# Commander’s Guide to COVID-19 Restriction of Movement (ROM) For Exposure Associated Risk

## START HERE

<table>
<thead>
<tr>
<th>Is Individual ill?</th>
<th>Fever, cough and shortness of breath are particularly concerning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td><strong>Direct ill member to leave work area and notify supervisor.</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Ill member will contact their healthcare provider by phone for further assessment and guidance.</strong></td>
</tr>
<tr>
<td>No</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Unit will initiate 14-day ROM (Duty Status Code 14).</strong></td>
</tr>
</tbody>
</table>

### TRAVEL Associated Exposure Risk

<table>
<thead>
<tr>
<th>Is individual traveling from OCONUS countries?*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE: Includes any international travel or cruise ship travel. See page 2 for Pre and Post Deployment ROM requirements.</td>
</tr>
<tr>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>Is individual traveling from CONUS areas or installations, i.e. PCS, TDY, leave, etc.?</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Indirect travel risk will be assessed in accordance with condition-based travel criteria as determined by OSD (P&amp;R) and AF guidance.</strong> <strong>OR</strong></td>
</tr>
<tr>
<td><strong>Determine if 14-day ROM is required based on indirect travel risk assessment, travel restriction gating criteria, and current installation policy.</strong></td>
</tr>
</tbody>
</table>

### CONTACT Associated Exposure Risk

<table>
<thead>
<tr>
<th>Did individual have Close Contact? Exposure within 6 feet for at least 15 minutes or being coughed or sneezed on by a person diagnosed with COVID-19?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Unit will initiate 14-day ROM (Duty Status Code 14).</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did individual have Minimal Contact? In the same room &gt;6 feet away from or briefly passing a person diagnosed with COVID-19.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Consider restrictions or telework based on operational risk at CC’s discretion.</strong> <strong>Consult Public Health for questions or concerns.</strong></td>
</tr>
</tbody>
</table>

**Individual has no Identifiable Risk***

- **Return to work.**
- **Self-monitor.**
- **Follow Routine precautions.**

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* In general, geographic exposure categories do not apply to travelers who only transit through an airport.

** The list of state, district, territory, or host nation locations approved by OSD (P&R) and SecAF for travel will be provided through leadership channels or posted to the COVID-19 Commander’s Tool Kit at [https://intelshare.intelink.gov/sites/afa3/AFCAT/Pages/Air-Force-COVID-1931.aspx](https://intelshare.intelink.gov/sites/afa3/AFCAT/Pages/Air-Force-COVID-1931.aspx).

*** CDC does not recommend testing, symptom monitoring or special management for people exposed to another asymptomatic person who had potential exposure to a positive COVID-19 individual i.e., these “contacts of contacts” are not considered exposed to COVID-19. CDC’s COVID-19 webpage is located at [https://www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).
Commander’s Guide to COVID-19 Restriction of Movement (ROM)
For Pre-Deployment and Post-Deployment

**Pre-Deployment ROM**
- **Is deploying unit Large (150 – 200+ pax) and required to complete pre-deployment ROM?**
  - No
- **Is deploying unit Large (150 – 200+ pax), and NOT required to complete pre-deployment ROM due to mandatory Host Nation in-country requirement?**
  - Yes
- **Are deploying unit or team Small (cannot meet strat airlift minimum) and required to complete pre-deployment ROM?**
  - No
- **Are deploying unit or team Small (cannot meet strat airlift minimum), and NOT required to complete pre-deployment ROM due to mandatory Host Nation in-country requirement?**
  - No

**Post-Deployment ROM**
- **Service members and volunteering DAF civilians or contractors redeploying, regardless if from a COVID-19 operational area or not.**
  - Yes

**While in ROM:**
- If ROM is in home or dwelling, individuals should avoid close contact (within 6 feet), separate themselves from other people, pets, and animals, and avoid sharing personal items.
- If symptoms develop while in ROM, the ill member will notify their supervisor and contact their healthcare provider by phone for further assessment and guidance. Public Health will also be notified for contact tracing and case management.

