NAVAL POSTGRADUATE SCHOOL

COVID-19 PANDEMIC RESPONSE

PROCEDURES

PREPARED BY
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**Important Numbers:**

**Emergencies:** (831) 656-2555 (CNRSW Regional Dispatch Center) or Dial 911 (Monterey County 911 System).

**N3 Operations:** Security Officer (831) 656-2236

**Safety:** 831-656-7758

**HAZMAT:** 831-656-7661

**Emergency Operations Center:** 831-656-2822

**Facilities Trouble Desk:** 831-656-2526

**NPS Command Duty Officer (CDO):** 831-901-6649

**CALMED Public Health:** 831-242-4826 or 831-234-9510

**Monterey County Health Department COVID-19 Hotline:** 831.769-8700 or 831.755.4521

**HRO:** HRO@nps.edu
Subj: LITERATURE REVIEW, PREVENTION and HYGIENE – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: Promulgate information on what to do for prevention and hygiene COVID-19 Pandemic

Information:

- **Respiratory Infections can be transmitted via:**
  - **Via Droplets and Droplet Nuclei:** People with contagious respiratory infections may produce aerosols (<5um). All human mouth and nose activity such as singing, breathing, talking, laughing, coughing, and sneezing produce particles (bioaerosols) within the inhalable range for humans of <1 to >100 μm.\(^1\) Comparatively, coughing and sneezing produce greater quantities of particles\(^2,3,4\) that travel further due to the velocity of expulsion from the nose or mouth.\(^5\) These are forced respiratory maneuvers that generate high velocity, turbulent airflow release.

  - **Via Droplet or Contact:** Agent transmission by large (>5 um) droplets are considered an extension of direct contact because these droplets settle rapidly and travel only short distances from their sources. Direct contact is a common mode of transmission for agents infectious for the mucosa of the upper respiratory tract. For example, contaminated fingers as well as relatively large respiratory droplets generated by coughs or sneezes\(^5\) or water sprays or splashes can deliver infectious agents to the nose and mouth.\(^6\)

- Whether Droplet and nuclei or contact transmission; The closer an individual is situated to a source then the greater the likelihood of large particles being inhaled prior to complete evaporation.\(^1\)

- It is not known, the number or viral particles inside a droplet needed to cause the disease. How susceptible an individual is will depend on the status of that individual’s immune system. People with weakened immune systems have a greater likelihood of developing symptoms and severe illness. https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html Healthy individuals without a weakened immune system potentially need more viral particles to get sick.

- The 6 ft distancing rule is primarily for healthy non-symptomatic personnel (For the average person not working in a hospital). https://www.npr.org/2020/03/28/823292062/who-reviews-available-evidence-on-coronavirus-transmission-through-air
• **Infectivity**— Asymptomatic patients can transmit infection to contacts\(^8\) However asymptomatic patients shed the virus for a shorter time and were likely to be younger.\(^9\)

• Asymptotic people were found to be about 50% less infectious than symptomatic persons.\(^10\) Latent infectious period unknown (est. 0-7 days). The major mode of transmission is through the upper respiratory tract.\(^11\) Evidence is mounting that the viral shedding pattern in patients with SARS-CoV-2 is similar to influenza, and is similar between symptomatic and asymptomatic patients,\(^12\) with suspected prolonged shedding of COVID-19 after recovery.

• Key Differing factor from SARS-COV-1, is **presymptomatic/asymptomatic** transmission. In SARS-COV-1 viral replication occurs primarily in the Lower Respiratory Tract (LRT), while SARS-COV-2 viral replication occurs mostly in the Upper Respiratory Tract (URT).\(^13\) Viral loads with SARS-CoV-2, which are associated with symptom onset, peak a median of 5 days earlier than viral loads with SARS-CoV-1, which makes symptom-based detection of infection much less effective in the case of SARS-CoV-2. The CDC reports that by 10 days after symptom onset, the ability to culture virus, a proxy measure of infectivity, approaches zero.

• A smaller number of pathogenic particles are required to infect the lower respiratory tract (LRT) versus the upper respiratory tract (URT), and in comparison, the URT infections are protracted with reduced mortality.\(^1\) We see this in SARS-COV-2, for which viral replication occurs mostly in the URT.\(^13\) It as well presents reduced mortality in comparison SARS-COV-1, which had a case fatality rate of 11%\(^14\) While the mortality rate for SARS-COV-2, age and risk factor dependent, is less than that commonly ascribed to severe community-acquired pneumonia (12–15%) but more than seasonal influenza (~0.1%) by 6–10x.\(^15\)

  o Modeling suggests asymptotically infected persons were half as contagious as persons with observable symptoms. Which reinforces the value of testing and social distancing as prevention measures. (4)
  
