



# DoDEA COVID-19 Operational Guidelines and Protocols

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VERSION IX

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## Director's Message

Dear Parents, Students, Staff, and Members of Our Community:

For the last two years, COVID-19 has impacted the way we operate as a school system. While the pandemic has tested our resilience, it has also provided innovations in learning, leading, and working that have had a positive impact on our ability to meet our Mission. We have successfully maintained continuity of learning throughout the pandemic for our military-connected students. While keeping the focus on students' academic and social-emotional well-being, we continue to have our integrated package of infection prevention and control measures systematically in place. I am grateful to everyone who has contributed to our success during these challenging times.



One key tool that has allowed us to educate, engage, and empower our students is a OneDoDEA approach to COVID-19 operations that allows for flexibility to meet installation and Host Nation requirements. Version VIII of the *DoDEA COVID-19 Operational Guidelines and Protocols* represents this next step. This guidance defines our approach to COVID-19 impacted operations for schools and above school level facilities.

This document presents a uniform and consolidated approach for DoDEA's continued response to COVID-19. The guidance is based on the April 4, 2022 memorandum titled [Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance](#) from the Office of the Undersecretary for Personnel and Readiness coupled with guidance from the Centers for Disease Control and Prevention (CDC). As data becomes available, science-based evidence emerges, and the DoD and CDC revise and develop new recommendations, DoDEA will implement them to meet our unique Mission.

To protect the health and safety of the DoDEA community, this document reflects the latest guidance. I will continue to provide updates to this document and provide critical information as soon as it becomes available.

A handwritten signature in black ink that reads "Thomas M. Brady".

Thomas M. Brady



## Key Steps and Considerations for Administrators

For DoDEA schools to prioritize in-person educational activities in a COVID-19 environment, it is critical that all administrators:

- Collaborate with local commands and military public health to monitor local infection rates, HPCONs, and [COVID-19 Community Levels](#); use this data to inform school operating status, requirements for gatherings, events, and meetings, as well as COVID-19 mitigation strategy requirements; make decisions in coordination with district leadership and local commands that consider the local HPCON status.
- Adhere to HPCON level determinations for COVID-19 that are aligned to the CDC COVID-19 Community Levels.
- Implement and enforce the use of [prevention strategies](#) (e.g., vaccination, masking when appropriate, physical distancing, screening testing, ventilation, handwashing and respiratory etiquette, staying home when sick, restricting access to DoDEA facilities, and cleaning and disinfection). These COVID-19 prevention strategies remain critical to protect people, including students, teachers, and staff.
- Maintain physical distancing to the maximum extent possible, regardless of the CDC COVID-19 Community Level or HPCON level of at least:
  - three feet of physical distance between students,
  - six feet between students and adults, and
  - six feet between all adults.
- Engage and encourage everyone in the school and the community to practice prevention strategies and ensure that considerations are made for students with special healthcare needs and disabilities in alignment with all relevant [DoDEA policies](#) to provide Free and Appropriate Public Education (FAPE) for all students.
- Respond to COVID-19 concerns from staff, students, sponsors, and caregivers.
- Address unique needs of students who face emotional and behavioral challenges. For more information, please refer to [DoDEA Administrative Instruction \(AI\) 2510.01 Student Behavior Interventions](#).
- Transparently communicate information about mental health support services available at the school with staff, teachers, students, and families. These critical communications should be accessible to individuals with disabilities and limited English proficiency.
- Encourage staff and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media. Hearing about the pandemic repeatedly can be upsetting and mentally exhausting.
- Ensure DoDEA employees, DoD contractors, official visitors, and sponsors of enrolled students must perform home based screening before departing for a DoDEA facility or a DoDEA-sponsored activity. Although the signed document is not required, individuals who have symptoms of any infectious illness or symptoms, consistent with or test positive for COVID-19, may not attend in-person.

# Health Protection Conditions

## Understanding HPCONs

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community. HPCON levels outline specific actions that should be taken in response to a health threat. There are five levels of HPCON: Zero (Routine, no community transmission), Alpha (Limited, minimal community transmission), Bravo (Moderate, increased community transmission), Charlie (Substantial, sustained community transmission), and Delta (Severe, widespread community transmission).

## HPCON Framework

Installations will manage COVID-19 health protection measures using HPCON levels. HPCON 0 is the base level for the HPCON Framework and represents a return to normal operations.

The HPCON Framework contains Force Health Protection activities that installation commanders will undertake at each HPCON level. Installation commanders may deem it necessary to take additional precautions for select personnel and medically vulnerable populations (e.g., those who are elderly, have underlying health conditions or respiratory diseases, or are immunocompromised) and are both encouraged and authorized to do so. Installation commanders may further impose additional requirements appropriate for a particular local setting and/or based on transmission risk regardless of HPCON level.

## Authority to Determine HPCON Levels

The authority to determine HPCON levels is delegated to the Secretaries of the MILDEPs and Geographic Combatant Commanders and may be further delegated in writing to a level no lower than installation commanders in the grade of O-6 or higher. Those with HPCON implementation authority will coordinate changes in HPCON levels with other military installations, affected Geographic Combatant Commands (GCCs), and/or Direct Reporting Units in the same local commuting area (i.e., within approximately 30 miles) to the greatest extent practicable to facilitate consistency in response and unity of messaging.

Geographic Combatant Commanders have authority to determine HPCON implementation policy in accordance with operational requirements, and to match relevant Host Nation (HN) and allied forces standards, as applicable. Installation commanders outside the United States have unique geographic constraints and operational considerations for Force Health Protection (FHP). U.S. personnel should respect relevant HN and allied forces standards, as applicable.

## Criteria for Changing HPCON Levels

HPCON level determinations for COVID-19 are based on the CDC COVID-19 Community Levels reported by the CDC, which include screening levels that make use of newcase-rates and health and health care systems-related information. HPCON Levels A, B, and C correspond directly to CDC COVID-19 Community Levels of Low, Medium, and High community transmission, respectively. Elevation to HPCON D should be based on the determination that there is substantial loss of medical capabilities in the local community.

At installations where the CDC COVID-19 Community Level and the HPCON Level do not correspond with one another, DoDEA will use the installation HPCON Level to determine mitigation, screening testing and masking requirements. In these cases, the district leadership should meet with installation command officials to discuss the apparent inconsistency with published DoD guidance and how it impacts DoDEA schools.

Installations outside the United States utilize local community-level data, if available, in setting HPCON levels. Otherwise, installation commanders consider consulting country-level data for their HN and case-rate information available from the [CDC's COVID Data Tracker](#) and the [World Health Organization\(COVID-19\) Dashboard](#). Other sources of data on which installation commanders may rely include academic institutions if such HN data is inaccessible.



## DoDEA Alignment with HPCON Determinations

School operations will remain aligned with HPCON determinations for the supported military installation/community. In accordance with *Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance*, for HPCON Bravo or lower determinations, DoDEA schools will operate following CDC recommendations and guidelines specific to schools as implemented in operational procedures and guidance from the DoDEA Director. For HPCON Charlie or higher determinations, schools will operate remotely. The time requirement to transition between operational modes will be jointly coordinated between local DoDEA and military installation leadership and approved by the DoDEA Director. Consideration for logistical (e.g., transportation and food service) and IT equipment requirements will be factored into the time to transition between remote and in-person instruction.

