

1st INFANTRY DIVISION COVID-19 SOP



Standard Operating Procedure 09 MARCH 2022

This SOP governs Standard Operating Procedures. When there are extremes or significant readiness concerns arise, commanders at all levels have the authority to implement immediate changes.

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1st 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 09MAR22

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.

Physical (social) distancing:

1. Maintain 6 feet between individuals.
2. Congregate in groups of 10 or less.
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. Cloth Face Coverings is the only required equipment for standard mitigation. See Face Covering ("Mask") Usage. Circumstances may dictate additional risk mitigation requirements such as face shields, gloves, surgical or N95 masks, or gowns.
2. PPE is ordered via normal logistics channels. Units order and resource their own PPE and equipment requirements.

Vaccination Information

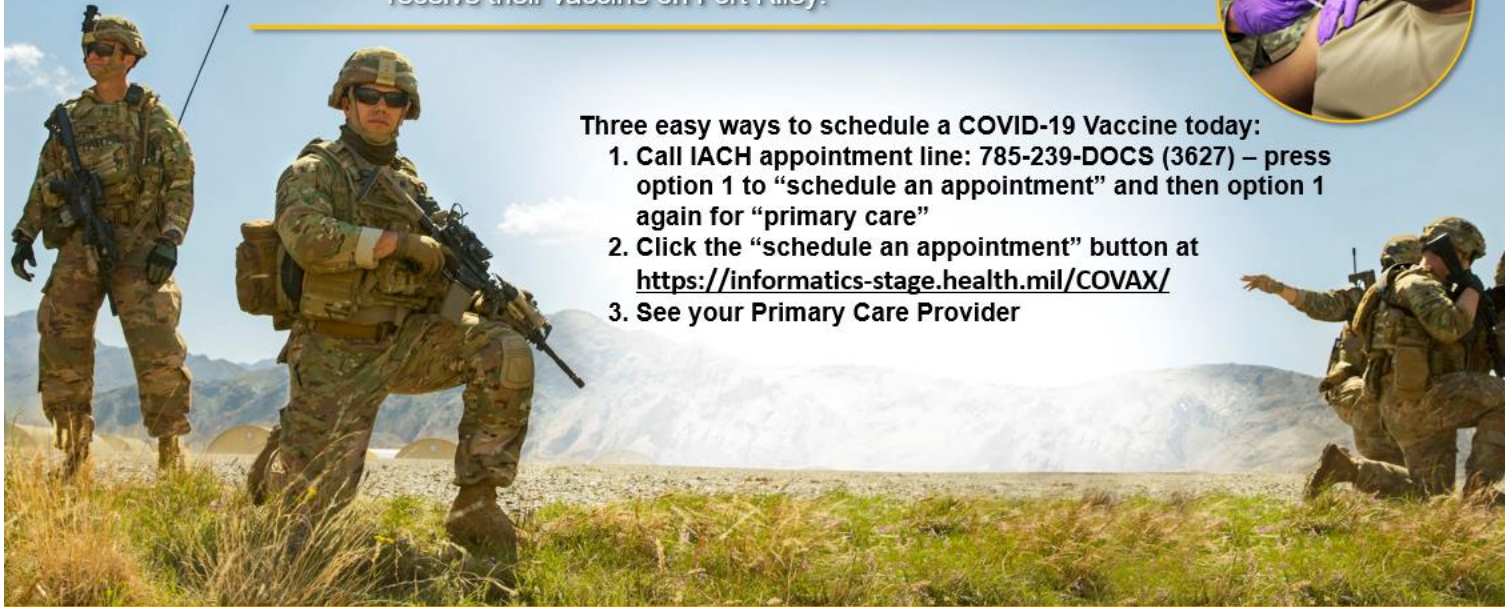
Don't miss your shot to make a difference!

ALL Soldiers, civilians, contractors, family members, and beneficiaries are now eligible to receive their vaccine on Fort Riley!