  • Severe cases are more likely to transmit disease; **most new infections are within households** of infected patients, currently making household contacts the main transmission mode. From DHS SCIENCE AND TECHNOLOGY Master Question List

  • **Children of all ages are susceptible to COVID-19**, though generally show milder or no symptoms; up to 28% of children may be asymptomatic. From DHS SCIENCE AND TECHNOLOGY Master Question List

• **Severity**— Many COVID-19 cases are asymptomatic. Most symptomatic cases are mild, but **severe disease can be found in any age group**. Most symptomatic COVID-19 cases are mild (81%, n=44,000 cases).\(^17\)
Impact is severe in susceptible population. Between March 1, 2020, and May 30, 2020. The National overall cumulative hospitalization rate was 82.0 per 100,000 population. Among the 0-4 years, 5-17 years, 18-49 years, 50-64 years, and ≥ 65 years age groups, the highest rate of hospitalization is among adults aged ≥ 65 years (254.7 per 100,000), followed by adults aged 50-64 years (126.2 per 100,000) and adults aged 18-49 years (46.7 per 100,000). https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html. Locally Monterey County has approximately 10% of cases which are severe enough to necessitate hospitalization, as of 08Jun20.

- **Environmental Stability** - SARS-CoV-2 can persist on surfaces for at least 3 days and on the surface of a surgical mask for up to 7 days depending on conditions. If aerosolized intentionally, SARS-CoV-2 is stable for at least several hours. SARS-CoV-2 on surfaces is inactivated rapidly with sunlight. SARS-CoV-2 has an aerosol half-life (required for the activity of a substance taken into the body to lose one half its initial effectiveness) of 2.7 hours (particles <5 μm, tested at 21-23oC and 65% RH).

- **Decontamination** – Soap and water, as well as common alcohol and chlorine-based cleaners, hand sanitizers, and disinfectants are effective at inactivating SARS-CoV-2 on hands and surfaces.

- **Exposure pathway**-
  - SARS-CoV-2 is spread primarily through close contact.
  - Infectious Droplets transmission, remaining a possible it is not considered the primary transmission pathway, and close-contact aerosol transmission possible, but unconfirmed, aerosol transmission would potentially occur within settings where people who are susceptible are in very close proximity for prolonged time with an infected person.

- **Infection** - Infection by SARS-CoV-2 may occur in susceptible individuals;
  - Person-to-person, between people who are in close contact with one another (<6 feet, >15min)
  - Via close contact* droplet (>5um particle diameter) or aerosol (<5um particle diameter) transmission through respiratory droplets produced when an infected person coughs or sneezes.
    - Via inhaled particles as small as aerosol (less than 5 μm in size; capable of staying suspended in the air for a time and easily inhaled into the lungs and distal alveoli) up to droplets (measuring greater than 20 μm in size; quickly pulled to the ground by gravity or, when inhaled, mostly deposited in the nasal cavity),
    - Contamination of patient rooms with aerosolized SARS-CoV-2 in the human respirable range (0.25-2.5 μm) indicates the potential for airborne transmission.
• *Via, fomite transmission* (germs left on surfaces) direct inoculation of the respiratory epithelium (ie, touching a surface with live virus and then touching one's face). However, this is not considered the primary transmission pathway.

**Susceptible Population:**

• Higher probability of infection and of severe outcome: Personnel who have weakened immune systems and certain risk factors have a higher probability of contracting the disease. Sever outcomes are expected regardless of age in people with chronic lung or heart disease, severe obesity (>40BMI), diabetes, chronic liver or kidney disease.

*Close Contact* is defined by the CDC as within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. However, any duration of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure or event (singing, coughing, sneezing etc.).

**Actions/Prevention:**

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection with COVID-19 and other respiratory viruses is to take everyday, sensible steps including: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html

• Stay home if you are sick
• Stay home if you are susceptible
• Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer (60% alcohol).
• Avoid touching your eyes, nose, and mouth with unwashed hands.
• Avoid close contact with people who are sick. Stay at least 6 feet away from ill individuals.
• Cover coughs and sneezes
  - Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
  - Throw used tissues in the trash.
  - Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
• Clean and disinfect frequently touched objects and surfaces. Per NPS info paper on cleaning
• If you haven't already, get an influenza shot; influenza is still circulating in our communities.
• Wear a face covering if you are sick or:
  - CDC is additionally advising the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html
- The face coverings/masks prevent spread from individuals without symptoms, they don't protect you. These coverings do not seal around your face and provide very limited protection. Respirators such as N95's have to be fit-tested, that means they have to seal against your face and this provides the protection against particles along with the N95 material construction, which filters our 95% of particles >0.3um.

