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HEADQUARTERS, U.S. ARMY MEDICAL CENTER OF EXCELLENCE
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ATMC-CG

19 March 2021

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: General Order Number 3 – Prohibited Activities, Standards of Conduct, and Force Health Protection Guidance for Personnel Assigned and/or attached to U.S. Army Medical Center of Excellence (MEDCoE)

1. PURPOSE. This General Order provides current guidance for procedures and conduct during the COVID-19 pandemic.

2. SUPERCESSION. This memorandum supersedes and replaces General Orders Number 1, 5 June 2020 and General Orders 2, 27 July 2020, respectively.

3. AUTHORITY. The Uniform Code of Military Justice, 10 U.S.C. Chapter 47, Army Regulation 27-10, Military Justice and Legal Services, 19 August 2014; TRADOC Regulation 350-6, 9 August 2019.

4. APPLICABILITY. This General Order applies to all service members of every unit and organization assigned, attached, or otherwise subject to the general court-martial convening authority of the Commander, MEDCoE.

5. STATEMENT OF MILITARY PURPOSE AND NECESSITY. The persistent COVID-19 disease burden in the community, which includes asymptomatic carriers, requires continued aggressive prevention and mitigation measures in order to reduce its transmission. Modifications of certain procedures are essential to preserve the health of Soldiers, Civilians, and Family Members. In alignment with U.S. Government and Department of Defense policies as well Training and Doctrine Command (TRADOC), it is prudent to adjust certain activities and procedures based on current disease burden. These adjustments to current mitigating measures will help to maintain good order and discipline, health and safety, and ensure optimum readiness.

6. PROHIBITED ACTIVITIES.

a. Alcohol. All initial entry enlisted trainees in Phase I through Phase V+ are prohibited from possessing, purchasing, distributing, and/or consuming alcohol. Prior service trainees who had a break in service in which a DD-214 was issued are prohibited from possessing, purchasing, distributing, and/or consuming alcohol. This provision does not apply to prior service trainees attending school for reclassification or re-enlistment training. In addition to the aforementioned prohibitions, no service member of any rank or status (trainee or permanent party) may provide alcohol (e.g. distribute to or purchase for) to trainees who are prohibited from consuming alcohol.

b. Off-post travel. All initial entry enlisted trainees living on the installation in Phases I through IV are prohibited from leaving the installation. Enlisted prior service trainees, initial entry trainees in Phases V and V+, and officer trainees will follow guidance established by the Brigade.

c. Use of Ride Share, Taxis, and Public Transportation. All trainees, officer and enlisted, restricted to the installation are prohibited from using ride share services, taxis or public transportation. Soldiers may use shuttle services provided by the brigade or the 502d Air Base Wing. Trainees not restricted to the installation who use ride share services, taxis or other public transportation must comply with social distancing requirements according to Health Protection Conditions, local laws, and unit orders and policies.

d. The prohibitions in paragraphs 6b and 6c above do not apply to travel in order to perform official duties as determined by the trainees' Brigade Commander. The prohibitions also do not apply to travel in connection with approved leave. When using taxis, ride share services or other public transportation in connection with these services, trainees are still required to practice social distancing and wear personal protective equipment as required by Health Protection Conditions, local laws, and unit orders and policies, unless otherwise directed by the Brigade Commander.

e. All other exceptions to the provisions in paragraph 2 require my approval except where approvals are withheld to a higher authority in accordance with TRADOC Regulation 350-6.

7. PERSONAL PROTECTIVE MEASURES.

a. Face Masks. All service members must wear a mask at all times in accordance with the most recent CDC guidelines. The mask must fit properly, to include covering the mouth and nose and extending to the chin or below as well as to the sides of the face. The masks recommended by the CDC include non-medical disposable masks, masks made with breathable fabric (such as cotton), masks made with tightly woven fabric (i.e. fabrics that do not let light pass through when held up to the light source), masks with two or three layers, and masks with inner filter pockets. Novelty or non–protective masks, masks with ventilation valves or face shields are not authorized as a substitute for masks. Masks must fit properly (i.e. snugly around the nose and chin with no large gaps around the sides of the face). Service members will not wear masks that have printed wording, profanity, racist, demeaning or derogatory logos, script, or imagery. Service members will not use old uniforms for modified facial masks due to the permethrin and wrinkle-free uniform treatment. All Army-issued masks are authorized. All other masks must be of subdued colors that conform to the uniform. Disposable masks that are white or light blue are authorized if cloth masks are unavailable. Cloth masks will be laundered regularly and disposable masks will be replaced when soiled.

b. Exceptions to Mask Wear. In conjunction with social distancing, mask may be lowered or removed, for brief periods of time, for the following exceptions.

