoms: Fever or chills, cough or sore throat, shortness of breath, congestion or runny nose, muscle or body aches, headache, fatigue, new loss of taste or smell, nausea or vomiting, and/or diarrhea.

-- Remind member to not proceed with travel if felling sick, or if they have had close contact with anyone having or known to have exhibited symptoms of COVID-19 or tested positive for COVID-19 within the past 14-days.

-- Ensure member understands how to self-monitor and what actions to take if they develop COVID-19 symptoms or is diagnosed with COVID-19.

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-- Remind personnel to comply with any DoD, Federal, State, HN, and local restrictions during travel.

-- Unit CC will ensure a means of communication with traveler throughout the period of travel.

--Ensure member is aware of save travel guidelines outlined in the Sheppard Recovery Guide.

-- Leadership should utilize the Sheppard AFB COVID-19 Travel Worksheet (Appendix A4) to develop travel itinerary and cover mitigation strategies.

**UPON RETURN FROM TRAVEL OR ARRIVAL TO INSTALLATION:** Unit CC (or designee) will ask traveler the following questions:

1) In the last 3-5 days have you experienced symptoms of COVID-19?

> If symptomatic: Call medics for telephonic evaluation; if have severe trouble breathing, call 911.

> If no symptoms: Go to Step 2.

2) Have you had close contact (within 6 feet for at least 15 minutes) with a person known to have COVID-19?

> If 'yes': 14-day ROM from the last exposure to the known positive individual.

> If 'no': Go to Step 3.

3) Have you been tested for COVID-19 in the last 14-days?

> If 'yes': Call medics for telephonic evaluation. Note: Timing of release from isolation (person is symptomatic and/or has positive test) is 10-days (or more); release from quarantine (person is a close contact of a COVID19 case) or ROM (due to travel-related risk) is 14-days, and persons cannot test out of quarantine/ROM.

> If 'no': Go to Step 4.

4) Does / will individual work in an environment where it is not possible to maintain physical distancing (SCIF, etc.), or be performing a mission critical function?

> If 'yes': Consider 14-day ROM (discretion of Unit CC) - or - go to Step 5.

> If 'no': Go to Step 5.

5) Recheck itinerary location(s) to determine if location status changed during period of travel.

-- OCONUS: Is country covered by a CDC THN Level 3 (<https://wwwnc.cdc.gov/travel/notices>)?

>>> If CDC THN Level 3: 14-day ROM starting the day they departed OCONUS location.

## APPENDIX A1

>>> If CDC THN Level 1 or 2: self-monitor for 14-days starting the day they departed OCONUS location.

>>> If departure was greater than 14-days ago, and in-transit location(s) was USA: Go to USA.

-- USA:

>>> As applicable, if travel was in an area covered by destination installation's state-level travel restrictions: recommend 14-day ROM starting the day they departed the USA location.

>>> If travel was in an identified 'red': Consider a 14-day ROM starting the day they departed.

>>> If travel was not in an identified 'red' or location of concern: Go to Step 6 (or 7 if second time thru).

---- NOTE: As needed, consult with local AF Public Health for help determining 'hot spot' status.

6) Was travel direct (airport layovers and POV overnight stops are considered part of direct travel)?

>> If 'yes': Go to Step 7.

>> If 'no': Go back to Step 5 and assess transmission in the area(s) of circuitous travel.

7) Did traveler(s) adhere to physical distancing, cohort integrity and personal hygiene throughout travel duration?

>> If 'yes': 14-day self-monitor.

>> If 'no': 14-day ROM (discretion of Unit CC; as needed consult with installation PHEO or AF Public Health).



# APPENDIX A2

## COVID-19 Travel Matrix



	Categories of Travel Into Sheppard Air Force Base				
	Commercial Air Travel			Ground Travel	
	Redeployment	International	CONUS	CONUS Outside CC / Designated "Local Area"	CONUS Within CC / Designated "Local Area"
Report Directly to Duty	NO	NO	NO/ Pending CC Review	NO/ Pending CC Review	YES
14-Day ROM	YES	YES – CDC THN Level 3 CONDITIONS BASED – CDC THN Level 2 and below	CONDITIONS BASED	CONDITIONS BASED	NO

### Special populations

1. Airmen entering from a protected setting (i.e. BMT) will arrive and report directly to duty as long as they arrive on contracted air.
2. Redeployers will be tested for COVID-19 on day 14 of their quarantine. Members who are cleared by the 82 MDG, will be released from quarantine on day 15.
3. Any member who reports symptoms should contact the 82 MDG for evaluation and determination of isolation status.

### Commander Directed Duty to Domicile

1. Duty-to-domicile for first 14 day: only limit travel to essential tasks such as gas, groceries, and drive-thrus. A member cannot enter any retail locations, entertainment venues or go to the indoor gym (outdoor fitness activities are okay).
2. Member will report for duty upon arrival while implementing required mitigation strategies (wear face coverings, hand hygiene, etc) as outlined in the Recovery Guide.
3. Member will be restricted to the installation for 14 days.

**Conditions Based:** Commander should use COVID-19 Travel Risk Assessment Tool located in the Sheppard AFB COVID-19 Recovery Guide (Appendix A) to ensure all precautionary measures are considered and mission is protected.

**COVID-19 TRAVEL/RISK ITINERARY**

**GENERAL GUIDANCE:**

- Carry adequate supplies of hand sanitizer containing at least 60% alcohol and carry sanitizing wipes.
- Wash hands for at least 20 seconds with soap and water, or use hand sanitizer, prior to eating or drinking, and after using the restroom.
- Common touch points such as door handles, credit card terminals, counter tops, or railings can contaminate hands. Always wash hands or use hand sanitizer immediately after contact.
- Maintain physical distancing of at least 6 feet and wear a face covering at all times while in public spaces, i.e. gas stations, hotel common areas, during commercial travel, etc.
- Avoid ill people or those who appear to have symptoms of illness.
- Avoid touching your face, nose, eyes, and mouth.
- Avoid hand-shaking and contact with other people or their possessions.
- If you become sick with COVID-19 symptoms (cough, fever, shortness of breath, fatigue) within 14 days after travel, please call your health care provider and inform them of your recent travel.

**BEFORE TRAVEL:**

- Is the travel essential or can it be rescheduled or accomplished via teleconferencing? (avoid international travel)
- If traveling outside the local area, check the current guidance and COVID-19 restrictions at your final destination
- If traveling for official reasons (PCS/TDY), follow guidance from your supervisor, leadership, healthcare provider, and public health upon arrival at your duty station.
  - Depending on exposure risk of your departure location and risk associated with travel, 14-day Restriction of Movement (ROM) may be required upon arrival.
  - If 14-day ROM is not required, monitor your health status for 14 days and notify your supervisor, leadership, healthcare provider, or public health if you develop any symptoms of COVID-19, to include fever, cough, or shortness of breath.

**TRAVEL BY COMMERCIAL AIR:**

- Commercial travel (airplane, train, bus, taxi, boat, subway, metro, etc.) presents additional challenges and increases exposure risk to COVID-19.
- If maintaining at least 6 feet of physical distancing is not possible, maximize distancing to the greatest extent possible, and wear a mask unless eating or drinking.
- If retrieving checked luggage, clean and sanitize handles, zipper tabs, and latches.

**TRAVEL BY CAR:**

- Traveling in a privately owned vehicle with healthy household family members and without stopping presents little to no risk for COVID-19 infection.
- If traveling in a rental vehicle, ensure all common touch points (steering wheel, dashboard controls, gear shift, door handles, etc.) have been cleaned and sanitized. Cleaning and sanitizing should be accomplished by the rental vehicle company prior to rental. If uncertain, request the rental vehicle company accomplish cleaning/sanitizing prior to rental, or personally clean and sanitize surfaces using sanitizing wipes.
- While traveling, avoid entering food facilities, and use drive-thru or curbside service for food if possible.
- Stopping at gas stations and rest stops increases exposure risk while traveling. If you must stop, all individuals traveling in the vehicle should:
  - Minimize the amount of time spent in the facilities.
  - Use hand sanitizer after pumping gas, but prior to touching the vehicle (door handle, steering wheel, etc.).

**LODGING / HOTEL:**

- Staying overnight in hotels increases exposure risk while traveling.
- If you must stay overnight in a hotel:
  - Minimize the amount of time spent outside of your room.
  - Avoid using the elevator with anyone who is not traveling in your group.
  - Avoid congregating in group settings, such as in hotel breakfast, lounge, and swimming pool areas.
  - Eat in your room as opposed to within a common area or restaurant.

**HAZARDS OF COVID-19:**

COVID-19 is a contagious and infectious respiratory disease. The virus can be spread through respiratory droplets and from coughing and sneezing and by touching contaminated surfaces. People infected with COVID-19 can exhibit severe, mild, or no symptoms at all (asymptomatic). Elderly people and people with preexisting medical conditions such as high blood pressure or diabetes, are more at risk of serious illness.

**I. Individual Data Information**

GRADE/NAME ( <i>Last, First Middle Initial</i> )	AGE	UNIT/OFFICE SYMBOL	DUTY PHONE
Have you experienced COVID-19 related symptoms? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW		Do you have essential travel items? (sanitizing wipes, facial covering, hand sanitizer, etc) <input type="checkbox"/> YES <input type="checkbox"/> NO	

**II. PROPOSED TRAVEL ITINERARY** Date: \_\_\_\_\_

DEPARTURE DATE	FINAL DESTINATION	MODE OF TRANSPORTATION <input type="checkbox"/> POV <input type="checkbox"/> AIRPLANE <input type="checkbox"/> BUS <input type="checkbox"/> TRAIN <input type="checkbox"/> OTHER: _____
----------------	-------------------	--

PROVIDE INFORMATION BELOW FOR EACH DAY OF TRAVEL:

DATE	DEPARTURE POINT	ARRIVAL POINT	LENGTH OF REST PERIOD	ACTIVITIES PLANNED

**ACTIVITY LOG**  
*Use this space to describe in more detail any activities planned during travel.  
 i.e. (where, when, what, who)*

**III. AFTER RETURNING FROM TRAVEL** Date: \_\_\_\_\_

The section below is to be completed **over the phone after returning from travel**. Explain any deviations from the itinerary above. Use this information to ensure proper return to work protocols are followed.

Were there any deviations to your travel plans:  YES  NO  
 If Yes, provide details below and discuss with unit leadership.

Deviations to plan annotated below were:

**EXPOSURE MITIGATION**

Commanders: after reviewing the travel itinerary and any deviations that occurred, select from the options below, the best mitigation based on current guidance  
 ROM  Duty to Domicile  Self-Monitor  Normal Operations

**ROM:** Members are restrict movement to residence for 14 days, limit close contact with others, self monitor for fever (>100.4 F, cough, difficulty breathing or other COVID symptoms such as chills, sore throat, shortness of breath, congestion, body aches, headache, fatigue, new loss of taste or smell, nausea, vomiting or diarrhea. If symptoms develop contact your health care provider and chain of command.

**Duty to Domicile:** Members are to limit movement between residence and work location. Members may stop for essentials such as groceries, gas and medical care.

**Self Monitor:** Monitor for fever (>100.4 F, cough, difficulty breathing or other COVID symptoms such as chills, sore throat, shortness of breath, congestion, body aches, headache, fatigue, new loss of taste or smell, nausea, vomiting or diarrhea. If symptoms develop contact your health care provider and chain of command.

**\*\* Regardless of status, all members are to adhere to the guidelines found in the Sheppard AFB Recovery Guide.\*\***

DATE (YYYYMMDD)	SIGNATURE OF COMMANDER/DELEGATE
-----------------	---------------------------------

PRINCIPLE PURPOSES: For Documentation of COVID-19 risk exposure during planned and authorized travel for Force Health Protection  
 ROUTINE USES: Used to create a record of potential COVID-19 exposure activities while traveling  
 Created by Sheppard AFB Public Health Flight



**DEPARTMENT OF THE AIR FORCE  
AIR EDUCATION AND TRAINING COMMAND**

**JUL 01 2020**

MEMORANDUM FOR ALL SHEPPARD AFB AND AFFECTED PERSONNEL

FROM: 82 TRW/CC

SUBJECT: Sheppard AFB COVID-19 Personnel Movement Risk Mitigation Strategy

1. Effective 19 June 2020, this memorandum hereby rescinds the 22 April 2020 Military Restriction of Movement (ROM) Policy memorandum.
2. To continue to preserve the health and safety of the installation, Sheppard AFB leaders at all levels as well as all inbound personnel will adhere to the following mitigation measures:
  - a. All permanent party and visitors must reference the Sheppard AFB Recovery Guide located at <https://www.sheppard.af.mil/Coronavirus/> for the most current guidance and directives as it pertains to our local community. Leaders at all levels must ensure all personnel are familiar with expectations and requirements as it pertains to mitigation strategies and movement requirements.
  - b. Inbound personnel are required to adhere to movement requirements outlined in the Recovery Guide. Leaders will decide which restriction of movement members will adhere to; these range from mission based restriction of movement to a 14 day quarantine.
  - c. Continue to take precautions that are in line with preservation of the force. This includes the continued practice of COVID-19 mitigation strategies such as physical distancing, good hand hygiene at all times, utilization of personal protective equipment, aggressive disinfection of common use and high-traffic areas, immediate isolation and contact with medical provider if symptomatic, promotion of telework and virtual operations and continued use of good judgement.
  - d. Leadership will continue to monitor the environment and guidance will be updated with data driven decisions as appropriate. Individual responsibility is crucial in our continued efforts to slow and contain COVID-19 spread as we maintain a balance between mitigation measures and increased mission operations.
  - e. For specifics of expectations and requirements, please reference the Sheppard AFB COVID-19 Recovery Guide.
3. Unless rescinded by the Sheppard Air Force Base Installation Commander or higher authority, this memorandum will expire when the COVID-19 Public Health Emergency is over. Please direct any questions to Lt Col Elisha Parkhill ([elisha.n.parkhill.mil@mail.mil](mailto:elisha.n.parkhill.mil@mail.mil)) and / or Lt Col Lauren Guibert ([lauren.guibert@us.af.mil](mailto:lauren.guibert@us.af.mil)).

A handwritten signature in black ink, appearing to read "Kenyon K. Bell", is positioned above the typed name.

KENYON K. BELL  
Brigadier General, USAF  
Installation Commander

## ISOLATION & QUARANTINE GUIDELINES

### QUARANTINE DEFINITION:

- A person is placed into QUARANTINE when they have been in CLOSE CONTACT with a person known or suspected to have COVID-19 and have NO SYMPTOMS.
- Quarantine is used to keep someone who might have been exposed to COVID-19 away from others.
- Quarantine is warranted in an effort to contain the possible transmission of the virus. In order for quarantine to be effective, members must adhere to the guidelines listed below.
- The quarantine period is 14 days since last known exposure to the positive case or travel from high risk location.
- Individuals will be notified of their quarantine requirements by either 82 MDG Public Health or the county Public Health Department. Members that reside off base must follow guidance provided by the county if issued a control order.

### QUARANTINE GUIDELINES:

- Members must remain at their residence or designated quarantine location until the quarantine period has ended. Members are not permitted to leave their residence except under the following circumstances:
  - For emergency situations. If you need an ambulance, you must tell the ambulance staff about your current quarantine status when requesting assistance.
  - For approved medical appointments. When scheduling or checking into a medical appointment, you must tell medical staff about your current quarantine status.
  - To exercise outside no more than 3 times per day for 15-30 minute. If you must drive to a location to exercise, the time spent driving must not exceed the amount of time permitted to exercise. Members are not permitted to enter exercise facilities or exercise with others. Members must maintain physical distance while exercising.
  - To do laundry at an approved location while wearing a face covering and maintaining social distance at all times.
- Members are not permitted to have guests. Supplies, food and materials should be dropped off at the member's door.
- Members are not permitted to have close contact with others. When separation of household contacts cannot be maintain, the household contacts shall be placed in quarantine as well. As long as no member of a household is sick or becomes sick, household contacts' quarantine will end at the same time.
- If you are unable to maintain separation from other quarantined or isolated individuals, your quarantine period may be greater than 14 days.

**CLOSE CONTACT DEFINITION:**

- Close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or for asymptomatic patients, 2 days prior to positive specimen collection).

**ISOLATION DEFINITION:**

- A person is placed into ISOLATION when they are suspected of having COVID-19 or have a POSITIVE COVID-19 TEST result. Isolation is used to separate people infected with the virus away from people who are not infected. Isolation is an effective means for preventing the spread of communicable diseases. In order for isolation to be effective, members must adhere to the guidelines below.
- The isolation period shall be determined by a medical provider.
- Additionally, those who reside off base must follow guidance provided by the county if issued control orders.

