

# 1<sup>st</sup> INFANTRY DIVISION COVID-19 SOP



## Standard Operating Procedure 15 SEPTEMBER 2021

This SOP governs Standard Operating Procedures for visiting units for training on Fort Riley, KS.

20210909 Version 1

Contents	
1 <sup>st</sup> Infantry Division, Fort Riley, Kansas and COVID-19	3
COVID-19 Risk Mitigation	4
Vaccination Information	6
Vaccinated Personnel	8
Health Screening Criteria	9
Face Covering (“Mask”) Usage	10
Sanitation and Disinfection	12
Fort Riley Local Policy	13
Travel Policy	13
Visitation Policy	13
Physical Training Policy	13
Mass Gathering Policy	13
Composite Risk Management	14
COVID-19 Testing	16
Contact Tracing	19
COVID Positive Battle Drill	21
Victory Hotel	22
Release from Quarantine and Isolation	24
COVID-19 Related Precautions for Training	26
References and Resources	27
Definitions	27
Websites	29

# 1<sup>st</sup> Infantry Division, Fort Riley, Kansas and COVID-19



Commanding General  
1st Infantry Division and Fort Riley  
580 1st Division Road  
Fort Riley, Kansas 66442

July 29, 2021

Members of the Fort Riley Community,

We are not where we need to be with regard to our fight against COVID-19. Our transmission rate and vaccination status are endangering our people and our mission. As a result, and in compliance with CDC and DoD guidelines, we will **IMMEDIATELY** reinstate mask wearing on Fort Riley while in indoor settings for ALL people, military and civilian, vaccinated or unvaccinated. Specifics will be addressed in an updated General Officer Order and the 1ID COVID SOP, to be published within the next 24 hours.

The Delta Variant changes our ultimate concern regarding the virus. Our long-standing desires to prevent loss of life and maintain operational readiness remain. Now, however, our children are at greater risk. The variant impacts all ages and our children under 12 are not eligible for vaccination. We cannot place them at risk.

Vaccination remains the best way to counter the virus, protect our people, and return to a sense of normalcy. Although, breakthrough infections are possible, they remain the exception to the rule and the likelihood of hospitalization and death is close to zero.

We will continue to provide vaccinations for all eligible people. Our medical experts remain ready to provide facts to any who are still hesitant.

We will defeat this virus, but we can only do it together. We remain proud to serve alongside each of you and to call this community home.

***Duty First! People Always...All Else Follows!***

Raymond S. Harris  
Command Sergeant Major, U.S. Army  
1ID & Fort Riley Command Sergeant Major

Douglas A. Sims II  
Major General, U.S. Army  
Commanding

# COVID-19 Risk Mitigation

As of 15SEP21

**General.** Risk mitigation includes immunization, health screening, physical (social) distancing, personal hygiene, and the use of Personal Protective Equipment (PPE) when physical (social) distancing is not practical. Risk Assessments should include COVID-19 risk mitigation.

## Immunization

Vaccinations for COVID-19 reduces risk of exposure, spread, and severity of disease. See Vaccination Information Section for details on the vaccination process.

## Health Screening

Personnel conduct health screening to monitor for changes in health, which may be related to COVID-19 disease. Personnel who are showing signs or symptoms of disease should stay home and contact their supervisor or PCM for guidance. See Health Screening Section for more information. This will be conducted daily to test early and limit training distractors.

## Physical (social) distancing:

1. Maintain 6 feet between individuals.
2. Congregate in groups of 10 or less as much as possible.
3. When interacting with other keep the time short. Less than 15 minutes when possible.

## Personal hygiene:

1. Frequent handwashing/hand-sanitizing as much as possible, especially prior/post meals, post latrine usage, and prior entry of enclosed areas.
2. Carry personal alcohol-based hand sanitizers.
3. Practice proper sneeze/cough etiquette.
4. Rinse cloth face coverings daily and hang to dry overnight.
5. No sharing of personal items (i.e. face masks, gloves, canteens, canteen cups, weapons systems/cleaning kits, face paint, tobacco products, etc.)
6. Daily sanitization (bleach solution) of common hard surface areas. See Sanitation and Disinfection section for more information.

## PPE:

1. Due to the local community COVID transmission rate being high, Cloth Face Coverings are currently required when indoors in any FRKS building. The standard face covering for tight training areas (tents, vehicle platforms, etc.) where proper social distancing is not possible is the KN95 or N95 (Duck Bill) mask. If approved by the Senior Mission Commander via ETP, surgical masks can be used instead of N95 (Duck Bill). This would in times where procurement of N95 (Duck Bill) masks is not possible.

2. See Face Covering ("Mask") Usage.

3. PPE is ordered via normal logistics channels. Units order and resource their own PPE and equipment requirements either prior to arriving at FRKS or by establishing an account at IACH Medical Logistics.

**Restrictive Movement (RoM):**

1. All unvaccinated non-resident units' personnel will adhere to a Restriction of Movement (RoM). The RoM to all unvaccinated non-resident units are limited to their place of billet to their place of duty. All unvaccinated non-resident units and WFX 22-01 personnel are not authorized to the following Fort Riley facilities: Post Gyms, Commissary, Post Exchange, Shoppettes, Warrior Zone, MWR facilities, DFACs or any Warrior Restaurants, and Fort Riley residences.

2. All vaccinated non-resident units' personnel are authorized to the following Fort Riley facilities: Post Gyms, Commissary, Post Exchange, Shoppettes, Warrior Zone, MWR facilities, DFACs or any Warrior Restaurants, and Fort Riley residences.

3. Vaccinated and unvaccinated non-resident units' personnel are not authorized access to Spare Time Interactive Entertainment located at 7485 Normandy Dr. Fort Riley, Ks 66442.

4. Units are responsible in ensuring that proper sundry items are purchased and packed prior to arriving for training at FRKS. If available, an AAFES trailer maybe sourced to help provide items during training missions over three weeks in length.

6. Field religious services are available by request through the USAG FRKS Garrison Commander.

7. Clinic visits are authorized, however, a point of care or rapid antigen COVID-19 test must be performed prior to movement to any clinic or Irwin Army Community Hospital (IACH).

