



DEPARTMENT OF THE ARMY
UNITED STATES ARMY ROTC CADET SUMMER TRAINING DETACHMENT
1ST CAVALRY REGIMENT ROAD
FORT KNOX, KENTUCKY 40121-5123

ATCC-ST

12 MAR 2024

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Cadet Summer Training (CST) Policy Memorandum 24 - Guidelines for COVID-19 Mitigation

1. REFERENCES:

- a. HQDA EXORD 225-21 COVID-19 Steady State Operations
- b. Army Public Health Command, COVID19: The Army Public Health Roadmap to Coronavirus Disease Risk Reduction in Army Training Formations, TA-541-0520 v1.1, May 2020.
- c. Consolidated Department of Defense Coronavirus Disease 2019 Force Health Protection Guidance, 01 March 2024.
- d. U.S. Army Center for Health Promotion and Preventive Medicine Technical Guide 314, Non-vaccine Recommendations to Prevent Acute Infectious Respiratory Disease Among U.S. Army Personnel Living in Close Quarters, May 2007.
- e. Centers for Disease Control and Prevention
(<https://www.cdc.gov/coronavirus/2019-ncov/index.html>)

2. PURPOSE. To provide guidance to U.S. Army Cadet Command (USACC) for minimizing the risk of transmission of SARS-CoV-2 (COVID19) in training populations during Cadet Summer Training (CST) 2024.

3. SCOPE. These guidelines are applicable to all USACC CST personnel (Leaders, Cadre, Cadets, supporting personnel, and Request For Forces (RFF)) involved in training activities.

4. BACKGROUND.

a. In December 2019, a novel coronavirus known as SARS-CoV-2 (the virus that causes coronavirus disease [COVID-19]) was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease that has now spread globally. The Secretary of Health and Human Services declared a public health emergency on 31 January 2020, under section 319 of the Public Health Service Act (42

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U.S.C. 247d), in response to the spread of COVID-19. On 20 March 2020, the President of the United States proclaimed that the COVID-19 outbreak in the United States constituted a national emergency, retroactive to 1 March 2020.

b. SARS-CoV-2 is a highly contagious virus that spreads from person to person mainly through respiratory droplets produced, for example, when an infected person coughs or sneezes. It can also spread when a person touches a surface or object that has the virus on it, then touches their mouth, nose, or eyes. The virus appears to spread at least twice as efficiently as influenza. COVID-19 is the acute respiratory infection caused by this new strain of coronavirus. Persons infected by SARS-CoV-2 may experience a range of symptoms including, most commonly, fever, dry cough, fatigue, lack or loss of appetite for food, shortness of breath, sputum (phlegm) production, muscle aches. Other COVID-19 symptoms may include headache, myalgia and arthralgia (muscle and joint pain), rhinorrhea (runny nose), conjunctivitis (pink eye), sore throat, anosmia and ageusia (loss of smell and taste), chest pain or pressure, gastrointestinal symptoms, and diarrhea. Most symptomatic COVID-19 cases experience mild to moderate symptoms. However, the virus can cause pneumonia, severe acute respiratory distress syndrome, multi-organ failure, and, in some cases, death. An unknown but potentially substantial proportion of individuals infected with the virus remain asymptomatic (i.e. without symptoms).

c. The U.S. Army has conducted operations, including training, during pandemic conditions from novel respiratory viruses. Decades of historical data demonstrate that training populations are at high risk for transmission of respiratory diseases. The convergence of individuals from across the country at training locations may introduce illnesses to which trainees are not immune. Living and training in close quarters, and trainees' weakened immune systems from high-stress conditions further increase susceptibility to infection. Training installations should be prepared for the possibility of COVID-19 in the trainee population.

d. The Department of Defense along with Centers for Disease Control (CDC) and Prevention have taken extraordinary efforts to mitigate, prevent, treat, and maintain COVID-19 outbreaks from impacting organizations and communities as the national, state, and local levels. Overtime, new research and data analysis has provided current information that informs new decisions and steps to take in combating the COVID-19 virus. With updated information units should remain flexible in adjusting to recommendations that are aimed to mitigate daily impacts to unit readiness and missions.