Three easy ways to schedule a COVID-19 Vaccine today:

1. Call IACH appointment line: 785-239-DOCS (3627) – press option 1 to “schedule an appointment” and then option 1 again for “primary care”
2. Click the “schedule an appointment” button at <https://informatics-stage.health.mil/COVAX/>
3. See your Primary Care Provider



UNCLASSIFIED

Protect yourself, protect your family, protect your community,
and get back to the things we miss the most

Irwin Army Community Hospital 785-238-3627	MHS Genesis (CAC)	Vaccine Finder
		
Fort Riley Options		Community Options

Vaccination Information

As of 09MAR22

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 ~75% 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 PCM for most current information.

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 past receiving their second dose of Moderna or Pfizer, or two weeks past one dose of Janssen vaccines.

Fully vaccinated persons:

- Can resume activities without wearing a mask or staying 6 feet apart, unless required by federal, state, local, tribal or territorial laws, rules, and regulations, including local business and workplace guidance.
- 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 consider taking precautions around high-risk populations.
- Vaccinated persons may be required to test under the following situations:
 - If showing COVID-19 symptoms.
 - When required for travel.
 - 3-5 days post international travel.
 - Directed by chain-of-command or medical personnel

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



Health Screening Criteria

As of 09MAR22

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 PCM 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. 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 09MAR22

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 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) when an individual is alone in an office with floor-to-ceiling walls; (2) for brief periods of time when eating and drinking while maintaining distancing; (3) when the mask is required to be lowered briefly for identification/security purposes; (4) when necessary to reasonably accommodate an individual with a disability. If the transmission rate drops to medium or low, unvaccinated individuals are still required to wear masks while indoors on the Fort Riley military installation.

Exceptions

- Vaccinated personnel are not required to wear masks within FRKS Fitness Centers. Except for Whitside Gym which is designated for unvaccinated personnel and all patrons are required to wear masks inside.
- O-5 Commanders may hold meetings with up to 10 personnel without masks as long as all participants are vaccinated

Transmission rates defined by the CDC

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Proportion of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

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>

Current DOD Mask Policy for Unvaccinated Persons

Individuals must wear masks continuously while on military installations except: (1) when an individual is alone in an office with floor-to-ceiling walls with a closed door; (2) for brief periods of time when eating and drinking while maintaining distancing in accordance with CDC guidelines and instructions from commanders and supervisors; (3) when the mask is required to be lowered briefly for identification or security purposes; and (4) when necessary to reasonably accommodate an individual with a disability. Individuals must consistently wear a mask that covers the nose and mouth and that comports with all current guidance from the CDC and the Occupational Safety and Health Administration.

- Secretary of Defense Memorandum "Use of Masks and Other Public Health Measures" 4FEB2021.

Fort Riley Mask Policy for Unvaccinated Persons.

In accordance with the Secretary of Defense memorandum (Use of Masks and Other Public Health Measures), dated 4 February 2021, all individuals on the Fort Riley military installation and all individuals performing official duties on behalf of the Department of Defense from any location other than the individual's home will wear masks in accordance with the most current CDC guidance. Individuals must wear masks continuously while on military installations, except: (1) when an individual is alone in an office with floor-to-ceiling walls with a closed door; (2) for brief periods of time when eating and drinking while maintaining distancing; (3) when the mask is required to be lowered briefly for identification/security purposes; (4) when necessary to reasonably accommodate an individual with a disability.

Individuals are not required to wear a mask while on Fort Riley or performing official duties off the installation when: (1) outside when social distancing of 6 feet can be maintained; (2) physically executing a graded event of an APFT or ACFT; and (3) working outside or while operating heavy machinery in situations where mask usage

could increase heat-related injury or safety concerns and social distancing can be maintained. Individuals operating under one of these exceptions will keep a mask on their person and be prepared to wear the mask as soon as the exception no longer applies.

Mask Wearing Requirements for Unvaccinated People:

1. By people 2 years of age and older
2. Any time you are in a public setting
3. Any time you are traveling on a plane, bus, train, or other form of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.
4. When sharing vehicles with non-household members.
5. When you are around people who do not live with you, including inside your home or inside someone else's home
6. Inside your home if someone you live with is sick with symptoms of COVID-19 or has tested positive for COVID-19

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. Surgical Masks. These items are intended to reduce the spread of viruses when worn by patients and healthcare workers.
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 09MAR22

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 09MAR22

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.

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.