8. In an emergency, dial 911 and inform the dispatcher that you "may be COVID-19 positive".

**Billeting:**

1. All units will occupy billeting at 50% capacity to minimize the spread of the COVID-19 virus and other viruses.

2. Billeting at Camp Funston and Douthitt Gunnery Complex is already arranged to meet these standards.

3. When billeting in tentage, account for maximum air flow, 113 SQFT per person of space and sleeping head-to-toe. If space does not allow, make as much as an effort as possible to achieve 28 SQFT for vaccinated personnel.

4. If a question arises, coordinate with USAG FRKS for Public Health walkthrough and COVID-19 mitigation support.

**Serial COVID-19 Testing:**

1. All unvaccinated Service Members, DA Civilians, DoD contractors, and subcontractors coming onto FRKS for training will be subject to serial COVID-19 testing. DA Civilians, contractors, and subcontractors are required to fill out a DD 3150 to

disclose vaccine status. Anyone who is unvaccinated or declines will be subject to serial COVID testing.

2. The purpose of this testing is to mitigate the spread of COVID-19, reduce the risk of early culmination due to COVID-19, and not overwhelm FRKS medical assets.
3. At a minimum, a rapid antigen COVID-19 test or a Polymerase Chain Reaction (PCR) COVID-19 test will be conducted NET 72 hours prior to leaving home station for training at FRKS.
4. At the beginning of training (unless < 72 hours from initial movement test), all participants of the training that are unvaccinated with COVID-19 vaccine will conduct a rapid antigen COVID-19 test.
5. Rapid antigen COVID-19 tests occur every three (3) to four (4) days until the end of the training event.
6. Any positive results will be validated by a PCR conduct at IACH and ordered through the training unit's aid station ICW Farrlley Health Clinic staff.
7. Training units are responsible for ordering enough test kits for their training.
8. Any COVID-19 positives will be properly isolated, contact tracing conducted, and any first degree contacts will be quarantined IAW FRKS COVID-19 SOP.
9. Basic 5Ws of the positive SM will be reported to the G3 of the FRKS Senior Mission Commander for visibility.

**At any time the CG of FRKS or his appointed designee can increase restrictions to either COVID-19 vaccinated or unvaccinated Service Members, DA Civilians, DoD contractors, and subcontractors. This would be to ensure the health and safety of the force and families on Fort Riley, KS.**

**Changes will be communicated in an updated COVID-19 Mitigation for Non-Resident 1ID Training Units memo.**

## Vaccination Information

As of 9SEP21

**General.** COVID-19 Vaccines are proven methods to reduce infection, spread, and severity of COVID-19 disease. All currently authorized and recommended COVID-19 vaccines are safe, effective, and reduce risk of severe illness.

### Types and Guidelines.

*Moderna.* mRNA Vaccine. Ages 18 and up. Two-dose requirement. Doses separated by 28-days. Second dose most effective if administered between 28-42 days after first dose. Shows >90% efficacy.

*Pfizer.* mRNA Vaccine. Ages 12 and up. Two-dose requirement. Doses separated by 21-days. Second dose most effective if administered between 21-42 days after first dose. Shows >90% efficacy.

*Janssen* (Johnson & Johnson). Viral Vector Vaccine. Ages 18 and up. One-dose requirement. Shows to have ~68% efficacy.

\*Per CDC, women, especially younger than 50 years old, should be aware of the rare risk of blood clots with low platelets after vaccination. Other COVID-19 vaccines are available where this risk has not been seen.

### How to get.

FRKS has multiple options to receive the vaccine. Contact your unit provider or chain of command to receive a vaccine dose while training at FRKS. **Vaccinating Service Members coming onto FRKS is dependent on FRKS vaccine doses on hand and mission requirements.**

Additionally, vaccine is available off installation at most pharmacies to include Wal-Mart, CVS, Hyvee, Dillons.

To find vaccine and availability visit <https://www.vaccines.gov/>



Anyone who receives vaccine outside of FRKS must provide the following information to their PCM to be documented in medical records:

- |                          |                          |
|--------------------------|--------------------------|
| 1. Date received,        | 5. Lot number,           |
| 2. Vaccinator,           | 6. Volume of dose given, |
| 3. Manufacturer,         | 7. Route and site given, |
| 4. Vaccine name or code, | 8. VIS version date.     |

## **A receipt is not an acceptable form of proof of vaccination**

### **Possible Side Effects (similar to all vaccines)**

In the arm where you got the shot:

- Pain
- Redness
- Swelling

Throughout the rest of your body:

- Tiredness
- Chills
- Headache
- Fever
- Muscle pain
- Nausea

### **Vaccinated Personnel**

Fully vaccinated personnel are defined as those who are two weeks (14 days) past receiving their second dose of Moderna or Pfizer, or two weeks past one dose of Janssen vaccines.

#### **Fully vaccinated persons:**

- Those with a condition or taking medications that weaken the immune system should talk to their healthcare provider to discuss their activities. They may need to keep taking all precautions to prevent COVID-19
- Vaccinated persons still risk testing positive for COVID-19. In rare circumstances, they are able to transmit COVID-19 to high-risk or immunocompromised persons. Accordingly, even vaccinated people should take precautions around high-risk populations.
- Vaccinated persons may be required to test under the following situations:
  - If showing COVID-19 symptoms
  - 3-5 days post international travel
  - Traveling to or from an area of high risk as defined by KDHE
  - Directed by chain-of-command or medical personnel

[CDC - What to do if vaccinated](#)





# Health Screening Criteria

As of 09SEP21

**General.** COVID-19 Screening Questionnaires are administered by individuals, first line supervisors, or medical personnel and include the following questions:

## Screening Questions:

1. Are you currently experiencing any of the following COVID-19 “Flu-like” Symptoms?
  - a. Cough
  - b. Shortness of breath
  - c. Difficult breathing
  - d. Fever
  - e. Chills
  - f. Repeated shaking with chills
  - g. Muscle pain
  - h. Headache
  - i. Loss of taste or smell
  - j. Diarrhea
  - k. Vomiting
  - l. Sore throat
2. Have you had a fever greater than 100.3, difficulty breathing and/or a cough in the last 14-days?
3. Have you had contact with anyone with confirmed COVID-19 in the last 14-days?
4. Have you traveled to a COVID-19 high risk area in the last 14-days? See following websites for information on travel restrictions. Use hyperlink or scan QR code.