**ISOLATION GUIDELINES:**

- Members must remain at their residence or designated isolation location until the isolation period has ended. Members are not permitted to leave their residence except under the following circumstances:
  - For emergency circumstances. If you need an ambulance, you must tell the ambulance staff about your current isolation status when requesting assistance.
- Members are not permitted to have close contact with others as defined above. When separation of household contacts cannot be maintained, the household contacts shall be placed into quarantine.
- Members are not permitted to have guests. Supplies, food and materials should be dropped off at the member's door.

***If you develop a fever or become symptomatic, you should immediately notify the 82 MDG at 940-676-CARE (940-676-2273) during duty hours or the Nurse Advice Line at 1-800-TRICARE (1-800-874-2273) after duty hours. You must tell medical staff of your quarantine or isolation status when requesting assistance.***

## **RETURN TO WORK GUIDELINES**

1. This is to provide return to work guidance for individuals who are teleworking, on administrative leave or on health/safety leave due to the COVID-19 pandemic. The decision to bring employees back to the work place should be based off the commander discretion and the criteria below. The criteria below is in accordance with (IAW) the references listed above.
  - a) HPCON levels can be used as a driving factor when deciding whether or not someone should return to work. HPCON levels are directly correlated to disease risk on the installation and in the local area as well as the medical capacity of both. As HPCON levels deescalate, more individuals should be able to return to work.
  - b) Mission requirements may dictate the need for individuals to return to work. If physical presence is required to accomplish tasks, consider implementing work place mitigation strategies to safely bring back members. If work can be efficiently accomplished from home, consider teleworking until HPCON levels scale down.
  - c) Multiple mitigation strategies can be utilized at work centers to minimize the risk of COVID-19. Implementing control strategies can allow vulnerable populations to safely return to their work environment.
    - i) Engineering controls can decrease risk of COVID-19 and create a safe work environment. The following are possible engineering controls that should be considered when creating a safe workplace environment.
      - (1) Increasing work center spacing or altering work location
      - (2) Providing or enhancing cleaning stations such as cleaning wipes, hand sanitizer or hand washing stations to encourage good hygiene practices at work.
      - (3) Adding physical barriers at work such as Plexiglas dividers, curtains and portable dividers
      - (4) Enhancing touchless capabilities such as automated water fountains, automated faucets, touchless entry and doorways.
      - (5) Floor markings to provide visual spacing recommendations.
      - (6) Enhancing ventilation systems and/or adding air filtration systems (High-Efficiency Particulate Air (HEPA) filtration units and highest Minimum Efficiency Reporting Value rated Heating, Ventilation, and Air Conditioning (HVAC) filter available based on system design).
    - ii) Administrative controls should also be used to reduce the risk of COVID-19 in work centers. The following are administrative controls that should be considered when creating a safe workplace environment.
      - (1) Implementation of health screening protocols.
      - (2) Enforcing physical distancing.
      - (3) Enforcing face coverings when physical distancing is not feasible.
      - (4) Modifying work schedules to limit people interaction.
      - (5) Having work cohorts or teams/pods.
      - (6) Scheduling breaks between shifts (minimum 30 minutes).
      - (7) Reducing group sizes.

- (8) Utilizing office or work spaces to sequester high risk individuals.
- (9) Updating policies, contracts and travel polices to address individual needs.
- (10) Employees should not enter the workplace if sick, supervisors should be liberal with sick leave.
- (11) Post signage with COVID-19 symptoms listed and instructions to consult with health professional before returning to work.

iii) Modifying worker behavior is another way to reduce the risk of COVID-19 in work centers. Safe behaviors that should be common place in work centers include open communication when traveling or hosting visitors, encouraging employees to self-assess health before leaving home and practicing good hygiene such as frequently washing/sanitizing hands while at work.

iv) Aggressive cleaning efforts should be implemented to reduce the risk of disease in work centers. The Environmental Protection Agency (EPA) has a list of COVID-19 approved cleaning products and the Centers for Disease Control & Prevention (CDC) provides current COVID-19 cleaning guidance for work centers. Commanders should plan to clean and disinfect a workplace after a case of COVID-19 following CDC guidelines.

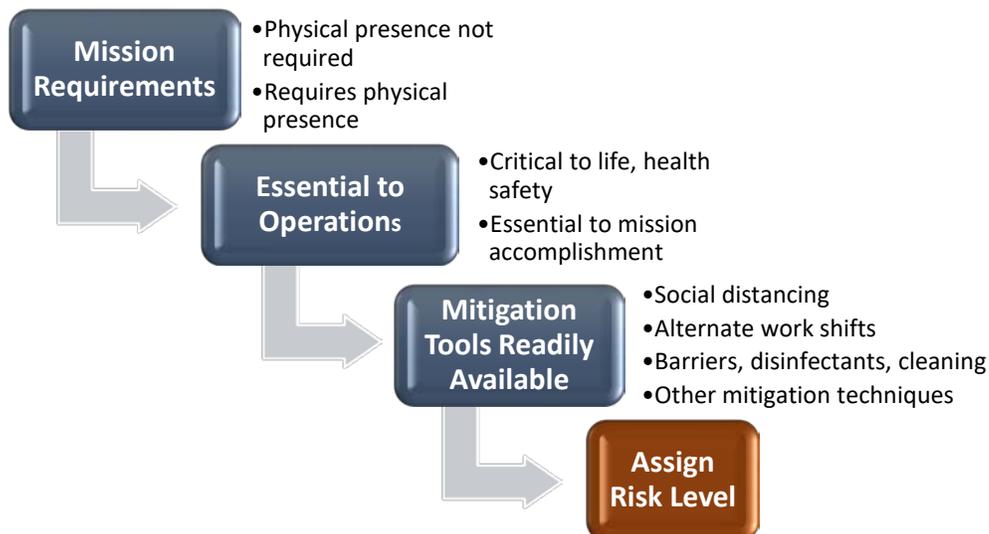
d) Risk to the individual must also be considering when bringing members back to work. Individual risk is influenced by the member's age, health statues and family situation. The "Assessing Worker Risk" tool below can be utilized to determine individual risk. With the implementation of work place mitigation strategies, low risk individuals should be able to safely return to work in HPCON Charlie, medium risk individuals should be able to safely return to work in HPCON Bravo, and high risk individuals should safely be able to return to work in HPCON Alpha. Those with high risk family members can take additional steps to protect loved ones such as showering and changing clothes immediately after work, washing work clothes immediately after use, and limiting interactions while at work. Such mitigation efforts should allow these individuals to return to work in HPCON Bravo.

2) Commanders must tailor their approach to COVID-19 based on specific mission needs and the current circumstances.

# Risk Assessment Toolkit

## Assessing Worker Risk

Worker Risk Score			
Units determine individual Worker Risk for all employees, based on health, age, and workplace criteria.			
Worker Risk Score	Low (0 Points)	Medium (1 Pt For Each Below)	High (2 Pts For Each Below)
Health	No Risks	Smoker, Overweight, Mild Asthma	Immunocompromised, Diabetes, Liver Disease, Kidney Disease, Heart Disease, Severe Obesity (BMI>40), Chronic Lung Disease, Or Moderate/Severe Asthma
Age	<35	35-64	65 or Older
Work Area	Can Maintain >6 Feet	Regular <6 Ft For >10 Mins With Other People	Close Contact With Probable Or Confirmed Case
<b>Worker Risk Score (Add up all of above)</b>			
0 =	Low Risk		
1-3 =	Medium Risk		
4-6 =	High Risk		
<b>OR</b>			
Any Risk Under High Category (Health, Age, Work Area)	High Risk		
Worker Has A Household Member Under The High Health Or Age Category	High Risk		



### How Different Variable Increase or Decrease Risk

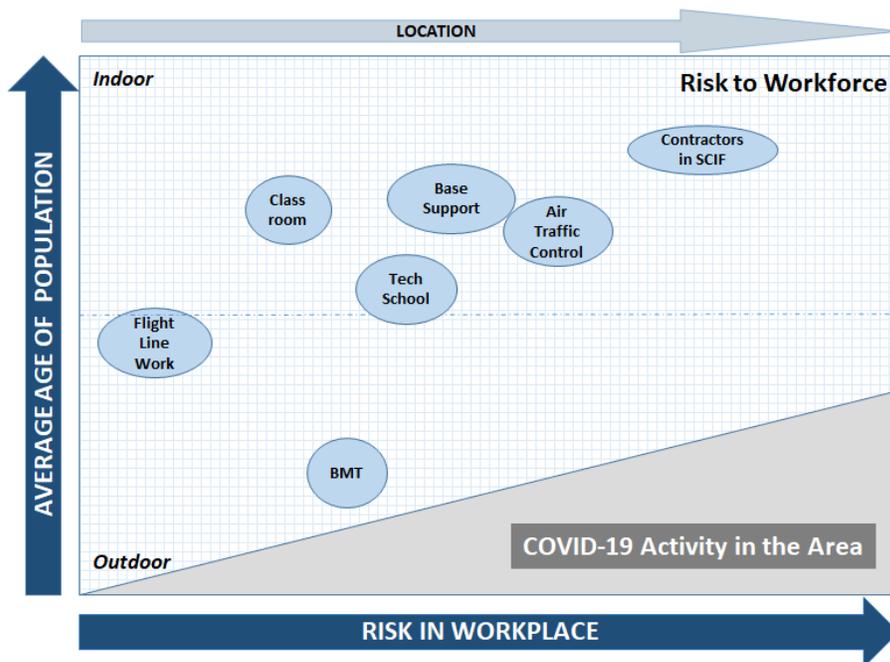


Figure 7. Workplace Controls

- Reconfigure workspaces if necessary (*environment dependent*)
  - Operational: Aircraft, Missiles, RPA
  - Outdoor: Maintenance Hangars, Base gates/perimeters, Flight Line
  - Office: Administrative, Waiting Areas (Mobile Apps)
- Expand remote work infrastructure (to include classified systems)
- Support “touchless capacity”
  - Water fountains, entry doors, faucets
- Establish capability to clean workplaces post contamination; break between shifts
- Upon return to work
  - Physical distancing, hygiene, and PPE
  - High risk/density areas: Dilution ventilation, shift work, teaming



**CHILD CUSTODY EXCHANGE GUIDELINES**

1. These guidelines are provided to minimize exposure and decrease risk for individuals traveling to adhere to child custody agreements. Exceptions to policy for travel outside of the local area for the can only be granted by your chain of command.
2. To the greatest extent possible, child custody exchanges should be done by personal vehicles and the exchange location should not be in an area of high risk (where an outbreak of COVID-19 is currently occurring as evidence by checking local Public Health websites). Furthermore, the exchange location should be chosen to avoid large crowds were physical distancing cannot be maintain. To minimize contact with individuals of unknown infection status during travel, personnel and their dependents will adhere to the following guidelines:
  - a. Do not travel if you are sick or travel with someone who is sick.
  - b. Secure gas in the local area before departing. If you need to fill up, utilize “pay at pump” and other methods of contactless transactions to the greatest extent possible.
  - c. Limit stops at public places such as convenience stores or restaurants to only bathroom breaks and other essential purchases. Travel by the most direct route possible with minimal stops. Food and water should be brought from home or purchased at drive-thrus or curbside pickup services.
  - d. Wear a cloth face covering in public.
  - e. Enforce social distancing by maintaining 6 feet of physical distance from others.
  - f. Ensure you are practicing good hand hygiene—wash hands and use hand sanitizer often. Bring sanitizer and keep it in a place that is readily accessible. Use paper towels to turn off sinks and open bathroom doors.
  - g. Pack an EPA approved disinfectant or disinfectant wipes to clean surfaces.
  - h. Recommend removing clothing and showering upon return from child custody exchange.
  - i. If you become sick with COVID-19 symptoms (cough, fever, shortness of breath and fatigue) within 14 days after travel, please call your health care provider and inform them of your recent travel outside of the local area.
3. If child custody exchanges cannot be done with personal vehicles and air travel must be purchased, personnel and their dependents will adhere to the following guidelines:
  - a. Do not travel if you are sick or travel with someone who is sick.
  - b. Travel should be as direct—utilizing the minimum number of layovers and connections. Follow all travel ROEs listed above including securing gas in the local area before departing and limiting stops and public places.

- c. Wear a cloth face covering in public.
  - d. Enforce social distancing by maintaining 6 feet of physical distance from others.
  - e. Ensure you are practicing good hand hygiene—wash hands and use hand sanitizer often. Bring Sanitizer and keep it in a place that is readily accessible. The Transportation Security Administration (TSA) is allowing one liquid hand sanitizer container up to 12 ounces per passenger in carry-on bags. Wash hands before and after TSA screening process and place personal items in your carry-on instead of TSA bins when possible.
  - f. Pack an EPA approved disinfectant or disinfectant wipes to wipe down surface of seats and tray tables upon entering the aircraft.
  - g. Recommend removing clothing and showering upon completion of air travel.
  - h. If you become sick with COVID-19 symptoms (cough, fever, shortness of breath and fatigue) within 14 days following the medical appointment, please call your health care provider and inform them of your recent travel outside of the local area.
4. If child custody exchanges cannot be accomplished in a single day, personnel and their dependents will adhere to the following guidelines:
- a. Take the same steps you would in other public places: avoid close contact with others, wash your hands often, and wear a face covering.
  - b. Bring an EPA approved disinfectant or disinfectant wipes to wipe down surfaces.
  - c. When you enter your room or rental property, clean and disinfect all high-touch surfaces with EPA approved wipes. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, remote controls, toilets and sink faucets.
  - d. Avoid public areas such as dine in restaurants, pools, gyms, and breakfast dining areas.

**CEREMONY / OFFICIAL FUNCTION GUIDELINES**

1. As we continue to adapt to the constraints posed by Coronavirus Disease 2019 (COVID-19) we must continue to seek creative alternatives for military going away celebrations, retirements, and changes of command to celebrate these events. The following are a list of recommended guidelines for these ceremonies specific to the installation. These are aligned with Air Force ceremony guidance (Appendix E1). Final authority for hosting these events lies with the squadron commanders.
2. The following should serve as a guide for hosting going away celebrations, retirements, and changes of command:
  - a. The event must take place on the installation. If the event is off the installation, Public Health must be involved in the planning to ensure health and safety of attendees.
  - b. Outdoor locations are preferred if possible. If indoor ceremonies occur, please limit participants to 50% of the occupancy allowed per the fire code. Open windows and doors for ventilation.
  - c. Prior to the start of the event, sanitize all areas. Use chairs constructed of material (metal, plastic, etc.) that can be easily wiped down.
  - d. As participants / attendees arrive, to include staff and volunteers, utilize a sign in roster and screen for COVID-19 symptoms.
  - e. Encourage the utilization of platforms advertised by the 82d Communication Squadron. Questions on utilizing conference tools, contact Communication Focal Point at 676-4357.
  - f. Receiving lines or formations are not authorized.
  - g. Display awards or gifts on a table in lieu of a proffer. Do not physically pass them to the member.
  - h. Microphones not recommended use, individual microphones if needed.
  - i. Cloth face coverings should remain in place during the event.
  - j. Enforce social distancing by maintaining 6 feet of physical distance from others. Chairs should be placed 6 feet apart with the exception that immediate household members may sit together but physically distant from others.
  - k. Ensure you are practicing good hand hygiene—wash hands and use hand sanitizer often. Place hand sanitizer at the entrance and ensure individuals use it when they arrive.
  - l. No food or drinks may be served.
  - m. If you become sick with COVID-19 symptoms (cough, fever, shortness of breath and fatigue) within 14 days of the event please inform your health care provider and Public Health about your attendance.



24 April 2020

## PROTOCOL GUIDANCE FOR CEREMONIES DURING COVID19

### PURPOSE

Provide recommended guidelines for protocol officers conducting physical and virtual ceremonies during COVID-19. As the individual State guidance and/or HPCONs change, these guidelines can be relaxed at the local CC's discretion.

### BACKGROUND

Out of an abundance of caution during the Coronavirus pandemic, the following are recommended ceremonial guidelines to observe social distancing guidelines in order to conduct official ceremonies.

