



HEADQUARTERS, UNITED STATES FORCES KOREA

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FKCC

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MEMORANDUM FOR All U.S. Commands and Units in the Republic of Korea (ROK), United States Forces Korea (USFK), Service Members, Family Members, Civilian Employees, and Contractors

SUBJECT: Residence-Based Isolation and Treatment Policy

1. Purpose. This memorandum is an update to the USFK residence-based isolation policy for USFK personnel infected with COVID-19. This update aligns USFK with recent changes to ROK policy.

2. Applicability. This memorandum applies to the USFK operational force and those who directly support the USFK operational force for whom the Department of Defense (DoD) has a responsibility to provide medical care. This policy does not apply to ROK citizens unless they are DoD dependents.

3. Definitions.

a. *Up to date on COVID-19 vaccinations*. An individual who has received all CDC-recommended COVID-19 vaccines, including any booster dose(s), when eligible.

b. *Self-monitoring*. Period during which an individual monitors for any signs or symptoms of COVID-19.

c. *Viral COVID-19 tests*. Include both PCR and similar nucleic acid amplification tests, as well as antigen tests.

4. Policy. USFK's policy is as follows:

a. USFK is committed to minimizing the spread of COVID-19 and isolating individuals who test positive for the disease. Isolation requires a complete separation of the infected individual for a designated period of time. In addition to the provisions of this memorandum, persons who isolate in their residence shall comply with all ROK guidelines.

b. Only DoD health care providers may identify individuals specified in Enclosure 2 to isolate in their residence after testing positive for COVID-19.

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c. If a Korean medical provider directs a USFK member to conduct residence-based isolation, the member must follow KDCA protocol and the guidelines set forth by this policy memorandum.

d. USFK members that are authorized to conduct residence-based isolation must strictly adhere to the guidelines in this memorandum in order to fully recover and protect the USFK community and Korean citizenry from the further transmission of COVID-19. Component public health departments will ensure full transparency with host nation public health authorities at both the local and national levels.

4. Responsibilities. See Enclosure 1.

5. Procedures.

a. Enclosure 2 identifies who is eligible for residence-based isolation.

b. Enclosure 3 provides guidelines for residence-based isolation.

c. Enclosure 4 provide guidance on management of uninfected cohabitants.

d. Enclosure 5 provides guidance on when individuals are released from isolation.

6. Effect of Non-Compliance.

a. Personnel who do not comply with the guidelines for residence-based isolation may face administrative consequences from USFK, such as being barred from entering military installations in the ROK for a period of two years, or from the ROK.

b. For uniformed personnel, failure to comply with the guidelines for residence-based isolation may constitute a violation of Article 92 of the Uniform Code of Military Justice (UCMJ). A failure to truthfully answer COVID-19-related questions may constitute a violation of Article 107 of the UCMJ.

Enclosures

1. Responsibilities
2. Eligibility
3. Guidelines
4. Uninfected Cohabitants
5. Isolation Release


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Enclosure 1
Responsibilities for Residence-Based Isolation

1. USFK Medical Units and Public Health Organizations.

a. Report all new COVID-19 cases to the responsible local ROK public health office in accordance with published USFK guidance. When residence-based isolation takes place off-installation, include residence address in report to ROK public health office.

b. Report all COVID-19 cases to the USFK Command Surgeon. Case reports will continue to be reported to the USFK Surgeon in the same format used to report to the local public health office.

c. Report all significant breaks in protocol to the USFK Command Surgeon.

d. Report all potential exposures to the Korean population due to a break in isolation protocol to the relevant ROK local public health authorities.

2. DoD Health Care Providers.

a. Upon diagnosis, assess if patients are candidates for preventive treatment, such as monoclonal antibodies or anti-viral medications, that reduces the risk of severe COVID-19 infections. Offer/provide preventive therapies when warranted.

b. Conduct a medical screening and risk-based evaluation of each COVID-19 infected patient to determine whether residence-based isolation is appropriate. To ensure the safety of the patient, the health care provider shall consider:

(1) The patient's current medical situation to include evidence of serious COVID-19 symptoms or other medical conditions that would require close observation in an isolation facility or hospitalization.

(2) A review of the patient's medical history, assessing for risk factors for progression to severe COVID-19. Risk factors include age and co-morbidities that are known to elevate risk of progression to hospitalization.

(3) The patient's social circumstances and support system. Patients must be capable of caring for themselves, communicating with the healthcare system, and seeking additional help if required.