- Break the triangle from source, via pathway to receiver:
  - **Control the Source**: Utilize face coverings when around other people. Disallow personnel who are showing symptoms to come on campus, as allowed in specific Phase of the NPS Plan.
  - **Control the receivers**: have susceptible/vulnerable populations self-identify and not come to campus to the maximum extent possible.
  - **Control the environment**: indoors, ensure properly working HVAC system by providing 35-50 CFM/person of outside air. Clean high touch surfaces and Wash hands.

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**References:**
(1) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3925716/
(4) Loudon RG, Roberts RM. Relation between the airborne diameters of respiratory droplets and the diameter of the stains left after recovery. Nature. 1967;213:95–6. doi: 10.1038/213095a0. [CrossRef]
(6) ACGIH. Bioaerosols: Assessment and Control. American Conference of Governmental Industrial Hygienists, Cincinnati, OH. 1999.
(10) Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2) Li et al. Science 2020 (Mar 16, 2020)
(17) Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020. MMWR 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w#suggestedcitation
Purpose: Promulgate procedure for Social Distancing for NPS during COVID-19 Pandemic, in accordance with County of Monterey Shelter in Place Order Reissued with New Restrictions Of 04/03/2020, reissued May 4, 2020 until May 31st. Now requires use of face coverings in Monterey County.

Actions:

- Avoid Close Contact*
- Maintain at least six-foot (1 Fathom) social distancing from individuals.
  - to the extent practical, all individuals on DoD property, installations, and facilities will wear face coverings** when they cannot maintain six feet of social distance in public areas or work centers, in accordance with NAVADMIN 100/20

- Frequently wash hands with soap and water for at least 20 seconds, or if soap and water are not available, use an alcohol-based hand sanitizer (60% alcohol).

- Covering coughs and sneezes with a tissue or fabric or, if not possible, into the sleeve or elbow (but not into hands)

- Go home and avoid all social interaction outside the household when sick with shortness of breath, fever or cough.

- Clean and disinfect at beginning of day and at end of day high contact surfaces that are touched by many different people.
  - Clean first with general purpose cleaner
  - Wipe down with chlorine solution or other EPA approved disinfectant.

Note: All NPS personnel must strictly comply with Social Distancing Requirements, while at NPS.

*Close Contact is defined by the CDC as within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. However Any duration of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure or event (singing, coughing, sneezing etc.).

** the face coverings/masks prevent spread from individuals without symptoms, they do not protect you, they protect others from you by providing source control. These coverings do not seal around your face and provide very limited protection. Respirators such as N95’s have to be fit-tested, that means they have to seal against your face and this provides the protection against particles along with the N95 material construction, which filters our 95% of particles >0.3um.
Purpose: Promulgate information on what to do if you are sick during COVID-19 Pandemic

Actions:
If you are sick with shortness of breath, cough, Fever/chills:

The Defense Digital Service designed an online tool for the DoD community to assess potential COVID-19 symptoms. Called MySymptoms.mil, https://mysymptoms.mil/, the anonymous tool does not diagnose disease but assesses the likelihood someone may have COVID-19 based on a series of simple health-related questions and then provides information on how to seek further advice. Though designed with DoD personnel in mind, the public may also use it.

Do not go to ER*. 

- First step is to rule out other Acute Respiratory illness (like the flu) – contact medical provider and let your supervisor know**.

- For Veterans: go to https://www.publichealth.va.gov/n-coronavirus/ also Veterans can sign into My HealtheVet (https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/secure-messaging-spotlight) to send a secure message to VA or use telehealth options (https://telehealth.va.gov/type/home) to explain their condition and receive a prompt diagnosis. Or 1-800-455-0057 (select #4)

- For Tricare Beneficiary:
  - Call the Military Health System Nurse Advice Line (MHS NAL) at 1-800-874-2273, Option 1 or
  - Web or video chat with a nurse: https://www.mhsnurseadviseline.com/home
  - VA/DOD GOURLEY CLINIC contact 866-957-2256

- For Servicemembers, below is the following protocol for testing:
  1) Walk-in testing is available for symptomatic patients only at POM daily from 0630-0800.
  2) All asymptomatic testing must be coordinated ahead of time via MAJ Patton.

  - See the following link for more information: https://www.chomp.org/coronavirus/

- For Others: Contact you Primary Care provider, or E-Consult; CHOMP, Montage Medical Group 831-622-8001 Montage Health free coronavirus E-Visit (virtual) available 24 hrs online https://www.montagehealth.org/montage-health/services/evisit
IF YOU ARE POSITIVE FOR COVID-19, or TESTED FOR COVID-19 AND AWAITING RESULTS or QUARANTINED AFTER BEING TOLD YOU WERE A CLOSE CONTACT TO POSITIVE COVID-19:

Active Duty/Dependents/ DoD Civilian

- Call the Presidio of Monterey Department of Public Health at 831-242-4826 or 831-234-9510.
- Contact your supervisor
- Follow NPS COVID-19 Positive Procedures below.