<b>HPCON A</b> LOW COMMUNITY LEVEL	<b>HPCON B</b> MEDIUM COMMUNITY LEVEL	<b>HPCON C</b> HIGH COMMUNITY LEVEL
DoDEA schools will operate following CDC recommendations and guidelines specific to schools as implemented in operational procedures and guidance from the Director, DoDEA.	DoDEA schools will operate following CDC recommendations and guidelines specific to schools as implemented in operational procedures and guidance from the Director, DoDEA.	Schools operated by the Department of Defense Education Activity (DoDEA) will operate remotely.



## Full-time In-person School

As HPCON levels allow, students will attend school full-time with regular instruction from teachers. DoDEA has implemented comprehensive safety requirements and precautionary measures aligned with CDC and DoD guidance to ensure that employees and students are protected to the greatest extent possible.

To address additional staffing requirements resulting from this implementation related to COVID-19 (e.g., lunch, transition, and student arrivals and dismissals), DoDEA has created two codes for each district to use: one for hiring substitutes and another that can be used to increase the hours worked by existing educational aides. In the event that a superintendent identifies the need to pay teachers at their daily or hourly rate or hire COVID-19 related substitutes, a plan detailing the requirements for the necessary allocations of funds must be submitted to the Headquarters Education Operations and Policy Division.



## Transitioning Schools to Full-time Remote Learning

If local HPCON levels or host nation restrictions prevent in-person classes, all students will engage in remote learning with their classroom teachers. Schools will be prepared to fully transition to remote learning if health conditions necessitate. Transitions to remote learning will be coordinated between the installation and the school and district and approved by the DoDEA Director.

For anticipated closures of five days or less, there is no requirement to switch to full-time remote learning. In this scenario, schools will make assignments and resources available to students.

If a school or classroom will likely be closed for six days or more, they must prepare to implement remote learning within three days and to conduct remote learning for a minimum of ten school days. Teachers will use existing curriculum resources, such as Benchmark Advance, Go Math!, FOSS, Creative Curriculum, and other approved resources. Principals, community superintendents, and district superintendents will work in close coordination with installation commands, and region leaders will work in close coordination with DoDEA Headquarters to make case-by-case determinations regarding the transition to remote instruction.

## Guidelines for Schools and Districts Operating in or Transitioning to Remote Learning

DoDEA Headquarters, Centers for Instructional Leadership (CIL), regions, districts, schools, and teachers need to intentionally plan and be prepared to move to remote learning, if required, with the below expectations for each group.

### Headquarters

Throughout the school year, DoDEA Headquarters will continue to provide the following items and support:

- A K-12 education continuity plan for all of DoDEA, providing guidance to include:
  - Guidelines for relevant policies;
  - Online assessment resources that are available for teacher use; and
  - Expectations for Special Education (SPED), English for Speakers of Other Languages (ESOL), and Advanced Academic Programs and Services (AAPS) instruction throughout the week.
- Authentic performance-based assessments as exemplars using DoDEA-approved digital curriculum resources to the greatest extent possible.
- A full list of remote teaching resources and access information.
- Digital learning tools with comprehensive support.

### Regions and Centers for Instructional Leadership (CILs)

Throughout the school year, regions and CILs will continue to:

- Communicate expectations for principals supporting and supervising teachers in the remote teaching environment, review lesson plans, and ensure teachers are regularly working with and providing feedback to students.
- Provide guidance to help principals understand what quality synchronous and asynchronous learning and effective feedback to teachers looks like.
- Support principals in analyzing data.
- Support principals as they guide teachers in differentiated learning for students.
- Build capacity of Instructional Systems Specialists (ISSs) to coach teachers in the synchronous learning environment and develop asynchronous resources.
- Support principals in overseeing high-quality rigorous instruction in the remote learning environment.
- Provide daily core instructional guidelines to minimize screen fatigue by adhering to best practices for remote instructional time frames for elementary, middle, and highschool.

### Districts

Throughout the school year, each district will continue to:

- Communicate expectations for teaching and learning in the remote teaching environment, to include the number of synchronous interactions per week, asynchronous work, lesson plan posting, collaboration, and sponsor communications.
- Direct ISSs to develop exemplar lessons for teachers and support teacher collaborative teams with lesson development to the greatest extent possible.

- Ensure ISSs develop and model the use of formative assessments with teachers in the exemplar lesson plans during collaborative planning time and in co-teaching settings.
- Provide teachers the following guidance and templates to use in lesson planning and collaborative planning sessions:
  - Teacher lesson planning framework that highlights which tools are best to use following the 20-60-20 framework.
  - A collaborative platform (e.g., Schoology or Google Workspace for Education) for teachers to work together and share lessons and resources (this should be an asynchronous platform available for all teachers, which can support teachers in small schools who have fewer opportunities to collaborate with colleagues).
  - District or community-wide collaborative planning structure to ensure that collaborative planning among teachers continues in the remote environment.

### Schools

Throughout the school year, each school will continue to:

- Update remote learning digital tools (e.g., Schoology or Google Workspace for Education) with class schedules and students and meet any new course and curricular requirements.
- Provide a schedule for synchronous instruction and asynchronous work each day by subject to prepare students, sponsors, and caregivers for a possible transition to the remote learning environment.
- Share expectations for teachers to provide regular and predictable opportunities for families and students to connect with them, as timely and specific feedback is critical for student learning.
- Identify student access and passwords to available online resources and curriculum materials.
- Use a plan to support and supervise teachers' instruction.
- Maintain a plan to ensure preparedness to transition and implement remote instruction within three days.
- Provide communication tools for sponsors (aligned with resources provided by DoDEA Headquarters Communications Division) about the possibility of schools transitioning to the remote environment, to include:
  - Expectations for sponsor and caregiver support of student learning, completion of assignments, and communication with teachers.
  - Expectations around screen time, synchronous, and asynchronous learning.
- While in remote instruction, schools will establish sign-in and sign-out procedures for all personnel who enter the building to include the date and time for contact tracing purposes.

### Teachers

Throughout the school year, teachers will:

- Use a digital platform (e.g., Google Classroom, Schoology, or Seesaw) for in-person and remote learning tasks.
- Maintain an intentional plan for transitioning to long-term and short-term remote

teaching and learning, including a schedule for live sessions and virtual office hours.

- Use DoDEA-adopted digital curricular materials regularly for each subject to ensure students are prepared for the remote learning environment should conditions change.
- Collaborate regularly at scheduled times with colleagues to share teaching practices, engage in collaborative planning, reflect on instructional effectiveness, analyze student work and data, and develop assessments.
- Maintain regular, two-way communication with sponsors and caregivers to ensure families are prepared for a potential transition to remote teaching and learning and are able to receive feedback and support when remote.

