



U.S.ARMY®



APG-ALC COVID-19 Recovery Plan



Road to Recovery Methodology

- Our number one guiding principle is to ensure the health and safety of our community.
- We must be extremely deliberate and methodical in our approach of returning disrupted missions and service operations back to full operating capacity.
- The phased transition criteria will consist of four components: the case rate in and around a given installation; the area's capacity to test; capacity to monitor; and capacity to treat COVID-19.
- Lifting any restrictions or resuming any service activities may be delayed 14 days or more beyond state and local authorities in order to assess the effects of the risks taken.
- Tenants must develop new processes and procedures that allow us to adapt and function in the post-viral era.
- To accomplish this mission, tenant organizations must remain aligned and synchronized to ensure we remain consistent with deliberate/informed approach.
- Our traditional standards, metrics and assumptions may no longer be relevant as we forge ahead with defining the new normal.





Transition Criteria

1. Case Rate

- 1) Sustained downward trajectory of documented COVID-19 positive cases for 14 days with no increase of 5 consecutive days
- 2) Measure Incidence rate based on 100K of population
 - APG: Harford, Cecil, Baltimore
 - ARL: Prince George, Anne Arundel, Montgomery
- 3) Informed by Infection rate (R_T)

2. Capacity to Treat

- 1) Military MTF & civilian healthcare networks ability to treat all patients requiring hospitalization without resorting to the current MEDCOM Expansion Plan
- 2) Measure capacities to treat at
 - Military: APG, Fort Meade, Fort Belvoir, Walter Reed
 - Civilian: Upper Chesapeake, Harford Memorial, Johns Hopkins
- 3) Informed by ICU beds, ventilators, associated staff, available PPE

3. Capacity to Test

- 1) Capacity to test individuals with symptoms & other at-risk populations
- 2) Measure capacities to test at
 - Military: Fort Meade, Walter Reed, NMRC NIDDL
 - Civilian: Monitor availability:
<https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>
- 3) Informed by who can be tested
 - Service members & DA civilians under OH program will be swabbed at Kirk
 - Contractors will be referred to their PCM

4. Capacity to Monitor

- 1) Ability to contact trace & monitor COVID-19 positive individuals & those in quarantine or isolation
 - Case interviewing
 - Case notification
 - Contact follow-up
 - Contact tracing efficacy
- 2) Capability to quickly isolate & quarantine presumed and/or confirmed COVID-19 individuals
- 3) Updated and/or revised Pandemic Influenza and Infectious Disease Response Plan to include COVID-19





Operational Framework





HQDA Mission Statement

On order, Commanders, all Army Commands (ACOM), Army Service Component Commands (ASCC), and Direct Reporting Units (DRU) will resume readiness, institutional development, and modernization activities while ensuring a safe environment for beneficiary populations.





APG Mission Statement

Effective immediately, APG and ALC implement a flexible, iterative, conditions-based recovery plan to resume the full spectrum of necessary functions while operating in a COVID-19 constrained environment, in order to protect the force, continue support to HQDA requirements and prevent the spread of the virus.





Commander's Intent

Purpose:

APG Garrison and tenant unit mission partners plan, prepare, coordinate and establish a **phased "Measured Approach"** to transition that will continue to **Protect the Force** and **Prevent the Spread of COVID-19** during a conditions-based, **mission-focused return of the work force ISO of Army Readiness**.

Key Tasks:

1. Protect the Force
2. Sustain mission readiness
3. Resume Unit/Agency/Directorate training and testing in prioritized manner.
4. Prevent COVID-19 infections through integrated screening, testing, distancing and monitoring.
5. Installation, Garrison and Mission Partner Tenant Units and Agencies develop new processes and procedures that enable operations post viral era.
6. All units/agencies/directorates maintain continuous assessment of work space safety.

End State: APG is successful when-

1. APG Soldier's and Families, DA Civilians, Contractors, and Retirees are able to **establish new norms** representative of pre-COVID 19 conditions.
2. All **COVID-19 cases** (Positive, Suspected, Isolated, and Quarantined) are **accurately identified, treated, and contained**.
3. APG health and safety measures are understood, implemented, and observed IOT preserve the force.
4. Demonstrates a culture actively pursuing **continuous refinement of risk mitigation measures** IOT prevent a resurgence of COVID-19.
5. There exists **observable trust** throughout the APG Garrison community achieved through effective communication and informed decisions processes **to prevent the spread of COVID-19**.