Unit Events

- Events outside of training, where 50 or more people will be in attendance, require an Exception to Policy (ETP). This is regardless of personnel vaccination status or indoor versus outdoor events.
- O-6 Commanders are authorized to approve unit events up to battalion sized elements and are expected to make decisions based on use of the appropriate COVID-19 mitigations and their understanding of the current conditions of their formations.
- O-6 Commanders are authorized to make decisions to approve events larger than battalion sized elements. A back brief to Division Leadership is required prior, as part of the weekly COVID update. This back brief must include the COVID-19 mitigation strategy.
- Any unit event in a garrison facility, which exceeds approved facility capacity limits, must be approved through the Garrison Event Review board and receive Garrison approval prior to O6 CDR briefing the event at the COVID Update.

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 09MAR22

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

1. Identify reason for testing. Symptomatic, Contact, Travel, Directed, Assurance
 - a. Conduct isolation/quarantine requirements
2. Work with Primary Care Manager to arrange testing
 - a. Testing request to IACH Lab.
 - b. Personnel Under Investigation Documentation
 - c. Schedule sample collection time using Drive through station at IACH Parking Structure
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.



FRKS COVID-19 Assurance COVID-19 Testing

Applies to Service Members living with high-risk or immunocompromised persons in their residence, who have an increased risk of COVID-19 exposure, and are not showing any signs or symptoms. Those persons may be extended the opportunity to receive an “Assurance Test” to reduce concern or anxiety. A negative test does not indicate the absence of disease or allow for reduced COVID-19 mitigation strategies in the residence.

Key Tasks:

1. Authorized by first O-6 in chain-of-command for Special Populations
 - i. Mission Essential Personnel
 - ii. Individuals with frequent and close contact with higher-risk populations
 - i. Pregnancy
 - ii. New-born (<6 months of age)
 - iii. Elderly (>65 yo of age)
 - iv. Immunocompromised
 - v. Other
 - iii. Division Command Directed Individuals
 - i. Due to supply chain issues, Assurance testing for COVID-19 should be coordinated through the PCM NLT 30 days prior to travel.
 - ii. Service Members awaiting testing will quarantine at designated location other than residence. See Quarantine and Isolation Section.
2. Negative test, Service Member is able to return to residence. A negative test does not indicate the absence of disease or allow for reduced COVID-19 mitigation strategies in the residence.
3. Positive test, Service Member undergoes isolation procedures.

High Risk Personnel

People of any age with the following conditions are at increased risk of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sick cell disease
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there is limited data and information about the impact of underlying medical conditions and increased risk for severe illness from COVID-19. Based on current information, people with the following conditions might be at an increased risk for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

In general, risk of getting severely ill from COVID-19 increases as you get older. Eight out of ten COVID-19-related deaths reported in the United States have been among adults aged 65 years and older.

For more testing information, visit the [CDC](https://www.cdc.gov).

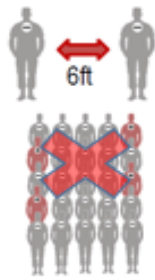


1ID Testing Strategy

As of 19FEB21

1 Mitigation / Screening

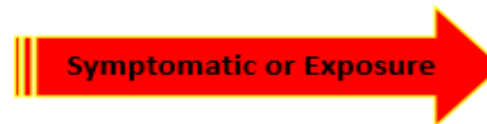
- Physical Distancing
- Protective Equipment
- Hygiene Stations
- Limit Group Size
- Training Modifications
- Quarantine
- Health Screening¹
- Exposure Screening²