(4) The patient's living situation. Isolation must take place in living quarters where complete separation is able to be maintained. Persons living in multi-person (non-family

members) households, such as dorms or shared housing accommodations are not eligible for residence-based isolation.

c. Determine if residence-based isolation is appropriate based on medical screening and risk-based evaluation.

d. If residence-based isolation is not appropriate, direct the COVID-19 infected patient to a USFK-controlled isolation facility.

e. If residence-based isolation is deemed appropriate, draft a personalized medical action plan outlining the parameters for residence-based isolation. The health care provider will provide the medical action plan to the COVID-19 infected patient and/or his or her caregiver (if applicable). The medical action plan will include the following information:

(1) Signs and symptoms of worsening COVID-19, and

(2) When, how, and where to seek higher level of medical care.

(3) Their responsibility to not endanger others by remaining in the residence.

(4) Information on how to minimize intra-household spread by separating from the confirmed positive within the household to the extent possible and using common household disinfectants, wearing masks, and maintaining hand hygiene.

(5) Information on seeking care and testing for uninfected household members if they develop symptoms of COVID-19 infection.

f. Throughout the isolation period, conduct virtual or telephonic medical checks for each patient in residence-based isolation at least daily. The focus of these medical checks is to detect clinical deterioration and determine whether higher levels of care may be required. Patients and caregivers will be provided with 24/7 access to medical advice. At the very least, document that daily medical check occurred. Documenting significant findings in the electronic medical record (EMR) is required.

g. If unable to determine the safety of a COVID-19 infected patient, conduct a home visit of the patient or, if possible, direct the patient to an appropriate DoD or host nation medical facility where their status can be ascertained. When this is required, coordinate with medical facilities so that they are prepared to receive the patient.

h. Notify the USFK Command Surgeon of any significant complication or escalation of care for COVID-19 positive individuals authorized to conduct residence-based isolation.

- i. Report violations of residence-based isolation protocol to:
 - (1) The respective unit commander, for Service members;
 - (2) To the respective Garrison Commander for civilians, contractors, and dependents;
 - (3) The responsible Korean local public health office in all cases.
- j. In the event a COVID-19 infected patient has violated residence-based isolation protocol, health care providers are authorized to revoke residence-based isolation and order a COVID-19 infected patient to a USFK-controlled isolation facility.

3. Unit Commanders.

- a. Once a health care provider determines a Service member/employee is eligible for residence-based isolation, receive COVID-19 positive patient's personal logistical support plan for the isolation period. Determine whether the patient's logistical support plan throughout the isolation period is feasible and practical. If unit leadership supports the logistical support plan, then the COVID-19 positive individual may enter residence-based isolation.
- b. Maintain a copy of the logistical support plan throughout the isolation period in accordance with respective record-keeping standards.
- c. Shall receive information on violations of residence-based isolation protocol by their respective Service members and consider punitive and administrative action, as appropriate.

4. Garrison Commanders. Shall receive information on violations of residence-based isolation protocol by DoD civilians, dependents, and contractors and consider administrative action, as appropriate.

5. COVID-19 Positive Patients.

- a. Comply with all terms of the residence-based isolation set forth by this memorandum, the patient's health care provider, and the patient's respective unit leadership.
- b. If eligible for residence-based isolation, develop a personal logistical support plan for review by the patient's unit leadership. This plan shall address how the patient, caregiver, and all cohabitants will receive logistical support throughout the isolation period and acknowledge that Government funding or official time will not be used to purchase necessities or for reimbursement of necessities.

Enclosure 2
Eligibility for Residence-Based Isolation

Residence-based isolation and treatment is not appropriate for all COVID-19 positive patients. The following criteria will be used to determine if eligible for residence-based isolation:

- a. Must be eligible for care through the DoD Military Health System.
- b. Must be screened by medical professional and determined to be at low risk for progression to severe COVID-19.
- c. Must not live with cohabitants that are at high risk for severe COVID-19.
- d. Must have a feasible logistical support plan in place.
- e. Must be able to communicate with the responsible medical and leadership teams.
- f. Persons living in multi-person (non-family members) households, such as dorms or shared housing accommodations are not eligible for residence-based isolation.

Enclosure 3
Guidelines for Residence-Based Isolation

1. **General.** COVID-19 infected patients eligible for residence-based isolation will remain within the residence for the full period of required isolation.

a. The only instance when a COVID-19 infected patient may leave the residence is to seek urgent medical care or to receive follow-on care or testing for COVID-19.

b. The patient's sponsor or caregiver will sign an agreement regarding compliance with residence-based isolation.

2. **Interaction with DoD Health Care Providers.**

a. COVID-19 infected patients and their caregivers shall promptly comply with all orders issued by DoD health care providers.

b. COVID-19 infected patients and their caregivers shall be available to receive virtual or telephonic medical checks, which will be conducted at least daily.