Concept of the Operation

A five (5) phase operation which enables readiness activities through aggressive mitigation measures focused on transition criteria which consists of four components: the case rate in and around a given installation; the capacity to test; capacity to monitor; and capacity to treat COVID-19. Commanders at echelon are given decision making authority to continue executing readiness activities based on the current conditions and mission requirements of their unit/directorate.

PHASE 0 (NOW) HPCON C+

BEGINS:

- instituted immediately, while state, local communities, and Garrison EOC projects increased threat to the health and safety of the installation.
- threat is **SUBSTANTIAL**
- PHEO recommends HPCON level changes through the Senior Commander or as directed by HQDA.

DURING:

- develop and implement messaging campaign
- initiate some collective readiness and support activities with risk mitigation measures
- maximize virtual/telework
- Tenant units and support activities refine contact tracing and cleaning tasks to isolate presumptive/positive infectious personnel IOT preserve work force.

ENDS:

- when the Phase Transition Criteria are met and the Senior Commander (SC) approves downgrade of HPCON

PHASE 1 (RESTRICTED) HPCON C

BEGINS:

- when the SC directs transition to current phase
- threat is **SUBSTANTIAL**
- PHEO recommends HPCON level changes through the SC or as directed by HQDA.

DURING:

- sustain messaging campaign for increased awareness
- continue collective readiness and support activities with risk mitigation measures
- continue maximizing virtual/telework
- maintain physical distancing
- Tenant units and support activities continue to refine and rehearse contact tracing and cleaning tasks

ENDS:

- when the Phase Transition Criteria are met and the Senior Commander (SC) approves downgrade of HPCON

PHASE 2 (MODERATE) HPCON B

BEGINS:

- when the SC directs transition to current phase
- threat is **MODERATE**
- PHEO recommends HPCON level changes through the Senior Commander or as directed by HQDA.

DURING:

- sustain messaging campaign for increased awareness
- continue collective readiness and support activities with risk mitigation measures
- Tenant units return but maintain virtual/telework capabilities
- maintain physical distancing
- Tenant units and support activities implement best practices of contact tracing and cleaning tasks

ENDS:

- when the Phase Transition Criteria are met and the Senior Commander (SC) approves downgrade of HPCON

PHASE 3 (NORMAL) HPCON A

BEGINS:

- when the SC directs transition to current phase
- threat is **LIMITED**
- PHEO recommends HPCON level changes through the Senior Commander or as directed by HQDA.

DURING:

- capacity to test, treat, and monitor are adequate to support installation
- sustain messaging campaign for increased awareness
- continue collective readiness and support activities with risk mitigation measures
- Tenant units return workforce
- relaxed physical distancing
- Tenant units and support activities continue with best practices of contact tracing and cleaning tasks

ENDS:

- continuous as steady state operations for installation

PHASE 4 (RESILIENCE) HPCON A or 0

BEGINS:

- when the SC directs transition to current phase
- threat is **LIMITED**
- PHEO recommends HPCON level changes through the Senior Commander or as directed by HQDA.

DURING:

- capacity to test, treat, and monitor are adequate to support installation
- sustain messaging campaign for increased awareness
- continue collective readiness and support activities with risk mitigation measures
- Tenant units return workforce
- relaxed physical distancing
- Tenant units and support activities continue with best practices of contact tracing and cleaning tasks

ENDS:

- continuous as steady state operations for installation





Work Force by Phase

Higher Guidance:

AMC OPOD 20-154 – Senior Commanders are authorized to implement less (or more) restrictive measures in coordination and/or consideration with surrounding communities as conditions allow.

