



COVID-19: FAQs FOR US SOUTHCOM

Updated February 11, 2022

The Defense Department continually provides information and resources on a variety of coronavirus-related subjects for members of the DOD community and the general public. See the latest [DOD guidance on Coronavirus](#).

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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 corona viruses 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. When replicating in humans, the virus that causes COVID-19 can undergo multiple genetic mutations which can make it more transmissible or more harmful. 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

Q1.2. What is the command guidance for HQ SOUTHCOM staff regarding Force Health Protection in a COVID-19 pandemic?

A1.2. Personnel assigned, attached, or on temporary duty to USSOUTHCOM must follow the [Workplace Protocols](#). Additionally, during times of increased risk of transmission or new variants, additional protocols may be temporarily added to protect our team and our mission.

Office of Primary Responsibility (OPR): DCOS

Q1.3. What is difference between Quarantine, Isolation, and Restriction of Movement (ROM)?

A1.3. Restriction of Movement (ROM) is a DoD umbrella term used for Quarantine and Isolation. Quarantine defines parameters for close contacts of COVID+ individuals to stay away from others. Isolation describes someone who is infected with the virus to stay away from others. Those in quarantine and isolation should reside at home (and in a

separate room if not single household), avoid contact with any members/pets of the household, monitor symptoms, wear a mask, wash hands and disinfect areas whenever possible.

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, primarily 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 for a cumulative 15 minutes within a 24 hour period).

Office of Primary Responsibility (OPR): SG

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

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

- Receive an EUA approved (or once fully FDA approved, FDA approved) vaccine against COVID-19. This is the most reliable protection against severe illness and death.
- Receive a booster shot after 6 months for an mRNA vaccine or after 2 months for J&J. Continue to follow recommended booster guidance.
- Avoid close contact with people (stay 6 feet apart).
- Wear face coverings over mouth and nose [in the recommended settings per CDC and DoD guidance.](#)
- Wash your hands with soap and water often and for at least 20 seconds. If soap and water is not available, use hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched objects and surfaces.
- Avoid crowded indoor areas, and ensure indoor spaces are properly ventilated.
- Stay home and isolate when sick.

Office of Primary Responsibility (OPR): SG

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.

Office of Primary Responsibility (OPR): SG

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

A2.4. 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 continues to work diligently to prevent community spread in 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 [Cleaning and Disinfection Guideline After Covid-19 Exposure.](#)

Office of Primary Responsibility (OPR): HQ CMDT

Q3.2. What cleaning products should I use to protect against COVID-19?

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A3.2. Clean frequently touched surfaces such as tables, doorknobs, light switches, key/badge pads, countertops, handles, desks, phones, keyboards, faucets, and sinks. Disinfection is also needed when a person with COVID was in close contact with the surfaces and objects. Otherwise routine cleaning is sufficient. 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](#).

Office of Primary Responsibility (OPR): SG

4. SYMPTOMS & DISCONTINUING ISOLATION AFTER

TESTING POSITIVE

5

6.

7. Q4.1. What are the symptoms of COVID19?

A4.1. Symptoms of COVID-19 include nasal congestion, running nose, fever, chills, cough, shortness of breath, sorethroat, nausea, vomiting, diarrhea, loss of sense of taste or 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.

Office of Primary Responsibility (OPR): SG

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

A4.2. SOUTHCOM staff should make the COVID-19 self-assessment a part of their daily routine. Before leaving thehouse, review the checklist. If you answer 'yes' to ANY of the questions below, DO NOT COME TO WORK. Call the SOUTHCOM Army Health Clinic at 305-437-0779 and notify your supervisor.

- 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 or Fever
 - ✓ Muscle or Body aches
 - ✓ Headache
- 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): SOUTHCOM Army Health
Clinic

Q4.3. If I am diagnosed with COVID-19, when can I discontinue isolation and return to work? What documentation should I get to avoid being unnecessarily tested for travel or screening testing for 90

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days?

A4.3. Follow the [Discontinuing Restriction of Movement & Returning to Work After Travel or Illness](#) and [Return to Work flowchart](#). Earlier CDC guidance utilized 2 negative tests to discontinue isolation. Repeat testing is NO longer recommended per [CDC](#) policy. Individuals should **NOT** undergo a repeated COVID19 test within 90 days of the initial positive test unless directed by a medical provider. Individuals who recover from COVID-19 should seek a note from their primary care medical provider stating the date they tested positive, that they have recovered, and should not receive screening or travel testing for 90 days.

