



HEADQUARTERS, UNITED STATES FORCES, KOREA
UNIT #15237
APO AP 96205-0010

REPLY TO
ATTENTION OF:

21 JUL 2003

FKCS

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Legal and Civilian Employee Relations Issues Related to Mandatory Screening for Severe Acute Respiratory Syndrome (SARS)

1. Over the recent weeks, the USFK Commander restricted official travel by all DoD personnel and unofficial travel by DoD civilian employees has been strongly discouraged to all areas of China, Hong Kong and other locations for which a SARS travel restriction or advisory had been issued. Despite these restrictions and efforts to discourage civilian employees from traveling to restricted areas, many continue to do so. Additionally, USFK Fragmentary Order #03-36 mandated that all personnel who travel to these and other locations for which a SARS travel restriction or advisory had been issued must be medically screened immediately upon return. The purpose of this memorandum is to discuss the legal and civilian employee relations issues underlying this problem.
2. The U.S./ROK Status of Forces Agreement (SOFA) does not exempt SOFA personnel from Korean health laws and regulations. Therefore, SOFA personnel are subject to all SARS preventive measures issued by the Korean government. The SOFA permits USFK to provide medical care for its personnel. Additionally, it requires USFK to impose quarantine measures if a quarantinable disease is detected, and to immediately notify Korean health authorities in such a case.
3. Merit Systems Protection Board (MSPB) case law supports management's authority to institute certain standards in order to conduct its operation in a safe and effective manner. The serious nature of SARS may lead to the conclusion that civilian employees may be directed to be quarantined for this reason.
4. Under the Public Health Service Act requirements (42 USC 264), a disease for which quarantine is authorized must first be specified in an Executive Order (EO) of the President. EO 13295 dated 4 April 2003 revised the list of quarantinable communicable diseases to include SARS.

FKCS

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a. In response to public health requirements, employees who have traveled to an affected area may be directed into quarantine in accordance with the USFK SARS Protocol Matrix attached to this guidance. Employees who refuse to comply with quarantine or who refuse to obtain medical clearance may be barred from USFK installations until they do so.

b. Supervisors should be aware that employees who traveled to an affected area for official business should be placed in administrative leave status for the quarantine period or while waiting for medical clearance.

c. All other employees who meet the SARS screening criteria should be placed in enforced leave status (i.e., sick and/or annual) until such time as they obtain medical clearance to return safely to the workplace. However, placement of employees in enforced leave status requires the Command to observe due process protections of advance notice and an opportunity for the employee to reply. If a civilian employee refuses to comply with USFK SARS Protocol Matrix measures when ordered by the supervisor to do so, he or she may be directed to leave the workplace and be placed on enforced leave or leave without pay, pending disciplinary action or eventual presentation of medical clearance.

(1) If a civilian employee exhibits the symptoms described on the attachment, a sufficient basis exists to direct that civilian employee to seek medical attention and not to return to work until cleared to do so by competent medical authority. The civilian employee may be placed on sick leave or leave without pay pending presentation of medical clearance.

(2) As always, commanders and supervisors are encouraged to contact their local servicing Civilian Personnel Office for specific guidance before initiating disciplinary action against any civilian employee.

5. Recommendations. One of our most important responsibilities in this situation is to calm the growing hysteria about SARS. While this disease is serious, the medical information available clearly suggests we need not overreact. Based on the issues discussed above, I am recommending that commanders take the following actions to deal with civilian employees returning from travel to SARS-affected countries.

a. Recommend that any civilian employee who has traveled to SARS-affected countries in the past 10 days be required to be medically screened by contacting the 18th MEDCOM SARS HOTLINE at 737-SARS.

FKCS

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b. All travelers must continue to monitor their health for 10 days after leaving any of the affected areas. If a fever or respiratory symptoms develop, the employee should consult or be directed to see a physician. They should return to work only after receiving medical clearance.

c. Employees without symptoms of SARS may continue their normal routines. They are not infectious, and should not be prevented from entering the installation or the workplace.

d. As discussed above, should civilian employees refuse to comply with this guidance when ordered, they may be subject to removal from the workplace and ordered to take forced leave. Disciplinary action may result from such a refusal.

6. With regard to union notification, the implementation of the mandatory screening for SARS falls within management's rights to establish internal security measures. However, the union may request to discuss the procedures which will be used to ensure consistency of this policy, this is referred to as impact and implementation (I & I) bargaining. All issues raised by the union should be referred to the ACofS, G1, Civilian Personnel Directorate for proper handling.

7. The health and safety of our personnel is our primary concern. The precautions contained in this letter are based on the most current information available from CDC. They are adequate to minimize the risk of infection of DoD personnel.