- Actual Ceremony
  - Limit the number of guests per honoree to minimize live audience
  - Seating - 6ft physical distancing enforced; to include the chairs of all guests, host, honorees
  - Pre-recorded music / No ceremonial bands
  - Individual microphones if needed - Recommend no microphones
  - No passing of guidon/flag for a change of command. Complete the sequencing with relinquishing/assuming command maintaining social distancing
  - No formations of any kind
  - Eliminate pinning insignia at promotion ceremonies and medal presentations (display items on table in lieu of proffer); "member is now authorized to wear the rank or award and will pin the award on him/herself"
  - Recommend no receiving lines
  - Receptions are not recommended; presents a liability and health risk
  - If PA is unable to support, be prepared to have your own photo/video capability
- Virtual Ceremony
  - Follow same recommendations as actual ceremony with the following addendums
  - Use VTC capabilities for mil to mil audiences; commercial vendors such as Facebook Live, etc can be used as a backup and viewing for external audiences. Ensure an experienced A/V technician and Comm expert are working the event
  - Protocol officer(s) on both ends MUST have a mobile device to coordinate timing/movements
  - Ensure the VTC host has a camera view of the audience during their remarks for body language and reaction
  - The VTC host is also a member of the audience so be sure to have a camera that provides a view on stage
- No Ceremony / Posed Photos for Social Media and Historical Files
  - For Changes of Command: Presiding, Incoming and Outgoing Commander can all pre-record comments and post on a social media outlet and maintain for historical purposes
  - Photo accomplished with Presiding Officer, Incoming Commander and Command Chief with Guidon
  - For Promotions/Retirement Ceremonies, pre-recorded messages and photos posted online.

### Other notes:

- Prior to start of event, sanitize, in accordance with CDC guidelines, entire ceremonial area to include, chairs, podiums, microphones, etc. Ensure the lead protocol officers have pertinent cell and landline numbers for A/V techs and Comm personnel in the event of dropped VTC connections.
- Ensure the ability to conduct the ceremony with as few support personnel as possible who can do their best to maintain social distances.
- Set up a table with the awards/presentation materials on it and in the correct order of presentation so the Host may be able to showcase items from 6 feet (no transfer of items)
- Consider allowing guests to take photos with their smart phones instead of using an official photographer.
- Do not use a Color Guard; set-up a static display of flags
- If using FaceBook Live to stream to guests who are not present, consider obtaining a phone stand so one less A/V person can be present in the room.

## SAMPLE SEQUENCE OF EVENT FOR COVID-19 CHANGE OF COMMAND CEREMONY

### Arrival of Official Party *(official party enter room 6ft apart)*

- **\*Ruffles and Flourishes** *(pre-recorded)*
- **\*National Anthem** *(pre-recorded)*
- **\*Invocation** *(honoree's preference; can be omitted)*
- **\*Welcome and Introductions** *(if possible, have VTC host on video monitors)*
- **Host Remarks** *(if possible, have the audience on host's video monitor for reaction and body language)*
- **Medal Presentation** *(recommend reading citation only; medal and citation on display)*
- **Outgoing Commander Remarks** *(if possible, have VTC host on video monitors for recognition and reaction)*
- **Change of Command** *(Recommend not passing the organization flag. Instead, have command chief step forward, maintain the flag as the commanders relinquish and assume command with a salute while maintaining social distancing.)*
- **Incoming Commander Remarks** *(same as outgoing commander)*
- **\*Air Force Song** *(sung by audience or pre-recorded)*
- **\*Receiving Line** *(not recommended, health and safety risk; permitted if rope stanchions are available to maintain social distance restrictions)*
- **\*Reception** *(not recommended; health and safety risk)*

### \* Optional

**MEDICAL APPOINTMENT TRAVEL GUIDELINES**

1. In accordance with the Office of Secretary of Defense guidance, "travel by patients, as well as their authorized escorts and attendants, for purposes of medical treatment," are exempt for travel restrictions updated on 20 April 2020. Additionally, on 17 April 2020, Governor Greg Abbott's executive order to reopen select services and activities in Texas included provisions allowing for certain medical surgeries and procedures to be performed thereby increasing specialty visit availability and appointments.
2. To minimize contact with individuals of unknown infection status during travel, patients and their authorized escorts, will adhere to the following guidelines:
  - a. Secure gas in the local area before departing. If you need to fill up, utilize "pay at pump" and other methods of contactless transactions to the greatest extent possible.
  - b. Limit stops at public places such as convenience stores or restaurants to only bathroom breaks and other essential purchases. Travel by the most direct route possible with minimal stops. Food and water should be brought from home or purchased at drive through or curbside pickup services.
  - c. Wear a cloth face covering in public.
  - d. Enforce social distancing by maintaining 6 feet of physical distance from others.
  - e. Ensure you are practicing good hand hygiene—wash hands and use hand sanitizer often. Bring sanitizer and keep it in a place that is readily accessible. Use paper towels to turn off sinks and open bathroom doors.
  - f. Pack an EPA approved disinfectant or disinfectant wipes to clean surfaces.
  - g. If you become sick with COVID-19 symptoms (cough, fever, shortness of breath and fatigue) within 14 days, please call your health care provider and inform them of your recent travel outside of the distance limits established by the Installation Commander.
3. If all of the above guidelines are followed, then neither the patient nor the medical attendant are required to enter 14 days of quarantine upon his/her return. Adherence to these guidelines, is essential to ensure mission accomplishment and to protect the health, safety, and welfare of the installation. Deviations from these guidelines must be reported to command.

### **DORM INSPECTION GUIDELINES**

1. This guidance is intended to provide leadership a mechanisms to conduct dorm inspections with the implementation of risk mitigation strategies to ensure the safety of all involved.
2. Have whomever is conducting the inspection to wear a mask and gloves. Wash your hands, put the gloves on and try not to touch your face while conducting the inspections. Gloves can be worn for the duration of the inspection and removed upon completion, discarded and hands should be washed.
3. Recommend that members conducting inspections, immediately change clothes and shower after conducting the inspection. They have been in contact with surfaces from a bunch of rooms and although contracting COVID-19 from surfaces is unlikely it is still a good idea to change clothes and shower out of an abundance of caution. Maybe consider allowing them to do the inspection in AF PT gear as it easy to change and clean. Wash and dry clothing on high heat settings.
4. If Airmen are going to be present they need to wear a mask while the inspector is in their room.
5. Remove any contraband items and place them in a double bagged trash bag and remove from the area.

## VIRTUAL OPERATIONS GUIDELINES

1. These guidelines are provided to guide work centers on establishing altered operations targeted to implement mitigation strategies in a COVID-19 environment.
  
2. High Risk Individuals (HRIs) Return to Work Guidance:
  - a. **General ROEs:**
    - i. All employees will sanitize their work stations before starting work on Monday (or first duty day) and after finishing work on Friday (or other last duty day). HRIs will sanitize their work station at the start and end of all duty days. All employees shall clean common touched surfaces in their workspace with EPA approved disinfectants or wipes (desks, tables, doorknobs, light switches, phones, keyboards, etc.).
    - ii. Employees will continue to socially distance from HRIs; no employee will approach within 3 feet of a HRIs desk for any reason except in case of emergency and both individuals must wear a face mask, except in case of emergency.
    - iii. Employees (especially HRIs) will not leave the office except for daily routine or scheduled meetings.
    - iv. If HRIs engage with customers, ensure 6 foot physical distancing is applicable; otherwise, HRIs must wear a face mask at all times. If wearing a face mask at all times is detrimental to personal health, HRI should not interact with people at work until HPCON A and be granted exception to wearing a face mask.
    - v. Individuals feeling ill will not report to work and will inform their supervisor. Supervisors shall allow symptomatic employees to stay home until cleared by a medical provider.
    - vi. If an employee has a confirmed case of COVID-19, all HRIs will return to teleworking until the commander has ensured COVID-19 can no longer spread from the positive case (including chain transmission).
    - vii. All employees will follow proper hygiene procedures in accordance with CDC guidelines.
  
3. **Sequestration:** an effective way to safely bring HRIs back to work through physical distancing practices.
  - a. Office Sequestration:
    - i. When feasible, HRIs can work normal duty hours if sequestered in a single occupancy office.
    - ii. The door should remain closed and the high risk individual should have limited interaction with colleagues and customers.
    - iii. When entering the office after breaks or shift start, high risk staff should use hand sanitizer.
    - iv. Recommend 1-3 hours between occupants to allow small air particles to settle to the ground.
  - b. Physical Barrier Sequestration:
    - i. If no office space is available, sequestration can be accomplished with temporary dividers such as cubicles, Plexiglas, curtains and wall dividers.

- ii. Physical barriers should be taller than those working in the office to disrupt horizontal air flow and prevent viral particles from entering the workspace.
  - iii. Minimize the number of people working in a confined area as much as possible. Create a schedule so it is always the same people working in the same confined space at the same time.
  - iv. Stagger schedules to reduce employee interactions and customer interactions as much as possible.
  - v. Altering Duty Location:
  - vi. Alternatively, temporarily change the HRI's work location to a place with less occupants or without any occupants.
  - vii. If changing work location, work teams may need to be modified to reflect such changes.
  - viii. Outdoor environments and good ventilation should always be considered when changing duty location.
4. **Modifying Scheduling:** a way to safely return HRIs back to work through shifts.
- a. Modifying work schedules should limit workplace interactions for high risk personnel.
  - b. When possible, schedule HRIs to work when limited, reduced or no customer interactions.
  - c. Schedule HRIs during non-duty hours to reduce or eliminate personal interactions.
  - d. Schedule individuals who engage in high risk activities during abnormal duty hours so they do not interact with high risk staff.
5. **Teaming:** a way to safely alternate schedules for return to work.
- a. HRIs predominantly telework initially.
  - b. HRIs split into office teams, telework alternating weeks.
  - c. During "on" week, HRIs come into the office Wednesday and either Thursday or Friday (depending on meetings, but not both). HRIs continue to telework all other days.
  - d. If an employee becomes sick, all HRIs on that team will return to teleworking until the individual is either not suspected to have COVID-19, or has completed a 10-day isolation without further development of COVID-19 symptoms (following a negative test result).
  - e. As the risk environment decreases, telework will begin to decrease.
  - f. During "on" week, HRIs come into the office every duty day.
  - g. If an employee becomes sick, all HRIs on that team will self-monitor until the individual is either not suspected to have COVID-19, or has completed a 10-day isolation without further development of COVID-19 symptoms (following a negative test result).
  - h. When leadership decides the risk environment is ready for "return to normalcy."
  - i. HRIs return to regular (pre-COVID) working shifts
  - j. If an employee becomes sick, all HRIs who made contact with the sick individual will self-monitor until the individual is either not suspected to have COVID-19, or has completed a 10-day isolation without further development of COVID-19 symptoms (following a negative test result).

**6. Basic Sanitation Principles:**

- a. Aggressive cleaning efforts should be implemented to reduce the risk of disease in work centers. The Centers for Disease Control (CDC) provides current COVID-19 cleaning guidance for work centers. Commanders should plan to clean and disinfect a workplace after a case of COVID-19 following CDC guidelines. Effective cleaning products are listed below.
- b. Utilizing solutions containing at least 70%, leaving on surfaces for a minimum of 1 minute
- c. Diluted bleach solutions (1/3 cup bleach per gallon of water, or 4 teaspoons bleach per quart of water), leaving on surfaces for a minimum of 1 minute
- d. Using a cleaning product that is EPA approved to kill coronavirus and following label instructions
  - a. link: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

**EXPANDED BASE SERVICE OPTIONS**

*In previous versions of the Recovery Guide, Appendix I provided updates to specific base services. As we have continued to return to normal operations this Appendix is no longer necessary.*

*For information regarding activities and services available on Sheppard Air Force Base, please reference the 82 FSS website, [www.82fss.com](http://www.82fss.com).*

**SPORTS GUIDELINES**

1. Members and their families may participate in sports on Sheppard Air Force Base while practicing the below mitigation strategies. These guidelines include youth sports and unit intermural sports.
2. Families/Participants:
  - a. Consider wearing cloth face coverings when participating in youth sporting events and practice. Observers should wear face coverings. Pack extra face coverings in the event one becomes soiled for misplaced.
  - b. Screen participants for new or worsening signs or symptoms of possible COVID-19 before attending practice/game.
  - c. Carry hand sanitizer and use regularly-before and after every meal and activity.
  - d. Avoid groups larger than 50. Events may have more than 50 attendees, members are still authorized to attend but should keep their distance and minimize exposure / contact.
  - e. Minimize in-person contact with others that are not part of individuals household.
  - f. Wearing face masks when not able to maintain 6 feet of separation from individuals.
  - g. Promote hand hygiene.
  - h. Avoid sharing utensils or other common objects.
  - i. Bring personal water bottles to avoid need to share or use public facilities.
3. Operators/Facilitators:
  - a. Provide notice to all parents and guardians stating the enhanced risk participants take and that it is discouraged contact with anyone of a high risk population for 14 days after event/practice.
  - b. Staff are trained on cleaning and disinfection, hand hygiene and respiratory etiquette.
  - c. Screen all staff each day for signs and symptoms.
  - d. Limit staff with underlying conditions from attending/staffing youth events.
  - e. Do not allow staff to present to work if they have symptoms.
  - f. Discourage mixing teams (teams become an exposure group).
  - a. Avoid groups larger than 50. Events may have more than 50 attendees, members are still authorized to attend but should keep their distance and minimize exposure / contact.
  - g. Minimize in-person contact with others that are not part of individuals household.
  - h. Wearing face masks when not able to maintain 6 feet of separation from individuals.
  - i. Promote hand hygiene.
  - j. Daily sanitation of common surfaces, restrooms, recreational equipment, and facility.
  - k. Hand sanitizer stations available.
4. These protocols will be adjusted based on local area risks assessments.

### **PHYSICAL ASSESSMENT GUIDELINES**

1. These guidelines are provided to guide the administration of physical fitness assessments.
2. Member shall be spaced a minimum of 6 feet apart
  - a. Group sizes should be no larger than 25 people indoors / 50 people outdoors. (for HPCON Bravo)
3. Members must utilize toe bars for sit-ups
4. PT mats must be disinfected after use (entire surface)
  - a. Solutions containing with at least 70% alcohol, leaving on surfaces for a minimum of 1 minute
  - b. Diluted bleach solutions (1/3 cup bleach per gallon of water, or 4 teaspoons bleach per quart of water), leaving on surfaces for a minimum of 1 minute
  - c. Using a cleaning product that is EPA approved to kill coronavirus and following label instructions
    - i. link: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
5. During the aerobic component, runners should be spaced 3 feet apart on the start line and start times should be staggered (recommend 30 seconds but open to what can be realistically accomplished)
  - a. When passing individuals, the time of close contact is only a matter of seconds, recommend 3ft minimum so individuals do not have to run a significantly longer distance when passing on the curves (about 1 lane apart on the tracks);
  - b. If going to sneeze/cough/spit, practice proper cough/sneezing etiquette, cough/sneeze in your right elbow (inside lane) and be mindful of those around you, do not spit if anyone else is close by.
  - c. When retrieving water, do not spit and carefully throw cups away. Be mindful of those around you.

**RELIGIOUS SERVICE ATTENDANCE GUIDELINES**

1. These guidelines are intended to provide individuals who plan to attend religious services education on mitigation strategies to minimize exposure and risk.
2. Physical attendance at places of worship is limited in capacity due to physical distancing Requirements.
3. Spacing guidelines will maintain physical distance between parties attending service
  - a. Attendees will keep at least 6 feet of space (or two seats) empty on either side
    - i. Members of the same household are exempt
    - ii. 6 feet spacing will be maintained laterally as well as fore-and-aft
  - b. Attendees will be seated in alternating rows (every other row left empty)
4. Proper hygiene and cleanliness will be practiced at all times
  - a. Attendees will wear cloth masks for attendance of services
  - b. Upon entering Base Chapel facilities (and other facilities as available), attendees will use the hand sanitizer provided
  - c. All kissing/touching of religious objects, use of holy water or open communion, or any other actions involving bodily fluids or personal contact should be avoided
    - i. Communion items and other ceremonial food or drink must be individually packaged and picked up, not handed out
    - ii. When collecting individual ceremonial food or drink, attendees will maintain proper distancing techniques and one individual will collect items for the entire household
  - d. Encourage tithing/donating through electronic means vice passing around an offering plate
  - e. Encourage you abstain from getting bulletins and other items that are passed out.
  - f. Facilities will post readily visible signage to remind attendees of proper hygiene practices in accordance with CDC guidelines
5. High-risk individuals are discouraged from attending
  - a. High-risk individuals are encouraged to participate via a live stream
  - b. A separate service for high-risk individuals may be conducted
  - c. Ill or recovering personnel or personnel under isolation or quarantine are prohibited from attending and encouraged to participate via a live stream
6. Until further guidance is released, congregational singing, shouting, and playing of wind instruments is discouraged; songs may be played but will be considered a time of silent reflection and prayer

## APPENDIX L

7. Facilities should ensure cleaning occurs before and after all services
  - a. Facility workers will wipe down all chairs, pews, and door handles
  - b. Floors and restrooms will be disinfected and cleaned
  - c. Facilities will make hand sanitizer, soap and water, or similar disinfectant readily available
  - d. All cleaning will be conducted in accordance with CDC guidelines
    - i. Solutions with at least 70% alcohol, leaving on surfaces for a minimum of 1 minute
    - ii. Diluted bleach solutions (1/3 cup bleach per gallon of water, or 4 teaspoons bleach per quart of water), leaving on surfaces for a minimum of 1 minute
    - iii. Using a cleaning product that is EPA approved to kill coronavirus and following label instructions
      1. link: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

1. These guidelines were adapted from guidance drafted by the State of Texas Department of Health. The following are the minimum recommended health protocols for all individuals attending weddings. These minimum health protocols are not a limit on the health protocols that individuals may adopt. Individuals are encouraged to adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all.