[CDC Travel Notices](#)



[KDHE Travel Guidance](#)



[DOD Travel Guidance](#)



[Fort Riley Travel Policy](#)



**If “Yes” to any question, stay home and contact supervisor or aid station medics for further guidance.**

## Health Monitoring

1. Health screening is logged twice daily to include temperature check and updates on any signs or symptoms. See Attachment A –Daily Health Log.
2. If symptoms develop, contact your unit medical provider and they will arrange for a COVID-19 test. If an emergency, call 911 and notify dispatcher that you potentially have COVID-19.
3. Vaccinated individuals should still conduct health monitoring for exposure and travel.

## Face Covering ("Mask") Usage As of 09SEP21

**General.** Masks are a simple barrier to help prevent respiratory droplets from reaching others. Wearing a mask helps protect you and those around you, by reducing spread of droplet and aerosolized particles for both symptomatic and asymptomatic carriers.

The wearing of masks does not remove the requirements to maintain physical distancing or practice any other public health measures.

### Mask-Wearing Requirement

While the community transmission rate is substantial or high, all individuals regardless of vaccination status on the Fort Riley military installation must wear masks continuously while inside any public building or indoor military workspace, except: (1) for brief periods of time when eating and drinking while maintaining distancing; (2) when the mask is required to be lowered briefly for identification/security purposes; (3) when necessary to reasonably accommodate an individual with a disability. If the transmission rate drops to moderate or low, unvaccinated individuals are still required to wear masks while indoors on the Fort Riley military installation.

### Exceptions

- Any Exceptions to Policy (ETP), must be submitted in writing to the G3 and approved by the Senior Mission Commander.

### Transmission rates defined by the CDC

CDC Incidence Rate Indicators			
Total Number Of New Cases Over The Last 7 Days Per 100K Of Population			
High Trans.	Substantial Trans.	Moderate Trans	Low Trans
$\geq 100$	50-99.99	10-49.99	0-9.99
PCR+: $\geq 10\%$	PCR+: 8 - 9.99%	PCR+: 5 - 7.99%	PCR+: 0 - 4.99%

### Local Area Transmission Rates

For purposes of determining local area transmission rates, commanders will reference the CDC's number of new cases over the past 7 days when scaled to a population of 100k for Fort Riley, Geary, and Riley County. The highest transmission rate will determine the local area transmission rate. Information about the community

transmission rate will be available on the Ft Riley webpage. County information is available at the CDC site below:

<https://covid.cdc.gov/covid-data-tracker/#county-view>

### **Training.**

Due to the local community COVID transmission rate being high, Cloth Face Coverings are currently required when indoors in any FRKS building. The standard face covering for tight training areas (tents, vehicle platforms, etc.) where proper social distancing is not possible is the KN95 or N95 (Duck Bill) mask. If approved by the Senior Mission Commander via ETP, surgical masks can be used instead of N95 (Duck Bill). This would in times where procurement of N95 (Duck Bill) masks is not possible.

### **Types of Masks.**

1. Cloth Face Coverings. Primary mask for most personnel. Should be made from tightly woven fabrics, such as cotton and cotton blends, breathable, and have two or three fabric layers. Cloth masks should be laundered regularly to maintain good hygiene.
2. Respirators, including N95 respirators. These items are not recommended for use outside of healthcare settings, discrete COVID-19 support missions, and other specifically authorized settings. N95 respirators must be fit-tested on the user to provide optimal protection.
3. N95 (Duck Bill)/ KN95 (non-fit tested) or Surgical Masks. These items are intended to reduce the spread of viruses when worn in areas of high transmission rates and when social distancing is not possible.
4. Masks must fit properly (snugly around the nose and chin with no large gaps around the sides of the face).
5. Masks with exhalation valves, gaiters or scarves, and bandanas should not be used for COVID-19 mitigation.

See [CDC Mask Guidance](#) for additional information.



# Sanitation and Disinfection

As of 09SEP21

**General.** This guidance provides recommendations on the cleaning and disinfection common areas to reduce the spread of bacteria and viruses and aimed at limiting the survival of the germs in the environments.

## Equipment Requirements

1. Minimum 5% Bleach Solution (ex. household Clorox)
2. Applicator
  - a. Spray bottle
  - b. Bucket
  - c. Rags
3. PPE
  - a. Rubber Gloves
  - b. Eye Protection

There are multiple products designed to be effective against viral pathogens. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). For a list of approved products, visit the [EPA](#) site.



## Disinfection Solution

Household bleach with water is the recommended disinfectant solution. It is effective, economical, convenient, and readily available. The solution of bleach and water is easy to mix, safe if handled properly, and kills most infectious germs.

1. Use 1/4 to 1/3 cup bleach in 1 gallon of cool water **or**  
Use 1-tablespoon bleach in 1 quart of cool water.
2. A solution of bleach and water loses its strength and is weakened by heat and sunlight. Mix a fresh bleach solution as needed.
3. The solution can either be applied using a bucket and cloth/sponge or a spray bottle and cloth/sponge. Recommend disposable cloths, such as paper towels.
4. Chlorine evaporates into the air leaving no residue, so surfaces sanitized with bleach may be left to air dry.
5. Avoid touching areas cleaned with bleach until dry.

*Do not mix bleach with other cleaning chemicals. Mixing chemicals with bleach may produce hazardous gases. Before using anything other than bleach for disinfection, consult with your local preventive medicine office. Always read the label and follow the manufacturer's instructions exactly.*

6. If surfaces are dirty, clean using a detergent or soap and water prior to disinfection.
7. Look for high traffic and high touch locations such as doorknobs, light switches, water fountains, tables, toilet handles, sink handles, and phones.
8. Replace solution when dirty or every 4 hours. Disinfect all areas when the water is changed.