* Got to ER or call 911. If you develop emergency warning signs for COVID-19 get medical attention immediately or you feel your life is at risk immediately seek help at ER or call 911. Emergency warning signs include: (This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion or inability to arouse
  - Bluish lips or face

**Supervisors**: Notify Chain of command, Deans and Directors send e-mail (christopher.r.miller@nps.edu) with information (sans names) of personnel sick. Follow NPS procedure for a positive COVID Case, below.

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):

- Individual:
  - Call the Presidio of Monterey Department of Public Health at 831-242-4826 or 831-234-9510.

- Chain of Command:
  - Upon initial communication of COVID-19 positive diagnosis, complete the following queries:
    - Who are the individuals “Persons Under Investigation (PUI)” suspected of COVID-19 infection?
    - Have they received medical attention/evaluation?
    - Has a COVID-19 test been administered, and if so, are the results known?
    - Do any of the PUI’s have pre-existing health conditions?
    - Who are the members of the PUI’s household? Are any of these individuals feeling sick? Have they been tested?
    - Order an initial mandatory quarantine order for all service members & dependents within the same household until further direction can be given from the Chain of Command and CALMED medical evaluators.
    - Ensure the service member and their dependents that they have the full support of their NPS Chain of Command, Faculty & Staff.
    - Tell them to expect to be contacted by Major Jodi Brown and others for contact tracing and recent access locations (ex: Commissary, POMHC Pharmacy, NPS laboratories, etc.)
    - Ask for a written report from the service member to back up the initial voice report; use both to compile facts and resolve/indicate disparities to be used as actionable data for flash traffic and command decisions.
    - Immediately begin notification of the service member’s chain of command, command duty officer, and initiate NPS COVID-19 positive case procedures (see
next checklist item). Do not communicate PUI(s) names or pre-existing health conditions (HIPAA) in written correspondence unless using email encryption.

- Begin SITREP, collect as much of the information needed to fill out encl (4) of this procedure and provide to Command Admin Officer christopher.r.miller@nps.edu.

- Utilize form DD FORM 689 (This will come from Presidio of Monterey) https://glwach.amedd.army.mil/victoryclinic/documents/IndividualSickSlip_dd689.pdf in order to: (in accordance with R 041853Z AUG 20 CNO WASHINGTON DC US NAVY COVID-19 STANDARDIZED OPERATIONAL GUIDANCE)
  - Used to notify both the member and the chain of command of a test-confirmed or presumptive covid illness, whether symptomatic or not
  - To notify asymptomatic members and the chain of command of any PUI or close contact, quarantine, or isolation requirements
  - Section 11 (disposition) and section 12 (remarks) must clearly indicate the medically recommended disposition, follow up, and quarantine/isolation requirements in accordance with this guidance

Note: DoD CAC Encryption certificates can be found and downloaded here:
https://dod411.gds.disa.mil/

- Send initial notification to NPS COVID-19 INITIAL NOTIFICATION ACTION TEAM:
  IMPORTANT: Do not include names, PII or HIPAA information. This information can be sent to those with need-to-know authority.
  - COS, CAPT Philip Old; <philip.old@nps.edu>
  - DOS, CAPT Markus Gudmundsson; <markus.gudmundsson@nps.edu>
  - Provost, Dr. Robert Dell; <Dell@nps.edu>
  - AO, LTJG Christopher Miller; <christopher.r.miller@nps.edu>
  - NPS OSH Director, Mr. Tony Colon; <ajcolon@nps.edu>; 831-656-7758
  - Facility Manager, Mr. Ryan Stewart; <ryan.stewart1@nps.edu>
  - HR Director, Ms. Jennifer Amorin; <jlamorin@nps.edu>
  - COO, Ms. Kirsten Webb; <kirsten.webb@nps.edu>
  - STAT COMS/PAO, Mr. David Nystrom; <dave.nystrom@nps.edu>
  - NSAM CO, CAPT Richard Wiley; <rawiley@nps.edu>
  - NSAM OPSO, LCDR Eric Mobley <eric.mobley@nps.edu>
  - NSAM PHEO, Mr. Dwayne Williford; <dwayne.williford@nps.edu>
  - CALMED COVID Response, Maj Jodi Brown; jodi.l.brown1.mil@mail.mil
  - SWO, CPO Brian Carpenter <brian.carpenter@nps.edu>

- Cancel all classes or activities in spaces accessed by PUI(s).
- Notify students or personnel, which have taken classes in the space of situation
- Order PUI(s) to quarantine for 14 days.
- Notify Presidio of Monterey Department of Public Health at 831-242-4826 or 831-234-9510, that they are potentially exposed and have been quarantined.
- Notify higher headquarters as required.

- Facilities manager:
Notify NSAM and PWD. NAVFAC SW has a regional contract that will take care of disinfecting locations that need it. No contract actions by NPS are required. Notification to NSAM and PWD Monterey are required to initiate action.

