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Action Process POC: Antolino Colon, Director OSH, ajcolon@nps.edu

Subj: PROCEDURES FOR NPS DOD MILITARY, CIVILIAN, DEPENDENT, OR CONTRACTOR PERSONNEL IDENTIFIED TO BE COVID -19 POSITIVE – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: Promulgate procedures if someone becomes COVID -19 positive Upon return to instruction during COVID-19 Pandemic

Perspective: These procedures are in place to protect NPS personnel and the local community. We must ensure the health and safety of NPS personnel, and their families remain top priority.

Actions: If someone becomes COVID-19 positive, or has been diagnosed by a medical professional as likely COVID-19 positive (absent a test):

- Active Duty and Tricare beneficiaries:** Call the Presidio of Monterey Department of Public Health at **831-242-4826** or **831-234-9510**. And provide the below information.
- Civilian:** Provide the below to OSH Director ajcolon@nps.edu
- Active Duty and Civilian Provide the below information via encrypted email:

Information Needed: (as applicable, to Isolation or quarantine)

1. Name/s:
2. DOD # for each case:
3. Rank/Rate: (or spouse)
4. Rank (CIV): GS __ or AD __ (or spouse)
5. Age:
- 5.A Gender: M/F
6. Date of Diagnosis:
7. Date of exposure and location/activities:
8. Testing done/scheduled/awaiting results:
9. Date of Testing:
 - a. Type of test; Antigen/PCR:
 - b. Location of test:
10. Location of Isolation/Quarantine (**city, state/home or barracks**):
11. Isolation Start Date: (date of symptom onset or date of testing is asymptomatic)
12. Quarantine Start Date: (14 days after last contact)
13. Date of onset and Description of Symptoms:
14. Date Admitted to Hospital:
15. ICU treatment Needed:
 - a. If yes release date:
 - b. Was Ventilator used:
 - i. If yes date put on:
 - ii. and removed from:
16. Date Discharged from Hospital:

17. 14 Day Travel history:

a. If local; where?

18. Last Date on base and where.

19. VACCINATION STATUS: [e.g. Unknown (only a valid entry for civilians), None, Vaccinated (final shot in sequence 2 weeks ago), or Inoculated (1 shot administered in a 2 shot sequence). 10APR20 (effective date of status change, if applicable)]

Chain of Command: Report in accordance with current NAVADMIN

OSH Director:

Determine work relatedness in accordance with 29CFR1904.5

Conduct Safety Mishap Investigation (if required)

Determine Work relatedness in accordance with OPNAVINST 5102.1 para 3004

coordinate communications with POM For contact tracing.

Immediate investigation is conducted that includes a review of the chronological 14-day history of the mishap victim to determine all applicable facts including source, work relatedness, and controls to help stop the spread of the virus.

Report via WESS if the case involves one or more of the general recording criteria set forth in para 3004 of the 5102.1 or 29 CFR 1904.7 (e.g., medical treatment beyond first-aid, days away from work)

In the event it is a Civilian Employee, Contact Human Resources to inform of case.

Provide to Employee form CA-2, "Notice of Occupational Disease and Claim for Compensation."

Return to work- Authorized:

Return to work is authorized: when medical provider has cleared individual and/or cleared by Presidio of Monterey Department of Public Health has been notified of results.