# Fort Riley Local Policy

As of 09SEP21

## Travel Policy

Travel policy is updated as conditions change. Travel from high-risk areas might require quarantine, testing, or exceptions to policy.

Visit the Fort Riley Coronavirus Information page for the most up to date local policy. See the KDHE and DOD policies below for additional information on Kansas and DOD restrictions.

[FRKS Travel Smart Card](#)



[KDHE Travel Guidance](#)



[DOD Travel Guidance](#)



## Visitation Policy

- Visitation of any type will take into account COVID mitigations to include considerations of space available to enable social distancing and risk mitigation as described on page 4 of this SOP (COVID-19 Risk Mitigation).

## Physical Training Policy

- Units must continue to observe and enforce social distancing and mask wear for unvaccinated persons during physical training.
- Unvaccinated persons are authorized to remove their mask while performing a graded event of the ACFT/APFT or when they can observe sufficient social distancing.
- Unvaccinated persons do not need to wear the Cloth Face Covering while conducting physical fitness, as long as 6 ft. social distancing can be maintained. .

## Mass Gathering Policy

- Per KDHE Guidelines, unvaccinated persons participating in out of state gatherings of 500 or more will be directed to observe a ROM upon their return.

## Composite Risk Management

All training and events shall incorporate COVID-19 mitigation into the Safety Assessment. Use the following COVID-19 Risk Matrix to assign as initial COVID-19 risk level depending on the activity.

COVID-19 RISK MATRIX						
Duration <15min	Low Occupancy <50 Participants			High Occupancy >50 Participants		
Activity	Outdoors and well ventilated	Indoors and well ventilated	Poorly Ventilated	Outdoors and well ventilated	Indoors and well ventilated	Poorly Ventilated
Silent	L	L	L	L	L	M
Speaking	L	L	M	L	L	M
Shouting	L	L	H	M	M	H
Physical Training	L	M	H	M	H	H
Physical Contact	M	H	H	H	H	H
Duration >15min	Low Occupancy <50 Participants			High Occupancy >50 Participants		
Activity	Outdoors and well ventilated	Indoors and well ventilated	Poorly Ventilated	Outdoors and well ventilated	Indoors and well ventilated	Poorly Ventilated
Silent	L	L	M	L	M	H
Speaking		M	H	M	M	H
Shouting	M	M	H	M	H	H
Physical Training	M	H	H	H	H	H
Physical Contact	H	H	H	H	H	H
Tramsmission Risk Level	Low	Moderate	High			
When > 70% of participants are vaccinated, risk activity can be dropped a level						

Standard COVID-19 risk mitigation may include:

- Health Screening – to insure sick, exposed, or susceptible people are not participating
- Vaccination Level – greater than 70% is considered herd immunity and significantly influences risk level.
- Time – shorter duration, staggered start times,

- Distance – larger venues where people can spread out reduces interactions and exposure
  - Shielding – wearing masks, dividers, separated areas
  - Alternative delivery methods – distributed, TCON, virtual events
- To reduce COVID risk levels, two (2) mitigations should be used.

Example:

Indoor physical training in small rooms with poor ventilation.

Initial Risk: High

Mitigation: decreased number of persons allowed in room at one time, AND addition of air purifying unit appropriate for the room size.

Residual Risk: Moderate

Risk accepted by Battalion Commander or responsible O-5/command representative.

Reference AR 350-30, local policy, and Safety SOPs' for Risk Acceptance Authority for Safety Standards.

# COVID-19 Testing

Updated 09SEP21

**General.** The 1ID testing strategy is a phased approach in accordance with the III Corps testing strategy. This phased approach is based on the rate of infections in the local community and the availability of testing capacity and capability across the DOD. The first priority for testing in all phases are individuals with medical symptoms consistent with COVID-19 to enable treatment. Vaccinated persons will still be tested as required.

## IACH Test Procedures

ALL TESTING WILL BE COORDINATED THROUGH PRIMARY CARE MANAGERS or clinic/ IACH staff.

1. Identify reason for testing. Symptomatic, Contact, Travel, Directed, Assurance
  - a. Conduct isolation/quarantine requirements
2. Work with Primary Care Manager, aid station staff, or clinic/ IACH staff to arrange testing
  - a. Testing request to IACH Lab.
  - b. Personnel Under Investigation Documentation
  - c. Schedule sample collection time and location
3. Isolate until results have been reported
4. Follow any additional instructions from PCM, Public Health, and/or Unit.

## Unit Level Testing

In situations where testing asymptomatic personnel would unnecessarily burden MEDDAC facilities, IACH Laboratory certified unit teams, conduct testing. This team(s) will provide all necessary supplies and PPE to conduct this test. Additionally, this team is responsible for providing the equipment and managing the cold-chain requirements for COVID-19 testing samples. Personnel being tested must conduct restriction of movement until results are provided from IACH laboratory, and obey federal, state, or local regulations related to COVID-19 test results.

## Local Testing

Testing for COVID-19 is available at many local pharmacies or medical clinics. Use the [HHS](#) link to find where to test in your area if choosing not to use IACH.