Provide the following information to PWD
- Base and/or Annex:
- Location address:
- POC that can meet and escort KTR to the site/building:
- Information about the site/building: indoor/outdoor, office, warehouse, stories (e.g. 1st floor, 3rd floor), floor type, etc.
- Approximate Square Footage (SF) to be serviced:
- Command occupying SF (if available): NPS
- Approximate date and time individual vacated known visited areas.

- Coordinate with PWD to execute contract.
  - Note: Cleaning will not occur until 24hrs after notification of event.

OSH Director:
- Post area with notification, enclosure (1) or (2)
- Along with Facilities Manager Secure the area.
- Verify Cleaning has been done prior to allowing return of use to space.
- Review Log of screenings done.
- Conduct preliminary investigation
- 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."
- Fill out DD Form 3112, Personnel Accountability and Assessment Notification for Coronavirus Disease (COVID-19) Exposure

Return to work- Authorized by COS, DOS or Provost:
- Return to work is authorized: when medical provider has cleared individual and Presidio of Monterey Department of Public Health has been notified of results. These results with DD form
Notes: From CALMED Coronavirus Disease 2019 (COVID-19) Case Reporting, Contact Tracing, and Investigation Standard Operating Procedures (SOP)

- Active Duty with known/confirmed COVID-19 exposure must be tested for COVID-19 on day 12 of quarantine. DPH (MAJ Brown) will arrange with DCCS and Lab OIC to have tested from 1400-1500 at POMACH. If asymptomatic and negative COVID-19 test, Active Duty will be released at the end of their 14-day quarantine by Chief, DPH or healthcare provider.

- Close Contacts (asymptomatic) of a Probable or Lab-Confirmed Case Disposition (Enclosure 3).
  1. Quarantine for 14 days and monitor for symptoms of COVID-19 using the Contact (Quarantine) Symptom Monitoring Form.
  2. Individuals cannot test-out of quarantine; individuals must remain in quarantine for the full 14-day incubation period.
    i. The lab test is a diagnostic test; it is NOT a screening test; this means:
      (a) A positive result IS meaningful: they are infected and become a Lab-confirmed Case. A negative test is NOT meaningful
UNSAFE

DO NOT ENTER OR OCCUPY
SUSPECTED CASE OF COVID-19

This facility has been inspected, found to have a SUSPECTED case(s) of COVID-19 and is unsafe to occupy, as described below:

Date affected individual(s) last occupied this facility

Room Number(s) occupied

Do not enter, except as specifically authorized in writing by jurisdiction.
Entry may result in exposure.

Date ______________________________

Time ______________________________

Command:

__________________________________
__________________________________
__________________________________

POC and telephone:

__________________________________
__________________________________

Do Not Remove, Alter, or Cover this Placard until Authorized by Governing Authority

Encl (1)
UNSAFE

DO NOT ENTER OR OCCUPY CONFIRMED CASE(S) OF COVID-19

This facility has been inspected, found to have a CONFIRMED case(s) of COVID-19 and is unsafe to occupy, as described below:

Date affected individual(s) last occupied this facility

__________________________

Room Number(s) occupied

__________________________

Do not enter, except as specifically authorized in writing by jurisdiction. Entry may result in exposure.

Date ____________________________

Time ____________________________

Command:

__________________________

__________________________

POC and telephone:

__________________________

__________________________

Do Not Remove, Alter, or Cover this Placard until Authorized by Governing Authority

Encl (2)
Table 4- Quarantine and Isolation Flowchart

Criteria to discontinue isolation for person with COVID-19 WITH symptoms:
- At least 10 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without the use of fever-reducing medications AND
- Symptoms have improved

Criteria to discontinue isolation for person with COVID-19 WITHOUT symptoms:
- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom based should be used.

Criteria to release from quarantine
Remain asymptomatic throughout the 14-day quarantine period; Negative COVID-19 lab test (AD only w/ confirmed exposure)
SUBJ/OPREP-3NB, USMTF, 2020/NPS MONTEREY CA/007A/

REF A/DOC/CNO/31MAY16/
REF B/DOC/CPF/20MAR19/
REF C/MSG/CPR/121110ZAPR18/
REF D/VOX/USFF/281800ZMAR20/
REF E/MSG/NPS MONTEREY CA/290123ZMAR20/

NARR/REF A IS OPNAVINST F3100.6J. REF B IS COMPACFLT OPORD 201 CH1. REF C IS PACADMIN 005/18 PERSONNEL INCIDENT REPORTING REQUIREMENTS SUPPLEMENTAL GUIDANCE. REF D IS INITIAL VOICE REPORT TO USFF. REF E IS INITIAL SITREP 007. FLAGWORD/NAVY UNIT SITREP/-/