Office of Primary Responsibility (OPR): SG

8. FACE COVERINGS

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

A5.1. Personnel may be required to wear face coverings based on vaccination status, travel requirements, or for other reasons. Please review the most updated CDC and DoD guidance for the wear of face masks. Fully vaccinated individuals (at least 2 weeks from their final dose) are not required to wear outdoors on the Garrison. Fully vaccinated individuals are required to wear masks inside all federal buildings during times on significant or high local community transmission, and always in certain settings (that is at the clinic or child development center). All staff will comply with federal mandates for mask usage while traveling on airplanes/other types of commercial transportation and at transportation hubs. Staff who are not fully vaccinated must wear masks at the USAG-Miami while indoors at all times and when outdoors if within six feet of others. Face shields, bandanas, masks with valves, and novelty/non-protective masks are not a substitute for face masks, and therefore are prohibited. Face shields may be worn in addition to masks. Cloth masks should be made of two or more layers of tightly woven material. Surgical masks and N95 masks may be worn in place of cloth masks. For the sake of clarity and consistency for USSOUTHCOM personnel, it is preferred that masks should be of neutral solid colors, but other colors and patterns are permitted if they are workplace appropriate and, for military members, IAW service specific guidance. However, masks with logos, words, or symbols are not authorized.

Masks must cover the nose and mouth, fit properly (snugly around the nose and chin with no large gaps around the sides of the face), and align with current guidance from the [CDC](#) and [OSHA](#).

Office of Primary Responsibility (OPR): SG

Q5.2. Are there any known negative effects for wearing a mask for 8+ hours a day?

A5.2. **No.** 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. Masks should be laundered regularly per CDC guidance.

Office of Primary Responsibility (OPR): SG

Q5.3. Must I wear a facemask at the gym?

A5.3. It depends. For the Outdoor Gym - vaccinated and unvaccinated personnel are NOT REQUIRED to wear a facemask when using the outdoor gym facilities. Unvaccinated personnel using the outdoor gym facilities are required to maintain 6ft distancing from other personnel. For the Indoor Gym – vaccinated and unvaccinated personnel are REQUIRED to wear a facemask when using the indoor gym facilities IAW Deputy Secretary of Defense Memo, Subject: Updated Mask Guidance for all DoD Installations and Other Facilities, dated 28 Jul 2021. When Miami-Dade County is no longer a “substantial or high communication transmission” area (as defined/reported by the CDC), vaccinated personnel will NOT be required to wear a facemask when using the indoor gym facilities.

Office of Primary Responsibility (OPR) Garrison Management

Q5.4. Do I still practice social distancing requirements even when wearing a mask?

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A5.4. **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 (i.e. “source control”); latest research also shows that they provide some protection to the individual wearing the mask.

Office of Primary Responsibility (OPR): SG

6. TESTING

Q6.1. When should I get tested?

A6.1. A: COVID-19 PCR and antigen 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, you should get tested. For symptoms, please see section [4.2 of FAQs](#). If you are identified as a close contact of someone with COVID, regardless of your vaccination status, you should be tested 3-5 days after your last exposure. If you develop 7 symptoms before 3-5 days, get a test immediately and isolate until test results are complete.

Remember to inform your supervisor if you are sick and/or if you have been tested. You should not return to work while your results are pending. If you are sick or exposed to COVID-19, you can return once cleared by a medical provider.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q.6.2. Where can I get tested if I am sick or exposed to COVID-19?

A6.2. For the best care, you should seek care with your primary care manager. If enrolled at the SOUTHCOM Army Health Clinic, call 305-437-1753 (or 305-437-3742, Nurse Advisory Line) or report to the COVID trailer during duty hours. If screening determines you need to be tested, they will swab you at the COVID trailer (available weekdays during 0730-1200 and 1300-1430hrs) while you remain in your car.

For work-related exposures (that is you were exposed to someone at the HQ who tested positive), the SOUTHCOM Army Health Clinic can evaluate all staff (to include civilians and contractors).

Additionally, there are many **local test centers** offering free testing:

<https://www.miamidade.gov/global/initiatives/coronavirus/testing-locations.page> <https://www.broward.org/CoronaVirus/Pages/Collection-Sites.aspx>.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q6.3. How can I get a screening test for COVID-19 if required for travel?

A6.3. **For official travel:** Supervisors should submit a memo detailing the date of travel, location of travel, and the type of test required for entry to the country. Submit the memo as soon as the need for a COVID-19 test is identified to: usarmy.gordon.medcom-eamc.mbx.southcom-lab-covid-19@mail.mil. Once the memo is received by the laboratory a calendar invite will be sent out with the date and time of testing along with additional screening documentation to bring along to lab for testing. See [Testing Prior to Official Overseas Travel Fact Sheet](#) for more information. For any questions, please contact the Lab at 305-437-1163/1164.

For unofficial travel: Clinic beneficiaries can contact their primary care manager to request testing. Non- beneficiaries seeking screening for unofficial travel should contact their primary care manager or a local community test site.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

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Q6.4. Is antibody testing available at the clinic?

A6.4. **Yes.** 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 SOUTHCOM Army Health Clinic, your primary care manager can order antibody testing if medically indicated. Based upon DOD and CDC guidance, antibody testing is NOT part of our current “Return to Workplace” guidelines nor our surveillance program.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health
Clinic

Q6.5. What's the rate of "false positives" in COVID tests?