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

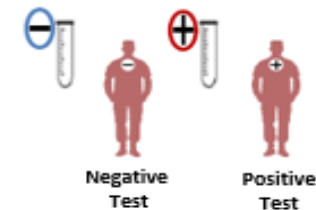
2 Identification / Notification

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



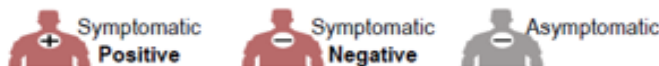
4 Isolation

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

5 Return to Duty



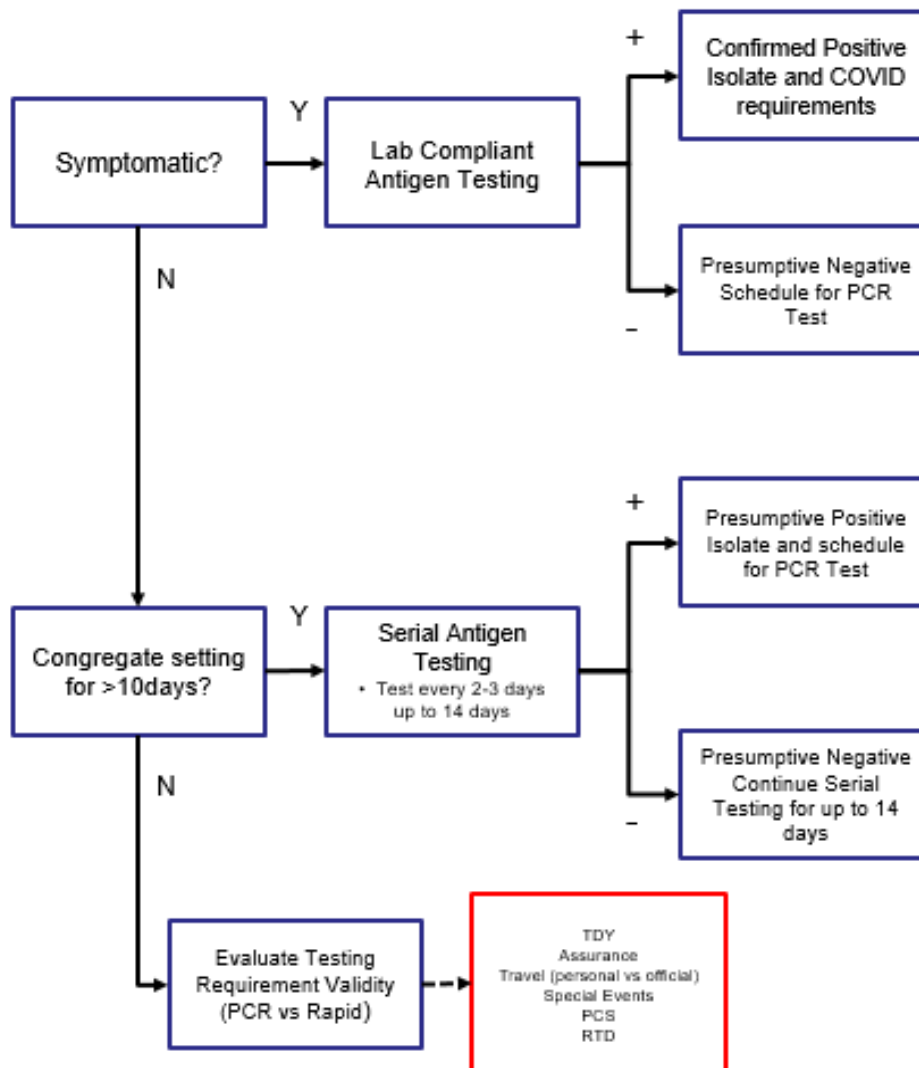
- 72hrs Quarters
- Fever free
- Symptoms Improved
- Cleared Medically





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.

Restriction of Movement

As of 09MAR22

General. Restriction of movement results from exposure due to close contact or travel exposure and is used to reduce potential exposure of others.

ROM Categories.

- a. Restricted Movement (RM) – Limited movement of an individual between work and residence. Only essential travel permitted. RM personnel can stay at residence or barracks and go to work. They should not go into other facilities, stores, etc. and use takeout or no-entry options as much as possible. Avoid group activities, meeting, and events.
- b. Quarantine – Remain at residence and only essential travel authorized. Quarantine persons can stay at residence or in the barracks. Coordinate for any essential activities requirements, exercise at home or outdoors, and use drive-thru or no contact options.
- c. Isolation at residence of all COVID-19 positive cases or persons awaiting test results for symptomatic testing. Barracks personnel reside at Victory Hotel until cleared.

ROM Requirements

Close contact with a confirmed COVID-19 Positive Case.