(1) Roommates in personal barracks or sleeping space to include hours of sleep. If non-roommates enter the room, all individuals must have a mask on at all times.

(2) During daily operations in socially distanced cubicles and offices with regular office mates. Masks will be replaced for visitors of the space.

(3) Driving alone in POV or with household members.

(4) Public speaking events where speaker is greater than 12 foot from listeners. This will include speakers for Facebook live events, military ceremonies, and classroom instruction.

(5) During brief period while eating or drinking.

(6) Identification or security purposes.

(7) Accommodation for individuals with disability.

(8) Cardiovascular exercise to include swimming, running and use of machines for cardiovascular exercise so long as the direction of breathing is greater than 6 feet of another person.

(9) Graded person only while conducting ACFT event.

(10) Shaving, shower, or personal hygiene.

(11) Airway, head and neck assessments and examinations as a necessary part of medical training described in the programs of instruction. Examiner will wear mask and eye protection at a minimum, and face shield if available.

(12) When necessary to accomplish a religious ceremony.

(13) When clear or unrestricted visualization is necessary for safe and effective operations.

(14) When primary aircrew during critical phases of flight, or during oxygen use in flight.

(15) Other by exception(s) to policy.

c. Social Distancing. All individuals will practice social distancing to the greatest extent possible. Adequate social distancing is greater than 6 feet apart (2 arms lengths).

d. Hand hygiene. Regular hand sanitizing prevents disease spread. Hand sanitizing will be performed with soap and water, when available, for 20 seconds. When soap and water is not available, approved hand sanitizers with greater than 70% alcohol content should be used.

8. TRAVEL POLICY. Travel allows for exposure and assumed risk for acquiring COVID-19 illness and associated complications. This policy allows Commanders to assume and mitigate risk for Soldier travel and activities while out of the local area. The MEDCoE local area is defined as less than 250 mile radius within the state of Texas, this includes mileage travel during off duty hours. MEDCoE assigned personnel must remain readily available to return to duty and must remain in an available-for-duty-status during normal non-duty hours unless absence is authorized in accordance with AR 600-8-10, para 7-4.

a. Estimation and mitigation of travel risk occurs with proper planning and knowledge of the travel area, proposed activities, and associated measures of force health protection. Commanders will ensure evaluation of assumed risk with the following measures. Travelers will receive counseling in writing with documented risk mitigation plan prior to approval of travel request. The CDC publishes travel recommendations for COVID-19. Voluntary receipt of COVID-19 vaccine will decrease assumed risk. Vaccine completion status for Pfizer or Moderna is 14 days after second dose. Vaccine completion status for Johnson and Johnson is 14 days after first dose.

b. CONUS Travel (Continental US and US Territories).

(1) Travel approval authority outside the defined local area is first O-5 Commander in the Chain of Command or HSC/NCOA Commanders. Non-local travel on any leave status (ordinary, emergency, temporary, or permanent change of station) requires a risk assessment completion in the comments on the DA 31 request. TDY travel should include assessment of mission criticality.

(2) Risk Assessment. Commanders will determine and assume risk based on service members (SMs) completion of a risk assessment. SMs will include information on leave location COVID-19 positivity rates (low risk less than 5%, medium risk 5-10%, high risk greater than 15%), vaccine status (complete or incomplete), and plans for engagement in activities with higher risk of transmission. Activities with increased risk assumption may include the following:

(a) Large social gatherings such as weddings, funerals or parties.

(b) Mass gatherings such as sporting events, concerts, or parades.

(c) Crowded locations such as restaurants, bars, fitness centers or movies.

(d) Taking public transportation such as planes, trains or buses.

(e) Travel on cruise ship or riverboat.

c. OCONUS Travel. (Outside the Continental US)

(1) Travel approval authority for leisure travel OCONUS is the CG, MEDCoE. Travel approval authority for official government travel such as TDY and PCS leave OCONUS is the first O-6 Commander in the Chain of Command or Special Court Martial Convening authority. SMs will comply with all current Department of Defense travel regulations/restrictions, and medical readiness requirements for location of travel. SMs will check with local embassy for information on availability and security of PCR testing necessary for in and outbound travel. Within 7-14 days of travel, SMs will reassess travel situation to ensure no regulatory changes have occurred. All SMs are responsible for assessing any changes up to the time to travel.

