



# COVID-19: FAQs FOR US SOUTHCOM

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## 1. BASICS

### Q1.1 What is the Novel Coronavirus (COVID-19)?

A1.1 Coronavirus Disease 2019 (COVID-19) is a respiratory virus that was first identified in December 2019 in Wuhan, Hubei Province, China. This virus probably originally emerged from an animal source, but is now spreading from person-to-person. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. United States Southern Command (SOUTHCOM) is closely monitoring the situation and taking the necessary steps to keep all personnel safe.

(Office of Primary Responsibility (OPR): SG)

## 2. SPREAD

### Q2.1. How does the virus spread?

A2.1. The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

### Q2.2. How do I prevent the spread of COVID-19?

A2.2. Follow these simple steps to reduce the risk of transmission.

- Avoid close contact with people (stay 6 feet apart).
- Wear face coverings.
- Wash your hands with soap and water often and for at least 20 seconds.
- Clean and disinfect frequently touched objects and surfaces.

### Q2.3. Can COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?

A2.3. Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for at least 20 seconds for general food safety.

#### **Q2.4. What is community spread? Why does it matter at SOUTHCOM**

Q2.4. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. SOUTHCOM is working diligently to stop community spread at the workplace.

(Office of Primary Responsibility (OPR): SG)

### **3. PREVENTION/CLEANING & DISINFECTION**

#### **Q3.1. What are the policies for institutional and personal cleaning (i.e. cleaning the spaces and cleaning my personal workspace)?**

A3.1. See attached guidance. Every directorate and command group are given disinfecting bottles (2 equipment cleaning, and one hand cleaning solution) and paper towels for every assigned personnel to use. Everyone should adhere by the "Work Area Sanitization Checklist," located on the inside of every main door leading to a workspace. If someone tests positive, the Rapid Response Cleaning Team will assist the section to ensure proper disinfection occurs.

#### **Q3.2. Should I use soap and water or hand sanitizer to protect against COVID-19?**

A3.2. Handwashing is one of the best ways to protect yourself, family and the SOUTHCOM Team from getting sick. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, which have been placed around the SOUTHCOM building.

#### **Q3.3. What cleaning products should I used to protect against COVID-19?**

A3.3. Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, key/badge pads, countertops, handles, desks, phones, keyboards, faucets, and sinks. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection. To disinfect, most common household disinfectants will work. See CDC's recommendations [for household cleaning and disinfection](#).

#### **Q3.4. Should you clean and disinfect your work space and community spaces?**

Yes, SOUTHCOM staff should engage in everyday cleaning practices to maintain a healthy environment. Cleaning should include surfaces frequently touched by multiple people, such as door handles, and handrails, and should be cleaned with soap and water or another detergent at least daily when the office is in use. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as phones should be cleaned and disinfected before each use. Cleaning *removes* dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it reduces the number of germs on a surface.

(Office of Primary Responsibility (OPR): SG)

### **4. SYMPTOMS**

#### **Q4.1. What are the symptoms of COVID-19?**

A4.1. Symptoms of COVID-19 include nasal congestion, running nose, fever, chills, cough, shortness of breath, sore throat, nausea/vomiting/diarrhea, loss of sense of taste/smell, headaches, fatigue and body aches. Symptoms can start out mild and then worsen over time. Some individuals may have only 1 or even no symptoms during their infection.

#### **Q4.2. Is there a self-assessment I can conduct to evaluate my symptoms?**

A4.3. SOUTHCOM staff should make the COVID-19 self-assessment a part of their daily routine. Before leaving the house, review the checklist. If you answer 'yes' to ANY of the questions below, DO NOT COME TO WORK. Call the Garrison Clinic at 305-437-0779 and notify your supervisor.

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- In the past 24-hours, have you had a fever or felt “feverish?”
- Do you have one or more of the following symptoms?
  - ✓ Cough
  - ✓ Shortness of Breath/Difficulty Breathing
  - ✓ Fatigue
  - ✓ Congestion or Runny Nose
  - ✓ Body Aches
  - ✓ Loss of Taste and/or Smell
  - ✓ Diarrhea
  - ✓ Nausea or Vomiting
  - ✓ Chills
- Have you traveled overseas in the last 14 days?
- Have you had contact with someone sick or someone diagnosed with COVID-19 in the last 14-days?