## Infection Prevention and Control Training

At the start of the school year, DoDEA schools provide COVID-19 Health and Safety Guidelines and Protocols Orientation Training for all faculty, staff, substitutes, and students. Schools will communicate their strategies and any changes in plans to teachers, staff, and families, and directly to older students, using accessible materials and communication channels, in a language and at a literacy level that teachers, staff, students, and families understand.

The school nurse and teacher should partner to educate students about COVID-19 and how to limit the spread of the virus (e.g., modes of transmission, signs of illness, protective measures, and appropriate social skills encouraging minimal physical contact). Additional resources are available through the district and the local Military Treatment Facility (MTF).



## Guidelines for Extracurricular Clubs, Activities, and Sports

The return to extracurricular clubs, activities, and athletic competition is essential to the physical and mental well-being of students. Each location and situation is unique, and local conditions play a key role in decision-making in DoDEA's globally dispersed school system. Please refer to *DoDEA Guidelines for Extracurricular Activities to include Athletics School Year 21-22* on the [DoDEA School Operations in COVID-19](#) webpage for detailed information on high, medium, and low risk activities for HPCON Alpha and Bravo. School and district leaders are expected to collaborate with installation commanders as they develop plans for execution within their local communities.



## Field Trips, Gatherings, Events, and Meetings

Large gatherings bring together many people from multiple households in a private or public space. They sometimes involve lodging, tickets, or long-distance travel. Large school sponsored events may include sporting events, graduations, dances, festivals, or concerts. Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

	<b>HPCON A</b> <b>LOW COMMUNITY LEVEL</b>	<b>HPCON B</b> <b>MEDIUM COMMUNITY LEVEL</b>	<b>HPCON C</b> <b>HIGH COMMUNITY LEVEL</b>
<b>Field Trips and School Sponsored Events</b>	Submit a mitigation plan, approved by Region Director for Student Excellence.	Submit a mitigation plan, approved by Region Director for Student Excellence.	DoDEA School Operate in Remote, therefore, field trips are suspended.
<b>Meetings and Conferences with More than 50 Participants</b>	Submit a mitigation plan, approved by Region Director for Student Excellence.	Submit a mitigation plan, approved by Region Director for Student Excellence.  DD Form 3150 required for all attendees, including DoDEA employees and contractors.	Submit a mitigation plan, approved by DoDEA Director.  DD Form 3150 required for all attendees, including DoDEA employees and contractors.
<b>Meetings and Conferences with 50 or Less Participants</b>	No documentation required.	DD Form 3150 required for all attendees, including DoDEA employees and contractors.	DD Form 3150 required for all attendees, including DoDEA employees and contractors.

### Field Trips and School Sponsored Events

For any **field trips or school sponsored events** from or on an installation where the **HPCON is A or B**, school administrators will submit a mitigation plan and must obtain advance written approval from the Region Director for Student Excellence. The CDC COVID-19 Community Level or equivalent of the location to be visited must also be considered. When the **HPCON is C**, DoDEA schools operate remotely. Include public health in the review process for the mitigation plans, as required by installation-specific guidance.



### Meetings and Conferences

For any planned in-person meetings sponsored by DoDEA with more than 50 participants in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is **High**, the meeting organizer will submit a mitigation plan and must obtain advance written approval from the DoDEA Director. For any meetings of more than 50 participants in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is **Medium or Low**, the meeting organizer will submit a mitigation plan and must obtain advance written approval from the Region Director for Student Excellence. Include public health in the review process for the mitigation plans, as required by installation-specific guidance.

For any in-person meetings, regardless of the number of attendees, in a county or equivalent jurisdiction where the CDC COVID-19 Community Level is **High or Medium**, the meeting organizer will require all attendees, including DoDEA employees and contractors, to show a completed DD Form 3150, "Contractor Personnel and Visitor Certification of Vaccination."

In-person attendees who are not fully vaccinated, or who decline to provide information about their vaccination status, may not attend the meeting if they do not show the meeting organizer proof of a negative FDA approved or authorized COVID-19 test completed no earlier than 72 hours prior to the meeting, and at least weekly if the meeting is greater than one week in duration.

## Full-time Virtual School



Students who select the full-time virtual option must commit to remain in DVS for the entire school year and remain eligible, enrolled, and in the geographical area of their local school while participating in DVS full-time. These students may participate in in-person activities, such as extracurricular activities, graduation ceremonies, and select DoDEA Comprehensive Assessment System (DoDEA-CAS) assessments.

All students who opt for virtual learning will be enrolled in DVS in five core classes. Students at the high school level should work with their counselors to ensure they register for the appropriate number of courses to meet graduation requirements. Students in grades K-8 will be enrolled in mathematics, language arts, social studies, science, and one optional elective.

DoDEA schools will continue to find creative ways to serve their enrolled students who have selected the virtual option as part of the school community where possible. This includes but is not limited to providing access to information center materials, access to extracurricular activities outside of school hours, and inclusion in the yearbook and other spirit-related activities as appropriate. When providing these opportunities, schools should take into consideration requirements for health screening and scheduling.

### Incident Reporting in DoDEA Virtual School

The DVS administrator will serve as a conduit between DVS and the local brick and mortar school administrator to ensure the brick-and-mortar school administrator has the pertinent information required to submit incident reports. The DVS administrator will work with the brick-and-mortar school until the case is closed.

### Threats to Self in DoDEA Virtual School

The local brick and mortar school will support the reporting of threats-to-self involving students enrolled in DVS to behavioral health or emergency services and will submit a Serious Incident Report (SIR) in the case management system in accordance with [DoDEA Regulation 3030.01](#).

### DoDEA PSB-CY Incident Report Procedures

The local brick and mortar school administrator will support the reporting of suspected Problematic Sexual Behavior in Children and Youth (PSB-CY) incidents involving students enrolled in DVS to the Family Advocacy Program (FAP) and military police, when appropriate, and will submit a SIR in the case management system in accordance with [DoDEA Administrative Instruction 1443.02](#) and [DoDEA Regulation 3030.01](#). Correspondingly, the brick-and-mortar administrators shall share all safety plans, separation orders, and existing student discipline procedures, suspensions, or expulsions with the DVS administrator.



## Suspected Child Abuse in DoDEA Virtual School

The local brick and mortar school administrator will support the reporting of suspected child abuse incidents involving students enrolled in DVS to FAP, Child Welfare Services, and law enforcement, when appropriate, and will submit the Child Abuse Report (CAR) in the case management system in accordance with [DoDEA Administrative Instruction 1356.01](#).

## Specialized Services in DoDEA Virtual School

The DVS will provide limited Advanced Academics Programs and Services (AAPS) services to students based on their advanced educational plan. Services for ESOL are provided to qualifying DVS students according to their grade level, English language proficiency level, and academic needs.

## Services for Students with Disabilities in DoDEA Virtual School

DVS is available to all students, including students with disabilities who are or may be eligible for either an Individualized Education Program (IEP) or a 504 Accommodation Plan. A student with a disability may not be denied participation in DVS because of their disability or because they may need services or accommodations that are not delivered virtually. Students enrolled in DVS who have current/active IEPs will be assigned a special education case manager who is part of the DVS Special Education Department/Case Study Committee (CSC) by the DVS special education administrator.