HQDA/AMC Work Force	PH 0 (HPCON C+)	PH 1 (HPCON C)	PH 2 (HPCON B)	PH 3 (HPCON A)	PH 4 (HPCON A or 0)
	<u>NOW</u>	<u>RESTRICTED</u>	<u>MODERATE</u>	<u>NORMAL</u>	<u>RESILIENCE</u>
	Observe enhanced measures to mitigate and assess SUBSTANTIAL risk	Lift selected measures to assess effectiveness against SUBSTANTIAL risk	Observe measures to mitigate MODERATE risk	Observe measures to mitigate LIMITED risk	
	Work Force % by Phase:				
	20% of MC	20% - 40% of ME	40% - 80% ME & NME 9.7K North / 3.5K South	70% - 90% ME & NME 10.9K North / 3.5K South	Optimized Work Force 12.2K North / 3.9K - South
Recommend	Unit / Workforce: <ul style="list-style-type: none">Not to exceed 20% of Mission Critical on site	★ Unit / Workforce: <ul style="list-style-type: none">Not to exceed 30% of total organization strength on site. 3.6K North and 1.1K South	★ Unit / Workforce: <ul style="list-style-type: none">Not to exceed 40% of total organization strength on site. 4.9K North and 1.6K South	★ Unit / Workforce: <ul style="list-style-type: none">Not to exceed 80% of total organization strength on site 9.7K North and 3.1K South	Unit / Workforce: <ul style="list-style-type: none">Resume “normal” operations

Recommend More Restrictive in Phase 2 and 3



Lift Key and Essential



Implement more restrictive measures for APG early on and continue to assess throughout as conditions support.

- Uncoil perimeter IAW same measures with increased HPCON
- Inability to provide services at capacity in HPCON B and A (CDC, ACP, Food Services, Gyms)
- Commissary and PX measures remain in place through Phase 3





Annexes





Annex A - Vulnerable Population*

High Risk Individuals *(include but not limited to):*

- **Persons who are 65 years and older**
- **Persons living in a nursing home / long-term care**
- **Persons of any age with underlying medical conditions, which are not well-controlled, to include:**
 - chronic lung disease or moderate to severe asthma
 - serious heart conditions
 - severe obesity (BMI of 40 or higher)
 - diabetes
 - chronic kidney disease undergoing dialysis
 - liver disease
 - persons imminently suicidal, acutely psychotic or manic
- **Persons who are immunocompromised**
 - individuals should consult their physician
- **CDC – identified special populations including pregnant women**
- **Employees are responsible for self-reporting their condition to their command**

➤ *** NOTES:**

- *As defined by CDC; pending final guidance within AMC OPORD*
- *Under the Families First Coronavirus Response Act (FFCRA), eligible employees who meet the guidelines, may qualify for Emergency Paid Sick Leave (EPSL) if they meet the qualifying factors*





Annex C - APG ACP Transition Plan

Data Info: 18-22 May
Most Current Data

Current APG North

- AVG Rush Traffic Count: 3,082 (25% of normal)
 - ACP: 715 Gate with 2 Lanes (3rd if needed)
 - Staffing: 4 Guards, 1 Supervisor, Commissary detail
 - Trigger: 80% of Morning Traffic
-

Normal AVG Rush Traffic Count: 12.2K
Army Standard: 375 cars per hr. per lane. (6 cars per minute)

Current APG South

- AVG Rush Traffic Count: 1,042 (27%)
 - ACP: 24 Gate with 1 Lane (2nd if needed)
 - Staffing: 3 Guards
 - Trigger: 90% of Morning Traffic
-

Normal AVG Rush Traffic Count: 3.9K
Army Standard: 375 cars per hr. per lane. (6 cars per minute)

ACP Traffic North

%	Traffic	ACP	Lanes	Cars P/Min	Risk (Traffic, Exposure)	Impacts
40	4,880	715	3	5	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
50	6,100	715	3	6	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
60	7,320	715	4	6	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
70	8,540	715	5	6	Low, within standard, Increased Potential Exposure	Increased wait time while scanning, Could Open RFID to Single Occupant Vehicle
80	9,760	715/22	3/3	6	Low, within standard, Increased Potential Exposure	Would lose ability to staff Commissary Detail to shift personnel to 22 Gate
90	10,980	715/22	4/3	6	Low, within standard, Increased Potential Exposure	Would lose ability to staff Commissary Detail to shift personnel to 22 Gate
100	12,220	715/22	4/3	6	Low, within standard, Increased Potential Exposure	Would lose ability to staff Commissary Detail to shift personnel to 22 Gate