(2) Risk Assessment. In addition to items necessary for CONUS risk assessment, OCONUS requests should include COVID-19 local disease positivity rates and local availability of medical care should SM require medical attention.

9. RESTRICTION OF MOVEMENT (ROM) POLICY. The MEDCoE ROM policy reflects a level of protection provided by complete vaccination status and rigorous Force Health Protection measures to include mask wear, hand hygiene and social distancing. Pfizer, Moderna and Johnson and Johnson vaccines are authorized under Emergency Use Authorization (EUA) and remain voluntary. Determination of vaccine completion status depends on brand of vaccine received. Complete vaccination status for Pfizer or Moderna vaccines is 14 days after the second dose. For Johnson and Johnson, vaccine status complete is 14 days after one time dose. SM will complete a 14 day ROM after all travel if Force Health Protection measures and vaccine status are unknown or undetermined. Commanders are authorized to require full 14 day ROM for risk mitigation purposes for vaccinated or unvaccinated SM's.

a. CONUS Travel. SMs meeting vaccine status complete or having been COVID-19 positive within 90 days of travel will not require ROM return/arrival to MEDCoE. Upon arrival to MEDCoE, during business hours, SMs may conduct antigen tests at MEDCoE's COVID-19 Surveillance Center. SMs will also conduct 14 day self-screening for symptoms and if symptoms develop they will obtain a COVID-19 PCR at designated location. SMs with incomplete vaccine status or have been COVID-19 positive for a period greater than 90 days from travel will conduct ROM for 7 days and

will conduct antigen testing on day 0, day 4, and day 7 at the MEDCoE's COVID-19 Surveillance Center.

b. OCONUS Travel. Travelers will comply with specific location ROM requirements. Conduct 14 day daily self-screening for symptoms and if symptoms develop, obtain a COVID-19 PCR test. Upon return or arrival from OCONUS location to MEDCoE, individuals will comply with 14 day ROM with Antigen testing on day 0, day 5, and day 10. Exceptions to policy will be submitted in writing to the Emergency Operations Center, G3 for the CG's approval.

10. SOCIAL GATHERING AND MILITARY CEREMONY POLICY. Personnel hosting or attending social gatherings off base will follow city and county restrictions on the size of gatherings. Gatherings for official unit functions (including, but not limited to, retirement ceremonies, changes of command, commander's calls, etc.), events on base (and similar morale, welfare, and recreation events), and social events held at a base facility (club, park, golf course, etc.) will not exceed 50% of the building, room, and/or pavilion occupancy. Social gatherings in housing areas on base will be limited to 10 or fewer people.

11. TELEWORK POLICY. COVID-19 situational telework policy continues to be effective for MEDCoE. As COVID vaccinations increase, procedures normalize, and disease burden remains controlled, return to workplace discussions are beginning. An organized transition will assess the following the three indicators: community trends, capacity to treat, and capacity to monitor. MEDCoE supervisors will continue to remain empathetic, flexible and communicate with individuals on telework status. Supervisors will objectively evaluate productivity on all staff to include those on telework status. Currently, up to 50% of the total workforce can be in the workplace at any one time in order to mitigate risk for COVID-19 illness. Assessment of mission objectives may direct increased personnel in the workplace. Hybrid schedules will accommodate staff wishing to return to workplace sooner. As vaccination numbers increase, and disease burden lessens in the community, leaders and supervisors will be reevaluating individual telework statuses.

12. INDIVIDUAL DUTY. Persons subject to this General Order have the individual duty to know and understand the prohibitions contained herein.

13. UNIT COMMANDER AND SUPERVISOR RESPONSIBILITY. Commanders and Supervisors are charged with ensuring the personnel within their organizations are briefed on the responsibilities and prohibitions contained in this order. Commanders and Supervisors are expected to exercise sound discretion and good judgment in enforcing this order.

14. PUNITIVE ORDER. This order is punitive. Any violation may result in punishment under the Uniform Code of Military Justice or adverse administrative action under applicable laws and regulations.

15. INVESTIGATION AND DISPOSITION OF OFFENSES. Commanders will promptly inquire into or otherwise investigate violations of this order. Disposition authority over alleged violations of this order is withheld to CG, MEDCoE. Alleged violations will be reported to me immediately, in writing, with a copy furnished to the MEDCoE Staff Judge Advocate (SJA).

16. EFFECTIVE DATE. This General Order is effective immediately. It will remain in effect until superseded, rescinded, or altered by me.

DENNIS P. LEMASTER
Major General, U.S. Army
Commanding

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Commanders, MEDCoE