## Accommodation Plans in DoDEA Virtual School

When students who have 504 Accommodation Plans enroll in DVS, their 504 designation is immediately available to the DVS counselors through the DoDEA Student Information System database. The DVS counselors work in collaboration with the brick and mortar 504 team to ensure the development, modification, and implementation of 504 Accommodations Plans to support students within the DVS curriculum.

The DVS counselors ensure that DVS teachers are knowledgeable about student accommodations. For students who enroll in DVS and become eligible for a 504 plan after their enrollment, the DVS counselors initiate and coordinate the development and implementation of a 504 Accommodation Plan in collaboration with the brick and mortar 504 team as appropriate. The teams jointly follow the policies and procedures outlined in [DoDEA AI 2500.14, Nondiscrimination and 504 Accommodation on the Basis of Disability in DoDEA-conducted Education Programs and Activities](#) and will work with DVS to provide the virtual and/or physical accommodations necessary for a student with a disability to have access to DoDEA educational programs and services.

## Guidelines for Transitioning a Student to the Full-time Virtual School

All reasons for registration after the enrollment deadline will be reviewed by the district superintendent and the DVS administrator. If a student becomes ill and anticipates missing more than 15 days of school, the school, in consultation with the student's sponsor, will determine if DVS is the best option for a student and ensure this option meets the requirements in [DoDEA Regulation 2500.01, Instructional Services for Home or Hospital](#). The school may register students and ensure that families understand their responsibility in supporting their student's education in this environment.



## Home Visits

For the continued safety of teachers, students, and families, DoDEA is providing an exception to [DoDEA 1307.02](#), Home visits for SY 2022/2023. Home visits will be conducted as virtual family meetings. The virtual family meeting occurs with the family in their home environment and with the teacher in the school environment. This dynamic allows the student and family some of the same opportunities as a face-to-face home visit.

Much like a face-to-face home visit, the attention is focused on getting to know the student and family in their environment. This format minimizes distractions, provides active engagement, demonstrates support, and begins the parent/student/teacher relationship in the home environment, albeit virtually.



## School Meal Program

For the last two years, school student meals were free. The free meals initiative was made available due to pandemic funding provided through the U.S. Department of Agriculture. The USDA funding will expire at the end of June 2022. Just as before the pandemic, students will pay for school meals in SY 2022/2023. Meal price will vary by installation. Please consider applying for free or reduced-price meals. Meals will be free or at a reduced price for those families who apply and are determined to be eligible. Applications may be submitted as early as July 1, 2022; see your school website for further information regarding the free and reduced priced eligibility application process.

Virtual school students will have access to student meals next school year; however, the process and policy for obtaining the meals will change. Virtual School students must establish an online payment account and there must be money in the account to order and pick up a meal. Virtual School students who are eligible for free or reduced priced meals must also have an online account, and there must be a minimum of \$10 in the account in event meals are ordered but not picked up. Meals ordered and not picked up will still be charged to the account. Meals must be picked up in the cafeteria at the point of sale; there will be no Grab and Go access next SY unless the entire school transitions to remote due to COVID considerations.

## Prevention Strategies

The following prevention strategies are essential to safe delivery of in-person instruction and help to prevent COVID-19 transmission in schools. These mitigation strategies should be employed in accordance with the guidelines in this section:

- Vaccination
- Masking when appropriate
- Physical distancing
- Screening testing
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick
- Restricting access to DoDEA facilities
- Cleaning and disinfection

### Vaccination

#### DoDEA Employees

If they have not done so, DoDEA supervisors must ask DoDEA employees whether they are fully vaccinated. Employees who indicate they are fully vaccinated must provide proof of vaccination status to their supervisors. Supervisors must ensure the updated vaccination status is recorded in the Trusted Agent Database in ServiceNow.

Acceptable proof includes:

- a copy of the COVID-19 Vaccination Record Card (CDC Form MLS-319813\_r, published on September 3, 2020),
- a copy of medical records documenting the vaccination,
- a copy of immunization records from a public health or State immunization information system, or
- a copy of any other official documentation containing the data points required to be verified by the supervisor.

When necessary for implementing FHP guidance related to workplace access, DoDEA supervisors may ask the DoDEA employees they supervise whether they are up-to-date with COVID-19 vaccinations. If there is a supervisory concern about the accuracy of the DoDEA employee's response, DoDEA employees are required to provide proof of up-to-date vaccination status. Supervisors must not inquire about disabilities when asking DoDEA employees about up-to-date vaccination status.

DoDEA employees are eligible to receive the COVID-19 vaccine at any DoD vaccination site, including military medical treatment facilities.

DoDEA employees are authorized administrative leave to receive COVID-19 vaccination doses. In most circumstances, DoDEA authorizes employees to take up to four hours to travel to the

vaccination site, complete any vaccination dose, and return to work. If an employee needs to spend less time getting the vaccine, only the needed amount of duty time should be granted. Employees taking longer than four hours must document the reasons for the additional time.

DoDEA will grant leave-eligible employees up to four hours of administrative leave per dose to accompany a family member who is receiving any COVID-19 vaccination dose. If an employee needs to spend less time accompanying a family member who is receiving the COVID-19 vaccine, DoDEA will grant only the needed amount of administrative leave. Employees should obtain advance approval from their supervisor before using administrative leave for COVID-19 vaccination purposes. Employees are not credited with administrative leave or overtime work for time spent outside their tour of duty helping a family member get vaccinated.

DoDEA employees who experience an adverse reaction to a COVID-19 vaccination should be granted no more than two workdays of administrative leave for recovery associated with a single COVID-19 vaccination dose.

#### DoD Contractor Personnel

Onsite DoD contractor personnel will complete the DD Form 3150 “Contractor Personnel and Visitor Certification of Vaccination,” maintain a current completed copy, and show it to authorized DoDEA personnel upon request when at a DoDEA facility where the CDC Community Level is **High or Medium**. Failure to complete the DD Form 3150 may result in denying DoD contractor personnel access to the DoDEA facility to which access is sought. Onsite DoD contractor personnel who are not fully vaccinated against COVID-19 because they are not performing under a covered contract that requires COVID-19 vaccination, due to a legally required accommodation, or who decline to provide information about their COVID-19 vaccination status, will be subject to COVID-19 screening testing weekly when the CDC Community Level is **High or Medium**. DoD contractor personnel who refuse required COVID-19 screening testing will be denied access to DoDEA facilities.

For purposes of providing information about vaccination status and screening testing, “contractor personnel” are those individuals issued a credential by DoD that affords the individual recurring access to DoD facilities (e.g., Common Access Cardholders) who are performing under a contractor or subcontract between their employer and the DoD. “Contractor personnel” do not include employees of DoD contractors or subcontractors receiving ad hoc access to DoDEA facilities (e.g., delivery personnel, taxi services) or employees of DoD contractors or subcontractors who have access to the grounds of, but not the buildings on, DoD installations (e.g., contract groundskeepers).