A6.5. The COVID-19 PCR test (the “swab test”) tests for the 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.” Although these asymptomatic individuals feel normal, they can still spread the virus to others. Additionally, you may 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 the virus. For optimal force health protection, we will treat positive COVID-19 PCR tests as “true positives,” and follow the USSOUTHCOM return to work guidance for all cases.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health
Clinic

Q6.6. How many times can a person be tested?

A6.6. This depends on the situation. If a person has COVID-19 symptoms 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. Recovers but gets sick again weeks or months later, testing could be considered at that future time.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health
Clinic

Q6.7. Who can be tested for COVID-19 at the SOUTHCOM Army Health Clinic?

A6.7. If you are *enrolled* in the SOUTHCOM Army Health Clinic, you can be screened at the COVID trailer. *If testing is recommended, the clinic can perform rapid testing and/or PCR Testing.* The type of test that is performed will depend upon your clinical situation. The SOUTHCOM Army Health 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) and for official travel. Be advised the clinic does not treat nor test children under 18 years old.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health
Clinic

Q6.8. Can I return to work while awaiting my test results?

A6.8. **It depends.** If you are fully vaccinated and asymptomatic, you can return to work while waiting for your test results. If you are unvaccinated or tested due to symptoms or exposure concern, you cannot return until your 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 you can return while awaiting results.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health
Clinic

Q6.9. What does a positive antibody test mean? Does it mean you are immune?

A6.9. **The CDC does not have enough information** yet to say how protected someone might be from being infected again if they have antibodies. In general, a positive antibody test is presumed to mean a person has been infected with SARS-COV-2, the virus that causes COVID-19, at some point in the past. It does NOT mean they are currently infected. Antibodies usually start developing within 1-3 weeks after infection.

In other words, the CDC is not clear that you are immune if you have a positive antibody test. Confirmed and suspected cases of reinfection with the virus have been reported but remain rare. Until there is more data, everyone should continue to follow all FHP measures (masks, distancing, disinfecting, etc) despite a positive antibody test. Per CDC guidance, antibody tests should NOT be used to determine who can return to work or to determine who should be grouped together at schools or dormitories (for example).

Office of Primary Responsibility (OPR): SG

Q6.10. If I test positive for COVID-19, should I be tested again to be cleared to return to work?

A6.10. **No.** Per CDC guidance, testing should NOT be done at the end of your 10 day isolation. In fact, retesting is NOT recommended for the 90 days after a positive test unless clinically indicated (i.e. your doctor tests you again later because you get sick and his/her evaluation didn't find another cause for your symptoms). Please see [section 4.3. of FAQs](#) for return-to-work procedures.

Office of Primary Responsibility (OPR): SG

Q6.11. Can someone test negative and later positive for COVID-19?

A6.11. **Yes.** 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. If you tested negative with symptoms and your symptoms continue, recommend retesting as your viral count may not have been high enough to be detected with the first test. 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

9. CLOSE CONTACT

Q7.1. What if I came into close contact with someone who has 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" within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. Regardless of your vaccination status, if you are a close contact, you should get tested for COVID-19 3-5 days after your last exposure. If symptoms occur before 3-5 days, you should get tested immediately and isolate until a negative test returns. If you are unvaccinated OR more than 6 months out of your second mRNA dose OR more than 2 months after your J&J dose and are not boosted, you must quarantine for 5 days followed by strict mask use for an additional 5 days. Quarantine starts the day after your last contact with the COVID positive individual. Regardless of your vaccination status, all close contacts must wear a well-fitted mask at all times when around others for 10 days after exposure.

Office of Primary Responsibility (OPR): Rapid Response Team

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 as defined in the answer above. This is out of abundance of caution.

Office of Primary Responsibility (OPR): Rapid Response Team

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 case on the USAG-Miami. This team works closely with unit and HQ leadership to ensure that potential contacts are each interviewed/assessed. [Click here for more information](#) on the Rapid Response process.

Office of Primary Responsibility (OPR): Rapid Response Team

Q7.4. If my spouse (roommate or child) tests positive, when does my quarantine begin?

A7.4. Depending on your vaccination and booster status, quarantine begins when you have fully isolated from the positive patient. For example, if you are caring for your family member daily or unable to isolate from him/her, then your quarantine start date would start when he/she finishes their isolation period. The CDC has useful scenarios to help you calculate your quarantine. [COVID-19: When to Quarantine | CDC](#)

Office of Primary Responsibility (OPR): SG

Q7.5. What if I was around someone who was identified as a close contact?

A7.5. If you have been around an **asymptomatic** coworker who was identified as a close contact to a person with COVID-19, you do NOT need to be tested for COVID-19. Continue to monitor yourself for any symptoms of COVID-19, wear your mask and practice good social distancing – per our standard HQ COVID mitigation rules.

Office of Primary Responsibility (OPR): Rapid Response Team

10. CONTACT TRACING

Q.8.1. What is contact tracing?