ACP Traffic South

%	Traffic	ACP	Lanes	Cars P/Min	Risk (Traffic, Exposure)	Impacts
40	1,560	24	1	4	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
50	1,950	24	1	5	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
60	2,340	24	2	3	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
70	2,730	24	2	4	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
80	3,120	24	2	4	Low, within standard, Increased Potential Exposure	Increased wait time while scanning
90	3,510	24/Wise	2/1	5	Low, within standard, Increased Potential Exposure	Requires 2 personnel, will limit ability to open more lanes on North side
100	3,900	24/Wise	2/1	5	Low, within standard, Increased Potential Exposure	Requires 2 personnel, will limit ability to open more lanes on North side



Annex D - APG Safety Plan

WORK SPACE RISK ASSESSMENT (WS-RA)

- ISO implements the WS-RA program
- Directorate Safety Officers implement in every Unit
- Supervisors trained and perform WS-RA
- Approval Authority reviews to accept/decline risk
- Controls implemented based on residual risk level
- Train staff in risk reduction measures
- Verify effective controls are in place

COVID-19 WORKSPACE RISK ASSESSMENT WORKSHEET

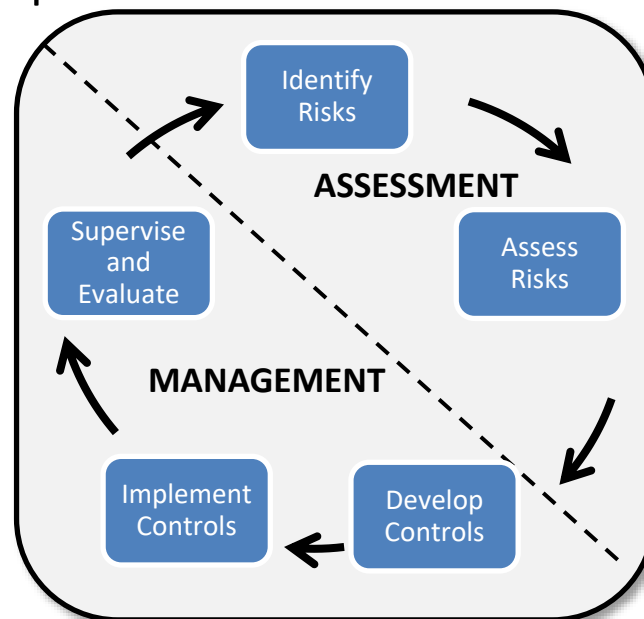
1. DEPARTMENT - WORK SPACE DESCRIPTION				2. DATE					
3. PREPARED BY									
a. Name (Last, First, Middle Initial)		b. Rank/Grade		c. Duty Title/Position					
d. Unit		e. Work Email		f. Telephone (Include Area Code)					
Five Steps of Risk Assessment									
I) Identify Space		II) Occupant Load		III) Determine Proximity		IV) Assess Highest Exposure Activity		V) Assess the Environmental Conditions	
4. Work Space	5. Occupants	Rating	6. Proximity	Rating	7. Activity	Rating	8. Environmental Condition	Rating	
a.									
b.									
c.									
d.									
e.									
f.									
g.									
9. HIGHEST RISK LEVEL IDENTIFIED (before mitigation) <input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> LOW									
10. SAFETY PLAN AND RECOMMENDED COURSE OF ACTION FOR: "HIGH" and "EXTREMELY HIGH"									
11. CONCUR OR NONCONCUR BY SAFETY DEPARTMENT <input type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR									
a. Name (Last, First, Middle Initial)		b. Rank/Grade		c. Duty Title/Position		d. Signature of Approval Authority			
f. Additional Guidance									

DATE: 05/19/2020

POC: APG - Installation Safety Office

Email: usarmy.apg.3d.sustainment.fst.safety.apg@mail.mil

PHONE: 410-306-1095





Annex F - APG Cleaning

ROUTINE CLEANING

- IAW IMCOM OPORD 20-038, Annex K Frequency and Scope of cleaning will remain at pre-COVID levels
- **Garrison Responsibility:**
 - Custodial Service executed by DPW Contractor
 - Restrooms, floors and common use areas
 - Soap and paper products provided for restrooms
- **Tenant Responsibility:**
 - Individual workspaces, furniture, equipment
 - Tenant responsible for providing cleaning products
- **Reimbursable Support Available**