#### Health protocols for individuals:

- Individuals should, to the extent possible, minimize in-person contact with others not in the individual's household. Minimizing in-person contact includes maintaining 6 feet of separation from individuals. When maintaining 6 feet of separation is not feasible, other methods should be utilized to slow the spread of COVID-19, such as wearing a face covering or mask, washing or sanitizing hand frequently, and avoiding sharing utensils or other common objects.
  - Keep at least two empty seats (or six feet separation) between parties in any row, except as follows:
    - Two or more members of the same household can sit adjacent to one another, with two seats (or six feet separation) empty on either side.
    - Two individuals who are not members of the same household but who are attending together can sit adjacent to one another, with two seats (or six feet separation) empty on either side
- Self-screen before going into a business for any of the following new or worsening signs or symptoms of possible COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - Loss of taste or smell
  - Diarrhea
  - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
  - Known close contact with a person who is lab confirmed to have COVID-19
- Wash or disinfect hands upon entering the wedding venue and after any interaction with employees, other customers, or items in the venue.
- Consistent with the actions taken by many individuals across the state, consider wearing cloth face coverings (over the nose and mouth) when entering the wedding venue, or when within 6 feet of another person who is not a member of the individual's household. If available, individuals should consider wearing non-medical grade face masks.

## APPENDIX M

- Individuals aged 65 or older are at a higher risk of COVID-19. To the extent possible, avoid contact within 6 feet with individuals aged 65 and older. Individuals aged 65 and older should stay at home as much as possible.**
- Carry hand sanitizer, and use it regularly, while at the wedding, especially after contact with individuals outside the household.

1. These guidelines were adapted from guidance drafted by the State of Texas Department of Health. The following are the minimum recommended health protocols for all individuals attending wedding receptions. These minimum health protocols are not a limit on the health protocols that individuals may adopt. Individuals are encouraged to adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all.

#### Health protocols for wedding reception attendees:

- In a wedding reception, minimizing in-person contact is difficult, and wearing face coverings or masks is not feasible while at a table. For this reason, tables should not exceed 6 individuals.
  - When individuals go to a wedding reception, individuals should, to the extent possible, minimize in-person contact with others not in the individual's household. Minimizing in-person contact includes maintaining 6 feet separation from individuals. When maintaining 6 feet separation is not feasible, other methods should be utilized to slow the spread of COVID-19, such as wearing a face covering or mask, washing or sanitizing hand frequently, and avoiding sharing utensils or other common objects.
- Self-screen before going into the reception for any of the following new or worsening signs or symptoms of possible COVID-19:
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - Loss of taste or smell
  - Diarrhea
  - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
  - Known close contact with a person who is lab confirmed to have COVID-19
- Wash or disinfect hands upon entering a reception and after any interaction with employees, other attendees, or items in the venue.
- Consistent with the actions taken by many individuals across the state, consider wearing cloth face coverings (over the nose and mouth) when not at the table, or when within 6 feet of another person who is not a member of the individual's household. If available, individuals should consider wearing non-medical grade face masks.
- Individuals aged 65 or older are at a higher risk of COVID-19. To the extent possible, avoid contact within 6 feet with individuals aged 65 and older. Individuals aged 65 and older should stay at home as much as possible.**
- Carry hand sanitizer, and use it regularly, while at the wedding reception, especially after contact with individuals outside the household and before and after eating.

**GRADUATION / CEREMONY ATTENDANCE GUIDELINES**

1. These guidelines were adapted from guidance drafted by the Texas Education Agency. The following are the minimum recommended health protocols for all individuals attending Graduations and End-of-Year Promotion Ceremonies in Texas. These minimum health protocols are not a limit on the health protocols that individuals may adopt. Individuals are encouraged to adopt additional protocols consistent with their specific needs and circumstances to help protect the health and safety of all.
2. The following requirements apply to graduation and end-of-year promotion ceremonies to be conducted in May 2020 and thereafter. As the public health situation changes, these guidelines may be modified.
3. With the issuance of Executive Order No. GA-23, issued on May 18, 2020, Texas continues the reopening of services in response to the COVID-19 disaster. Schools seek to fulfill the traditional functions of providing graduation and end-of-year promotion ceremonies. In accordance with Executive Order No. GA-23, the Texas Education Agency provides the following guidance for graduation and end-of-year promotion ceremonies. This guidance will be updated as more information about COVID-19 spread in Texas becomes available and is subject to change.
4. In order for a school system to determine if a planned graduation or end-of-year promotion ceremony is permissible under Governor Abbott's current COVID-19 disaster orders, as well as any local orders not in conflict with Governor Abbott's orders, a school system is advised to first consult with its legal counsel regarding such planned activities. Assuming its legal counsel considers the planned activities permissible, the school system could then seek written approval from applicable local jurisdictions tasked with enforcement of COVID-19-related gubernatorial or local orders to engage in the planned graduation or end-of-year promotion ceremony.
5. Participation by a student or family member in a ceremony is voluntary and may not be required or compelled by the school.
  1. **Completely virtual ceremonies** are approved to take place at any time.
  2. **Hybrid ceremonies** (compilation video of students filmed individually or in small groups) are permitted to take place **effective May 5** under the following conditions:
    - Prior to June 1, school employees, students and parents must comply with the guidance on *Minimum Standard Health Protocols on Visits to Schools During Campus Closures* except as authorized by this guidance. After June 1, school employees, students and parents must comply with the guidance on *Summer Instruction, Activities and School Visits*.
    - Schools using non-school facilities to perform graduation or end-of-year promotion ceremonies must ensure compliance as if the non-school facility were a school and as authorized by this guidance.
    - Prior to participating, individuals must be screened (via questioning) by school system employees for any of the following new or worsening signs or symptoms of possible COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
- Known close contact with a person who is lab confirmed to have COVID-19 if exposure to the active confirmed case occurred within the last 14 days

Those found with any of these signs or symptoms must be excluded from the activity.

- The total number of individuals within close proximity during video filming/photos must not exceed five.
- No rehearsals will be permitted.
- Hand sanitizer or hand washing stations must be available at entrances to the building where filming occurs.
- Consistent with the actions taken by many institutions across the state, consider having all employees, students, or other visitors wear cloth face coverings (over the nose and mouth) while inside any facilities, or if they will come within 6 feet of another person who is not a member of that person's household, except when photos are taken. If available, they should consider wearing non-medical grade face masks.
- Diplomas or other documents may not be handed from person to person unless gloves and mask are worn at all times.
- Care should be taken and effort must be made to mitigate virus exposure when participants come into contact with documents and other objects such as diplomas and awards.
- Bathrooms, doorknobs, and other commonly touched surfaces must be frequently cleaned and sanitized.
- A robust communication plan must be in place to address steps to be taken before, during, and after the ceremony to ensure that participants are aware of safety protocols at the ceremony and explicit instructions to graduates not to congregate outside of school sponsored ceremonies or events.
- If students' family members are to be allowed to observe or participate in a hybrid ceremony, school officials should communicate with students' families prior to the ceremony to determine how many family members will be attending so they can plan appropriately to implement social distancing measures, logistics, and other safety measures.

6. **Vehicle ceremonies** where all activities are outdoors are permitted to take place **effective May 15** under the following conditions:

- Prior to June 1, school employees, students and parents must comply with the

guidance on *Minimum Standard Health Protocols on Visits to Schools During Campus Closures* except as authorized by this guidance. After June 1, school employees, students and parents must comply with the guidance on *Summer Instruction, Activities and School Visits*.

- Schools using non-school facilities to perform graduation ceremonies must ensure compliance as if the non-school facility were a school and as authorized by this guidance.
- Prior to attending the ceremony, participating students and attending family member must be screened (via questioning) by school system employees for any of the following new or worsening signs or symptoms of possible COVID-19:
  - o Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - Loss of taste or smell
  - Diarrhea
  - Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
  - Known close contact with a person who is lab confirmed to have COVID-19 if exposure to the active confirmed case occurred within the last 14 days

Those found with any of these signs or symptoms must be excluded from the activity.

- Members of the same household (five individuals or fewer, excluding the graduate) may be present in a vehicle with the graduate.
- School officials should communicate with students' families prior to the ceremony to determine how many family members will be attending so they can plan appropriately to implement social distancing measures, logistics, and other safety measures.
- Graduates or promoting students may only be brought together for one event per class or breakout group. No rehearsals will be permitted.
- Diplomas or other documents may not be handed from person to person unless gloves are worn by those distributing diplomas or other documents to students.
- Consistent with the actions taken by many institutions across the state, consider having all participants wear cloth face coverings (over the nose and mouth) if they will come within 6 feet of another person who is not a member of that person's household, except when photos are taken. If available, they should consider wearing non-medical grade face masks.
- Care should be taken and effort must be made to mitigate virus exposure when participants come into contact with documents and other objects such as diplomas and awards.
- School employees at the ceremony must be limited to the minimum number needed to logistically support the ceremony.
- A robust communication plan must be in place to address steps to be taken before, during, and after the ceremony to ensure that participants are aware of safety protocols at the ceremony and explicit instructions to graduates or promoting students not to congregate outside of school-sponsored ceremonies or events

**TEMPORARY FOOD ESTABLISHMENTS**

These guidelines are intended for participants and coordinators of limited food service functions to minimize exposure and risk. These guidelines can be used for burger burns, morale events, or installation events. When preparing and serving food, the potential for a foodborne disease outbreak exists.

**Participants**

- 1) Do not participate in event if you or someone in your household is sick.
- 2) Masks will be worn at all times. Masks may be removed to eat, drink and when maintaining 6 feet of separation from individuals.
- 3) Seating is limited to 10 individuals per table
- 4) Proper hygiene and cleanliness will be practiced at all times
  - a. Wash or sanitize hands upon arrival and after an interaction with servers, other participants or items at the event

**Event coordinators**

- 1) Do not participate in event if you or someone in your household is sick.
- 2) Masks will be worn at all times including while preparing and serving food. Masks may be removed if eating, drinking and when maintaining 6 feet of separation from individuals
- 3) Consider adding a bullet point about spreading out serving times and serving lines to allow for ample physical distancing.
- 4) Use only food purchased from approved Public Health locations (i.e. Commissary)
- 5) Limit menu items to:
  - a. Prepackaged sides (i.e. chips)
  - b. Prepackaged drinks (cans/bottles/juice boxes)
  - c. Cooked food items shall be prepared on the spot or as ordered
- 6) Hand sanitizer stations need to be located in an area close to food serving table.
- 7) Keep hot foods **HOT** and cold foods **COLD**. Store and serve chilled foods at 32°F-41° or below and frozen items at 0°F or below. Maintain hot foods at 140°F or higher throughout the serving period. Items must not be in the danger zone (41°F and above or 135°F and below) for more than 4 hours.
- 8) Monitor food temperatures with a thermometer throughout serving period.
- 9) Food preparers and servers should wear clean outer clothing (shirts covering armpits) as well as a hat or hairnet. No watches, rings or bracelets (except plain wedding band or Medical Alert ID) will be worn by food handlers
- 10) **Food handlers must wash their hands frequently**, especially after using the restrooms, handling raw foods, smoking or eating. There should be no eating, drinking, or smoking in food preparation areas. Gloves are to be worn and hand washing is still required.
- 11) All foods should be properly covered to prevent contamination. Ice should not come in direct contact with food. Store foods in tightly sealed containers
- 12) A separate spatula should be used for 1) grilling raw items and 2) serving finished/cooked products.

## APPENDIX P

13) Keep all food contact surfaces clean, sanitize with wipe cloths kept in a chlorine solution (50-100ppm). The chlorine solution can be made by mixing approximately one capful of bleach to one gallon of water. Utensils/equipment used for food preparation, serving or displaying foods must be properly cleaned and sanitized. Keep a soap and rinse bucket and one bucket of chlorine solution available. Eating utensils should be disposable plastic. Use a 3 Compartment sink to sanitize utensils/equipment when available.

<b>WASH</b>	<b>RINSE</b>	<b>SANITIZE</b>
120°F-130°F	140°F-150°F	Chemical Method-75°F-120°F with 50ppm for 60 seconds (contact time) Mechanical Method-180°F for 30 seconds.

14) All trash and garbage should be discarded in appropriate trash containers with a lid (plastic lined garbage cans, dumpsters, etc.).

**SHEPPARD AFB COVID-19 REDEPLOYMENT PROCEDURES**

1. The following are the COVID-19 local redeployment procedures for SAFB:
  - 1) UDM makes contact with redeployer while in deployed location:
    - a) Determine flight information.
    - b) Determine who will pick up redeployer from airport (i.e. family, friend, unit member, government employee, UDM). Leadership must be made aware of how redeployer will be transported.
    - c) Determine if redeployer has a weapon.
    - d) Determine redeployer's quarantine residence (See section "10" of this memo for Public Health quarantine guidelines).
  - 2) If determined that a UDM or unit member will pick up redeployer, the UDM/VCO is authorized to call Ground Transportation (676-1843) to schedule a UDI.
  - 3) UDM will meet redeployer at WF Municipal Airport for "eyes on" contact. Once acknowledgement has been made, redeployer will begin 14-day quarantine. (See section "10" of this memo for Public Health quarantine guidelines).
    - a) If redeployer has weapon, UDM will **immediately** take the weapon(s) – clean case with Clorox wipes. **DO NOT OPEN WEAPONS CASE.**
      - i) After duty hours – transport to SFS Armory. Transport to Mobility next duty day.
      - ii) During duty hours – transport to Mobility.
  - 4) UDM will contact IPR/IDO within 24hrs of redeployer's arrival via email with the following information: redeployer name, date returned to local area, quarantine location, quarantine dates.
  - 5) IPR will return redeployer in DCAPES, then notify respective CSS via email with date/time.
  - 6) CSS will place redeployer in duty status 14 for the quarantine period.
  - 7) UDM/CSS will update unit COVID-19 tracker of redeployer's location /condition /dates/ etc. and provide information to UCC/GCC.
  - 8) Upon completion of quarantine, before visiting any other office on SAFB, redeployer will go directly to MDG for COVID testing. Redeployer will wait at MDG for results. After receipt of negative results, redeployer will start deployment in-processing with checklist provided by UDM/IPR. **NOTE:** IPR will forward in-processing checklist to UDM, it is the UDMs responsibility to ensure checklist reaches the redeployer prior to arriving MDG. This will allow the redeployer to start in-processing immediately after negative test results.