### Official Visitors

“Official visitors” are non-DoD individuals seeking access, one time or recurring, in association with the performance of official DoDEA business (e.g., PTO/PTA), but who do not have credentialed recurring access. “Official visitors” **do not** include personnel receiving ad hoc access to DoDEA facilities (e.g., delivery personnel, parent volunteers, parent/teacher conferences); and individuals who have access to the grounds of, but not the buildings on, DoD installations (e.g., contract groundskeepers).

Official visitors will complete DD Form 3150, maintain a current completed DD Form 3150, and show it to authorized DoDEA personnel upon request when visiting a DoDEA facility where the CDC COVID-19 Community Level is **High or Medium**. Failure to complete the DD Form 3150 may result in denial of an official visitor’s access to the DoDEA facility to which access is sought.

When visiting a DoDEA facility where the CDC COVID-19 Community Level is **High or Medium**, official visitors who are not fully vaccinated against COVID-19, or who decline to provide information about their vaccination status, must show an electronic or paper copy of negative results from an FDA-authorized or -approved COVID-19 test administered no earlier than 72 hours prior to their visit. If unable to show a negative COVID-19 test result, the official visitor may be provided onsite self-testing, if available, or will be denied access to the DoDEA facility to which access is sought.

Official visitors will follow applicable DoD policies and procedures, as well as the policies and procedures of the DoDEA facility they are visiting, if different from the DoD’s. All official visitors must comply with all applicable FHP guidance.

### Additional Requirements for Information Collected from DoDEA Employees

DoDEA supervisors and human resources officials will use appropriate safeguards in handling and storing DoDEA employee medical information, including a DoDEA employee’s proof of vaccination; any medical information on the DD Forms 3175, 3176, and 3177, and COVID-19 test results. Appropriate safeguards may include encrypting emails and electronic files and providing role-based access to electronic storage environments where this information is maintained. In the event the information is maintained in paper form, supervisors and other authorized DoDEA personnel must ensure DoDEA employee medical information remains confidential and is maintained separately from other personnel files (e.g., stored in a separate, sealed envelope marked as confidential DoDEA employee medical information and maintained in locked file cabinets or a secured room). DoDEA will refer to applicable internal guidance on the handling, storage, and disposition of DoDEA employee medical records. Supervisors and human resource officials should consult the DoDEA Privacy Officer as needed for further guidance.

## Masking When Appropriate

<b>HPCON A</b> <b>LOW</b> <b>COMMUNITY LEVEL</b>	<b>HPCON B</b> <b>MEDIUM</b> <b>COMMUNITY LEVEL</b>	<b>HPCON C</b> <b>HIGH</b> <b>COMMUNITY LEVEL</b>
Individuals (students, DoDEA employees, onsite DoD contractor personnel, and visitors) are <b>NOT REQUIRED</b> to wear masks in DoDEA facilities, regardless of vaccination status.	Individuals (students, DoDEA employees, onsite DoD contractor personnel, and visitors) are <b>NOT REQUIRED</b> to wear masks in DoDEA facilities, regardless of vaccination status.	Individuals (students, DoDEA employees, onsite DoD contractor personnel, and visitors) <b>ARE REQUIRED</b> to wear masks in DoDEA facilities, regardless of vaccination status.

### Masking on School Buses

In accordance with CDC recommendations for K-12 schools, DoDEA does not require masks on school buses or vans when the CDC Community Level is **Medium or Low** (as determined by the installation), subject to any local or host nation restrictions. More information can be found at the CDC's [Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#) page.

### Choosing to Wear a Mask

Schools will ensure that individuals can wear a mask if they choose to do so, regardless of COVID-19 Community Level or installation determinations. Individuals may choose to wear masks in certain situations such as when:

- at higher risk for severe illness,
- sick, and/or
- caring for someone who is sick with COVID-19.

### Mask Exceptions

Exceptions to HPCON C/High mask wearing are limited to the following instances:

- when an individual is alone in an office with a closed door and floor-to-ceiling walls;
- brief periods of time when eating and drinking while maintaining distancing;
- when the mask is required to be lowered briefly for identification or security purposes;
- when the person who would be wearing the mask is sleeping, unconscious, incapacitated, or otherwise unable to remove the mask without assistance; and/or
- when necessary as a reasonable accommodation for a person with a disability.

When mask wearing is required, previously approved exceptions to the masking requirement remain in effect. For students, a documented medical condition may justify a situation in which they cannot safely wear a mask and does not necessitate a new or updated 504 plan or an IEP.

In such cases, the school nurse may consult with the parent and doctor to assist in 1) determining the need for and 2) setting up an Individualized Healthcare Plan (IHP), or an Emergency Care Plan (ECP) if the condition may result in a life-threatening emergency (e.g., anaphylactic reaction). All requests must include current (within 30 days of submission) medical documentation from a local medical provider that details how the student's medical condition or disability directly impacts their ability to safely wear a mask in an educational environment or restricts their access to a free appropriate public education (FAPE).

### Masking Outdoors

In general, individuals do not need to wear masks outdoors. In any COVID-19 Community Level, mask-wearing outdoors during recess is optional regardless of physical distancing. Should student COVID-19 cases increase, DoDEA may require that physical distancing be maintained outdoors when individuals are unmasked. Outdoor instructional activities where students are unmasked always require physical distancing. Individuals may choose to wear a mask outdoors when in sustained close contact with other people, particularly if:

- they or someone they live with has a weakened immune system or is at increased risk for severe disease; and/or
- they are not up to date on COVID-19 vaccines or live with someone who is not up to date on COVID-19 vaccines.



### Physical Distancing

Regardless of the COVID-19 Community Level, the use of layered prevention strategies is essential to help prevent transmission. In accordance with DoD guidance, physical distancing remains in effect.

To the maximum extent possible, regardless of the CDC COVID-19 Community Levels, schools will maintain at least:

- three feet of physical distance between students,
- six feet between students and adults, and
- six feet between all adults.

Schools will implement measures designed to ensure physical distancing in indoor areas whenever possible (including common areas, elevators, and stairs) and outdoor areas which are crowded or in which personnel are required to congregate, such as building entrances.



## Physical Distancing on Buses

Maintaining physical distancing is often difficult on school buses. Individuals may not be able to physically distance themselves from other people seated nearby or from those standing in or passing through the aisles. When on transportation, open or crack windows if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

## Screening Testing

Screening testing is required for DoDEA employees, onsite DoD contractor personnel, and visitors where the CDC COVID-19 Community Level is **High or Medium** in accordance with *Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance* dated 4 April 2022.

<b>HPCON A</b> LOW COMMUNITY LEVEL	<b>HPCON B</b> MEDIUM COMMUNITY LEVEL	<b>HPCON C</b> HIGH COMMUNITY LEVEL
DoDEA is <b>NOT REQUIRED</b> to utilize the screening testing program for DoDEA employees, onsite DoD contractor personnel, and visitors who are not fully vaccinated.	DoDEA is <b>REQUIRED</b> to utilize the screening testing program for DoDEA employees, onsite DoD contractor personnel, and visitors consistent with DoDEA's established protocols for those not fully vaccinated.	DoDEA is <b>REQUIRED</b> to utilize the screening testing program for DoDEA employees, onsite DoD contractor personnel, and visitors consistent with DoDEA's established protocols for those not fully vaccinated.