TIMELOC/28MAR2020 LOS ANGELES CA UPDATE/

GENTEXT/INCIDENT IDENTIFICATION AND DETAILS/

1. COMMAND/UIC:
   1.A. COMMAND LOCATION:
   1.B. NAVY REGION:
   2. DOD ID NUMBER:
   2.A. RATE/RANK:
   2.B. AGE:
   2.C. GENDER:

3. DATE INDIVIDUAL WAS DIAGNOSED COVID-19:
   3.A. TYPE OF DIAGNOSIS:
   3.B. DATE OF COVID-19 TESTING:
   3.C. TESTING RESULTS:

4. REASON FOR PUI/CASE STATUS:
   4.A. ISOLATION BERTHING LOCATION:
   4.B. ISOLATION START DATE:
   4.C. DESCRIPTION OF SYMPTOMS EXHIBITED:
   4.D. DATE INDIVIDUAL ADMITTED TO HOSPITAL AND HOSPITAL NAME:
   4.E. WHETHER OR NOT INDIVIDUAL REQUIRED TREATMENT IN ICU OR RELEASED FROM ICU:
   4.F. WHETHER OR NOT INDIVIDUAL WAS PLACED ON VENTILATOR OR REMOVED FROM A VENTILATOR:
   4.G. DATE INDIVIDUAL DISCHARGED FROM THE HOSPITAL:
   4.H. DATE INDIVIDUAL RECOVERED:
   5. 14 DAY TRAVEL HISTORY:
   6. COMMANDERS ASSESSMENT:
   7. IMMEDIATE AND SECOND ORDER IMPACTS TO READINESS:
   8. MEDIA INTEREST:
   9. ANY SHORTAGE OF MEDICAL PPE OR TEST KITS FOR ASSIGNED UNITS OR COMMANDS:
   10. SUMMARY UPDATE OF COVID-19 CASES ONBOARD:
   11. POC: CAPT PHILIP OLD/COS/(831)656-2511/PHILIP.OLD(AT)NPS.EDU//
Subj: WHAT TO DO IF HOMECARE – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: Promulgate information on what to do if you are executing home care COVID-19 Pandemic

Actions:

Recommendations: more detailed information can be found here; https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html
  o Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.
  o Quarantine is defined as the separation or restriction of movement of NOT-sick persons who might have been exposed to a communicable disease while determining if they become ill.

Quarantine:
For the health of your family, friends and community, you need to stay at home. That means do not have visitors and do not go to work or school, public areas, including places of worship, stores, shopping malls and restaurants. You can use delivery/pick up services for groceries or other needs but avoid face to face contact.
No need for separate washers and dryers.

Isolation:
If Isolation is required: the CDC recommendations are at
  • assess whether the residential setting is suitable and appropriate for home care;
  • assess whether the patient is capable of adhering to precautions that will be recommended as part of home care or isolation (respiratory hygiene, hand hygiene, etc.); and
  • contact local or state health department to notify them that the residential setting has been determined to be suitable for home care and that hospital discharge is planned.
  • CALMED PH 831-242-4826 or the
  • Monterey County Health Department (MCHD) at 831-755-4521.
  • After business hours (evenings/weekends) they can call the MCHD after hours line at 831-755-5100
Avoid contaminating common items and surfaces

- At least once daily, clean and disinfect surfaces that you touch often, like toilets, bedside tables, doorknobs, phones and television remotes.
- Do not share personal items with others, such as toothbrushes, towels, bed linen, utensils or electronic devices.
- Use regular household disinfectants or diluted bleach (1 part bleach and 9 parts water) to disinfect.
- Place contaminated items that cannot be cleaned in a lined container, secure the contents and dispose of them with other household waste.
- Put the lid of the toilet down before flushing
- Arrange to have groceries and supplies dropped off at your door to minimize contact.
- Stay in a separate room and use a separate bathroom from others in your home, if possible.
- If you have to be in contact with others, keep at least 6ft between yourself and the other person. Keep interactions brief and wear a mask.
- Avoid contact with individuals with chronic conditions, compromised immune systems and older adults.
- Avoid contact with pets if you live with other people that may also be touching the pet.

For Quarantine or Isolation:

Keep your hands clean

- Wash your hands often with soap and water for at least 20 seconds, and dry with disposable paper towels or dry reusable towel, replacing it when it becomes wet.
- You can also remove dirt with a wet wipe and then use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose and mouth.
- Cough or sneeze into the bend of your arm or into a tissue.