## APPENDIX Q

- 9) Redeployer has 48hrs to complete in-processing checklist and turn in to IPR, along with Deployed Teaming questionnaire, if applicable.
- 10) After completion of in-processing checklist, redeployer is free to start stand-down time. Redeployer will check with CSS to determine stand-down time procedures. **NOTE:** Stand-down time is a commanders program. Please reference AFI 36-3003 AETC Sup, para 8.2.
- 11) Quarantine guidelines from Public Health are as follows:
  - a) **Dorm residence:** Can quarantine in their dorm provided they do not have a roommate nor share a bathroom with any other individual.
  - b) **Quarantine-Specified dorms (IQF dorms):** Redeploying personnel either without a residence or residing in a dorm with a roommate or residing in a dorm with a shared bathroom.
    - i) All enlisted members will be quarantined in building 527.
    - ii) Contact Dorm Management (**940-867-2989/MSgt Karen Sheffer and/or SSgt Raymond Gibson**) prior to redeployer arriving to Sheppard AFB with expected arrival date. Dorm Management will send UDM an Inbound Resident Sheet to fill out. UDM's must let Dorm Management know gender, rank, how many individuals will be arriving, and if linen is needed. The UDM should put their own information in the sponsor information block.
    - iii) If multiple members arrive on the same date they will be quarantined with a conjoining bathroom as applicable.
  - c) **On/Off base residence either alone or only with other family members:** Can quarantine at home if following the written quarantine guidance.
    - i) Should not be interacting/sharing space with family during this time
    - ii) Quarantined member cleans common surfaces in accordance with CDC guidance after use (we do not want to put the family or public at risk if possible).
    - iii) If close contact occurs, quarantine family members as well.
  - d) **Off base residence with a military roommate:** If members have separate rooms/bathrooms, can quarantine in residence.
    - i) Restrictions on shared space (such as a kitchen) both members cannot be in room at same time; quarantined member must clean after use according to CDC guidelines.
  - e) **Residing with a HIGH RISK individual:** As long as the above guidelines are met, it is possible from a PH standpoint (low risk) though we recommend taking precautions to mitigate risk. Unit can also determine if relocation of either person is

necessary.

- i) Quarantined member uses CDC guidelines to clean common areas after use.
- ii) Quarantined member avoids unnecessary common areas (such as a living room/TV room).
- iii) HRI waits at least 30min after quarantined member uses a common area before entering it (to allow particles to settle out of the air).

2. Please contact Mrs. Kimberly Alfred at 676-7162 or Mr. Steven Prescott at 676-8260 with questions regarding these procedures.



**Headquarters Air Force  
Civilian Force Management  
Directorate  
AF/A1C  
10 JUNE 2020**

**GUIDANCE FOR *SUPERVISORS AND MANAGERS OF CIVILIANS*  
IMPLEMENTING *OPENING UP AMERICA AGAIN* GUIDELINES –  
GENERAL DISCUSSION**

**GENERAL DISCUSSION**

Since the beginning of the coronavirus disease 2019 (COVID-19), the Secretary of Defense set protecting the workforce as a top priority, while safeguarding our national security capabilities, and supporting the whole-of-nation response to the pandemic. The immediate response to the pandemic included a calibrated realignment of various Federal activities and operations around the country and overseas, as well as operational shifts and reductions, including a dramatic surge in the use of telework. The Federal government, DoD, and the Air Force are now planning to transition to optimized civilian workforce operations, as local conditions warrant, consistent with the White House-issued *Guidelines for Opening Up America Again* and the Office of Management and Budget/Office of Personnel Management Memorandum, M-20-23, “Aligning Federal Agency Operations with the National Guidelines for *Opening Up America Again*.” This will include returning much of the civilian workforce to traditional worksites. As civilian employees are transitioned to the traditional worksite, Commanders must continue to follow DoD and DAF guidance, in conjunction with guidance from the Centers for Disease Control and Prevention (CDC), state and local health officials, and their servicing health and safety professionals, and in consultation with their servicing Civilian Personnel Section (CPS) and legal office.

- The Office of Management and Budget (OMB) and Office of Personnel Management (OPM) issued a joint memorandum to provide informational and planning guidance for agencies to begin transitioning their civilian workforce to optimized operations as public health conditions and other factors permit.
- The Federal government will calibrate its transitional strategy in returning to optimized civilian workforce operations to the HPCON level as well as the phase of a state, county, region, or metropolitan area determined by the state assessment.
- Using objective assessments of epidemiological status and overall preparedness by states, the process for optimizing civilian workforce operations will be implemented in a three-phased approach, as outlined in the *Guidelines for Opening Up America Again*, and these guidelines must be incorporated into workplace protocols. HPCON measures align with the phases.
- The timeline for moving through the phased approach will be dependent on the ability to control infection levels and maintain a constant decrease over time and it will likely vary

based on geographic location and/or mission requirements.

- Given the diversity of the DAF workforce, missions, geographic locations, and the needs of individuals within the workforce itself, this transition will require continued diligence and flexibility from Commands and the civilian workforce.
- As Commanders balance competing risks as well as mission requirements, supervisors and managers of civilians must be aware of and sensitive to employee concerns about personal and family health and safety, pay, leave, and other issues that may arise during the COVID-19 outbreak.
- Agency leaders may continue to maximize telework flexibilities for civilian employees who self-identify as being at higher-risk of serious complications from COVID-19, or as a member of special populations, as defined by the Centers for Disease Control and Prevention (CDC) at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.
- These guidelines do not impact the ability to recall civilian employees to the workplace to meet mission-essential requirements, even though such action may be outside the scope of the phased return to optimized operations. Per existing AF guidance, however, effective safeguards and mitigation measures must be put into place to ensure civilian employees who are required to work at traditional worksites are able to safely travel to and from work and perform their jobs in a safe manner.
- Supervisors should encourage civilian employees to stay home if they are sick, which may include any of the following symptoms – cough, fever, sore throat, runny nose, sneezing, body or joint aches and pain, feeling fatigued, or any symptom(s) identified by the CDC as potential COVID-19-related symptoms. Supervisors should not permit any employee exhibiting symptoms of potential COVID-19 illness to report to work. (For further information regarding what to do if a civilian employee reports to work and exhibits symptoms, refer to: Headquarters Air Force, Civilian Force Policy Division, 6 April 2020, *Weather and Safety Leave Fact Sheet* [Q6], and United States Office of Personnel Management Memorandum #2020-05, *Coronavirus Disease 2019 (COVID-19): Additional Guidance, Attachment Questions and Answers on HR Flexibilities and Authorities for Coronavirus Disease 2019*, 7 March 2020, section F. (1)).
- Supervisors or managers should consider mandating or encouraging the wear of face coverings/masks, as appropriate and in accordance with DoD and AF guidelines, and in consultation with local Occupational Health and SG offices. If deemed appropriate for mandating wear, supervisors and managers should also consult with servicing CPS (Employee and Labor Relations Specialists) and JA offices and be prepared to supply face coverings to their civilian employees, or provide reimbursement.



DEPARTMENT OF DEFENSE  
OFFICE OF THE GENERAL COUNSEL

1600 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1600

JUN 18 2020

MEMORANDUM FOR COMMANDER, UNITED STATES SOUTHERN COMMAND

SUBJECT: COVID-19 TESTING FOR DOD CIVILIAN EMPLOYEES

During the Department of Defense COVID-19 briefing to the Secretary of Defense on June 15, 2020, you raised the question concerning guidance recently issued by the Under Secretary of Defense for Personnel and Readiness regarding testing for COVID-19.

On June 11, 2020, the Under Secretary of Defense for Personnel and Readiness published two memoranda, "Force Health Protection Guidance (Supplement 10) – Department of Defense Guidance for Coronavirus Disease 2019 Clinical Laboratory Diagnostic Testing Services," and "Force Health Protection Guidance (Supplement 11) – Department of Defense Guidance for Coronavirus Disease 2019 Surveillance and Screening with Testing." I have attached both documents to this memorandum for your convenience.

Neither document provides authority to order testing of DoD civilian employees. Supplement 10 explicitly stated that DoD civilian employees "may be offered testing...if their supervisor has determined that their presence is urgently required in the DoD workplace." Such testing is not mandatory.

Civilian employees may be directed to undergo non-intrusive screening measures such as no-contact temperature readings and questions about health-related matters, but they may not be directed to undergo diagnostic medical testing as a general access control measure. Such testing may be offered to DoD civilian employees in accordance with the published guidance.

If DoD civilian employees decline the opportunity to take a test, no adverse personnel action may be taken pursuant to current DoD guidance related to COVID-19. The Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 8) – Department of Defense Guidance for Protecting Personnel in Workplaces during the Response to the Coronavirus Disease 2019 Pandemic," April 13, 2020, provides guidance regarding actions that may be taken to protect DoD personnel in workplaces through such measures as access control. I have attached this memorandum for your convenience.

A handwritten signature in black ink, appearing to read "William S. Castle", is positioned above the typed name.

William S. Castle  
Principal Deputy  
General Counsel

Attachments:

As stated

cc:

Deputy Secretary of Defense

Under Secretary of Defense for Personnel and Readiness

Assistant Secretary of Defense for Health Affairs

Legal Counsel to the Chairman of the Joint Chiefs of Staff

Staff Judge Advocate, U.S. Southern Command



Headquarters Air Force  
Civilian Force Policy Division  
AF/A1C  
25 June 2020

## DOD CIVILIAN EMPLOYEE COVID-19 TESTING

### FAQs

#### FREQUENTLY ASKED QUESTIONS AND ANSWERS

**Q1. Are supervisors or commanders authorized to *order* civilian employees to be tested?**

**A1.** No. DoD civilian employees may NOT be ordered or mandated to undergo medical testing for COVID-19, except under rare circumstances and only after appropriate legal due process. If a supervisor or Commander believes they have special facts or circumstances that necessitate such an order, they must immediately consult with their servicing legal and CPS Employee Relations offices.

**Q2. Are supervisors or commanders authorized to *offer* civilian employees testing?**

**A2.** Yes. Commanders may offer testing to civilian employees, if it is determined the employees are urgently needed at the traditional worksite, and provided the servicing medical treatment facility (MTF) indicates it has the capacity and ability to test civilian employees. Commanders should consult with their servicing MTF before making such an offer. Employees are free to decline such an offer, and will not be subject to adverse personnel action or management responses for doing so.

**Q3. Are supervisors or commanders authorized to suggest civilian employees might want to get tested on their own?**

**A3.** Yes. Commanders may suggest or recommend to civilian employees that they get tested, so long as such a suggestion/recommendation is not made in such a way that it appears to be anything other than at the employee's discretion. An employee is free to decline such a suggestion/recommendation, and will not be subject to adverse personnel action or management responses for doing so.

**Q4. If a Commander determines that access to the workplace will be contingent on undergoing testing, and a civilian employee declines the offer of being tested, what are our options?**

**A4.** Commander should review Department of the Air Force Memorandum (A1), *Telework Flexibilities in Response to COVID-19*, 20 March 2020, the Department of the Air Force Memorandum (A1), *Weather and Safety Leave Fact Sheet*, 6 April 2020, and the HAF/A1C Message #2020-007 – Supplemental Guidance for Supervisors and Managers of Civilians Implementing Opening Up America Again Guidelines (including Tabs 1 and 2, and FAQs), and consult with their servicing legal and CPS offices.

**Q5. Does the CDC’s guidance on testing apply?**

**A5.** Current CDC information on COVID-19 testing is available at:

<https://www.cdc.gov/coronavirus/2019-ncov/testing/index.html>. In order to make an informed decision about testing for civilian employees, supervisors and commanders should review the most current CDC information on testing, even if they’ve reviewed the CDC information in the past. Best practices regarding COVID-19 are evolving quickly as additional data is gathered and analyzed, so yesterday’s best practices might not hold true for today.

**Q6. Are their different categories of tests?**

**A6.** Yes. The CDC website explains there are two kinds of COVID-19 tests: “diagnostic” testing, to determine if someone may be currently infected (also called a “viral” test); and “antibody” testing, to determine if someone may have been infected in the past. For purposes of this guidance, “testing” refers to either type, as neither one can be mandated for civilian employees.

**Q7. By itself, does a favorable test result (“negative” on a diagnostic test or “positive” on an antibody test) mean a person is safe to be in the workplace?**

**A7.** Not necessarily. The CDC’s website details the circumstances under which a person who is negative on a diagnostic test or positive on an antibody test still needs to self-isolate and maintain social distance. A favorable test result does not equate to a definitive determination that a person is not infectious. Additionally, a positive on an antibody test does not mean a person is immune to COVID-19 re-infection.

**Q8. What do I do if I have an asymptomatic employee who’s been exposed to COVID-19 or had close contact with someone confirmed as having COVID-19?**

**A8.** Supervisors should immediately consult with their servicing SG, legal and CPS offices to determine appropriate courses of action. Commanders may want to consider refusing access to the workplace as one course of action. Weather & safety (W&S) leave would generally be appropriate for employees who are barred from workplace

access and who cannot perform their duties by telework. Commanders are encouraged to review previous guidance issued referenced above.

**Q9. If civilian employees agree to be tested, can I feel certain they are then safe to report to work?**

**A9.** Diagnostic testing is extremely useful for someone who is symptomatic because a positive test result helps determine that the cause of the symptoms is COVID-19. However, diagnostic testing of someone who is asymptomatic has little to no value for ruling out COVID-19, except when an asymptomatic person is tested after a 14-day Restriction Of Movement (ROM) period. Diagnostic testing after a 14-day ROM provides the necessary time for a potentially exposed person to develop enough virus to be detectable. A negative diagnostic test at the end of a 14-day ROM is additional evidence that the person is actually disease free. Whereas a negative diagnostic test during random testing, or testing without a 14-day ROM, doesn't mean the person is COVID-19 free, since he or she could have a level of virus that is not yet detectable.<sup>1</sup>

**Q10. Where do supervisors or commanders go if they have additional questions about testing civilian employees?**

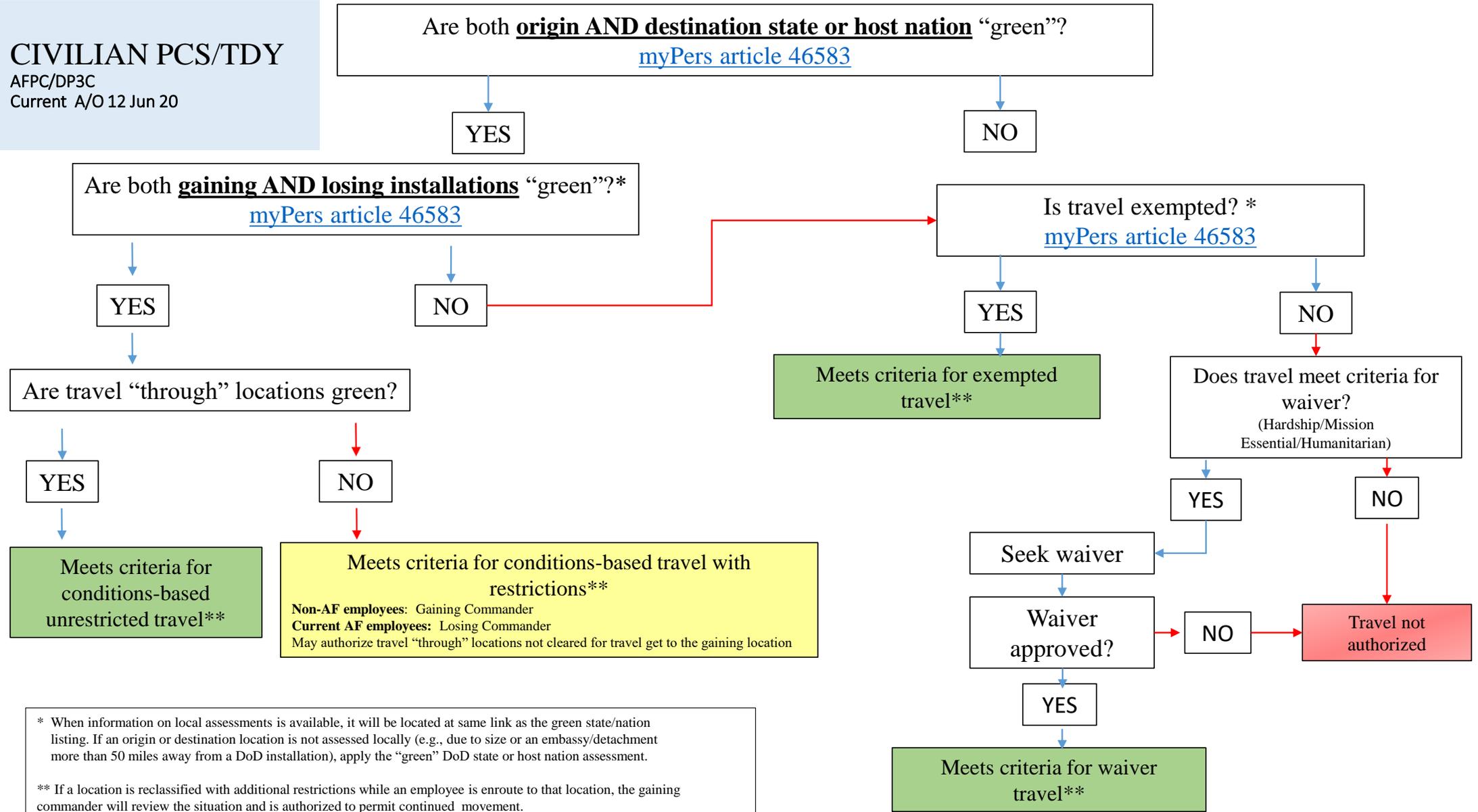
**A10.** Commanders or supervisors should consult their servicing Legal and CPS Employee Relations offices if they have additional questions.