- a. 5-day Quarantine for all who have had close contact within past 5-days of a confirmed COVID-19 positive case.
- b. 5-days starts from date of last contact
- c. Close contacts of COVID-19 positive persons should be quarantined

Travel to high-risk area

- a. 5-day Quarantine for traveling through or stopping in a high-risk area identified by KDHE, CDC, or DOD regardless of mode of travel.
- b. OCONUS travel.
 - 1. The intent is for Soldiers, Families, and DA Civilians personnel to conduct a single 5-day Restriction of Movement (RM or Quarantine).
 - 2. 5-day Quarantine for all OCONUS travel if utilizing non- dedicated military/contracted or commercial travel platform through a CDC COVID-19 threat level 3 country to Fort Riley, Kansas.
- c. Commanders and supervisors may use RM for essential personnel who are travel exposure risks based on location and mitigation measures.

ROM Counseling

See COVID-19 SOP Attachment A, ROM Counseling

Contact Tracing

As of 09MAR22

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, 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 must isolate in their residence or designated location. They are only authorized to leave in the event of an emergency.
 - b) COVID-19 Positive persons that reside in barracks **MUST** move to Victory Hotel until cleared.
2. Identified close contacts are notified of potential exposure and quarantined in their residence.
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
1ID COVID CAT
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 5-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 the home.

- b) They are authorized to leave their quarantine location under the following circumstances:

- a. Life support activities that include options such as curbside or no contact pickup.

- b. Exercising outdoors alone and away from other people.

- c) They are discouraged from going into facilities or other person's residence. They must monitor for symptoms of COVID-19 and notify their COC or supervisor for any changes in health. If symptoms develop, contact primary care manager for guidance. If an emergency, call 911 and notify dispatcher that you potentially have COVID-19.

COVID Positive Battle Drill

As of 09MAR22

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 unit 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 and 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 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 unable to isolate at a private residence will be escorted to victory hotel and remain for the duration of their isolation. Units will also ensure all identified 1st degree contacts are quarantined within a private residence or victory hotel.
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 once personnel recover (positive date +5 days).

Victory Hotel

As of 09MAR22

General. Applies to all COVID-19 Positive Barracks Soldiers, coming to Fort Riley from high-risk areas, or Service Members identified by their command as not being able to adequately quarantine at their residence. 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 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 every other room to minimize spread of illness in case of positive test.

Victory Hotel Entry Criteria

RoM Scenario	Days	Type	Location
Travel	5	RM	Residence
	5	Q	Residence / Victory Hotel *
Positive Test	5	I	Residence / Victory Hotel
1st Degree Contact:			
Unit Derived	5	Q	Residence/ Victory Hotel*
PH Derived	5	I	Home / Victory Hotel*
2nd Degree Contact	5	RM	Residence
RM-Restricted Movement (Residence plus place of duty)			
Q- Quarantine (Residence and essential activities)			
I- Isolation (stay in residence, barracks SMs to Victory Hotel)			
Residence is either home or barracks			
Service Members that are being tested need to be isolated pending results.			
* Based on Victory Hotel Occupancy, CoC can direct Soldiers to RoM in their barracks ensuring they are counseled and understand they adhere to the Quarantine guidelines outlined by the latest General Order and KDHE			

Release from Quarantine and Isolation

As if 09MAR22

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. 5-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 5-day quarantine. Exceptions to policy for early release of personnel is vetted by Chain of Command and DSO*.

- a. 5-day quarantine for travel and close contact exposure
- b. *5-day quarantine, no symptoms and no test, for essential personnel.
- c. *5-day quarantine, no symptoms, and negative PCR test for essential personnel.