Care for yourself


- No need for separate washers and dryers just the clothes.
- Monitor your symptoms as directed by your health care provider or public health authority.
- If your symptoms get worse, immediately contact your health care provider or public health authority and follow their instructions.
- For Veterans: go to https://www.publichealth.va.gov/n-coronavirus/ also Veterans can sign into My HealtheVet (https://www.myhealth.va.gov/mhv-portal-web/web/myhealthvet/secure-messaging-spotlight ) to send a secure message to VA or use telehealth options (https://telehealth.va.gov/type/home ) to explain their condition and receive a prompt diagnosis. Or 1-800-455-0057 (select #4)
• For Tricare Beneficiary:
  o Call the Military Health System Nurse Advice Line (MHS NAL) at 1-800-874-2273, Option 1 or
  o Web or video chat with a nurse: https://www.mhsnurseadvicecline.com/home
  o VA/DOD GOURLEY CLINIC contact 866-957-2256

• For Others: Contact your Primary Care provider, or E-Consult; CHOMP, Montage Medical Group 831-622-8001 Montage Health free coronavirus E-Visit (virtual) available 24 hrs online https://www.montagehealth.org/montage-health/services/evisit

• Got to ER or call 911. If you develop emergency warning signs for COVID-19 get medical attention immediately or you feel your life is at risk. Emergency warning signs include: (This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning)
  • Trouble breathing
  • Persistent pain or pressure in the chest
  • New confusion or inability to arouse
  • Bluish lips or face

Supplies to have at home (primarily for Isolation)
• Cloth face coverings (washable) or Surgical/procedure masks (do not re-use) https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html
• Eye protection
• Disposable gloves (do not re-use)
• Disposable paper towels
• Tissues
• Waste container with plastic liner
• Thermometer
• Over the counter medication to reduce fever (e.g., ibuprofen or acetaminophen)
• Running water
• Hand soap
• Alcohol-based sanitizer containing at least 60% alcohol
• Dish soap
• Regular laundry soap
• Regular household cleaning products
• Bleach (5% sodium hypochlorite) and a separate container for dilution (1-part bleach to 9 parts water)
• Alcohol prep wipes
• Arrange to have your groceries delivered to you
**Action POC:** Antolino Colon

**Subj:** WHAT TO DO IF YOU WERE SICK AND RETURNING TO WORK– NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

**Purpose:** Promulgate information on what to do if you were sick during COVID-19 Pandemic and return to work

**Actions:** Notify your supervisor*

1. **Other Acute Respiratory Illness (i.e. flu and influenza like illnesses):**
   a. Personnel who have symptoms of acute respiratory illness are recommended to stay home and not report to work until **10 days** has passed since symptoms first appeared and **24 hours** has pass since the following are met, without the use of fever-reducing or other symptom-altering medicines:
      i. Resolution of fever (100° F or greater using an oral thermometer)
      ii. Resolution of signs of a fever (shivering, shaking, chills, body aches, headaches, excessive sweating, etc.)
      iii. Improvement of other illness symptoms (sore throat, persistent cough, sinus congestion, fatigue, etc.)

2. **If you tested positive and/or were diagnosed with COVID-19:**

   **NOTE:** You will have already been working with and notified Presidio of Monterey Department of Public Health at 831-242-4826 or 831-234-9510.

   a. **Return to work is Authorized by COS, DOS or Provost:** when medical provider has cleared individual and Presidio of Monterey Department of Public Health has been notified of results.
   b. It is the individual’s responsibility to provide paperwork from either presidio or personal physician to their supervisor.
   c. Supervisor then provides and informs chain of command.
   d. **DD FORM 689**

*Supervisors: Notify Chain of command, Deans and Directors (sans names) of personnel recovering.

**BELOW DIRECTION FROM CNO.**
7.D. RETURN TO WORK (RTW) GUIDANCE FOR COVID-19 CASES.

7.D.2. ALL OTHER UNITS AND STAFFS. COVID-19 CASES MUST MEET ALL OF THE FOLLOWING CRITERIA TO RTW:
   (1) AT LEAST 24 HOURS HAVE PASSED SINCE RESOLUTION OF FEVER WITHOUT THE USE OF FEVER REDUCING MEDICATION
   (2) IMPROVEMENT IN OTHER COVID-19 SYMPTOMS, AND (3) AT LEAST 10 DAYS HAVE ELAPSED SINCE THE SYMPTOMS FIRST APPEARED OR RT-PCR TEST DATE IF ASYMPTOMATIC.

7.D.3. FOR SEVERE CASES WHERE INDIVIDUALS REQUIRED HOSPITALIZATION, EXTEND THE DURATION OF ISOLATION SUCH THAT RTW IS NO EARLIER THAN DAY 21 (20 DAYS SINCE SYMPTOM ONSET) AS SOME PERSONS WITH SEVERE COVID-19 ILLNESS MAY REMAIN INFECTIOUS FOR SLIGHTLY LONGER PERIODS OF TIME.