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<sup>1</sup> 9 May 20 HAF/SG "Air Force Testing Strategy" document.

# CIVILIAN PCS/TDY

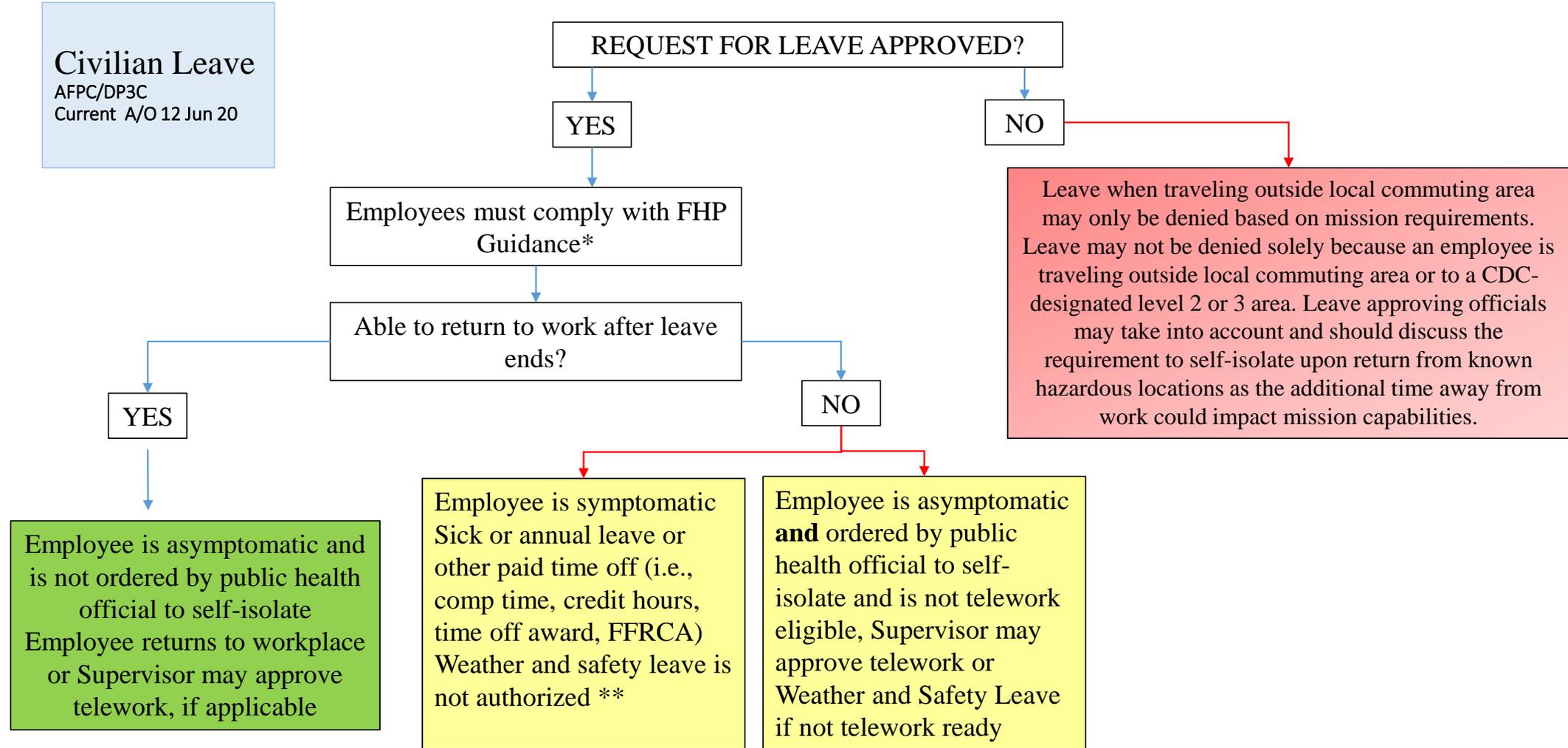
AFPC/DP3C  
Current A/O 12 Jun 20



\* When information on local assessments is available, it will be located at same link as the green state/nation listing. If an origin or destination location is not assessed locally (e.g., due to size or an embassy/detachment more than 50 miles away from a DoD installation), apply the "green" DoD state or host nation assessment.

\*\* If a location is reclassified with additional restrictions while an employee is enroute to that location, the gaining commander will review the situation and is authorized to permit continued movement.

**Civilian Leave**  
AFPC/DP3C  
Current A/O 12 Jun 20



\*Must meet conditions for travel, such as pre-and post- health screenings and all requirements (IAW Force Health Protection Guidance)

\*\* Contact your servicing Civilian Personnel Section for advisory support.

# **Reasonable Accommodation and Return to the Workplace During COVID-19 Pandemic for Government Civilians**

Frequently Asked Questions and Answers – June 4, 2020

The Rehabilitation Act of 1973, as amended by the Americans with Disabilities Act (ADA), protects applicants and employees from disability discrimination and is relevant to pandemic response in at least three major ways. First, the Rehabilitation Act regulates employers' disability-related inquiries and medical examinations for all applicants and employees, including those who do not have disabilities. Second, the Rehabilitation Act prohibits covered employers from excluding individuals with disabilities from the workplace for health or safety reasons unless they pose a "direct threat" (i.e., a significant risk of substantial harm even with reasonable accommodation). Third, the Rehabilitation Act requires reasonable accommodation for individuals with disabilities (absent undue hardship) even during a pandemic. These answers are based on Air Force Instruction 36-205, *Affirmative Employment Program (AEP), Special Emphasis Programs (SEPS) and Reasonable Accommodation Policy*, 1 Dec 2016 and existing EEOC guidance regarding reasonable accommodation, disability-related inquiries and medical examinations, and direct threat.

## **A. Reasonable Accommodation**

### **1. During a pandemic, must an employer continue to provide reasonable accommodations for employees with known disabilities that are unrelated to the pandemic, barring undue hardship?**

Yes. An employer's reasonable accommodation obligation to individuals with disabilities continues during a pandemic. If an employee with a disability needs the same reasonable accommodation at a telework site that he/she had at the workplace, the employer should provide that accommodation, absent undue hardship for the employer. In the event that the employer decides that the reasonable accommodation creates an undue hardship, the employer and employee should cooperate to identify an alternative reasonable accommodation.

The rapid spread of COVID-19 has disrupted normal work routines and may have resulted in unexpected or increased requests for reasonable accommodation. Although employers and employees should address these requests as soon as possible, the extenuating circumstances of the COVID-19 pandemic may result in delay in discussing requests and in providing accommodation where warranted. Employers and employees are encouraged to use interim solutions to enable employees to keep working as much as possible.

**2. If a job can only be performed at the workplace, are there reasonable accommodations for individuals with disabilities, absent undue hardship, that could offer protection to an employee who, due to a preexisting disability, is at higher risk from COVID-19?**

Yes. There may be reasonable accommodations that could offer protection to an individual whose disability puts the employee at greater risk from COVID-19 and who therefore requests such actions to eliminate possible exposure. Even with the constraints imposed by a pandemic, some accommodations may meet an employee's needs on a temporary basis without causing undue hardship on the employer.

Low-cost solutions achieved with materials already on hand or easily obtained may be effective. For example, if not already implemented for all employees, accommodations for those who request reduced contact with others due to a disability may include changes to the work environment such as designating one-way aisles; using plexiglass, tables, or other barriers to ensure minimum distances between coworkers whenever feasible, per CDC guidance, or other accommodations that reduce chances of exposure.

Flexibility by employers and employees is important in determining if some accommodation is possible in the circumstances. Temporary job restructuring of non-essential job duties, temporary transfers to a different position, or modification of a work schedule or shift assignment may also permit an individual with a disability to perform safely the essential functions of the job while reducing exposure to others in the workplace or while commuting. In addition to reasonable accommodation, the employer should be aware of the entitlements provided in the Families First Coronavirus Response Act (FFCRA), which authorizes employee sick leave or expanded family and medical leave for specified reasons related to COVID-19. The employer should also be aware of the employee's leave entitlements under the Family Medical Leave Act (FMLA).

**3. In a workplace where all employees are required to telework during this time, should an employer postpone discussing a request from an employee with a disability for an accommodation that will not be needed until he returns to the workplace when mandatory telework ends?**

Not necessarily. An employer may give higher priority to discussing requests for reasonable accommodations that are needed while teleworking, but the employer may begin discussing this request now. However, advance approval is not a requirement. You should be mindful of the timelines addressed in AFI 36-205, paragraphs 8.4 and 8.5. The employer may be able to acquire all the information it needs to make a decision. If a reasonable accommodation is granted, the employer also may be able to make some arrangements for the accommodation in advance.

**4. What if an employee was already receiving a reasonable accommodation prior to the COVID-19 pandemic and now requests an additional or altered accommodation?**

An employee who was already receiving a reasonable accommodation prior to the COVID-19 pandemic may be entitled to an additional or altered accommodation, absent undue hardship. For example, an employee who is teleworking because of the pandemic may need a different type of accommodation than what he uses in the workplace. The employer should discuss with the employee whether the same or a different disability is the basis for this new request and why an additional or altered accommodation is needed. This discussion may be initiated by the employee. However, if the employer is aware of the employee's disability and need for an accommodation to perform the essential functions of his/her position, then the employer should discuss the need for a reasonable accommodation with the employee.

**5. During the pandemic, if an employee requests an accommodation for a medical condition either at home or in the workplace, may an employer still request information to determine if the condition is a disability?**

Yes, if it is not obvious or already known, an employer may ask questions or request medical documentation to determine whether the employee has a "disability" as defined by the ADA (a physical or mental impairment that substantially limits a major life activity, or a history of a substantially limiting impairment).

When the disability or need for the requested accommodation is not obvious, AFI 36-205, paragraph 8.7 states that supervisors or managers may request from the employee, sufficient medical documentation to support or confirm the disability, identify functional limitations, and determine appropriate accommodations. Sufficient documentation is documentation describing the disability; its nature, severity, and duration; and the extent to which it limits the employee's ability to perform a major life activity or activities. The supervisor may also request from the employee a medical release and medical documentation to support the requested accommodation.

**6. If there is some urgency to providing an accommodation, or the employer has limited time available to discuss the request during the pandemic, may an employer provide a temporary accommodation?**

Yes. Given the pandemic, some employers may choose to forgo or shorten the exchange of information between an employer and employee known as the "interactive process" and grant the request. In addition, when government and installation restrictions change, or are partially or fully lifted, the need for accommodations may also change. This may result in more requests for short-term accommodations. Employers may wish to adapt the interactive process – to include scheduling end dates for the accommodation - to suit changing circumstances based on public health directives. The scheduled end date should prompt a continued discussion as to whether the accommodation or different accommodation is needed.

Whatever the reason for shortening or adapting the interactive process, an employer may choose to place an end date on the accommodation (for example, either a specific date such as July 30, 2020, or when the employee returns to the workplace part- or full-time

due to changes in installation restrictions and conditions). Employers may also opt to provide a requested accommodation on an interim or trial basis, with an end date, while awaiting receipt of medical documentation. Choosing one of these alternatives may be particularly helpful where the requested accommodation would provide protection that an employee may need because of a pre-existing disability that puts him or her at greater risk during this pandemic. This could also apply to employees who have disabilities exacerbated by the pandemic.

Employees may request an extension of the temporary accommodation that an employer must consider, particularly if current restrictions are extended or new ones adopted.

**7. May an employer ask employees now if they will need reasonable accommodations in the future when they are permitted to return to the workplace?**

Yes. Employers may ask employees with known disabilities to request accommodations that the employee believes they may need when the workplace re-opens. Employers may begin the "interactive process" now - the discussion between the employer and employee focused on whether the impairment is a disability and the reasons that an accommodation is needed.

**8. Are the circumstances of the pandemic relevant to whether a requested accommodation can be denied because it poses an undue hardship?**

Yes. An employer does not have to provide a particular reasonable accommodation if it poses an "undue hardship," which means "resources and circumstances of the particular employer in relationship to the cost or difficulty of providing a specific accommodation and refers to reasonable accommodations that are unduly extensive, substantial, or disruptive, or those that would fundamentally alter the nature or operation of the business or organization." An employer may consider whether current circumstances create "significant difficulty" in acquiring or providing certain accommodations, considering the facts of the particular job and workplace. For example, it may be significantly more difficult in this pandemic to conduct a needs assessment or to acquire certain items, and delivery may be impacted, particularly for employees who may be teleworking. Or, it may be significantly more difficult to provide employees with temporary assignments, to remove marginal functions, or to readily hire temporary workers for specialized positions. If a particular accommodation poses an undue hardship, employers and employees should work together to determine if there may be an effective alternative that could be provided that does not pose such problems. In some instances, an accommodation that would not have posed an undue hardship prior to the pandemic may pose one now. The Department of the Air Force budget overall, not individual unit or installation funding, determines whether an accommodation is too expensive. Therefore, supervisors and managers may not use the cost of the accommodation to claim undue hardship.

Denials of requests for reasonable accommodation should only be made after consultation with the local servicing legal office. For more information on the Air Force

reasonable accommodation process, see AFI 36-205, Chapter 8.

**9. Does the Rehabilitation Act apply to applicants or employees who are classified as critical infrastructure workers or essential critical workers by the CDC or emergency employees by the DoD?**

Yes. These designations, or any other designations of certain employees, do not eliminate coverage under the Rehabilitation Act, or any other equal employment opportunity law. Therefore, employers receiving requests for reasonable accommodation under the Rehabilitation Act from employees falling into these categories of jobs must accept and process the requests as they would for any other employee. Whether the request is granted will depend on whether the worker is an individual with a disability, and whether there is a reasonable accommodation that can be provided absent undue hardship.

**B. Returning to the Workplace**

**1. As installation restrictions and government stay-at-home orders are modified or gradually lifted, how will organizations and supervisors know what steps they can take consistent with the Rehabilitation Act to screen employees for COVID-19 when entering the workplace?**

The Rehabilitation Act permits employers to make disability-related inquiries and conduct medical examinations if job-related and consistent with business necessity. Inquiries and reliable medical examinations meet this standard if it is necessary to exclude employees with a medical condition that would pose a direct threat to health or safety.<sup>1</sup>

Direct threat is to be determined based on the best available objective medical evidence. The guidance from CDC or other public health authorities is such evidence. Therefore, employers will be acting consistent with the Rehabilitation Act as long as any screening implemented is consistent with advice from the CDC and public health authorities for that type of workplace at that time. Specifically, the Equal Employment Opportunity Commission (EEOC) has stated that employers may take employee temperatures and ask questions about symptoms (or require self-reporting) for all those entering the workplace to determine if they have or may have been exposed to someone who has the COVID-19 virus. Employers should make sure not to engage in unlawful disparate treatment based on protected characteristics in decisions related to screening and exclusion.

**2. An employer requires returning workers to wear personal protective gear and engage in infection control practices. Some employees ask for accommodations due to a need for modified protective gear. Must an employer grant these requests?**

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<sup>1</sup> Although recent EEOC guidance allows medical inquiries and examinations of individuals posing a direct threat to the workplace, any inquiry and examination must be conducted in compliance with other laws and Office of Personnel Management (OPM) regulations and guidance.

An employer may require employees to wear protective gear (for example, masks and gloves) and observe infection control practices (for example, regular hand washing and social distancing protocols). However, where an employee with a disability needs a related reasonable accommodation under the Rehabilitation Act (e.g., non-latex gloves, modified face masks for interpreters or others who communicate with an employee who uses lip reading), the employer must discuss the request and engage in the interactive process. Provision of the requested modification or an effective alternative is to be provided in the absence of undue hardship to the employer.

**3. How should an employee request reasonable accommodation if he/she has a medical condition that may put him/her at a higher risk for severe illness from COVID-19?**

An employee who wishes to receive reasonable accommodation may make an oral or written request to their immediate supervisor. Keep in mind that the employee (or his/her representative) does not need to use the term “reasonable accommodation” or reference the Rehabilitation Act. The request should be processed in accordance with AFI 36-205, Chapter 8, para. 8.4. The employee or his/her representative should communicate that he/she has a medical condition that necessitates a change to meet a medical need. After receiving a request, the supervisor/manager must acknowledge receipt of the request and enter into an interactive dialogue process with 10 business days of the request. AFI 36-205, Chapter 8, paragraph 8.4 explains the requirements of the interactive process in detail.