A8.1. Contact tracing prevents 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 over a 24-hour period) 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.
- Verifying by badging tracing the last day at work and if unimmunized, confirmation of mask wearing by video.

Office of Primary Responsibility (OPR): Rapid Response Team

11. TELEWORK & RETURN OF WORKFORCE TO HEADQUARTERS

Q9.1. What is SOUTHCOM's policy regarding return of the workforce to the headquarters?

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A9.1. There is no push to return to 100% staffing. The return of the workforce is conditions based. Directors shall return staff to the HQ based upon local conditions, using science and sound judgement. We have shown that we can successfully telework. We have also identified that many important missions require access to secure systems within the HQ. Force Health Protection remains our priority. We have shown that we can safely return without internal COVID transmission. With our vaccination rates which are higher than the community, working at SOUTHCOM is safer than many non-work activities.

Office of Primary Responsibility (OPR): J1

Q9.2. Is telework authorized?

A9.2. Telework continues to be authorized. Individuals should work with their chain of command. Directors and staff should feel comfortable leveraging telework to mitigate the impacts when COVID rates rise in the local community. Specific instructions regarding high-risk employees and those with dependent care concerns can be found in the [Workplace Protocols](#).

Office of Primary Responsibility (OPR): J1

12. 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 the latest updates](#) on high-risk medical conditions.

Office of Primary Responsibility (OPR): SG

Q10.2. What is the SOUTHCOM policy for those at high-risk, for those that live with someone who is high-risk, or those who have dependent care concerns?

A10.2. Specifics can be found on page 3 of the [Workplace Protocols](#)

Office of Primary Responsibility (OPR): DCOS

13. 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 [Quick List for travel approval authority](#). In addition to that guidance, the [SOUTHCOM Military Personnel Leave and Absence Program](#) and the [Travel Restrictions Policy](#) 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 Risk Assessment Forms found here:

[Pre-Travel Risk Assessment Form](#)

[Post-Travel Risk Assessment Form](#)

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?

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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 official OCONUS travel Headquarters Exception to Policy requests. CONUS official travel can be approved at the O6 level.

Office of Primary Responsibility (OPR): J1

Q11.3. Are Restriction of Movement (ROM, e.g. quarantine) and testing required upon return from travel?

A11.3. *It depends.* Per DOD & SOUTHCOM policy, pre-travel & post travel risk assessments are required for ALL official travel and required for unofficial travel for military members. Civilians and contractors are encouraged to use the forms as well for leave.

Foreign Country to U.S. travel: [International Travel | CDC](#)

- Test in accordance to the country to which you are traveling
- Test again 3-5 days after you return from your trip, regardless of vaccination status.
- Regardless of vaccination status, test 1 day prior to return to U.S.

Travel within U.S. testing: [Domestic Travel During COVID-19 | CDC](#)

- Fully vaccinated travelers are exempt from required testing.
- Travelers not fully vaccinated are to test 1-3 days prior to travel and 3-5 days afterwards.
- ROM at director's discretion for moderate-high risk travel for those who are not fully vaccinated.
- Those who are fully vaccinated are exempt from ROM.

Office of Primary Responsibility (OPR): SG

14. EXCEPTION TO POLICY TO RETURN TO WORK FOR MISSION ESSENTIAL DUTIES

Q12.1. Can personnel that traveled overseas or were in close contact with a COVID-19 positive individual return to work before the mandatory restriction of movement (ROM)?

A12.1. *Maybe.* Member must pose low risk of exposure to others and tested negative for the presence of SARS-CoV-2 as documented on the [Exception to Return Post Overseas Travel](#) form. Those who desire an early return from travel related ROM or who desire an early return to work from quarantine for COVID-19 exposure may request an ETP to return to work earlier. Any exceptions to policy must be approved by SOUTHCOM Chief of Staff.

Office of Primary Responsibility (OPR): CoS

15. KEY LEADER ENGAGEMENTS (KLE) AND VISITORS

Q13.1. What is the process for General/Flag Officers requesting KLE visits in the SOUTHCOM AOR?

A13.1. For approval, personnel must submit a [Travel Exception to Policy Request Form](#) detailing the COVID mitigation plans and country requirements per [SOUTHCOM guidance](#). An example form is found [here](#). The number of travelers should be minimized to mission essential. Strict compliance with FHP measures is expected – including avoiding meals in restaurants and group meals.

Office of Primary Responsibility (OPR): J5

Q13.2. What is the process for requesting KLEs at the SOUTHCOM HQ?

A13.2. Requests for Key Leader Visits to USSOUTHCOM Headquarters are submitted by the USSOUTHCOM organization sponsoring the visit (SCO, Directorate Lead, etc.) through the USSOUTHCOM tasker system and approved by the COS in accordance with the [Visitor Policy and Procedures](#).

Office of Primary Responsibility (OPR): J5

Q13.3. What is the process for hosting any visitors to the SOUTHCOM HQ or Conference Center of the Americas?