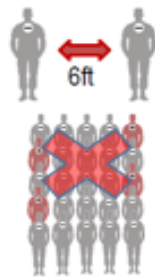


# 1ID Testing Strategy

As of 19FEB21

## 1 Mitigation / Screening

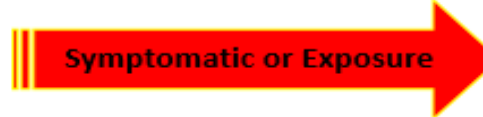
- Physical Distancing
- Protective Equipment
- Hygiene Stations
- Limit Group Size
- Training Modifications
- Quarantine
- Health Screening<sup>1</sup>
- Exposure Screening<sup>2</sup>



- 1) Temperature >100.4F  
Cough, Difficulty Breathing, etc
- 2) Travel from high risk areas  
Exposure to COVID Positive Person

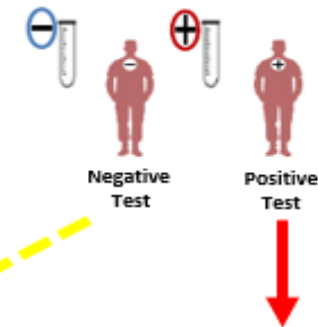
## 2 Identification / Notification

Rapid identification of symptoms or exposure to COVID (+) within the last 14 days and notification requirements



## 3 Testing / Tracing

- Isolation and Testing of symptomatic or exposed Individuals
- Tracing and Quarantine of Identified Contacts



## 4 Isolation

- Expanded Contact Testing
- 24 hrs fever free
- Symptoms Improved
- Isolation  $\geq 10$  days after onset of symptoms

## 5 Return to Duty



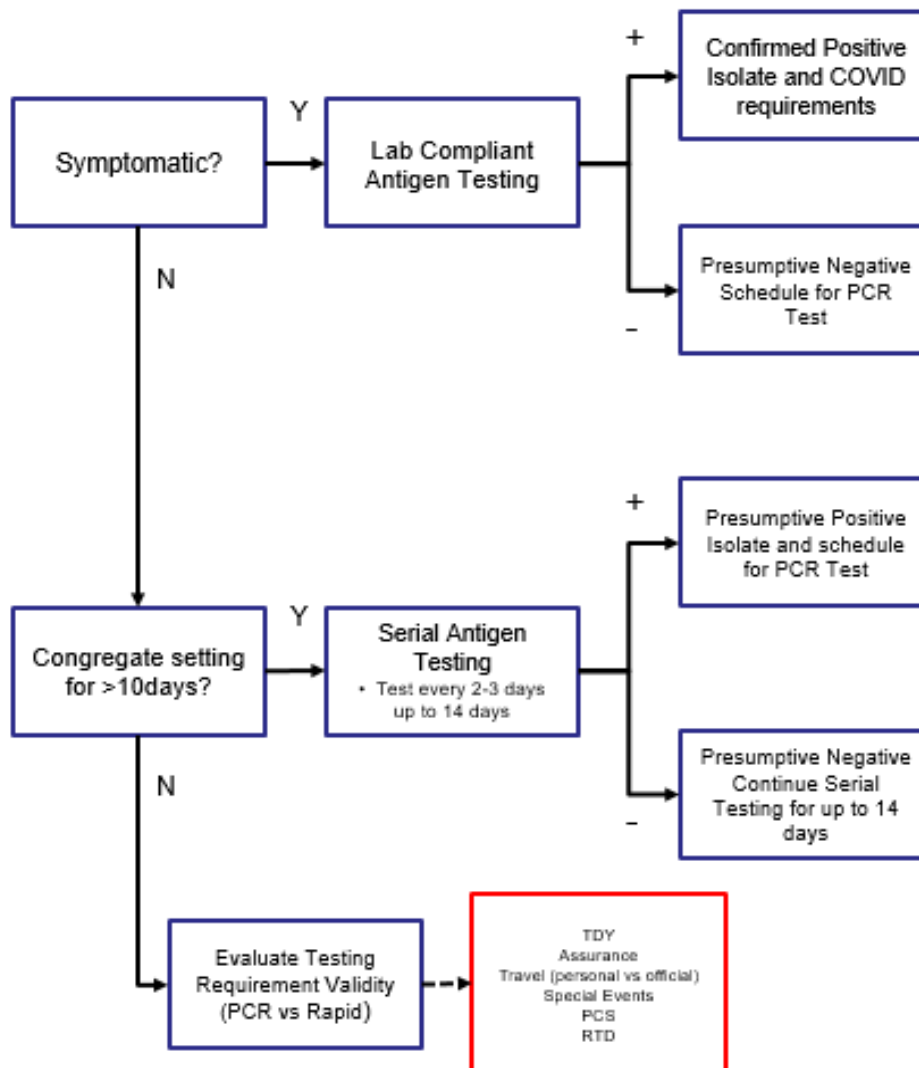
- 72hrs Quarters
- Fever free
- Symptoms Improved
- Cleared Medically





# Antigen Testing Protocols

As of 19FEB21



**All Testing requires climate controlled location, with flat surface, and compliance with time limit constraints.**

## Lab Compliant Rapid Antigen Testing

- Requires test validation and medical documentation

## Test during RoM/Event:

FOCUS is on Asymptomatic Individuals in conjunction with restriction of movement. Individuals are entering a closed, long-term (>10 days), congregate settings. PCR Testing is not readily available.

## Serial Point of Care Antigen Testing.

- Test at Day 0 then every 2 to 3 days after for 10-14 days based on event.
- Positive Test results is considered a presumptive positive.
  1. Isolate
  2. Schedule for PCR testing at IACH through PCM.
    - o Positive Test – isolate and remove from training.
    - o Negative Test – return to training
- Negative Test Results resume serial testing.
- Requires test validation and medical documentation

Rapid Antigen Testing may not be applicable for every situation. Base use on event guidance.

## Contact Tracing

As of 09SEP21

**General.** Unit and medical personnel conduct Contact Tracing to determine the extent of exposed personnel and reduce spread.

### Key Events

1. Person is identified as COVID-19 Positive, whether COVID-19 vaccinated or not, will be contacted, told to isolate, and provides information on whom they have had close contact with and where they have been in previous 2-14-days.

a) COVID-19 Positive Persons (whether COVID-19 vaccinated or not) must isolate in a location separate from the main training body. They are only authorized to leave in the event of an emergency.

b) If the COVID-19 persons are vaccinated, a health screening will be conducted to determine if asymptomatic or symptomatic. If symptomatic, COVID-19 positive person will have a confirmatory PCR test and be isolated as a new infection in Victory Hotel. If asymptomatic, a determination will be made to allow to continue to train and monitor symptoms or out of an abundance of caution isolate to avoid any spread of COVID-19.

c) If the COVID-19 persons are unvaccinated, they will have a confirmatory PCR test and be isolated as a new infection in Victory Hotel.

d) COVID-19 Positive persons that reside in billeting **MUST** move to Victory Hotel until cleared.