**4. Does an employee at higher risk under the CDC classification have a right to extended telework, even if other employees have been recalled to work?**

Maybe. It depends on the ability of the employee to safely perform their job at the worksite. By law, the request for accommodation requires an individualized assessment of the facts and circumstances (both medical and job) of the particular requesting employee. The statute broadly defines the term “disability” and includes virtually all of the conditions (other than age) identified by the CDC as qualifying an employee as being at higher risk for serious complications from COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>). An employee with a disability that puts them at higher risk from COVID-19 may well be entitled to continued telework as an accommodation.

The EEOC has specifically deemed telework, including full-time telework, to be a potential reasonable accommodation, even in situations where employees without a disability are not permitted to telework.

Denials of requests for reasonable accommodation should only be made after consultation with the local servicing legal office.

**5. The CDC identifies a number of medical conditions that might place individuals at higher risk for severe illness if they get COVID-19. If the supervisor/manager knows that an employee has one of these conditions and is concerned that his/her**

**health will be jeopardized upon returning to the workplace, should the manager/supervisor ask the employee if he/she will require an accommodation?**

Not necessarily. AFI 36-805, para 8.4 requires the employee to initiate the interactive process to request a reasonable accommodation. If the employee has not requested an accommodation, the Rehabilitation Act does not mandate the supervisor/manager take any action. More importantly, if the supervisor/manager is concerned that the employee's health will be jeopardized by returning to the workplace, the regulation does not allow the supervisor/manager to exclude the employee *solely* because the employee has a disability that the CDC identifies as placing the employee at higher risk for serious complications from COVID-19. The exception would be if the employee's disability poses a "direct threat" to his/her or other employees' health or safety that cannot be eliminated or reduced by reasonable accommodation.

The direct threat requirement is a high standard. As an affirmative defense, direct threat requires an employer to show that the individual has a disability that poses a "significant risk of substantial harm" to his/her own or another employee's health or safety under 29 C.F.R. section 1630.2(r). A direct threat assessment cannot be based solely on the condition being on the CDC's list; the determination must be an individualized assessment based on a reasonable medical judgment about this employee's present ability to safely perform the essential functions of the job, using the most current medical knowledge and/or on the best available objective evidence. The Rehabilitation Act regulations require an employer to consider the duration of the risk, the nature and severity of the potential harm, the likelihood that the potential harm will occur, and the imminence of the potential harm. Analysis of these factors will likely include considerations based on the severity of the pandemic in a particular area and the employee's own health, and his/her particular job duties. If the risk cannot be eliminated or reduced through a reasonable accommodation at the physical work office, then an employer must consider accommodations such as telework, leave, or reassignment (perhaps to a different job in a place where it may be safer for the employee to work or that permits telework). An employer may only bar an employee from the workplace if, after going through all these steps, the facts support the conclusion that the employee poses a significant risk of substantial harm to himself or other employees that cannot be reduced or eliminated by reasonable accommodation. If it is necessary to bar an employee, the supervisor should adhere to AF/A1 guidance, which provides that an employer may approve Weather and Safety Leave for an employee who cannot safely perform his/her duties at an approved work duty station.



**GUIDANCE FOR SUPERVISORS AND MANAGERS OF CIVILIANS  
IMPLEMENTING OPENING UP AMERICA AGAIN GUIDELINES –  
CIVILIAN PERSONNEL MATTERS**

**LABOR-MANAGEMENT REQUIREMENTS**

Generally, management has the right to take actions that are necessary to carry out the Air Force mission during emergencies. However, as we transition to optimized civilian workforce operations, post-implementation bargaining may now be required.

- Supervisors and managers must engage with their servicing CPS Labor Relations Specialist to ensure that any required labor obligations are satisfied, and any applicable collective bargaining agreement provisions are followed, when taking actions to transition the civilian workforce to optimized operations.
- Where there are no existing contractual procedures, negotiated plans, or past practices applicable to a given situation, a bargaining obligation may exist over actions to transition employees to optimized operations, particularly where those actions involve returning employees to traditional worksites.
- *Note that even if changes are permitted in accordance with a bargaining agreement or in accordance with federal law, the Agency may still be required to bargain over the impacts and/or implementation of such changes.*

Regardless of any obligation or previously established requirements, Supervisors and managers are encouraged to engage their union representatives, with the assistance of their local CPS Labor Relations Specialist, at the earliest appropriate stage regarding plans to transition to optimized operations, and should continue to communicate with union representatives throughout the transition.

**CONTINUED USE OF TELEWORK**

It remains DAF policy to maximize telework whenever possible. Supervisors and managers should consult with their servicing CPS offices regarding telework options and procedures, as well as refer to applicable references cited above, such as the Headquarters Air Force, Civilian Force Policy Division, 27 March 2020, *Telework Fact Sheet*.

- Supervisors and managers are encouraged to take a collaborative approach to develop a plan for each civilian employee's transition to optimized operations, including potential return to a traditional worksite, **on a case-by-case basis**.
- Telework continues to be a valuable tool and an effective strategy for mission accomplishment, ensuring the continuity of operations during a crisis, and for recruiting and

retaining valued talent. It is important for supervisors and managers to take steps now to further and better prepare the workforce for continued telework, even as we transition to optimized civilian workforce operations, and to prepare in the event of a resurgence of COVID-19 or other pandemic situation.

- Supervisors and managers should review and identify whether civilian positions are appropriately constructed and designated as not telework-eligible and make changes where appropriate. Additionally, supervisors and managers should further review and identify whether civilian employees are appropriately designated as not telework-ready, and make changes where appropriate. Supervisors should then review and update current telework program participants' telework agreements, including identifying alternative duty locations and technological resources necessary for effective work at the alternate work location.
- Supervisors and managers should review, and amend if appropriate, their Continuity of Operations Plan (COOP) to reflect recent lessons learned, including the addition of mandatory telework in emergencies to address situations where civilian employees are not telework program participants.
- Supervisors and managers should consider work arrangements that support social distancing to minimize risk. Such work arrangements should include optimizing the use of telework whenever possible.
- Supervisors and managers must ensure that plans and procedures are in place to account for situations where technological and other barriers (such as dependent care responsibilities) may prevent civilian employees from teleworking during normal duty hours.
- Even at a stage when most employees have returned to traditional worksites (likely in or following Phase 3), a civilian employee who is at higher risk of serious complications from COVID-19, or who is a member of a special population, as defined by the CDC, may legally be entitled to reasonable accommodation under the Rehabilitation Act of 1973 (as amended by the Americans with Disabilities Act). Such an employee may be entitled to continued telework as an accommodation. By law, the request for accommodation requires an individualized assessment of the facts and circumstances (both medical and job-related) of the particular requesting employee. Supervisors should consult with their servicing CPS and JA offices for assistance in such situations.

## **WORK ARRANGEMENTS**

- Optimizing civilian workforce operations does not mean a complete return to how we worked prior to the COVID-19 outbreak. Efficiencies and lessons learned applied during stay-at-home ordered situations may prove to be enduring and fundamentally change how a significant number of civilian employees work moving forward.
- Supervisors and managers are encouraged to take a collaborative approach to develop a plan for each civilian employee's transition to optimized operations, including potential return to a traditional worksite, **on a case-by-case basis**.
- New work arrangements should be considered to support the transition to optimized civilian workforce operations, while ensuring the health and safety of civilian employees and their families. For example, managers might establish "cohorts" or teams within an

office, and schedule the cohorts or teams on alternating schedules of 5 days in office and 15 days telework per month.

- Other examples include the use of alternative work schedules (compressed and flexible schedules), staggering schedules or shifts, establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, thereby allowing them to maintain distance from one another and limit risk of exposure. When considering any changes to schedules or shifts, consideration must also include any impact on differential pay entitlements.
- Such alternative work arrangements may enable additional flexibility for civilian employees to transition to optimized operations, regardless of phasing status, while maintaining social distancing and reducing contact among employees.
- When considering new work arrangements, supervisors and managers should factor in such considerations as mission requirements, minimizing risk to higher risk and special populations, operational constraints, collective bargaining agreements, and employee needs and concerns – such as dependent care, vulnerable family members, and transportation.
- Supervisors and managers should immediately begin re-evaluating the use of alternative work schedules and consider various new work arrangements. Specifically, for civilian employees with dependent care responsibilities, supervisors and managers may consider temporarily utilizing such arrangements as a maxiflex schedule that allows employees to work fewer than 10 days in a pay period, while combining with various forms of personal leave, as necessary, to manage their dependent care.
- Managers should consider and employ creative, flexible, and tailored solutions to meeting the various needs; there is no “one-size-fits-all” approach.
- As new work arrangements are considered, supervisors and managers should consult with their servicing CPS (Labor Relations Specialist) and JA to ensure any necessary labor obligations are satisfied.

## **WEATHER AND SAFETY LEAVE**

The matrix accompanying the Office of the Under Secretary of Defense, Personnel and Readiness, memorandum *Civilian Duty Status and Use of Weather and Safety Leave During COVID-19 Pandemic*, March 30, 2020, will continue to be in effect during the transition to optimized civilian workforce operations. (That matrix can be found at <https://media.defense.gov/2020/Mar/31/2002272915/-1/-1/1/CIVILIAN-DUTY-STATUS-AND-USE-OF-WEATHER-AND-SAFETY-LEAVE-DURING-COVID-19-PANDEMIC.PDF> or in the Headquarters Air Force, Civilian Force Policy Division, 6 April 2020, *Weather and Safety Leave Fact Sheet*.)

- Once a decision has been made to return civilian employees who have been placed on Weather and Safety Leave to traditional worksites, supervisors and managers must notify those employees that such leave will be terminated, and advise of the reporting date. (Supervisors and managers should consult with their servicing CPS Labor Relations Specialist to ensure any applicable labor obligations are satisfied.)

- Supervisors and managers are encouraged to take a collaborative approach to develop a plan for each civilian employee's transition to optimized operations, including potential return to a traditional worksite, **on a case-by-case basis**. When a civilian employee has been placed on Weather and Safety Leave, such placement should be reassessed periodically to determine whether the factors driving the placement have changed and/or whether other alternatives may be available. Once the DAF's overall transition to optimized civilian workforce operations has concluded, most instances of Weather and Safety Leave will be terminated. However, as outlined in OMB's guidance (M-20-23), "Agencies and managers must continue to take precautions for vulnerable populations that are at higher risk for severe illness from COVID-19, including older adults and people of any age who have serious underlying medical conditions."

### **EMERGENCY PAID SICK LEAVE AND EXPANDED FAMILY MEDICAL LEAVE**

Both Emergency Paid Sick Leave (EPSL) and Expanded Family Medical Leave (Expanded FMLA) are entitlements that may continue to be utilized during the transition to optimized civilian workforce operations. Such entitlements end after December 31, 2020.

### **EMPLOYEE ASSISTANCE PROGRAM**

The Employee Assistance Program (EAP) provides essential support to the workforce and can be a valuable to assist employees in obtain obtaining a wide range of resources available such as short-term counseling, care of an elderly family member; financial resources; estate planning; legal planning and resources; and even assistance with Medicaid, Medicare, and Social Security.

During a health crisis specifically, an EAP counselor can help employees:

- cope with anxiety or stress related to crisis preparation and response; or
- manage feelings of isolation sometimes experienced if working offsite for an extended time period due to exposure.

EAP can be accessed 24/7/365, by telephone (1-866-850-9078) and online ([afpc.af.mil/EAP](http://afpc.af.mil/EAP)).

### **WORKERS' COMPENSATION CLAIMS**

There may be instances when a civilian employee returns to a traditional worksite and later develops COVID-19. If the employee believes they were exposed to and contracted COVID-19 while performing the duties of their position, they may file a workers' compensation claim. Supervisors or employees should contact the AFPC Injury Compensation section for guidance on filing the claim (by email at [injury.compensation@us.af.mil](mailto:injury.compensation@us.af.mil) ; by fax at 210-565-2952 or DSN 665-2952).

### **HAZARDOUS DUTY PAY AND ENVIRONMENTAL DIFFERENTIAL**

Eligibility for hazardous duty pay (HDP) or environmental differential pay is based on a civilian employee meeting the requirements of 5 CFR 550 subpart I, *Pay For Duty Involving Physical Hardship or Hazard*, and 5 CFR 532.511, *Environmental Differentials*, respectively. Generally, it must be determined that the employee is exposed to a qualifying hazard through the performance of their assigned duties and that the hazardous duty has not been taken into

account in the classification of the employee's position. HDP is not payable if safety precautions have reduced the element of hazard to a less than significant level of risk. HDP is also not authorized to an employee who may come into contact with the virus through incidental exposure to the public or other employees who are ill rather than being exposed during the performance of assigned duties. Managers, in consultation with occupational safety and health experts and the servicing CPS office, will determine whether an employee is entitled to hazardous duty/environmental differential pay on a case-by-case basis. Civilian employees or managers who believe they may be eligible should contact their servicing CPS.

## Return to Work Statement for High-Risk Employees due to Covid-19

(Supervisors should have the employee fill out the form completely. Employees should initial each line and sign. Supervisor should provide the employee a copy and attach the original to the 971 in the employee work folder.)

I, \_\_\_\_\_, am requesting permission to return to duty despite my status as “high-risk” or “special population” for COVID-19 as defined by the Center for Disease Control. I understand that my return to duty may involve changes to my working conditions necessary to permit the Agency to continue operations during the COVID-19 pandemic.

Initial \_\_\_\_\_ I understand that it is my responsibility to consult with my physician to receive medical advice regarding my condition.

Initial \_\_\_\_\_ I understand that it is my choice to return to my work center to assume my duties.

Initial \_\_\_\_\_ I understand that I have a right to request reasonable accommodations for my own safety and protection.

Initial \_\_\_\_\_ I understand that if Health Protection Conditions (HPCONs) change, my ability to resume my duties may change.

Initial \_\_\_\_\_ I was not coerced to sign this document.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved / Disapproved Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TELEWORKING TIPS**

**1. Define your workspace.** It can be easy to sit on the sofa with your laptop and expect to get work done. Experienced teleworkers will tell you they tried that and it simply doesn't work! We are creatures of habit and most of us are used to lounging with our laptops to read the news, watch TV, play games and chat with friends and family. Establishing a workspace, even if it is your kitchen table, gives your brain a cue that it is time for work and not play.

**2. Set daily goals, track them and share your progress.** You may be surprised by how differently the work day passes without the comings and goings of an office to break things up or influence what you do next. Start each day of telework by writing down what you need to achieve and then track your progress. Pay attention to how long tasks take you and start adjusting your daily goals to match your current rhythm. Communicate with your supervisor and/or colleagues if you think your telework plan needs to be adjusted.

**3. Eliminate distractions.** Depending on your living arrangement, you may need to hang a "do not disturb" sign so your family members don't interrupt you. Pets often need a closed door to keep them away, especially at meeting times, and you might need headphones to block the neighborhood or household noise. If your kids are still taking naps, then you've got an hour – or two or three – of uninterrupted time to focus. When they are awake, have a box of crafts and activities that they can dig into to keep them busy.

**4. Prioritize privacy.** Whether you are in your home or a common area, take five minutes to assess the privacy of your workspace. Can someone standing behind you read your computer screen? Are your windows open so your neighbor can hear your phone call? What information do you need to secure before grabbing a cup of coffee or heading to the restroom? Your personal privacy matters too, so see if there anything around you that would not want visible during a video conference with your boss.

**5. Stay connected.** Many people say they do not call or instant message colleagues who are working remotely because they don't want to bother them. Remember, they are working, not vacationing at home! You should feel confident about calling or messaging an employee who is teleworking anytime you would walk to their office or call them if you were working on-site. You can even keep your daily coffee run – simply plan to call or video chat with a cup in hand at the time your crew would normally walk to your favorite espresso cart.

**6. Dress for work.** Just like sitting on the couch can make us feel a little too relaxed, wearing pajamas all day makes it hard to get into work mode. Dressing casually is definitely a perk of working at home but getting "ready for work" is a daily ritual that many teleworkers swear by.