DoDEA employees who are not fully vaccinated and who telework or work remotely on a full-time basis are not subject to weekly testing but must provide a negative result (from a test performed within the prior 72 hours) for entry into a DoD facility located in the county where the COVID-19 Community Level is High or Medium.

## Ventilation

The SARS-CoV-2 virus is transmitted mainly by large respiratory droplets, but infected individuals generate aerosols and droplets across a large range of sizes and concentrations. There is no need to shut down air HVAC, air handling systems, or air vents to prevent the spread of COVID-19 within a building. Increasing indoor air movement and ventilation is a cornerstone of COVID-19 transmission mitigation strategy.

DoDEA has professional technicians who operate and maintain the heating, ventilation, and air conditioning (HVAC) systems for DoDEA facilities. This includes preventative maintenance ensuring the systems operate properly with acceptable indoor air quality and breakdown maintenance so that issues receive a timely response when a service call is submitted. HVAC systems are designed and operated in accordance with the American Society of Heating, Refrigeration and Air Conditioning Engineers (ASHRAE) guidance as well as manufacturer's recommendations. This includes ventilation in high occupancy areas and restrooms. Current ASHRAE guidance does not require the use of HEPA systems or ultra-violet germicidal irradiation in schools or offices.

Secondary improvements to enhance the ventilation may include some or all of the following activities; not all activities are applicable for all scenarios. Administrators and other appropriate staff should work with the school facility operations specialist (FOS) and other division representatives as appropriate.

- Increase outdoor air ventilation to the extent feasible and within the limits of the HVAC system.
- During temperate weather, increase ventilation by opening windows and doors. Do not open windows and doors if doing so poses a security, safety, or health risk to students and staff using the facility (e.g., results in inappropriate access, creates risk of falling, creates condensation on surfaces, triggers asthma symptoms). Windows and doors must be closed and locked every day. Coordinate with the FOS, safety, and security management representatives.
- School-provided child-safe fans may increase the effectiveness of open windows. Position fans securely and carefully in or near windows so as not to induce potentially contaminated airflow directly from one person to another. Strategic window fan placement in exhaust mode can help draw fresh air into rooms via other open windows and doors without generating strong room air currents. Windows must be closed and locked when not in use. Coordinate the installation of child-safe fans with the FOS and Safety Office.
- Decrease occupancy when ventilation cannot be increased.
- Increase total airflow supply to occupied spaces before, during, and after occupancy when possible and within the limits of the HVAC system.
- Disable demand-controlled ventilation (DCV) controls that reduce ventilation air supply based on occupancy or temperature.

## Handwashing and Respiratory Etiquette

People should practice handwashing and respiratory etiquette (covering coughs and sneezes) to prevent contracting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies:

- Teach and reinforce handwashing with soap and water for at least 20 seconds.
- Remind everyone in the facility to wash hands frequently and assist young children with handwashing.
- If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under six years of age.

## Staying Home When Getting Sick and Getting Tested

Students, DoDEA employees, DoD contractors, and official visitors who have symptoms of infectious illness, such as influenza (flu) or COVID-19, must stay home and should be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keeping COVID-19 infections out of schools and preventing spread to others. Schools should educate teachers, staff, and families regarding when they and their children should stay home and when they can return to school.

### Prescreening Protocols for DoDEA Staff and Students

DoDEA employees, DoD contractors, official visitors, and sponsors of enrolled students must perform the below prescreening protocol at home before departing for a DoDEA facility or a DoDEA-sponsored activity. Additionally, individuals who have symptoms of any infectious illness or symptoms, consistent with or test positive for COVID-19, may not attend in-person.

While the form is no longer required, home-based symptom screenings rely on individuals or sponsors and caregivers to initially identify when an individual may have signs and symptoms of illness and to take action such as staying home or seeking an evaluation from a healthcare provider. [Symptoms of COVID-19](#) include:

- Fever or chills,
- Cough,
- Shortness of breath or difficulty breathing,
- Fatigue,
- Muscle aches or body aches,
- Headache,
- New loss of taste or smell,
- Sore throat,
- Congestion or runny nose,
- Nausea or vomiting, and/or
- Diarrhea.

## Restricting Access to DoDEA Facilities

DoDEA employees/contractors or students who develop any signs or symptoms consistent with COVID-19 while in a DoDEA facility must immediately distance from others, put on a mask even if mask wearing is not otherwise required by DoDEA guidance, and promptly leave the facility.

DoDEA employees/contractors performing duties outside of the United States will also follow applicable geographic Combatant Commander guidance to address Host Nation policies.

The support for contact tracing by Military Public Health varies by installation; therefore, two options are provided to best meet the needs of the DoDEA facility based on installation capabilities:

**Option 1- Installation Conducts Contact Tracing:** School leaders will follow the recommendations of Military Public Health for determining close contacts and length of time for quarantine and isolation of these close contacts. Schools must continue to collaborate with Military Public Health to confidentially provide information regarding individuals diagnosed with or exposed to COVID-19. DoDEA employees/contractors or students who test positive for COVID-19 should isolate and a determination must be made as to any close contacts required to quarantine. Leadership/school officials will send a notification to close contacts of the positive DoDEA employee/contractor or student.

**Option 2- Installation Does Not Conduct Contact Tracing:** If it is determined that an individual has been in a DoDEA facility while positive, the leadership/school official will send a notification to those in the same classroom or area and request they self-monitor for symptoms consistent with COVID-19. Depending on if the DoDEA employee/contractor or student has signs or symptoms of COVID-19, is asymptomatic, or tests positive for COVID-19, they will follow the protocols below:

### Signs or Symptoms Consistent with COVID-19

DoDEA employees/contractors that have signs or symptoms consistent with COVID-19 will notify their supervisor and may not enter a DoDEA facility. Parents or guardians of students that have signs or symptoms consistent with COVID-19 will notify the school nurse and are not permitted to send the student to school. If individuals are COVID-19 symptomatic, they should consult with their health care provider and be tested immediately and on day five after exposure, unless the individual tested positive for COVID-19 within the last 90 days.

### Asymptomatic

If the vaccination status is **known or declared**, DoDEA employees/contractors or students with potential exposure to COVID-19 do not need to quarantine if they:

- are up to date with COVID-19 vaccines, including recommended booster shots and additional primary shots for some immunocompromised individuals; or
- had confirmed COVID-19 within the last 90 days (i.e., they tested positive using a viral test).

If the vaccination status is **not known or declared**, DoDEA employees/contractors or students with potential exposure to COVID-19 will continue coming to school unless their health condition changes (e.g., DoDEA employee/contractor or student develops symptoms or tests positive for COVID-19).