2. Identified close contacts are notified of potential exposure and quarantined in their Victory Hotel. This will be based off their vaccination status and health screening symptoms. If vaccinated, first degree contact will continue to monitor for symptoms and if symptoms develop a rapid antigen/ PCR test will be ordered to confirm COVID-19.

3. Contact Trace Form is provided to 1ID CAT and APHN.

### Tracing Procedures

1. Public Health Notifies Soldier and conducts initial trace.
2. Public Health provides initial trace document to 1ID COVID CAT and Unit LNO.
3. Unit notifies close contacts and counsels on quarantine requirements.
4. Unit reviews tracing with positive Soldier and conducts any follow on trace requirements as directed by PH or command.
5. Unit returns completed trace documents to APHN and 1ID COVID CAT.

### Unit Requirements:

a) Units (Battalions) maintain roster of 4x qualified contact tracers and provide roster updates to APHN and CAT.

b) Requires HIPAA Training through Joint Knowledge Online, MHS - DHA-US001 HIPAA and Privacy Act Training, and Contact Trace Training with APHN.

c) Use Contact Trace Tool (COVID-19 SOP Attachment B, APHC Contact Trace Tool Kit)

d) Email to

Fort Riley Public Health APHN

[usarmy.riley.medcom-iach.list.public-health-nurse@mail.mil](mailto:usarmy.riley.medcom-iach.list.public-health-nurse@mail.mil)

1ID COVID CAT

[usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil](mailto:usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil)

- e) APHN will upload all trace documents.

### **Close Contact Requirements:**

**Even fully vaccinated Soldiers, if evaluated and symptomatic, may be required to quarantine or be subject to testing for COVID-19**

Persons that have been identified as a contact of a known positive must quarantine for 14-days since exposure in their residence or a designated location.

- a) Reduce contact with other persons through increased physical distancing measures and wearing of the facemask, including in billeting.

## COVID Positive Battle Drill

As of 09SEP21

**General.** Provides guidance for the management of all COVID positive SMs, Dependents, Contractors, and Department of the Army Civilians related to the installation and the Division's response.

### Key Tasks

1. Identification and notification.
  - a. Public health notifies all persons within the IACH health system that test positive for COVID 19 and the COVID Crisis Action Team (CAT).
  - b. The CAT notifies training unit's LNOs of all positive test results from IACH daily.
  - c. Units submit nightly FROC report NLT 1900 for all positive individuals to [usarmy.riley.1-id.mbx.froc@mail.mil](mailto:usarmy.riley.1-id.mbx.froc@mail.mil) and [usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil](mailto:usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil) (including all on and off post test results).
2. Response:
  - a. Tracing. Public Health generates initial trace report for all positive results and distributes to unit trace teams for completion. **Units complete trace reports** and return to the CAT and Public Health at [usarmy.riley.medcom-iach.list.public-health-nurse@mail.mil](mailto:usarmy.riley.medcom-iach.list.public-health-nurse@mail.mil) within 24 hours of receipt. Note: Medical providers within units that receive positive results from pre travel and training related screening will initiate tracing.
  - b. Isolation and Quarantine: Once notified of positive test results, units will counsel positive individuals on ROM requirements utilizing DA FORM 4856. Positive individuals will be escorted to Victory Hotel and remain for the duration of their isolation. Units will also ensure all identified 1<sup>st</sup> degree contacts are quarantined within a separate billeting from main training audience or Victory Hotel (building for quarantine persons).
3. Active Case Management
  - a. The CAT BTL MAJ is overall responsible for the management of the active COVID caseload and generates daily reports to include the CG COVID Report, the Active Caseload Excel Document, and the COVID Battle Update Brief Placemat.
  - b. Unit LNOs and respective health care providers monitor active cases and report recovery status to the CAT utilizing [usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil](mailto:usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil) once personnel recover (positive date +10 days).

## Victory Hotel

As of 09SEP21

**General.** Applies to all COVID-19 Positive Soldiers coming to FRKS for training or Service Members identified by their command as not being able to adequately quarantine at their billeting. Note: management of Victory Hotel is directed on a quarterly basis through post support tasking. Contact the COVID Crisis Action Team at [usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil](mailto:usarmy.riley.1-id.list.1id-covid-taskforce@mail.mil) for inquiries.

Establishes initial in-processing as well as daily required tasks to ensure minimal spread of any positive case. Quarantine/isolation length at Fort Riley are dependent upon: nature of illness, where the Service Member is coming to Fort Riley from, mode of travel, and any quarantine that took place prior to travel. Victory Hotel is located at Camp Funston in Bldg. 1832, Mayor Cell phone 785-239-1253.

### Key Tasks

#### 1. Pre-Arrival:

- a. SMs needing lodging at Victory Hotel will be contacted by their Chain of Command and verbally counseled on why they are being housed at Victory Hotel.
- b. Units contact Victory Hotel to provide initial information on incoming SMs.
- c. Units will have a sponsor assigned to the SM to conduct in-processing at the Victory Hotel.
- d. Unit providers are given SMs contact information for symptom monitoring and health updates.

#### 2. Upon arrival:

- a. SMs sponsor will in-process the Victory Hotel for the SM. At no time does the SM enter BLDG 1832
- b. Determine whether the Soldier will be quarantined or isolated; counsel appropriately.
- c. Handout and brief quarantine smart card and one-slider.
- d. Health Screening.
- e. Assign the Soldier a living area.

#### 3. Daily Tasks:

- a. Soldiers are screened for symptoms twice daily at 0600 and 1600 in their rooms.
- b. The Soldier's unit is responsible for providing escort any time a Soldier is required to leave the quarantine area.
- c. Soldiers are provided with DFAC chow and eat in their rooms.
- d. Laundry is scheduled through the mayor's cell; only one Soldier will do laundry at a time to minimize contact.
- e. Units contact SM for updates on health or development of symptoms.