A13.3. Requests for visitors are coordinated through the COS office in accordance with [Visitor Policy and Procedures](#).

Office of Primary Responsibility (OPR): JEV B

16. RESERVIST

Q14.1. How do I drill at USSOUTHCOM?

A14.1. Reservists will review USSOUTHCOM [Workplace Protocols](#) prior to their arrival.

Reservists traveling from out-of-state to USSOUTHCOM for duty must complete the [Pre-Travel Risk Assessment](#) form upon arrival and will test prior to entry to the Headquarters. Viral testing can be conducted at their home location prior to travel or at the USAG-Miami clinic upon arrival. Testing will be accomplished no earlier than 3 days prior to their visit.

Fully vaccinated Reservists (i.e. at least 2 weeks after completing their COVID-19 vaccination series) coming from any U.S. location are exempt from this testing requirement.

Reservists arriving from foreign countries, regardless of vaccination status, will have a negative COVID-19 test no earlier than 3 days prior to their HQ visit. These Reservists must comply with U.S. entry testing requirements to board their flight to the US. Foreign travelers in the US for an extended period will test 3-5 days after arrival in accordance with CDC guidance.

Office of Primary Responsibility (OPR): M&RA

Q14.2 Frequently Asked Questions to Reserve Program Managers.

A14.2. For service specific guidance click on the hyperlinks below:

- [Army Desk FAQs](#)
- [Air Force Desk FAQs](#)
- [Navy Desk FAQs](#)
- [Marine Desk FAQs](#)
- [Coast Guard Desk FAQs](#)

Office of Primary Responsibility (OPR): J1

Q14.3. What if I'm performing my drill on the weekend and cannot be screened?

A14.3. Supervisors will coordinate with the HQ CMDT office 305-437-3818/3837 to obtain a thermometer prior to drill weekend. The designated person will ensure all reservists' temperatures are checked while drilling at USSOUTHCOM.

Office of Primary Responsibility (OPR): M&RA

Q14.4. What if a reservist develops symptoms while drilling?

A14.4. If a reservist is symptomatic, the individual immediately must go to the nearest "Urgent Care" to be screened. Supervisors will notify their command on the reservist receiving medical assistance and [contact the Reserve Program Manager \(RPM\)](#) for further guidance.

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17. ADDITIONAL REFERENCES FOR SUPERVISORS

Q15.1. What do I do if a staff member notifies me that he/she has tested positive for COVID-19 at a local testing site?

A15.1. You need to notify the JOC ASAP using the template found on the [Rapid Response Playbook](#) site. Follow the directions in the Playbook to alert the Rapid Response team with your section's seating chart and potential close contacts. You will work with the HQ Commandant's office to cordon off the workspace and get it disinfected as needed.

Office of Primary Responsibility (OPR): SG

18. VACCINES

Q16.1. Are the vaccines mandatory or voluntary?

A16.1. COVID-19 vaccines are mandatory for all service members and civilian employees per the [Presidential Executive Order](#) and [DoD guidance](#). DoD contractor personnel and official visitors must attest to being fully vaccinated and, if not fully vaccinated, present the results of a negative COVID-19 test as a condition of physical access to DoD buildings and DoD-leased spaces in non-DoD buildings in which official DoD business takes place. Individuals must be vaccinated with vaccines that are either fully licensed or authorized for emergency use by the Food and Drug Administration (FDA) or the World Health Organization. Individuals are considered fully vaccinated 2 weeks after completing the second dose of a two-dose COVID-19 vaccine or 2 weeks after receiving a single dose of a one-dose COVID-19 vaccine. Those with previous COVID-19 infection(s) or antibody test results are not considered fully vaccinated on that basis.

Office of Primary Responsibility (OPR): SG

Q.16.2. What are the vaccination suspense dates for Military Service Members and Federal Civilian Employees?

A.16.2. The vaccination suspense date for Military Service Members vary by Services.

- Army: 15 DEC 2021
- Air Force: 2 NOV 2021
- Navy: 30 NOV 2021
- Marines: 30 NOV 2021
- USCG: 24 NOV 2021
- Federal Civilian Employees: 22 NOV 2021

Office of Primary Responsibility (OPR): SG

Q.16.3. How do Service Members, federal civilian employees, contractors, and visitors vaccination status be verified?

A.16.3. For service members, vaccination status will be validated utilizing Military Service-specific Individual Medical Readiness (IMR) system. Once the applicable mandatory vaccination date has passed, COVID-19 screening testing is required at least weekly for Service Members who are not fully vaccinated based on a medical and/or religious exemption, including those who have an exemption request under review. DoD civilians should submit proof of vaccination to their supervisors for purposes of the verification requirement. After the vaccination suspense date, weekly COVID-19 testing is required for those DoD civilian employees who are not fully vaccinated, including those who have medical or religious exemptions. In addition, DoD civilian employees will complete Section A of DD Form 3175 via milConnect that is found [here](#)

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or using a hard copy. DoD contractor personnel will complete the [DD Form 3150](#) and show it to authorized DoD personnel upon request. DoD contractor personnel and official visitors must attest to being fully vaccinated, if not fully vaccinated, present the results of a recent negative COVID-19 test as a condition of physical access to DoD building and DoD-leased spaces in non-DoD building in which official DoD business takes place.