Regardless of vaccination status, asymptomatic personnel with potential exposure to COVID-19 must wear a mask in the DoDEA facility for 10 days, even if mask wearing otherwise is not required by DoD guidance. Day one is defined as the day after the school was notified of the positive case.

#### Tested Positive for COVID-19

Regardless of COVID-19 vaccination status, DoDEA employees/contractors or students who test positive for COVID-19 will remain out of the DoDEA facility for five days. Individuals may return to the DoDEA facility after five days, if either:

- they have no symptoms; or
- if they are without fever for more than 24 hours and any remaining symptoms are resolving.

Mask wearing must continue in DoDEA facilities for an additional five days, even if mask wearing is not otherwise required by DoDEA guidance.

#### Eligibility of DoD Personnel and Contractors for Testing

DoDEA employees suspected of having contracted COVID-19 may be offered screening testing if their supervisor has determined that their presence in the DoDEA facility or official travel is required. DoDEA employees may also be offered screening testing in connection with workplace disease surveillance.

DoD contractor personnel suspected of having contracted COVID-19, or for whom testing is required for workplace surveillance or official travel, may be offered screening testing, subject to available funding, if such testing is necessary to support mission requirements and is consistent with applicable contracts (for example, if testing is explicitly called for under the contract or if testing is required to access a DoD facility and the contractor personnel must access the DoD facility to perform under the contract). DoD contracting officers may also modify existing contracts to require contractors to test their personnel or to permit DoD to test their personnel, as necessary to support mission requirements and subject to available funding.

For testing of foreign national employees in locations outside, supervisors should refer to country-specific labor agreements or contracts and consult with the DoDEA Office of General Counsel for guidance and any limitations concerning such tests.

## Cleaning and Disinfection

According to the CDC, the virus that causes COVID-19 can land on surfaces. It is possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. In most situations, the risk of infection from touching a surface is low. The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.

When no people with confirmed or suspected COVID-19 are known to have been in the space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency List-N Tool COVID-19 Disinfectants list](#)) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

DoDEA will continue to provide a safe and clean environment based upon CDC, DoD, and host nation guidelines. Depending upon the location, in-house government or contractor custodial personnel will work to prevent or slow the spread of infectious diseases in DoDEA facilities.

For more information on cleaning a facility regularly, whether to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#). Custodians disinfect frequently touched surfaces and objects with cleaners certified for



use in schools and according to the manufacturer's recommendations on the label to kill germs. Daily disinfected surfaces and objects include but are not limited to: sinks, faucets, toilets, urinals, showers, countertops, lunch room tables, entry doors and hardware, drinking fountains, light switches, automatic door control buttons, exterior surface of lockers, counter tops, classroom tables counters, and desks.

The CDC and OSHA established enhanced cleaning and disinfection guidance for the cleaning and disinfection of work areas, including those areas previously occupied by workers with known or suspected COVID-19.

If an individual who has tested positive for COVID-19 has entered a facility within the last 24 hours, custodial personnel will clean and disinfect the space. The FOS will be required to provide (or coordinate the provision of) additional cleaning and disinfecting of the areas where the occupant was traced. Supplies, equipment, and personal protective equipment (PPE) for custodians is provided by either the Facilities Division or the custodial contractor. Segregation of such work areas prior to cleaning and disinfection is necessary.

## School Nurse Training, Personal Protective Equipment, and Office Guidelines

All DoDEA school nurses have received professional learning on Psychological First Aid and Disaster Behavioral Mental Health as well as the core principles and specialized skills involved in contact tracing as a key strategy for disease control in an effective public health intervention. Key concepts of this training include clinical presentation of COVID-19, evidence of how it is spread from person to person, ethical considerations, contact tracing, and effective communication in contact tracing. For information about standard practices for school nurses, please refer to [DoDEA Manual 2942.0 School Health Services](#).



Medical personal protective equipment (PPE) items, such as N95 respirators, are reserved for use in high-risk procedures and for use by those at increased risk of severe disease and should not be issued outside of these circumstances unless local commanders or supervisors determine they are necessary to respect Host Nation or local jurisdiction guidelines. In those instances, commanders or supervisors, in consultation with public health specialists and legal counsel, and with consideration of national or local jurisdictional agreements, such as Status of Forces Agreements, will determine if medical PPE items will be issued to non-medical personnel to respect such guidelines. The PPE supply must be optimized and the below guidelines should be followed, in addition to consulting CDC-published strategies found at their [COVID-19 Personal Protective Equipment \(PPE\)](#) page.

Although it is likely that expired respirators will be scarce two years into the pandemic, stockpiles of new respirators may eventually pass their expiration date. N95 respirators in the pandemic stockpiles that have exceeded their manufacturer's recommended shelf-life and expiration date should not be discarded. Current CDC guidance addresses this issue by describing strategies for optimizing the supply of N95 respirators in health care settings where there is a limited supply. Use of expired respirators may be prioritized for situations where personnel are not exposed to the virus that causes COVID-19, such as for training and fit testing. The manufacturer should be contacted for additional guidance on the use of expired respirators for any other reasons. Those responsible for ordering respirators should not do so with the idea that expired devices can be readily re-used; rather, expired devices should be discarded as per National Institute for Occupational Safety and Health pre-pandemic policy.

## Implications of DoD Travel Requirements and Restrictions

Current DoDEA travel guidance and required travel documents are posted at [Updated Travel Guidance | DoDEA](#). Prior to travel, travelers should reach out to the local DoDEA Resource Management office for any travel-related questions as requirements may change without notice. Guidance addresses official and unofficial travel and provides current pre- and post-travel information for DoDEA employees, DoDEA family members, and DoDEA contractor personnel.

### Travel Risk Assessment

For DoDEA employees, a risk assessment is required before official travel. The risk assessment is posted on the [DoDEA Travel Risk Assessment](#) page. The risk assessment of the health status of the traveler will include, at a minimum, determining:

- Whether the individual is familiar with how to self-monitor, and what actions to take, if he or she develops signs or symptoms consistent with COVID-19 or contracts COVID-19;
- Whether the individual has exhibited any signs or symptoms consistent with COVID-19 within the previous 10 days;
- Whether the individual has had close contact with anyone exhibiting, or known to have exhibited, signs or symptoms consistent with COVID-19, or who has tested positive for COVID-19 within the previous 10 days;
- Whether the individual has recently recovered from COVID-19 and, if so, whether and when they received documentation of a positive viral test as well as documentation of recovery from a health care provider;
- Whether the individual is fully vaccinated or up-to-date with COVID-19 vaccines and, if so, whether and when they received proof of vaccination (CDC vaccination card or other medical documentation);
- Whether the individual has traveled to a country, state, territory, county, or city with high or increasing risk of COVID-19 as defined by the CDC in Travel Health Notices;
- Whether the individual is at increased risk of severe illness of COVID-19 as defined by the [CDC](#) (Disclosure of risk of severe illness is voluntary); and
- The status of community spread of COVID-19 for the travel destination.