5. CONCEPT OF MITIGATION.

a. Cadets and Cadre are tasked organized within regiments and will remain primarily with their assigned regiment and platoons for the duration of CST. When appropriate all personnel should practice COVID-19 mitigation measures based on the current community trends which can be found at [Coronavirus Disease 2019 \(COVID-19\) | CDC](#).

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b. All cadets, cadre, and RFF will be tested, as clinically indicated, at Nelson TMC.

c. All personnel with a positive test result will immediately communicate through their closest supervisor and their chain of command. Personnel with a positive test result may return to normal activities when symptoms improve and no fever is present (while not using fever-reducing medication) for at least 24-hours. Upon returning to normal activities, take added precautions (such as hygiene masks, physical distancing, and air purifying systems) for an additional 5-days. If an individual develops a fever or starts to feel worse after returning to normal activities, stay home and away from others for at least an additional 24 hours until symptoms improve, and no fever is present (while not using fever-reducing medication). Any COVID-19 positive personnel will be able to isolate in the Covid Recovery Element (CRE). Cadets and cadre will isolate in BLDG 1485 at the COVID-19 Recovery Element (CRE) Barracks. DoD Civilians and contractors may isolate at their CST residence provided they are living alone and don't reside in any IHG hotel facility. There is no set isolation period, it varies on a case by case bases.

6. COVID TESTING, Limited-ISOLATION, QUARANTINE, AND TREATMENT will be In Accordance With (IAW) the most recent Consolidated DoD Coronavirus Disease 2019 Force Health Protection Guidance (see summary of Force Health Protection (FHP) guidance in Enclosure 1).

7. CONTACT TRACING. The TF Med Public Health along with FT Knox Public Health team will determine if a contact tracing investigation is required. In general, contact tracing will be conducted ONLY on COVID-19 cases identified in health care settings and certain high-risk congregate settings, unusual clusters of cases, and cases involving novel or emerging variants that pose a significant risk for severe disease, hospitalization, or death.

8. TRANSPORTATION. The following practices are recommended for mass transportation.

(1) Ensure appropriate stockage on each vehicle with disinfectant wipes/spray, hand sanitizer, disposable masks, and gloves.

(2) Sanitization of transport vehicle once all personnel and equipment are unloaded is required.

(3) All personnel with a positive test result will be transported to and from the CRE Barracks by predesignated personnel and vehicle.

9. POINTS OF CONTACT. Questions relating to this policy may be directed to the USACC Deputy Surgeon, LTC Andrew R. Kennedy (502) 626-1441, or CST Medical

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Planners: MAJ Patrick E. Hensel (210) 823-6799 and Mr. James (Tom) Campbell (502) 624-5957.

A handwritten signature in black ink, appearing to read 'S M King', with a stylized flourish at the end.

STEVEN M. KING
Brigadier General, USA
CST Commandant

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ENCLOSURE 1

SERVICE MEMBERS

If laboratory positive:

- The Service Member/ Cadet may be isolated for 24 hours, an additional 24 hours is available if symptoms persist.
- The Service Member/ Cadet may leave isolation or resume normal activities when symptoms improve and no fever is present (while not using fever-reducing medication) for at least 24-hours. After 24 hours, upon returning to normal activities, take added precautions (such as hygiene masks, physical distancing, and air purifying systems) for an additional 5-days. If an individual develops a fever or starts to feel worse after returning to normal activities, stay home and away from others again for at least 24 hours until symptoms improve, and no fever is present (while not using fever-reducing medication).
- Mask wearing must continue for 5 days after a Covid-19 positive test result while indoors and when around others, even if mask wearing is not otherwise required by DoD guidance.
- If fever, shortness of breath, or severe fatigue start or persist, the Service Member/ Cadet will speak with their provider to determine if they should be isolated until these symptoms resolve. The Service Member/ Cadet is required to be seen and managed by medical personnel.
- On leaving isolation Service Members/ Cadets will be evaluated within 24 hours and medical personnel will determine and direct a progressive return to duty profile.
- A negative test is not required to discontinue isolation. This is consistent with the CDC's recommendation to NOT test during the 90-day period following initial diagnosis. This applies to all viral testing methodologies, including antigen testing.