(Office of Primary Responsibility (OPR): SG)

## 5. FACE COVERINGS

### Q5.1. What kind of face covering should I wear?

A5.1. The CDC recommends that a cloth face covering be worn to prevent the spread of COVID-19. Bandanas, face shields, neck gaiters, and exhalation valve masks **are not** approved for use. Face coverings should **fit snugly**, secured with ear loops or ties, and be worn over both the nose and mouth **at all times** unless in a private office alone or when eating or drinking. They should have ability to be laundered and machine dried without damage or change in shape.

### Q5.2. Are face shields an option instead of cloth face coverings, or will both be required?

A5.2. Based upon CDC and DOD guidance, cloth masks are required for ALL. Face shields are NOT a substitute for masks. You are welcome to wear face shield in addition to your cloth mask.

### Q5.3. Are there any known negative effects for wearing a mask for 8+ hours a day?

A5.3. Wearing a cloth face covering may feel strange or uncomfortable, especially at first. However, wearing a face covering does not cause carbon dioxide buildup or reduced oxygen levels for the wearer. Though you may have seen false news on social media platforms, science does NOT support that there are long-term health consequences from wearing masks.

### Q5.4. Must I wear a facemask at the outdoor gym?

A5.4. Cloth facemasks are required on the USAG-Miami, including at the outdoor gym.

### Q5.5. Where can I find more info on making a cloth facemask?

A5.5. Below are links for supplemental information:

- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- <https://southcom.joint.afpims.mil/coronavirus/>
- <https://chw.org/newshub/stories/making-mask-instructions>

### Q5.6. Do I still practice social distancing requirements even when wearing a mask?

A5.6. **Yes**, there are multiple methods of protection that should be used simultaneously (e.g. hand washing, avoiding close contact, covering coughs/sneezes, cleaning and disinfecting, monitoring personal health) Cloth face masks are meant to prevent someone from transmitting the disease to others, and not to protect someone from becoming infected per CDC research.

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### **Q5.7. What is the military guidance on the wear of face covering?**

A5.7. Service members should comply with published Service and DoD guidance. All individuals on USAG-Miami should comply with guidance posted to the US Southern Command COVID-19 Resource Webpage at [www.southcom.mil/coronavirus](http://www.southcom.mil/coronavirus).

(Office of Primary Responsibility (OPR): SG)

## **6. TESTING**

### **Q6.1. When should I get tested?**

A6.1. A: COVID-19 PCR testing (“swab tests”) check for the presence of the COVID-19 virus in your body at the time of the test. If you have COVID-19 symptoms and risk for exposure, we recommend you are tested. Symptoms of COVID-19 include nasal congestion, running nose, fever, chills, cough, shortness of breath, sore throat, nausea/vomiting/diarrhea, loss of sense of taste/smell, fatigue and body aches. If you are identified as a close contact of someone with COVID, then you should be tested after your notification – regardless of whether you have any symptoms or not. Remember if you are a close contact, you also need to quarantine at home for 14 days. A negative test does NOT shorten your 14-day quarantine. You do NOT need to be tested multiple times.

### **Q6.2. Where can I get tested?**

A6.2. For the best care, you should seek care with your primary care manager. If enrolled at the USAG-Miami Clinic, call 437-1753/1756 during duty hours. If screening determines you need to be tested, they will evaluate you at the medical trailer test site. After-hours clinic phone support is available for urgent needs. The USAG-Miami Clinic can evaluate non-enrolled staff, including civilians and contractors, for work-related exposures (that is if you’re exposed to someone who tested positive here at the HQ). The clinic does not treat nor test children/youth under 18 years old. The clinic is open Monday-Friday, 0730-1200 and 1300-1430. Additionally, there are many **local test centers** which can be found here <https://www.miamidade.gov/global/initiatives/coronavirus/testing-locations.page> <https://www.broward.org/CoronaVirus/Pages/Collection-Sites.aspx>. Remember to let your supervisor know if you are sick and if you are tested!

### **Q6.2. Is antibody testing available at the clinic?**

A6.3. Antibody testing looks for past infection. Per CDC guidance, antibody testing should not be used to diagnose a current COVID infection. To determine if you are currently infected, you need a test to see if the virus is in your system (i.e. swab for PCR test). If you are enrolled at the SC clinic, your primary care manager can order antibody testing if medically indicated. If you have specific questions, please contact your primary care manager who can evaluate your individual situation. Based upon CDC and DOD guidance, serology testing is NOT part of our current “Return to Workplace” guidelines nor our surveillance program.