CHARLES C. CAMPBELL
Lieutenant General, USA
Chief of Staff

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DISTRIBUTION:
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USFK SARS Protocol Matrix

{Published by the Surgeon's Section, United States Forces Korea in collaboration with 18th MEDCOM}

21 April 2003

Classification Categories	Diagnostic Criteria	Management Measures	Laboratory Studies	Treatment Guidelines	Release Criteria
Normal Exposure Unlikely {No Quarantine}	N/A	<ul style="list-style-type: none"> •Public Education •Preventive Measures •Avoid Exposure - Travel Restrictions - Travel Advisories 	N/A	N/A	N/A
Exposed (Suspect) Significant Exposure {Well Quarantine}	<ul style="list-style-type: none"> •Requires HCP Screen •Meets Exposure Criteria: <ol style="list-style-type: none"> 1. Contact with an ill or sick appearing person 2. Lived with ill person at home, apt or hotel 3. Visit to SARS Hospital 4. Travel &/or Stay in a SARS Area > 2 wks {may meet any criteria above} 	<ul style="list-style-type: none"> •Well Quarantine {no visitors} <ul style="list-style-type: none"> - Home / Individual's Residence - Installation Location {On-Post} •Q3Day CHN Phone Assessment •Education for Patient, Family & Support/Housekeeping Personnel •Notify Unit Commander •Reported to Preventive Med Svcs •Reported to USFK Surgeon 	None	None	<ul style="list-style-type: none"> •10 days post SARS exposure and •SX-free for 3 days •Cleared by CHN •F/U Instructions •RTD Slip DD689 •Signed SF600 •Notify Unit CDR •SARS Registry
Suspect SARS Exposure with Signs and Symptoms {Sick Quarantine}	<ul style="list-style-type: none"> •Requires HCP Screen •Meets Syndrome Criteria: <ol style="list-style-type: none"> 1. Fever > 100.4 2. Respiratory SxS / Cough 3. Within 10 days contact of - suspect / probable SARS - travel to SARS Area {must meet all 3 criteria above} 	<ul style="list-style-type: none"> •Sick Quarantine {no visitors} <ul style="list-style-type: none"> - Home / Individual's Residence - Installation Location {On-Post} - Hospitalize at 121, Osan or HN •Q1Day CHN Phone Assessment •Education for Patient, Family & Support/Housekeeping Personnel •Notify Unit Commander •Reported to PMS & USFK Surg •Reported to CCSEOU/L 	<ul style="list-style-type: none"> •CBC, CHEM 12, UA •Blood/Sputum Cultures •Stored Serum <ul style="list-style-type: none"> - Acute & Conv Tiers - Future Studies •Pulse Oximetry •Chest X-Ray •Others as necessary - clinically determined 	<ul style="list-style-type: none"> •Supportive Care •Clinically Guided Treatment Protocols 	<ul style="list-style-type: none"> •SX-free for 10 days •Cleared by CHN •F/U Instructions •RTD Slip DD689 •Signed SF600 •Notify Unit CDR •SARS Registry
Probable SARS {Sick Quarantine or Hospital Admission}	<ul style="list-style-type: none"> •Requires HCP Screen •Meets "Suspect SARS" Criteria •In addition, must have: <ul style="list-style-type: none"> Positive CXR Positive PCR Test 	<ul style="list-style-type: none"> •Use Suspect SARS Mgmt Plus: <ol style="list-style-type: none"> 1. Consider Hospital Admission 2. Strict Isolation if Hospitalized 3. Screen Close Contacts 4. Strict HCP Protection 5. Hospital Employee Protection 6. Plan Transport Requirements 	<ul style="list-style-type: none"> •CBC, CHEM 12, UA •Blood/Sputum Cultures •Stored Serum <ul style="list-style-type: none"> - Acute & Conv Tiers - Future Studies •Pulse Oximetry •Chest X-Ray •Others as necessary 	<ul style="list-style-type: none"> •Supportive Care •Clinically Guided Treatment Protocols •Hospital Care •En Route Care 	<ul style="list-style-type: none"> •SX-free for 10 days •Cleared by PMS Eval •Discharge Instructions •RTD Slip DD689 •Signed SF600 •Notify Unit CDR •SARS Registry

KEY: HCP = Health Care Provider CHN = Community Health Nurse CXR = Chest X-Ray F/U = Follow Up PCR = Polymerase Chain Reaction
 RTD = Return To Duty PMS = Preventive Medicine Services Q3D = Every 3 Days SX = Symptoms SARS = Severe Acute Respiratory Syndrome