Q.16.4.What are the different types of military exemptions?

A.16.4.

Medical

- Temporary Exemptions may be granted for up to 365 days based on:
 - Temporary contraindications to vaccines (e.g., pregnancy, acute illness, treatments causing immune suppression)
 - Pending completion of an ongoing medical evaluation
 - Medical Supply exemption: lack of vaccine supply
- Permanent Exemptions may be granted indefinitely based on one of the following**:
 - Determination by a medical provider that further vaccination will seriously endanger patient's health
 - Medical, Reactive exemption: Previously severe reaction after specific vaccine (e.g., anaphylaxis)
 - Medical, Immune exemption: Evidence of existing immunity (e.g., by serologic antibody test, documentation of previous infection or natural infection presumed)

Administrative

- Separation or retirement within 180 days provided the following conditions are met:
 - Service member is not assigned, deployed or scheduled to perform duties in an area where specific immunization is indicated
 - The commander has not directed immunization because of overriding mission requirements
- Separation of civilian employees and contractor personnel within 30 days of leaving a permanent assignment (other than an outside the continental United States deployment)
- ***Religious:***
 - Granted according to Service-specific policies
 - Command decision made with medical, judge advocate and chaplain consultation

Office of Primary Responsibility (OPR): SG

Q.16.5. How is an exemption documented?

A.16.5.. Electronic and paper health records must annotate temporary and/or permanent medical exemptions. All exemptions, administrative or medical, must be documented in the immunization section and clinical notes of individual medical records. For military members, exemptions must also be documented in readiness systems (MRRS, MEDPROS, or ASIMS).

Office of Primary Responsibility (OPR): SG

Q.16.6. Can I get a second opinion on a vaccination exemption recommendation?

A. 16.6. Individuals who disagree with a provider's exemption recommendation may be referred for a second opinion to providers experienced in vaccine adverse-event management, such as the DHA Immunization Healthcare Support Center.

Office of Primary Responsibility (OPR): SG

Q.16.7. How can civilian employees obtain exemption?

A. 16.7. To make a request for exemption from vaccination, DoD civilian employees must provide an official statement which describes the medical or religious reason the employee objects to vaccination against COVID-19. DoD civilian employees may use [DD Form 3176](#) or DD [Form 3177](#) to submit their request. DoD civilian employees who make oral requests may be provided a sample written request format and/or be interviewed to develop the basis for the request.

Office of Primary Responsibility (OPR): SG

Q. 16.8. Can I meet the COVID-19 vaccine requirement through previous infection with COVID-19, or the results of an antibody test?

A.16.8. No. Because research is ongoing as to whether previous infection with COVID-19 confers lasting protection, previous COVID-19 infection is not considered proof of immunity. A history of COVID-19 disease and/or a positive antibody test or other positive test for COVID-19 does not exempt you from being required to be vaccinated for COVID-19. The only acceptable proof of immunity is completion of a COVID-19 vaccination series.

Office of Primary Responsibility (OPR): SG

Q.16.9. What happens if a Service member or civilian employees refuses to get the vaccine?

A.16.9. The requirement to be fully vaccinated against COVID-19 constitutes a lawful general order. Refusal to Service Members to get fully vaccinated against COVID-19 in the timelines prescribed, absent an approved medical exemption or approved religious accommodation, will constitute a failure to obey a lawful general order. DoD civilian employees who refuse to be vaccinated, or to provide proof of vaccination, are subject to disciplinary measures, up to and including removal from Federal service, unless the DoD civilian employee has received an exemption or the DoD civilian employee's timely request for an exemption is pending a decision.

Office of Primary Responsibility (OPR): SG

Q16.10. What is the request process to get vaccinated?

A16.10. Service members and Employees can use [this link](#). Family members/beneficiaries with military ID cards, use this [CAC-free site to sign up](#). The clinic will then contact the beneficiary to schedule the vaccination. Family members must meet eligibility requirements: 18 years of age or older AND be eligible for Tricare (i.e. they have a valid military ID card). For any questions call the Clinic, at (305) 437-1188.

Office of Primary Responsibility (OPR): SG

Q16.11. What are approved proof of vaccination?

A16.11.

- i. A copy of the record of immunization from a health care provider or Pharmacy;
- ii. A copy of the COVID-19 Vaccination Record Card
- iii. A copy of medical records documenting the vaccination;
- iv. A copy of immunization records from a public health or State immunization Information system; or
- v. A copy of any other official documentation containing the data points required to be verified by the supervisor.