RESPONSE BASED CLEANING

- Response to known or suspected COVID
- Kirk determines area and level of cleaning required from contact trace process:
- **Level 1:** Precautionary/Reopen cleaning
 - Executed by DPW Custodial Contractor
- **Level 2:** Suspected Infected Person
 - Executed by Soldier Clean Team or tenant unit
- **Level 3:** Confirmed COVID Case
 - Executed by DPW Decontamination Contract
- All Cleaning Performed to CDC Guidelines
- Process reviewed by ISO prior to re-entry



Annex G – APG CYS Recovery

CDC & SAC Capacity with 10 per room

Program	Full Capacity*	HPCON CHARLIE	HPCON BRAVO	HPCON ALPHA	HPCON 0 w/ normal room ratios
AAYS	70	70	70	70	143
EAYS	45	0	0	45	45
AACDC	88	88	88	88	154
BACDC	64	0	64	64	113
EACDC	56	0	0	56	103
Totals	323	158	158	323	558

* At 10 per room - max capacity would be at 58% of normal operations

Childcare Numbers & Facility Usage

Phase 0: Commander Designated Key Mission Essential

HPCON Level: Charlie +

Facilities: One CDC and One YS/SAC

Children: 88 CDC – 70 YS/SAC

Phase 1: HPCON Charlie

Facilities: No change

Children: No change

Phase 2: HPCON Bravo

Facilities: Two CDC and One YS/SAC

Children: 152 CDC 70 YS/SAC

Phase 3: HPCON Alpha

Facilities: Three CDC and two YS/SAC

Children: 208 CDC 115 YS/SAC

Phase 4: Normal Operations – no room capacity restrictions

Facilities: Three CDC and two YS/SAC

Children: 370 CDC 188 YS/SAC

Current OPORD Guidelines:

- OPS ORDER 20-038: Appendix 1 to Annex I (CYS Program)
- Update: FRAGO 26 Annex I

HPCON Charlie and Bravo OPS (Highlights):

- Heightened Health and Sanitation Measures: PPE's, reduced ratio groups
- Restricted Access to CYS Facilities: Curbside drop off/pick up
- Exposure Controls: Staff assigned a specific classroom (no floating for breaks or leaving facility for lunch), working two week shifts two weeks on/two weeks off (A and B teams) to minimize disruption of continued services in the event of a positive COVID
- Care restarted to registered patrons through command/directorate mission essential memo. Upon CYS receipt of memo, care for child(ren) would begin within 7 working days.

Strategic Communications:

- Managing expectations through virtual media platforms and CYMS
- Slow, incremental phased reopening of remaining CDCs and YS/SACs based on percentage of returning workforce
- Clear, consistent, fact-based information





Annex I Communications Strategy

Strategy: Work with tenant public affairs offices to use all APG communications outlets and command information products including news articles, workforce emails, social media, and multimedia to disseminate a variety of content including infographics, videos, and images.

Communications Products



"Welcome Back" Reminders
8.5"x11" Handout / Electronic Graphic



"STOP" Door Sign
24"x30" Poster



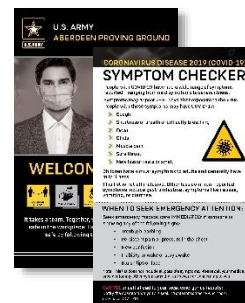
"Welcome Back" Reminders
Electronic Sign / Marquee



"Welcome Back" Reminders
24x36" Poster



5"x8" Business
Info Card (double-sided)



5"x8" Symptoms
Info Card (double-sided)



8.5"x5.5" Cleaning & Disinfecting
Info Card (double-sided)



Hand Sanitizer
8.5"x11" Handout



Face Covering
8.5"x11" Handout



Hand Washing
8.5"x11" Handout



Workspace Cleaning
8.5"x11" Handout

Key messages:

- Your safety is our top priority, and we'll make sure you have the most up-to-date information and resources available.
- We're glad to have you back! Let's work together for a **safe and seamless transition**.
- It takes a team, so don't be afraid to educate your coworkers on how to **be safe in the workplace**.





Questions