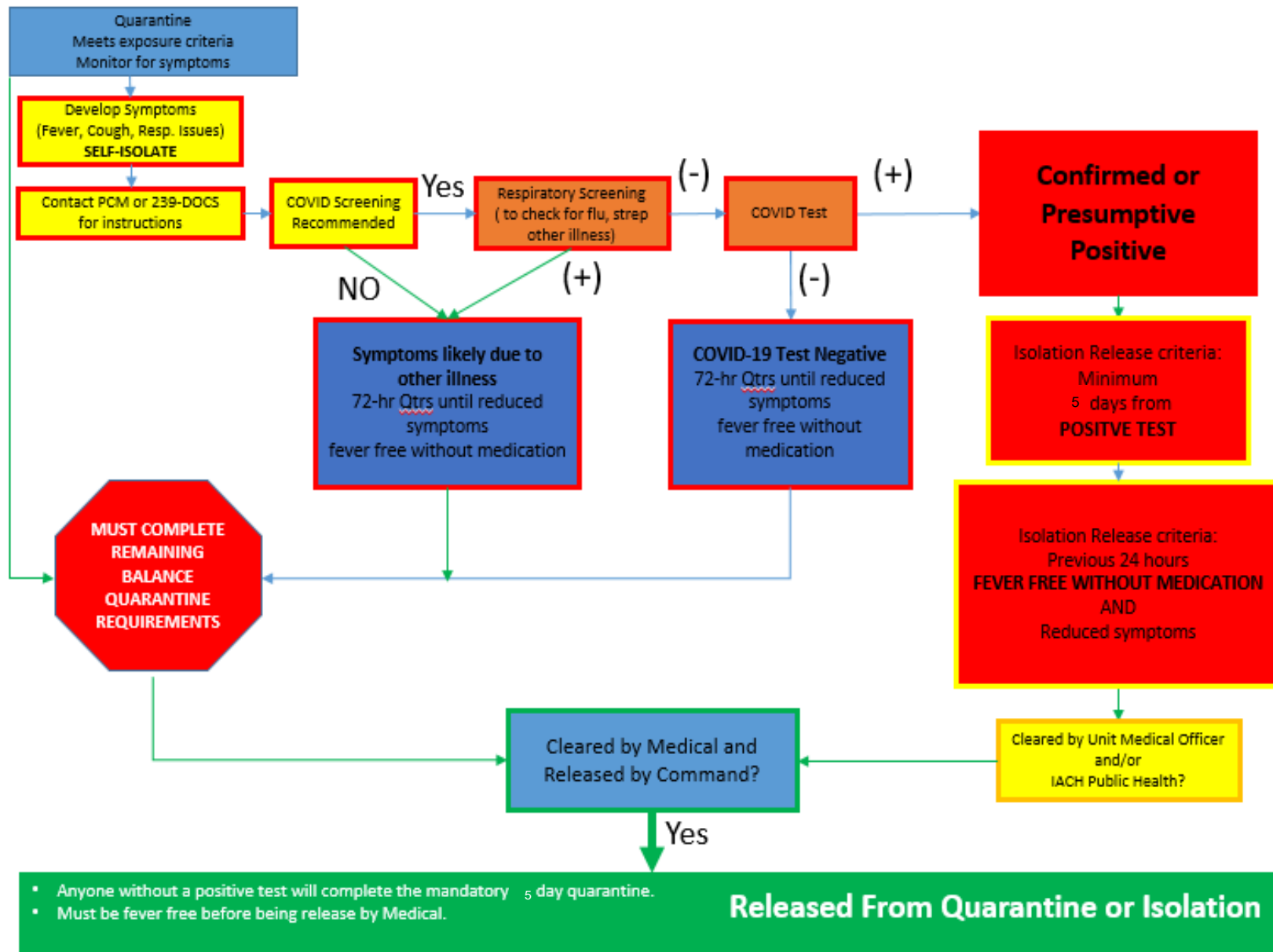
Release from Isolation

Individuals that test positive are evaluated on the following criteria:

- a. 5-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

Updated 09MAY22

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. For specific directives pertaining to training in a COVID environment, Reference Enclosure 10 to the Command Training Guidance.

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 residences unless they are conducting essential activities. Essential activities include: (1) obtaining food, medicine, and other household necessities; (2) 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.

Residence - An individual's dwelling, to include an individual's barracks, family residence, or other living arrangement

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. Commanders may direct service members into a 3-14 day RM-ROM at their discretion to mitigate the spread of the disease. While subject to RM, Commanders may authorize Service members to report for duty and will ensure that self-monitoring, screening, and precautionary measures are in place. Additionally, Service members must over-night in their primary residence but are authorized to move outside their primary residence to complete daily tasks.

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](#)