Office of Primary Responsibility (OPR): SG

Q16.12. If I am a military member (pilot, etc.) in active flying status, how may vaccination impact my status? A16.12 Be sure to follow service specific guidance, the [Federal Aviation Administration](#) issued a 48 hour no fly/nosafety related duty interval after each dose. For more information, contact your flight surgeon.

Q16.13. Who is eligible to get the vaccine at the SOUTHCOM Army Health Clinic when doses are available? How are dependents factored into this?

A16.13. Employees at the USAG-Miami – including mil, civ, contractor, and other/foreign military liaisons. In addition, Military Health System beneficiaries are also eligible regardless of whether they are enrolled with the clinic.

Office of Primary Responsibility (OPR): SOUTHCOM Army Health Clinic

Q16.14. What should I expect when receiving the vaccine?

A16.14. mRNA COVID-19 vaccines will be a two-dose sequence between 21 days (Pfizer) or 28 days (Moderna), depending on the product. The vaccine from Johnson & Johnson is a single dose. According to the CDC, vaccines from different manufacturers are NOT interchangeable for the initial series, but ARE interchangeable for booster doses. Vaccine recipients will be provided a copy of the CDC COVID-19 Vaccination Record Card after receipt of the vaccine with the disclosed manufacturer name. If you are a military service member, your medical individual medical readiness (IMR) records will be updated to reflect that you have been vaccinated. Side effects are normal and should dissipate in a few days. For more information, visit the CDC Vaccination page. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

Office of Primary Responsibility (OPR): SG

Q16.15. If I already had COVID-19 and recovered, should I still get the vaccine?

A16.15. **Yes.** Vaccination is currently recommended because the duration of immunity following COVID-19 infection is unknown and the vaccine will boost immunity (i.e. increase antibodies) for previously infected people.

Office of Primary Responsibility (OPR): SG

Q16.16. I got vaccinated somewhere else, how do I get “credit”?

A16.16. SOUTHCOM discontinued the employee COVID-19 vaccine database. All employees and supervisors are required to document vaccine statuses in the vaccine muster tool. All statuses must be visually confirmed by a supervisor by viewing the employee’s CDC vaccine card.

Office of Primary Responsibility (OPR): J4

Q16.17. What is the request process to get vaccinated?

A16.17. Service members and Employees do not need to schedule an appointment to receive the COVID-19 vaccine. The SOUTHCOM Clinic provides the Moderna vaccine on a walk-in basis during the following hours:

Monday- Wednesday & Friday: 0800-1100 and 1300-1500

Thursday: 0800-11:00

For any questions call the Clinic, at (305) 437-1188.

Office of Primary Responsibility (OPR): SG

Q16.18. What has the DoD done to ensure the vaccine(s) they are distributing is safe?

A16.18. DoD is confident in the stringent regulatory process and requirements of the FDA. Vaccines and therapeutics to prevent and treat disease are developed in stages. In Phase 1 Trials researchers test an experimental drug or treatment in a small group of people for the first time. In Phase 2 Trials the experimental drug or treatment is given

to a larger group of people to see if it’s effective and to further evaluate its safety. In Phase 3 Trials the experimental study drug or treatment is given to very large groups of people.

Researchers confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the experimental drug or treatment to be used safely. Manufactures

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are required to submit their raw data for the FDA to review. Safety, immune response, and efficacy data from the trial stages are submitted to the FDA before they are authorized for use and distribution.

Office of Primary Responsibility (OPR): SG

Q16.19. How long will protection last following vaccination?

A16.19. Scientists are continuing to monitor how long COVID-19 vaccine protection lasts. Recent studies show that protection against the virus may decrease over time. This reduction in protection has led CDC to recommend that everyone ages 12 years and older get a booster shot after completing their primary vaccination series. People who received the Pfizer-BioNTech or Moderna COVID-19 vaccine for their primary series should get a booster shot at least 5 months after completing the primary series. People who received Johnson & Johnson's Janssen COVID-19 vaccine should get a booster shot at least 2 months after getting their first shot. At this time, for the majority of people, the CDC recommends getting only one COVID-19 booster shot. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

Office of Primary Responsibility (OPR): SG

Q16.20. What is a COVID-19 mRNA vaccine? Could I get the virus from taking it? Can the vaccine cause me to test positive for COVID-19?

A16.20. **No**, it is not possible to get COVID-19 from mRNA vaccines since they do not contain the inactivated virus. COVID-19 mRNA vaccines give instructions for our cells to make a harmless piece that looks like the "spike protein," which is found on the surface of the COVID-19 virus. Our bodies recognize that this protein should not be there, so they build antibodies that will remember how to fight the virus that causes COVID-19 if we are infected in the future. With this vaccine, you will not test positive for a current infection, although you may test positive on an antibody test, which shows previous infection. For more information on how the Moderna vaccine works, please [review this article](#).

Office of Primary Responsibility (OPR): SG

Q16.21. Will the Countermeasures Injury Compensation Program provide compensation to individuals injured by COVID-19 vaccines?