**BACK TO SCHOOL GUIDELINES**Kindergarten – 12<sup>th</sup> grade:

- Carefully review your school’s safety procedures. If your school is offering in-person learning, make sure you understand and are comfortable with the answers to these questions:
  - Will the school be able to physically distance the students and teachers while in the classroom?
  - Will the school require all students and staff to wear a mask?
  - What plan does the school have to prevent large groups of students gathering together at pickup, drop off, and in the hallways between classes?
  - What additional safety measures are being implemented at lunch time when children will be unmasked to eat?
  - How is the school ensuring recess time is safe?
  - How will the school identify students who may have symptoms and safely have them leave the school to quarantine or get tested?
- Talk to your child about what they can do to prevent catching or spreading COVID-19. Masks, handwashing, and physical distancing are strategies that must be used together to decrease the spread and keep both students and parents safe.
- Assess your family’s risk. If you or your child have health factors such as obesity, severe breathing problems, or diabetes that put you at a higher risk of suffering severe consequences from the virus, virtual learning may be a preferred option for you.
- Monitor everyone in the family for symptoms and do not send your child to school if they or anyone in the family exhibits even the very mildest of symptoms for COVID-19. Do not assume it is allergies or a simple cold.

College:

- In addition to the general guidelines above, college students’ behavior while away from home can affect your risk as a parent if and when they come home to visit.
- It is important to have an honest and transparent dialogue about your college student’s behaviors – are they going to bars, large gatherings, or participating in other high-risk activities? Are they reliably wearing masks and practicing physical distancing? Do they have access to testing if they develop symptoms?
- If you as a parent are at high risk of having a severe case of COVID-19, you may want to restrict home visits if your child is taking on more risk than you would take on yourself.

Resources:

- School District Back to School Guidelines available on school websites.
- CDC Back to School – Planning for in-Person Class Checklist - <https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Back-to-School-Planning-for-In-Person-Classes.pdf>

# Team Sheppard Community Schools

School	Start	In Person	Online	PPE	Social Distancing	Quarantine
Wichita Falls 14,071 students	20 August	X	X	Masks during transitions/bus/in classroom when not distanced.	X	14 days voluntary if contact with CV+. May come off with (-) results or Dr. clearance (+) test: need clearance from Dr. or WFPH.
Burkburnett 3,224 students	17 August	X	X	Masks during transitions/bus/in classroom when not distanced.	X	(+) test: need Dr. note, symptom free 72 hrs or (-) results. If close contact 14 day quarantine and may not return during that time.
Holliday 887 students	17 August	X	X	Masks during transitions/bus/in classroom when not distanced.	X	<ol style="list-style-type: none"> <li>At least 3 days have passed since recovery (resolution of fever without the use of fever reducing medications).</li> <li>The individual has improvement in symptoms.</li> <li>At least 10 days have passed since symptoms first appeared.</li> </ol>
Iowa Park 1,915 students	20 August	X	X	Masks during transitions/bus/in classroom when not distanced.	X	CDC/local health department guidelines will be followed for students returning after (+) test.

School	Start	In Person	Online	PPE	Social Distancing	Quarantine
Christ Academy 235 students	13 August	X	X	4 <sup>th</sup> Grade and up: mask at all times. 3 <sup>rd</sup> grade and below: only in transitions.	X	(+) test: 24 hrs symptom free <b>AND</b> 10 days since first symptoms/(+) test. 14 day quarantine for close contact.
Wichita Christian 289 students	13 August	X	X	Masks for transitions and 1 on 1 instruction.	X	(+) test: 14 day quarantine, need 2 (-) tests to return and Dr. clearance.
Notre Dame 214 students	10 August	X	X	4 <sup>th</sup> Grade and up: mask at all times. 3 <sup>rd</sup> grade and below: only in transitions.	X	<ol style="list-style-type: none"> <li>At least 3 days have passed since recovery (resolution of fever without the use of fever reducing medications).</li> <li>The individual has improvement in symptoms.</li> <li>At least 10 days have passed since symptoms first appeared.</li> </ol>

School	Start	In Person	Online	PPE	Social Distancing	Quarantine
City View ISD 1,062 students	20 August	X	X	Wearing of masks or shields for students 10 and over. Coverings will be worn during passing periods. Teachers may allow removal of Coverings for instructional purposes. District will provide reusable mask to students.	X	Stay at home during infection period and cannot return until school system screens individual to determine any conditions such as: At least 3 days have passed since recovery, individual has improvement in symptoms and at least 10 days since symptoms first appeared.
Henrietta ISD 932 students	20 August	X	X	Clay County currently has less than 20 active COVID-19 cases. Students in 5th grade and above will be highly encouraged to wear masks especially in hallways, common areas, on buses, and during arrival and dismissal.	When possible	Stay at home throughout the infection period, cannot return to school until school system screens the individual to determine any of the following conditions have been met.  10 days must have passed since symptoms first appeared and no symptoms for prior 72 hours and no fever in the prior 24 hours.

# Back to School

Tips to prepare your household for the school year due to COVID-19



**ENSURE PARENT  
CONTACT  
INFORMATION  
IS CURRENT**

Check in with your child every morning before school for signs of illness. Make temperature checks part of the morning routine.

## **When should my child stay home from school?**

Children should stay home if:

- They have a temperature of 100.4°F or higher, sore throat or other signs of illness, like a cough, diarrhea, severe headache, vomiting or body aches.
- They have had close contact to a COVID-19 case.

Make hand washing fun and explain why it is important!

Practice proper hand washing techniques with your child at home!

Key times to practice:

- Before and after eating
  - Before and after sneezing/coughing
  - Before and after adjusting a face mask
- \* Practice handwashing while singing the ABCs!

All information related to your schools procedures can be found in their district Back to School plan located on the district website.



Talk to your child about precautions to take at school. Children may be advised to:

- Wash and sanitize their hands more often.
- Keep physical distance from other students.
- Wear a mask.
- Avoid sharing objects with other students, including water bottles, devices, writing instruments, and books.
- Use hand sanitizer (that contains at least 60% alcohol.) Make sure you're using a safe product. Monitor how they feel and tell an adult if they are not feeling well.

Implement health precautions into the before and after school routine!

Additions to integrate:

Before school:

- Pack back up cloth face coverings and hand sanitizer

After school:

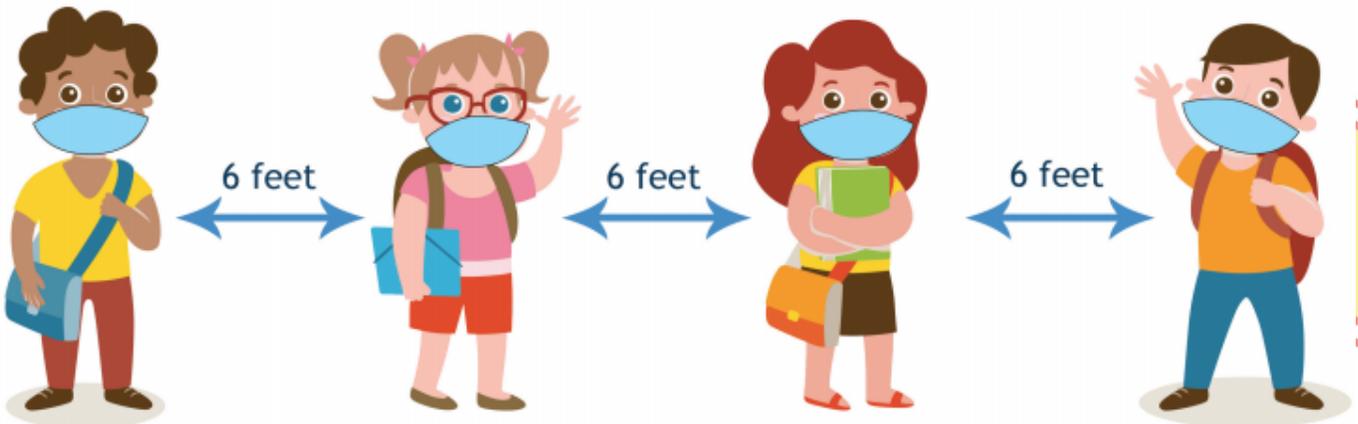
- Wash hands immediately
- Wash worn cloth face coverings

Consider packing your child a personal reusable water bottle!

For additional information reference your schools Back to School Plans as well as the Center for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov)) as well as the Sheppard Recovery Guide located on the Sheppard AFB website ([www.sheppard.af.mil/Coronavirus/](http://www.sheppard.af.mil/Coronavirus/)).

### - FACE COVERINGS -

- Pick a style and breathable material of face covering your child is comfortable wearing for extended periods.
- Have plenty of extras and be sure to pack extras daily for the occasional runaway mask!
- Label your child's face covering so there is no confusion with those of other children!
  - Wash face coverings daily.



## DEFINITIONS AND EXAMPLES

Limiting contagion spread during a pandemic relies heavily on managing the movement of infected individuals. The CDC describes criteria identifying people with a high likelihood of infection and the actions recommended to limit the spread of disease as a result; these actions constitute restriction of movement (ROM).

**1. Self-observation:** Be alert for fever, cough, and difficulty breathing and if symptoms develop, take and record your temperature, self-isolate to limit contact with others, and seek advice by telephone from a healthcare provider.

**2. Self-monitoring:** Take temperature twice a day while remaining alert for COVID symptoms. If symptoms develop, self-isolate to limit contact with others, and seek advice by telephone from a healthcare provider.

**3. Self-monitoring with delegated supervision:** Self-monitoring with oversight by medical personnel or state/local public health officials for certain occupational groups (e.g., hospital workers, laboratory personnel, aircrew members), Air Force medical personnel will establish points of contact between you, Air Force medics, and local health departments.

**4. Active monitoring:** Public Health authorities (AF and civilian) assume responsibility for regular communication with you as a potentially exposed individual to assess for the presence of fever, cough, or difficulty breathing. You are required to stay engaged with the monitoring authorities.

**5. Quarantine:** Separation from others when believed to have been exposed to a communicable disease but not yet symptomatic or lacking a positive test for the disease to prevent the possible spread. This is a law-enforcement action.

**6. Isolation:** Separation from others because public health authorities reasonably believe that you are infected with a communicable disease and potentially infectious to others who are not infected. Isolation may be at a hospital or other locations deemed appropriate by public health professionals. Isolation for public health purposes may be voluntary.

**7. Restriction of Movement (ROM):** Restriction of movement due to official and unofficial travel. Specific requirements for recommended or required ROM are found Force Health Protection Guidance – Supplement 12.

DoDI 6200.03, *Public Health Emergency Management within the Department of Defense* defines ROM as: Limiting movement of an individual or group to prevent or diminish the transmission of a communicable disease, including limiting ingress and egress to, from, or on a military installation; isolation; quarantine; and conditional release.

**ROM Example:** US NORTHCOM ROM for re-deployment from NYC; NC FRAGO 121.095 14-day ROM (for those asymptomatic and without positive tests) include:

1. Housed in single berthing room without shared bathrooms/kitchens
2. Self-Monitor for COVID-19 symptoms, twice daily
3. Should not travel, visit crowded areas or use public transportation
4. Ensure food is available
5. Can participate in exercise, with guidance from supporting installation

### Other Useful Definitions:

**Antibody Testing:** A test that detects the presence of protective antibodies. The presence of antibodies does not guarantee immunity to disease or the absence of disease/infection.

## DEFINITIONS AND EXAMPLES

**Antigen Testing:** A test that detects viral, bacterial or pathogenic remnants. Antigen testing infers the presence of a specific pathogen. Antigen testing does not distinguish between live and dead germs.

**Asymptomatic:** Having been infected with a virus or other pathogen but not displaying any apparent symptoms. Still a risk to transmit the pathogen to others due to viral shedding.

**Cleaning:** The removal of foreign material (e.g., soil, and organic material) from surfaces and is normally accomplished with water and detergents or enzymatic products. Thorough cleaning is required before sanitization, disinfection and sterilization.

**Contact Tracing:** Process of identifying people potentially exposed to disease and providing recommendations to stop the chain of transmission.

**COVID-19:** The disease caused by a new strain of coronavirus (SARS-CoV-2) (nomenclature is similar to HIV being the virus that causes the disease AIDS).

**Hand Sanitizer:** CDC recommends hand sanitizer with greater than 60% ethanol or 70% isopropanol.

**Herd Immunity:** Occurs when the majority of the population is immune to an infectious disease which results in indirect protection of those who are not immune (herd protection). With herd immunity, few individuals are susceptible to infection making it difficult for a pathogen to spread from person to person. Experts believe that at least 70% of a population needs immunity to SARS-CoV-2 (COVID-19) to have herd protection (herd immunity).

**High Risk Individuals:** Individuals age 65 or older, or individuals with pre-existing medical conditions (especially those with chronic lung disease; moderate to severe asthma; chronic heart disease; severe obesity; diabetes; chronic kidney disease undergoing dialysis; liver disease; or weakened immune system) who are at greater risk for severe symptoms, hospitalization, or death as a result of contracting COVID-19.

**Hygiene:** Condition or practices conducive with maintaining health and preventing disease, especially through cleanliness.

**Immune:** Resistance to infection or a toxin due to the presence of specific antibodies or specialized white blood cells.

**Ring One:** Close contacts who directly interact with each other on a regular basis (household members, classmates, immediate co-workers).

**Ring Two:** Secondary contacts who do not directly interact with each other. During a disease exposure, the suspected or confirmed case interacts with ring one contacts. Ring two (secondary contacts) directly interact with the exposed (ring one contacts) but they do not interact with the suspected or confirmed case.

**Sanitization:** Agent that reduces the number of bacterial contaminants to safe levels as judged by public health requirements. Commonly used with substances applied to inanimate objects. According to the protocol for the official sanitizer test, a sanitizer is a chemical that kills 99.999% of the specific test bacteria in 30 seconds under the conditions of the test.

**SARS-CoV-2:** The name of the virus that causes COVID-19

**Social Distancing:** Isolating oneself from others by maintaining a safe minimum physical distance to limit transmission of communicable disease. As it pertains to COVID-19, minimum 6 feet distance from any other individual.

## DEFINITIONS AND EXAMPLES

**Sterilization:** Validated process used to render a product free of all forms of viable microorganisms. In a sterilization process, the presence of microorganisms on any individual item can be expressed in terms of probability. Although this probability can be reduced to a very low number, it can never be reduced to zero.

**Symptoms:** Any exhibited physical or mental features which are regarded as indicating conditions of disease, deviating from normal condition.

**Vaccines:** Biological substance used to stimulate the production of antibodies and specialized white blood cells to provide immunity against one or several diseases.

**Viral Shedding:** The expulsion and release of virus progeny from the body and into the environment; how communicable transmission occurs. As it pertains to COVID-19, viral shedding has been studied to begin occurring 48 hours before onset of symptoms and poses a significant risk for transmission until 10 days after symptom onset, on average. Viral shedding still occurs in asymptomatic patients.

## REFERENCES

This is an unprecedented time in our nation's history. We understand that many of you are not Public Health experts and applaud the time, dedication and efforts that you have invested to ensure the safety of your team. COVID-19 mitigation resources are readily available and we encourage you to research guidance as it applies to your unique environment. There are state and national guidelines from various resources -- from safe practices at the salon to how to reopen a park. As always, Public Health is available to help you interpret guidance and help answer any question you might have.

1. White House. "Guidelines for Opening Up America Again"  
<https://www.whitehouse.gov/openingamerica/>
2. Centers for Disease Control and Prevention, Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes  
<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
3. Secretary of Defense Memorandum, "Modification and Reissuance of DoD Response to Coronavirus Disease 2019- Travel Restrictions," 20 April 2020
4. Office of the Under Secretary of Defense for Personnel and Readiness Memorandum, "Force Health Protection Guidance (Supplement 4) Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Outbreak," 11 March 2020
5. AETC Playbook. Operate In a COVID-19 Environment, 19 May 2020
6. Texas Department of State Health Services. "Opening the State of Texas"  
<https://www.dshs.texas.gov/coronavirus/opentexas.aspx>
7. Office of the Governor of Texas "Executive Order to Safely and Strategically Reopen Select Services and Activities in Texas," 17 April 2020
8. Installation Commander Declaration, Public Health Emergency Order 1C, 30 June 2020
9. Chief of Staff of Air Force, "HQ USAF Operations Order 20-01 Chief of Staff of the Air Force's Guidance on Resetting the Force during COVID-10," 12 June 2020
10. Secretary of Defense Memorandum, "Transition to Conditions-based Phased Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions," 22 May 2020
11. Department of the Air Force, "Suspension of Official Physical Fitness Assessments in Response to Coronavirus Disease 2019," 21 May 2020.
12. DoD FHP Guidance (Supp 12) - Guidance for Personnel Traveling during COVID- 19 Pandemic, 06 Aug 20