ROM requirements are sourced from CDC, DoD FHP Supplement 4, 11 Mar 20; DoD FHP Supplement 8, 13 Apr 20; DoD FHP Supplement 10, 11 Jun 20, DoD FHP Supplement 9, 26 May 20, and DAF Force Health Protection Addendum to DoD FHP Supplement 9, 17 Jun 20, and MODIFICATION 1 – DAF Addendum to FHPG, Supplement 9, 30 Jun 20. Algorithms on pages 1 & 2 provide an overview of ROM requirements. For specific details regarding ROM requirements for exposure associated risk or pre/post deployment requirements, review aforementioned guidance.

Current as of 20 Jul 20. AFGSC/SG
Asymptomatic individuals with a **positive COVID-19 test who have never had any symptoms** may discontinue ROM when at least 10 days have passed since the date of their first positive COVID-19 test assuming they have not subsequently developed symptoms. If symptoms develop, use protocols for a symptomatic individual. Per DoD FHP Supplement 10, follow-on negative testing does not decrease the individual’s time in ROM, i.e.: they cannot use a testing-based protocol for return to duty.

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Did the individual in ROM either have, or develop, symptoms consistent with COVID-19?

- **Yes**
  - Did the symptomatic individual in ROM test positive for COVID-19?
    - **Yes**
      - The CDC recommends ending isolation using a symptom-based protocol. Healthcare providers (HCPs) will discontinue ROM using one of the following protocols:
        - **For Most Persons with COVID illness:**
          - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications and
          - Improvement in symptoms (e.g. cough, shortness of breath, other symptoms) and
          - At least 10 days have passed since symptoms first appeared.
        - **For Persons who are severely immunocompromised**, a test-based strategy could be considered in consultation with infectious disease experts.
    - **No**
      - Individual should be followed by their healthcare provider to ensure they improve clinically.
        - If clinically improved, the individual will still remain in ROM for the remainder of the 14 day period. If they are asymptomatic at the end of the ROM, coordinate with a healthcare provider and/or Public Health for discontinuation of ROM. No additional testing is required.
        - If the individual does **NOT** clinically improve, and no other etiology is found, then their healthcare provider should determine if re-testing for COVID-19 is warranted.

- **No**
  - At the end of 14-day home ROM, coordinate with a healthcare provider and/or Public Health for discontinuation of ROM.

**NOTE:** In all cases, a HCP and/or installation Public Health must be consulted prior to discontinuation of ROM.

**Close contacts of a COVID-19 case**, as determined by contact tracing, should be tested, complete the full 14 days of ROM, and monitor for symptoms.
- A positive test result **IS** meaningful. It proves infection and the individual becomes a COVID-19 case.
- A negative test result by itself is **NOT** meaningful. The individual may not have sufficient viral load to test positive and must complete 14 days ROM.
- Close contacts **cannot** test out of ROM.


Current as of 20 Jul 20. AFGSC/SG
**Close contact:**
a) being within approximately 6 feet (2 meters) of a COVID-19 infected person for at least 15 minutes; close contact can occur in social settings, while caring for, living with, visiting, sharing a healthcare waiting area or room with, or working with a COVID-19 infected person.

– or –
b) having direct contact with infectious secretions of a COVID-19 infected person (e.g., being coughed or sneezed on).

**Congregate settings** are crowded public places where close contact with others may occur, such as shopping centers, movie theaters, stadiums.

**Controlled travel** involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel should be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.

**Isolation** means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

**Person Under Investigation (PUI)** is summarized as a symptomatic individual whose clinical and exposure history warrant testing for COVID-19.

**Public health orders** are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public’s health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of quarantinable communicable diseases for which federal public health orders are authorized is defined by Executive Order and includes “severe acute respiratory syndromes”. COVID-19 meets the definition for “severe acute respiratory syndromes” as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

**Quarantine**, in general, means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

**Restriction of Movement (ROM)** is limiting personnel movement to prevent or limit the transmission of a communicable disease, including limiting ingress and egress to, from, or on a military installation, including persons in isolation and/or quarantine.

**Self-monitor (Self-observe)** means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

**Social (physical) distancing** means remaining out of congregate settings, avoiding mass gatherings and social gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others.

**Symptoms compatible with COVID-19** include subjective or measured fever, cough, or shortness of breath. Other possible symptoms include fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.