### **Q6.4. What's the rate of "false positives" in COVID tests?**

A6.4. The COVID-19 PCR test (the “swab test”) test for virus in the body at the time of testing. The rate of false positives is very low. If a person has symptoms consistent with COVID-19 and a positive COVID-19 PCR test, we can be confident that the person has COVID-19. Some infected people will NOT show any symptoms – these asymptomatic individuals may be misinterpreted as a “false positive” but they are actually “true positives”. Though these asymptomatic individuals feel completely normal, they can still spread the virus to others. You may also have a positive test on one date and then a negative test a day or a week later- this is normal, because as a person recovers from COVID-19 they no longer shed virus. For optimal force protection, we will treat all positive COVID-19 PCR tests as “true positives” and follow the USSOUTHCOM return to work guidance for all cases.

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**Q6.5. How many times can a person be tested?**

A6.5. A: This depends on the situation. If a person has COVID-19 symptoms consistent but tests negative and their symptoms persist, they should follow-up with their primary care provider to see if repeat testing is indicated. If a person then recovers but gets sick again weeks or months later, testing could be considered at that future time. Asymptomatic close contacts of a positive COVID-19 patient should self-isolate at home for 14 days and can be tested for COVID-19 to assist in contact tracing to limit the spread of disease. The CDC recommends testing once. If these individuals later develop symptoms, then repeat testing should be considered.

**Q6.6. Who can be tested for COVID-19 at the Army Garrison Clinic?**

A6.6 If you are *enrolled* in the US Army Garrison Clinic, you can call them during duty hours for an over the phone evaluation. *If it is determined that testing is necessary, the Clinic can obtain a COVID-19 sample from you, at their medical trailer site, and send it to a reference lab for testing.* The Clinic can also evaluate non-enrolled SC staff (including contractors) for occupational health-related exposures (i.e., exposure to COVID-19 occurring at SC.)

**Q6.7. Can I return to work while awaiting my test results?**

A6.7. If you are tested due to symptoms or any exposure, **NO** you cannot return until you results are back AND you are cleared by the clinic. If you are randomly tested as part of our surveillance program OR for pre-operative clearance, then **YES** you can return while awaiting results.

**Q6.8. Is there anything the Command can do to improve turnaround times for COVID tests?**

A6.8. A: Our clinic has worked hard to get results as quickly as possible. They have searched all options for reference labs to get results back as quickly as possible. Their current process through LabCorp is the fastest reference lab option. During times of peak demand, all reference labs may experience delays. We are supporting the clinic in their efforts to get point-of-care testing equipment. That requires a "moderately complex lab", with structural modifications and accreditation/quality requirements. The clinic is making great progress on those requirements but the remaining challenge is the national supply for testing machines. We are continuing to pursue all options to overcome the supply chain challenges.

**Q6.8. Does a positive serological test indicate immunity?**

A6.8. It is currently not clear whether a positive serologic test indicates immunity against COVID-19; serologic tests should not be used at this time to determine if an individual is immune.

**Q6.9. Can someone test negative and later positive for COVID-19?**

A6.9. Yes, it is possible. You may test negative if the sample was collected early in your infection and test positive later during this illness. You could also be exposed to COVID-19 after the test and get infected then. Even if you test negative, you still should take steps to protect yourself, your family and the SOUTHCOM Team.

(Office of Primary Responsibility (OPR): SG)

**7. CLOSE CONTACT**

**Q7.1. What if someone I know had COVID-19?**

A7.1. If you believe you are a close contact of someone with COVID-19, please *contact your primary care provider for assessment and testing.* The CDC defines "close contact" as being within six feet of an individual with COVID-19 for fifteen minutes or longer, for up to 48 hours before that person developed symptoms OR 48 hours before their positive test if they do not have symptoms.

- If you are a close contact of a person with COVID-19, you should notify your supervisor, self-isolate immediately, and contact your medical provider.
- DO NOT COME TO WORK until you complete your 14-day quarantine. A negative test does not shorten the 14-day quarantine.

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**Q7.2. Am I considered a close contact for tracing even if wearing a face covering around the infected individual?**

A7.2. Yes, although facemasks decrease transmission, the CDC still considers you a close contact even if you were wearing a facemask while within 6 feet for 15 minutes of a COVID patient. This is out of abundance of caution.

**Q7.3. If someone is positive in the building and I had contact with them, will I be personally notified?**

A7.3. Yes. The Command has a robust Rapid Response team that ensures proper case investigation, contact tracing, and cleaning occurs with each positive care on the USAG-Miami. This team works closely with unit and HQ leadership to ensure that potential contacts are each interviewed/assessed. More info on the Rapid Response process can be found at <https://intranet.ent.southcom.mil/SitePages/Playbook.aspx>

(Office of Primary Responsibility (OPR): SG)

## **8. CONTACT TRACING**

**Q. 8.1. What is contact tracing?**

A8.1. Contact tracing is used by the Command Surgeon’s Office to prevent the spread of COVID-19 at SOUTHCOM. In general, contact tracing involves identifying people who have COVID-19 (cases) and their contacts (people who may have been exposed) and working with them to interrupt COVID-19 transmission. For COVID-19, this includes asking cases to isolate and contacts to quarantine at home voluntarily.