If exposed:

- Quarantine is not required for Service Members who are close contacts and who have been positive within the last 90 days OR are up-to-date with an FDA licensed or authorized COVID-19 vaccine, or a World Health Organization Emergency Use Listing COVID-19 vaccine.
- Close contact is defined by proximity with a Service Member positive for COVID-19 within six feet for fifteen minutes over twenty four hour period (either continuous or intermittent exposures).
- Regardless of vaccination status, close contacts identified through contact tracing or through exposure must wear a mask around others indoors for 5 days, even if mask wearing is not otherwise required by DoD guidance.

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For Service Members/ Cadets previously diagnosed with COVID-19 who remain asymptomatic after recovery, polymerase chain reaction retesting is not recommended within 90 days from the date of initial diagnosis. This is consistent with the CDCs recommendation to NOT test during the 90-day period following initial diagnosis. This applies to all viral testing methodologies, including antigen testing. If Service members/ Cadet become symptomatic during this time frame (whether or not they are a close contact of a case) they can self-isolate immediately and be evaluated by a health care provider in order to retest and determine if they have been re-infected with SARS-CoV-2 or if symptoms are caused by another etiology. Isolation may be warranted during this time is required, particularly if symptoms developed within 10 days after close contact exposure with to an individual who has contracted COVID-19.

CIVILIANS

Personnel other than Service Members/ Cadets who have signs or symptoms consistent with COVID-19 will notify their supervisor and not come to the DoD workplace. Personnel who develop any signs or symptoms consistent with COVID-19 during the workday must immediately distance from other workers, put on a mask even if mask wearing is not otherwise required by DoD guidance, notify their supervisor, and promptly leave the DoD workplace.

If Laboratory Positive:

- The civilian will remain out of the workplace for 24 hours. To calculate the recommended time frames, day zero is the day tested if no symptoms, or the date symptoms started.
- Individuals may return to the DoD workplace after 24 hours, if either: they have no symptoms; or (2) if they are afebrile (fever-free) for more than 24 hours (without the use of fever-reducing medication) and any remaining symptoms are resolving.
- Mask wearing must continue in the workplace for an additional 5 days (for a total of five days post-positive result), even if mask wearing otherwise is not required by DoD guidance.
- DoD civilian employees who test positive for COVID-19 may telework during the 24 hours they're required to remain out of the workplace if able to do so.

If exposed:

- Personnel with potential exposure exposed to COVID-19 based on close contact with a person who has a laboratory confirmed, clinically diagnosed, or presumptive case of COVID-19 will notify their supervisor.
- Asymptomatic personnel with potential exposure exposed to COVID-19 close contact must wear a mask in the workplace for 5 days, even if mask wearing otherwise is not required by DoD guidance.

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DoD civilian employees who are remaining out of the workplace because of COVID-19 symptoms and who are waiting for a test result may telework if able to do so. If they are unable to or do not feel well enough to telework, they may request sick leave, use accrued annual leave or other forms of earned paid time off (e.g., compensatory time off or credit hours), or use unpaid leave, as appropriate. Weather and safety leave is unavailable in this situation, but to mitigate exposure risks in the workplace, and on a limited basis, up to one day of administrative leave may be offered to DoD civilian employees who have COVID-19 symptoms and are remaining out of the workplace while actively seeking to be tested.

CLEANING AND DISINFECTING

Personnel who are cleaning workspaces or conducting maintenance activities in areas previously occupied by someone who is known or suspected to have contracted COVID-19 should wear gloves, face shields (if there is a risk of splash), disposable gowns or aprons, and other protection as recommended on the Safety Data Sheet or Environmental Protection Agency (EPA) label of the cleaning or disinfectant product. Personnel should follow all personal hygiene requirements (e.g., handwashing, equipment doffing) after completion of work activities as recommended by CDC guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>. Segregation of such work areas prior to cleaning and disinfection is necessary. When the cleaning and disinfection procedures described above are complete, demarcation of areas where the individuals known or suspected to have contracted COVID-19 previously worked is not necessary.

Enhanced cleaning and disinfection should also be performed for common use, high-touch, high-density spaces and equipment such as in lobbies, restrooms, break areas, and stairwells. It should also include tools and equipment that are shared by multiple users.