3. **Notification.** Service members and civilian employees will immediately notify their chain of command or supervisor if they or their cohabitants are eligible for residence-based isolation.

4. **Transportation.**

a. Infected individuals may travel to and from their place of isolation and the medical treatment facility via their privately owned vehicle for care or evaluation. Public transportation is not authorized. Isolated persons or caregivers will not deviate from the most direct route to the medical treatment facility where they have been directed to receive care.

b. Infected individuals, caregivers, and cohabitants over the age of two (2) shall be masked at all times during transport to and from the medical treatment facility.

c. The use of Government vehicles to transport infected individuals from their place of isolation should be limited to emergency situations.

5. **Logistical Support.**

a. Individuals in residence-based isolation are responsible for arranging for logistical support while in isolation, while the unit leadership takes ultimate responsibility to determine if logistical support is feasible.

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b. Government funding or official time will not be used to purchase necessities or to reimburse individuals for necessities.

6. Caregivers to Patients Receiving Residence-Based Isolation.

a. Check the health condition of the patient and oneself at least twice a day, and actively cooperate with daily health checks.

b. Always wear masks and routinely wash hands with water and soap or cleanse with hand sanitizer.

c. Use hygiene products separate from the COVID patient (e.g., soap and towel, tableware, etc.).

d. Clean and sanitize the isolation zone at least once daily during isolation.

e. Regularly open windows for ventilation when feasible.

f. If the COVID-19 patient is medically worsening, caregiver shall call the DoD health care providers as explained in the medical action plan.

Enclosure 4
Management of Uninfected Cohabitants

1. In order for a cohabitant to be considered “uninfected,” a cohabitant must have negative viral tests after the confirmed COVID-19 positive family member begins isolation and must remain symptom-free throughout the period of isolation.

a. Uninfected cohabitants who are up to date on COVID-19 vaccinations are not required to quarantine during the COVID-19 infected patient’s isolation period. When leaving the place of isolation, they shall wear a high-quality, tight-fitting mask and shall minimize contact with the general population.

b. Uninfected cohabitants who are not up to date on COVID-19 vaccinations are required to quarantine for five (5) days after the COVID-19 infected patient enters isolation.

2. Uninfected cohabitants will self-monitor for COVID-19 symptoms and promptly contact the responsible medical team to arrange testing if symptoms develop.

3. Uninfected cohabitants shall avoid contact with infected household members to the extent possible. Mask wear, hand hygiene and sanitation of surfaces is required to minimize risk of becoming infected.

4. Uninfected cohabitants who are up to date on COVID-19 vaccinations shall:

a. Enter a ten (10) day period of self-monitoring after the confirmed COVID-19 positive family member begins isolation and must monitor for symptoms throughout the period of isolation.

b. Receive a PCR test within three (3) days after the start of the isolation period for the infected person(s) in the household.

c. Receive an antigen test on Day 7 of the isolation period for the infected person(s) in the household.

d. Wear a high quality, tight-fitting mask around others for ten (10) days, even if mask wearing is not otherwise required.

e. Minimize contact with the general population for ten (10) days.

f. Notify the responsible medical team and proceed for testing if COVID-19 symptoms develop during the self-monitoring period.

5. Uninfected cohabitants who are not up to date on COVID-19 vaccinations shall:

a. Quarantine for five (5) days after the COVID-19 infected patient enters isolation. If no symptoms develop, quarantine may end after five (5) days, but self-monitoring and mask wear shall be required for an additional five (5) days.

b. Receive a PCR test within three (3) days after the start of the isolation period for the infected person(s) in the household.

c. Receive an antigen test on Day 7 of the isolation period for the infected person(s) in the household.

d. Wear a high quality, tight-fitting mask around others for ten (10) days, even if mask wearing is not otherwise required.

e. Minimize contact with the general population for additional five (5) days after the end of the five (5) day quarantine period.

f. Notify the responsible medical team and proceed for testing if COVID-19 symptoms develop during the self-monitoring period.

6. There is no requirement for additional quarantine or self-monitoring for household members that remain negative at the end of the self-monitoring period following completion of the isolation period for the initial infected household member(s), even if other cohabitants test positive.

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Enclosure 5
Isolation Release for Confirmed Positives

Infected household members will be released from isolation after completing the required isolation period in accordance with the current USFK reintegration policy. Once the required isolation period is complete, the COVID-19 positive individual is not required to complete further quarantine or receive a test, even if other cohabitants test positive. All individuals released after seven (7) days of isolation are required to wear a high-quality, tight-fitting mask for three (3) additional days when in public, even if mask wear is not otherwise required.