Contact tracing for COVID-19 typically involves

- Interviewing people with COVID-19 to identify everyone with whom they had close contact (6-feet or closer for 15 minutes or more) during the time they may have been infectious,
- Notifying contacts of their potential exposure,
- Referring contacts for testing,
- Monitoring contacts for signs and symptoms of COVID-19, and
- Connecting contacts with services they might need during the self-quarantine period.

To prevent the further spread of disease, COVID-19 contacts are encouraged to stay home and maintain social distance (at least 6 feet) from others until 14 days after their last exposure to a person with COVID-19. Contacts should monitor themselves by checking their temperature twice daily and watching for symptoms of COVID-19.

**Q8.2. Who is considered a close contact to someone with COVID-19?**

A8.2. For COVID-19, a close contact is defined as anyone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before the person began feeling sick until the time the individual was isolated.

**Q8.3. Am I considered a close contact if I was wearing a cloth face covering?**

A8.3. Yes, you are still considered a close contact even if you were wearing a cloth face covering while you were around someone with COVID-19. Cloth face coverings are meant to prevent someone from transmitting the disease to others, and not to protect someone from becoming infected.

**Q8.4. What if I have been around someone who was identified as a close contact?**

A8.4. If you have been around someone who was identified as a close contact to a person with COVID-19, you should closely monitor yourself for any symptoms of COVID-19 and immediately inform your supervisor.

(Office of Primary Responsibility (OPR): SG)

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## 9. TELEWORK/RETURN TO WORK

### Q9.1. When will SOUTHCOM return to 100% staffing?

A9.1. There is no push to return to a 100% staffing. The return to work process is conditions based and currently community cases are on the rise.

### Q9.2. Is telework authorized?

A9.2. Max telework is authorized. Employees should Leverage telework to mitigate the impacts of increased COVID at SOUTHCOM.

(Office of Primary Responsibility (OPR): SG)

## 10. HIGH-RISK MEDICAL CONDITIONS

### Q10.1. Where can I find the list of medical conditions at increased risk for severe illness from COVID-19?

A10.1. Visit the Center for Disease Control (CDC) for more information on high-risk medical conditions.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

### Q10.2. What is the SOUTHCOM policy for those at high-risk or for those that live with some who is high-risk?

A10.2. Access guidance posted at the US Southern Command COVID-19 Resource Webpage at

[www.southcom.mil/coronavirus](http://www.southcom.mil/coronavirus).

(Office of Primary Responsibility (OPR): SG)

## 11. LEAVE/TRAVEL

### Q11.1. What is the personal leave policy for DoD Service members assigned or attached to US SOUTHCOM?

A11.1. SOUTHCOM follows service specific guidance for leave. In addition to that guidance, the [SOUTHCOM Leave Program](#) and [policy memorandum dated 20 July 2020](#), states authorized leave outside the local area will be approved at a level no lower than the element/unit commander or equivalent.

It must include a USSOUTHCOM Pre- and Post-Travel Screening Questionnaire found here:

[SOUTHCOM Leave Policy - SOUTHCOM Pre-Travel Screening Questionnaire](#)

[SOUTHCOM Leave Policy - SOUTHCOM Post Travel Screening Questionnaire](#)

Members should not travel if they have had close contact with someone who has tested positive for COVID-19 within the past 14 days.

(Office of Primary Responsibility (OPR): J1)

### Q11.2. What is the official travel policy?

A11.2. Official travel, TDY and PCS still require conditions-based examination of both locations. The SOUTHCOM Chief of Staff is the approval authority for Headquarters Exemption to Policy requests.

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## 12. EXCEPTIONS TO POLICY

### 12.1 Can personnel that were in close contact with a COVID-19 positive individual return to work before the mandatory 14-day restriction of movement (ROM)?

A12.1 Only if the first General Officer/Flag Officer or SES in the person's immediate chain of command determines they are mission essential, low risk of exposure, and tested negative for the presence of SARS-CoV-2 as documented on [SOUTHCOM's Memorandum for Record: Exception to Return for Mission Essential Activities After COVID-19 Exposure](#).

(Office of Primary Responsibility (OPR): CoS)