### Restrictions for Official Travel

**In all cases, no personnel may engage in official travel if they have tested positive for COVID-19 and have not yet met the criteria for discontinuing isolation, they are symptomatic, or they are pending COVID-19 test results.** After discontinuing isolation, personnel should avoid official travel until 10 calendar days after their symptoms started or the date of their positive test. If these personnel must travel on days 6 through 10, they must properly wear a well-fitting mask when they are around others for the entire duration of travel, even if mask wearing is not otherwise required by DoD guidance.

**Official travel should also be delayed if, in the past 10 days, an individual has been in close contact with someone who has tested positive for, and/or been symptomatic of, COVID-19**



**and requires self-quarantine.** Prior to travel, all official travelers should be educated on how to self-monitor and what actions to take if one develops signs or symptoms consistent with COVID-19 or contracts COVID-19.

Fully vaccinated individuals are not restricted from official travel, both domestic and international. **Individuals who are not fully vaccinated, or who decline to provide information about their vaccination status, are limited to mission-critical official travel, both domestic and international.** “Mission-critical” travel must be justified by the supervisor, indicating why a fully vaccinated individual cannot perform the mission versus a not fully vaccinated individual, and provide a description of the travel location and means of travel. The DoDEA Director is the approval authority for all Mission Critical travel waiver requests.



During all official travel, DoD travelers will wear masks (even if not required by the carrier) and follow all applicable Federal, State, local, and commercial air carrier requirements, and applicable Host Nation (HN) requirements as a means to respect HN law. In addition to completion of required or recommended ROM, additional requirements may be necessary when traveling to, or from, locations outside, and within, the United States, travelers will follow any requirements in the Electronic Foreign Clearance Guide pertaining to entry, movement, or operations into a HN. Travelers will also refer and adhere to local updates in HN for travel and movement within the HN.

## Glossary of Terms

**504 Accommodation Plan-** A written plan developed by the 504 Accommodation Team specifying the nature of the student’s disability(ies) and the major life activity(ies) it limits, the basis for determining the disability(ies), the educational impact of the disability(ies), the area(s) for 504 Accommodation(s), and the 504 Accommodation strategies and documentation concerning how the student’s progress will be determined. ([DoDEA AI 2500.14](#))

**Advanced Academic Program (AAP)-** Educationally relevant, academically oriented, needs-based programming geared toward students who have already mastered the grade-level curriculum or who have the capability of doing so far faster than their chronological peers. ([DoDEA AI 1308.01](#))

**Clean-** Using soap (or detergent) and water to physically remove germs, dirt, and impurities from surfaces.

**Close Contact-** Anyone who was less than 6 feet away from an infected individual for a combined total of 15 minutes or more over a 24-hour period. Exception: In the K–12 indoor setting, the close contact definition excludes students who were within three to six feet of an infected student (laboratory-confirmed or a clinically compatible illness). This exception does not apply to teachers, staff, or other adults in the indoor classroom setting.

**Contact Tracing-** The process of notifying contacts of exposure, addressing questions and concerns, referring for SARS-CoV-2 testing, encouraging self-quarantine, monitoring of symptoms, and assessing the need for additional supportive services during the quarantine period (14 days from last exposure).

**Community Levels -** CDC looks at the combination of three metrics — new COVID-19 admissions per 100,000 population in the past 7 days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 population in the past 7 days — to determine the COVID-19 community level. New COVID-19 admissions and the percent of staffed inpatient beds occupied represent the current potential for strain on the health system. Data on new cases acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge. Community levels are available on the CDC [COVID-19 Community Levels](#) page.

**Disinfect-** Using chemicals to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

**DoDEA Virtual School-** A full-time virtual learning option for students and families with health vulnerabilities related to COVID-19 or who are concerned about returning to a brick-and-mortar school setting.

**English for Speakers of Other Languages (ESOL)**- Language acquisition program designed to teach English language learners social and academic skills as well as the cultural aspects of the English language necessary to succeed in the academic environment. ESOL teaches listening, speaking, reading, writing, study skills, content vocabulary, and cultural orientation at the appropriate developmental and proficiency levels.

**Fully Vaccinated**- An individual is considered “fully vaccinated” when at least two weeks have elapsed after a second dose of a two-dose COVID-19 vaccine series (e.g., PfizerBioNTech/Comirnaty, or Moderna/Spikevax vaccines), or two weeks after receiving a single dose of a one-dose COVID-19 vaccine (e.g., Johnson & Johnson’s Janssen vaccine) that are: (1) fully licensed or authorized or approved by the FDA; (2) listed for emergency use on the World Health Organization Emergency Use Listing (e.g., AstraZeneca/Oxford); or (3) approved for use in a clinical vaccine trial for which vaccine efficacy has been independently confirmed (e.g., Novavax).

An individual is “not fully vaccinated” if the individual either has not completed the full COVID-19 vaccination dose series; or declines to provide his or her COVID-19 vaccination status and declines to provide any requested proof of that status.

Those with previous COVID-19 infections(s) or previous serology are not considered fully vaccinated on that basis for the purpose of this guidance.

**HPCON Level**- A framework to inform an installation’s population of specific health protection actions recommended in response to an identified health threat, stratified by the scope and severity of the health threat.

**Individualized Education Program (IEP)**- A written statement for a student with a disability that is developed, reviewed, and revised in a team meeting in accordance with DoDI 1342.12. Specifies the individual educational needs of the student and what special education and related services are necessary to meet the student’s educational needs.

**In-person Instruction**- Students are in the brick-and-mortar school building, receiving instruction from their assigned teachers.

**Mask**- Acceptable masks are non-medical disposable masks; masks made with breathable fabric (such as cotton); masks made with tightly woven fabric that does not let light pass through when held up to a light source; masks with two or three layers; masks with inner filter pockets, or, on a voluntary basis in non-medical settings, an N95-type filtering face piece. A good practice is to wear a disposable mask underneath a cloth mask for added protection as long as this does not interfere with breathing. Novelty or non-protective masks, masks with ventilation valves, bandanas, and face shields are not authorized as a substitute for masks. Masks must fit snugly around the nose and chin with no large gaps around the sides of the face.

**Physical Distancing-** The practice of limiting face-to-face contact with others to reduce disease spread by staying at least three feet (between students) or six feet (between adults and others) apart to the maximum extent possible, avoiding gathering in groups, and avoiding crowded places and mass gatherings.

**Remote Learning-** Students receive the classroom curriculum from their assigned brick and mortar teacher through digital programs (e.g., when schools shift from brick and mortar setting to remote learning.)

**Sanitize-** Lowering the number of germs on surfaces or objects to a safe level, as judged by public health standards or requirements by either cleaning or disinfecting surfaces.

**Special Education (SPED)-** Specially designed instruction, at no cost to the parent(s), to meet the unique needs of a student with a disability, including instruction conducted in a classroom, in the home, in hospitals, in institutions, and in other settings and instruction in physical education. The term includes each of the following if it meets the requirements of the definition of special education: Speech-language pathology services or any other related services, if the service is considered special education rather than a related service under state standards; vocational education; and travel training. ([1342.12 Companion](#))

**Up to Date-** A person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.