A16.21. **Yes**, COVID-19 vaccines are covered countermeasures under the Countermeasures Injury Compensation Program (CICP), not the National Vaccine Injury Compensation Program (VICP). The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide benefits to individuals who sustain a covered serious physical injury as the direct result of the administration or use of covered countermeasures identified in and administered, or used under a PREP Act declaration. For more information, visit the [Health Resources & Services Administration FAQs on CICP](#).

Office of Primary Responsibility (OPR): SG

Q16.22. If personnel develop symptoms after receiving the vaccine, will they be required to stay home and isolate?

A16.22. **Yes**, any symptomatic personnel should isolate at home until symptoms cease. If symptoms persist past 48 hours or there is concern about possible COVID exposure prior to vaccination, the individual should consult their provider regarding whether COVID testing is recommended. In general, there is no requirement to ROM after vaccination; those with symptoms will telework until symptoms resolve. The common side effects to the Moderna vaccine are fatigue, headache, muscular pain, and joint pain in persons between the ages of 18 and 65.

For more information, feel free to view the data published in the Military Health System, ["Providing the Moderna COVID-19 Vaccine: Helping Recipients Understand What to Expect."](#)

Office of Primary Responsibility (OPR): SG

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Q16.23. Is the vaccine recommended and safe for pregnant women?

A16.23. **Yes.** For more information, see [CDC Vaccine Considerations for People who are Pregnant or Breastfeeding](#).

Office of Primary Responsibility (OPR): SG

Q16.24. If I have an underlying medical condition, should I take the vaccine?

A16.24. **Yes.** Almost all individuals with underlying health conditions should get the vaccine – especially if they are at high risk for COVID-19 complications. People who have weakened immune systems, autoimmune conditions, and/or previous diagnosis of Guillain-Barre syndrome should talk with their doctor before vaccination. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine. For more information, see [CDC Vaccination Considerations for Persons with Underlying Medical Conditions](#).

Office of Primary Responsibility (OPR): SG

Q16.25. Am I required to attend SOUTHCOM's Vaccine Educational Training? If so, how do I receive specific training about the vaccine?

A.16.25 **Yes,** everyone who works on the installation was required to attend one Vaccine Educational Training session in January 2021. That training, is located on JKO by searching "SOU-COVID19-002" and [accessible at this link](#). You can also find the training link on [the Internal COVID-19 Resource page](#).

Office of Primary Responsibility (OPR): DCMRA

Q16.26. What COVID-19 vaccine is available at the USAG-Miami clinic?

A16.26. At this time the clinic stocks Moderna vaccine and limited number of Pfizer. There are no plans in the near term for the Army to distribute single dose vaccines to our clinic as that product is being prioritized for our DoD deployed sites. As a result of the FDA's full Biologics License Application (BLA) approval of the Moderna COVID-19 vaccine, the SOUTHCOM Clinic will discontinue carrying the Pfizer vaccine in February of 2022.

Office of Primary Responsibility (OPR): Clinic

Q16.27. Am I required to get my COVID-19 vaccine at a military treatment facility?

A. 16.27. **No.** Service members who are not able to access a DoD vaccination site and elect to receive the COVID-19 vaccine through non-DoD channels must provide documentation of receipt of the vaccination to the USAG-Miami Clinic for documentation in appropriate medical readiness systems. Dependents of active duty service members, retirees, and other eligible DoD beneficiaries are eligible to receive COVID-19 vaccinations and encouraged to access COVID-19 vaccines through existing processes at military treatment facilities, through the private sector care component of TRICARE, through local pharmacies, the Veterans Affairs network (if eligible) or at free community vaccination sites.

Office of Primary Responsibility (OPR): SG

Q16.28. If I volunteer to get the vaccine and have issues later in life related to the vaccine, will the Department of Defense cover vaccine related medical support after I am out of the military?

A.16.28. Within certain limits, military members who incur or aggravate an injury, disease or illness in a qualifying duty status are covered for that episode of care under the Line of Duty authority. Determinations on any benefits from the Veterans Health Administration (VHA) will be made by the VHA. Regarding the Line of Duty, Medical Evaluation Board, or VHA disability evaluation you will not be faulted based upon the fact that the vaccine is voluntary versus mandatory.

All individuals vaccinated with a Food and Drug Administration-authorized/approved COVID-19 vaccine may be eligible for compensation for adverse reactions under other programs, including: the Countermeasures Injury Compensation Program (CICP) program, National Vaccine Injury Compensation

Program (VICP), applicable Workers Compensation authorities and other sources of care for which eligible (e.g., at Federally Qualified Health Centers in their community).

Office of Primary Responsibility (OPR): SG

Q16.29. Are there any ROM exemptions for fully vaccinated?

A16.29. When traveling in the U.S. and foreign travel those who are fully vaccinated are exempt from pre and posttravel ROM. Fully vaccinated are also exempt from quarantine after an exposure to a COVID-19 positive individual.

Office of Primary Responsibility (OPR): SG