#### 4. Isolation:

- a. Soldiers in isolation are confined to their barracks room.
- b. They will not leave at any time until cleared to resume quarantine outside of isolation.
- c. Soldiers in isolation occupy 50% of the total billeting space or every other room to minimize spread of illness in case of positive test.

### Victory Hotel Entry Criteria

RoM Scenario	Days	Type	Location
1st Degree Contact:			
Unit Derived	14	Q	<b>Separate billeting/</b> Victory Hotel*
PH Derived	14	I	Victory Hotel*
2nd Degree Contact	14	RM	Residence
RM-Restricted Movement (Billeting to place of duty)			
Q- Quarantine (essential activities)			
I- Isolation (Victory Hotel)			
Service Members that are being tested need to be isolated pending results.			

## **Release from Quarantine and Isolation**

As of 09SEP21

**General.** Release criteria from Isolation and quarantine is based on DOD and CDC guidance.

### **Key Items**

1. A negative test does not indicate absence of disease.
2. Negative test does not exempt individual from completion of mandatory quarantine requirements.
3. Vaccinated persons do not need to quarantine unless showing symptoms of disease. Perform a COVID-19 test to rule out disease and release from quarantine.
4. Individuals that develop symptoms during quarantine are screened for COVID-19. Those individuals that do not meet the threshold for COVID-19 testing are put on 72 hour's quarters (isolation) for observation of symptoms. After 72 hours if symptoms have lessened and there is no fever, they are returned to a quarantine status.
5. Individuals that meet the COVID-19 testing requirements are administered a COVID-19 test. Those awaiting test results need to be isolated.
6. Individuals that test negative are put on 72-hours quarters (isolation) for observation of symptoms. After 72 hours if symptoms have lessened and there is no fever, they are returned to a quarantine status.
7. Individuals that test positive are evaluated on the following criteria:
  - a. 10-days or greater from COVID-19 positive test
  - b. At least 24 hours of resolution of fever without the use of fever-reducing medications and
  - c. Improving respiratory symptoms (e.g., cough, shortness of breath)
8. Commanders or Supervisors are authorized to extend isolation, quarantine, or require testing and validate with Public Health.

### **Release options for Quarantine**

Recommend quarantined personnel perform 14-day quarantine. Exceptions to policy for early release of personnel is vetted by Chain of Command thru the G3 as an ETP\*.

- a. 14-day quarantine for travel and close contact exposure
- b. \*10-day quarantine, no symptoms and no test, for essential personnel.
- c. \*7-day quarantine, no symptoms, and negative PCR test for essential personnel.

### **Release from Isolation**

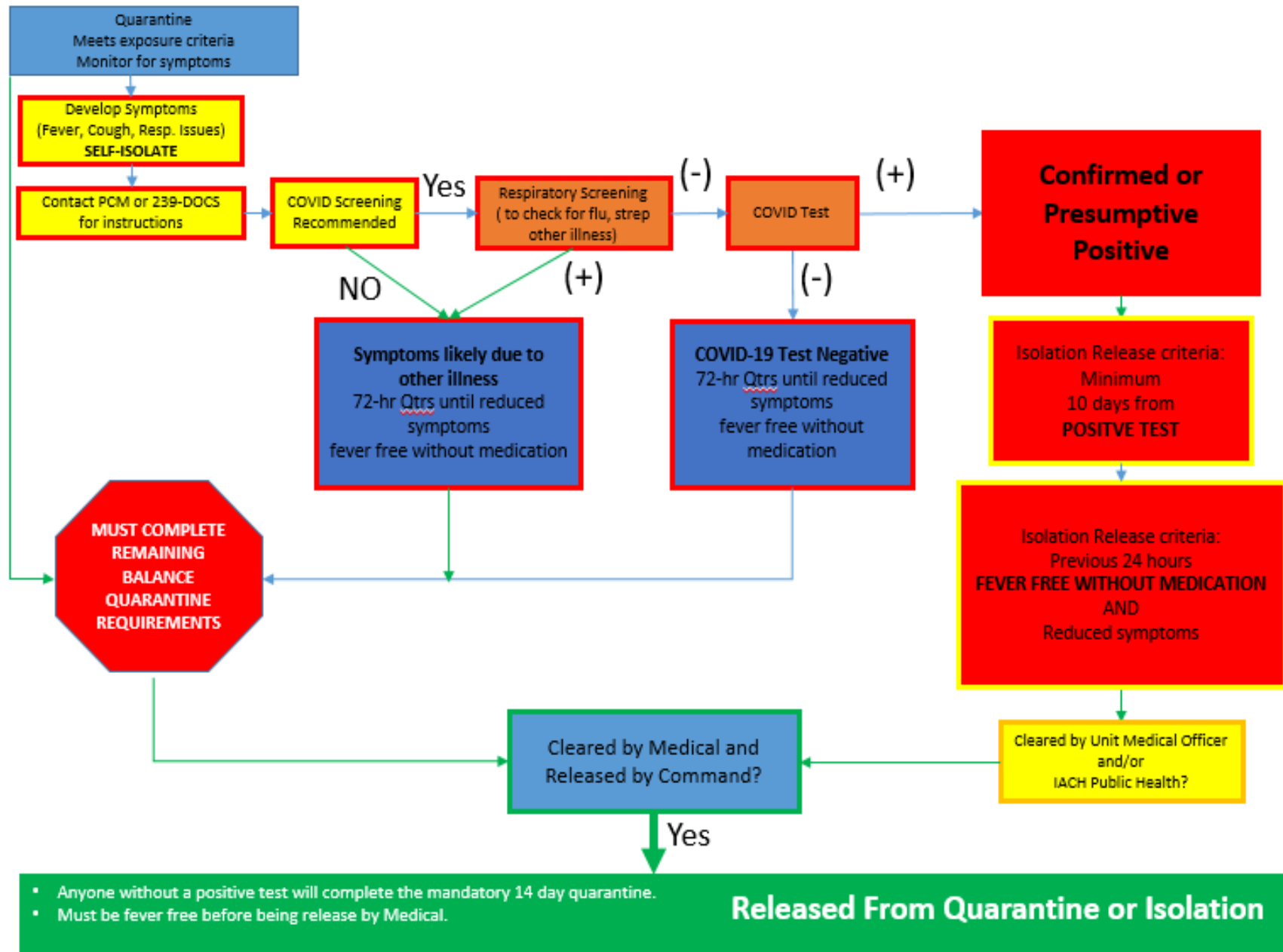
Individuals that test positive are evaluated on the following criteria:

- a. 10-days or greater from COVID-19 positive test
- b. At least 24 hours of resolution of fever without the use of fever-reducing medications and
- c. Improving respiratory symptoms (e.g., cough, shortness of breath)



# Return to Duty (Release Protocol)

As of 19FEB21



## COVID-19 Related Precautions for Training

As of 09SEP21

**General.** The Division employs various safeguards to mitigate risk while training in a COVID environment to include the establishment of training “bubbles”, proper wear of PPE, surveillance screening, and RoM. These actions have proven effective in the mitigation of COVID by limiting contraction and reducing the spread of the virus.

## References and Resources

### Definitions

**Close or Direct Contact** - Someone who did not maintain social distance, was less than 6 feet in contact with a COVID-19 case for greater than 15 minutes without a mask. Types of contact include, but are not limited to: kissing, bed sharing, exchange of bodily fluids, food and drink sharing, and cigarette or vape sharing. First Degree Contacts may not require testing, but do need quarantined and monitored for COVID-19 symptoms. Wearing a mask does not automatically designate a person as not a Contact, and evaluation is required.

**Bubbles** - Isolated groups separated from the rest of the force, limited to designated training areas.

**Exposure** – Traveled from an area of increased COVID-19 Risk or been in contact with a person who has confirmed COVID-19 positive test.

**Fire Breaks** - Physical distance between groups and strict protocols leaving and entering groups.

**High Risk Area** – Areas identified through government agencies or Command guidance designated as higher risk for COVID-19 Transmission

**Isolation** - Term used when personnel are ordered by medical personnel and/or Commanders when a person develops or has symptoms of a disease process, or when a public health agency determines the SM was a first-degree contact. During isolation they may be suspected, or deemed a probable case, pending testing, especially if they have been in direct contact with a confirmed positive individual. Individuals should be isolated to a location where they can singly dwell. This includes not sharing a bed or bathroom. Shared locations, such as kitchen and living room will not be accessed.

Individuals ordered into isolation will be provided support in obtaining necessary comfort, food, entertainment, and/or personal services until they have been tested or released by medical personnel / chain of command.

**Person Under Investigation (PUI)** - Any individual that has been determined by a medical provider to meet the threshold for COVID-19 testing.

**Quarantine** – Individuals should be placed into quarantine when a unit determines first-degree contact occurred or the Service member traveled from, to, or through a high- risk/red area as deemed by KDHE/DOD or a DOD restricted location. Additionally, SMs who travel by commercial air will quarantine. Individuals under quarantine are restricted to their billeting unless they are conducting essential activities as directed by their Chain of Command. Essential activities include: (1) seeking medical care; and (3) engaging in outdoor activity, provided individuals maintain physical distancing—a distance of six feet from other people. While conducting essential activities, individuals should not physically enter a public facility unless absolutely necessary (e.g. use curbside pickup to get groceries). Additionally, individuals in quarantine should not share common use areas with individuals not on quarantine.

**Recovered Person** - A person previously diagnosed with COVID-19 but meets the following criteria: (1) tested positive no less than 10 days prior; (2) has been asymptomatic for the preceding 24 hours without the use of fever-reducing medication; and (3) has been cleared by a medical provider. Individuals who meet all three criteria are permitted to return to duty. Commanders are authorized to remove recovered persons from isolation and place them into RM or quarantine for further evaluation as they deem appropriate.

**Restricted Movement (RM).** Precautionary measure used to prevent the spread of a disease by either limiting movement of a Service member, DAC, and/or family member that has traveled outside the local area from unrestricted locations (includes PCS/TDY), determined by the unit as a second-degree contact, or in situations when the chain of command thinks it prudent. Units coming onto FRKS for training will go from billeting to training area. Another travel is my approval of the Senior Mission Commander by ETP.

**Sampling** – Specimen collection is conducted via nose swabbing. A swab is inserted into the each nostril, or for nasopharyngeal, run through the nasopharynx cavity (space above the mouth between nose and back of throat), and into the throat. The swab is collected into a tube and submitted for testing at an approved lab.

**Social distancing** (physical distancing) - Keeping space between yourself and other people. To practice social or physical distancing stay at least 6 feet (about 2 arms' length) from other people. When social distance is not possible, individuals should wear mask at all times and practice good hand hygiene.

**Special Duty Status** - Individuals who fall outside the categories listed above. Military personnel who have primary responsibility for children due to school closure and/or childcare facilities are subject to modified requirements at their respective leaders' discretion. Additional examples of special duty status include, but are not limited to leave/pass; TDY; and sick-in-quarters (i.e. for reasons other than COVID-19 concerns)

**Testing** – Samples are submitted to the lab to detect for presence or absence of SARS- COV-2. Currently IACH has two platform to process samples: Biofire and GeneXpert. Both are Reverse Transcription - Polymerase Chain Reaction (RT-PCR) based machines that replicate virus RNA. The Biofire has the capability to run 1 test every hour. The GeneXpert has the capability to run 16 tests every hour. Anitgen tests are less reliable than PCR tests and are used only as a screening tool when available.

**Vectors** - Deliberately designated personnel who must leave the group due to mission requirements

**Visitor(s)** - Any person who does not reside in the residence of the Service member.

## Websites

[CDC](#)



[DOD](#)



[Kansas Dept of Health and Environment.](#)



[Fort Riley](#)



[Army Public Health Center](#)



[FDA](#)



[HQDA G 3/5/7](#) (CAC)



[DOD COVID-19 CAT](#) (CAC)



[WHO](#)



[Military Health System](#)