7.D.4. RETURN TO EXERCISE. THE RTW GUIDANCE IN 7.D.1 THROUGH 7.D.3 IS BASED ON RESOLUTION OF INFECTIVITY. BASED ON SEVERITY OF ILLNESS, SOME PERSONNEL MAY REQUIRE ADDITIONAL TIME TO GRADUALLY RETURN TO INTENSE EXERCISE, IF OPERATIONALLY FEASIBLE. REF (H) CONTAINS RETURN TO EXERCISE RECOMMENDATIONS.


7.D.6. A TEST BASED STRATEGY IS NO LONGER RECOMMENDED TO DETERMINE RTW BECAUSE IN THE MAJORITY OF CASES IT RESULTS IN IDENTIFYING THOSE WHO CONTINUE TO SHED DETECTABLE SARS-COV-2 RNA BUT ARE NO LONGER INFECTIOUS. A COMBINATION OF BOTH SYMPTOM RESOLUTION AND TESTING CRITERIA IS NOT RECOMMENDED AS IT WILL LIKELY EXTEND RTW WITH NO CORRESPONDING DECREASE OF INFECTION TRANSMISSION.

7.E. PERSONNEL MAY CONTINUE TO TEST POSITIVE FOR UP TO THREE MONTHS DUE TO THE PRESENCE OF PERSISTENT NON-INFECTIOUS VIRAL FRAGMENTS. THEREFORE, THEY ARE EXEMPT FROM ANY REQUIRED TESTING PROTOCOL FOR THREE MONTHS FOLLOWING ANY POSITIVE TEST. INDIVIDUALS THAT EXHIBIT NEW OR PERSISTENT SYMPTOMS DURING THAT THREE MONTH PERIOD SHOULD BE EVALUATED BY A MEDICAL PROVIDER. STUDIES HAVE NOT FOUND EVIDENCE THAT CLINICALLY RECOVERED PERSONS WITH PERSISTENCE OF VIRAL RNA HAVE TRANSMITTED COVID-19 TO OTHERS.

7.F. VIRAL CULTURE: VIRAL CULTURE SHOULD NOT BE USED AS A PRIMARY OR STAND-ALONE RETURN TO WORK CRITERIA. HOWEVER, IF A VIRAL CULTURE HAS BEEN OBTAINED DURING A COVID CASE CLINICAL EVALUATION, RESULTS MAY BE USED AS SUPPLEMENTAL CRITERIA FOR PARTICULARLY CHALLENGING CASES.

Purpose: Promulgate procedures on Cleaning for COVID-19 Pandemic, and implement

Perspective: IS WHAT I AM DOING WORTH THE LIFE OF MY SHIPMATE OR THEIR FAMILY? These procedures are to protect the health of your shipmates using the space after you.

Scope: Procedures are for NON-INFECTED space. For infected person space coordination follow NPS procedure for COVID 19 positive Case


Actions:

- If cleaning cannot be done, operations cannot be conducted.
- Clean or disinfect at beginning of day and at end of day.
- Clean or disinfect all equipment and surfaces used in the session
- Clean and/or disinfect all other high-contact surfaces:
  - High contact = surfaces that are touched by many different people, such as light switches, handrails, doorknobs/handles, workstations, keyboards, telephones and countertops.

STEP 1: Cleaning: Always clean surfaces prior to use of disinfectants to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs.

STEP 2: If cleaning cannot be done due to sensitivity of equipment (electronics) then Disinfect: consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids. Diluted household bleach solutions, alcohol solutions with at least 60% alcohol, and most common EPA-registered household disinfectants should be effective. Follow manufacturer’s instructions for application and proper ventilation.

STEP 3: Disposal: Place all used gloves and other disposable items in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves.
Wear disposable non-latex (prevent potential latex allergy response) gloves to clean and disinfect.

**Definitions:**

- **Cleaning** refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

- **Disinfecting** works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

- **Note:** Soap and water (an all-purpose cleaner), as well as common alcohol and chlorine-based cleaners, hand sanitizers, and disinfectants are effective at inactivating SARS-CoV-2 on hands and surfaces.
  - SARS-CoV-2
    - Alcohol-based hand rubs are effective at inactivating SARS-CoV-2.85
    - Chlorine bleach (1%, 2%), 70% ethanol and 0.05% chlorhexidine are effective against live virus in lab tests

**Surfaces (not for soft (porous) surfaces such as carpeted floor, rugs, and drapes)**

- **Clean first:** If surfaces are dirty, they should be cleaned using a detergent or soap and water (and paper towels/sponges) prior to disinfection.
- **Disinfect Cleaned surfaces**, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
  - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Bleach will lose it's ability to disinfect within 24 hours therefore, small portions should be mixed and used daily
- After cleaning, removal, and disposal of PPE, immediately Perform hand hygiene. Soap and water should be used if the hands are visibly soiled.
- Personnel should clean hands often, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used.
- However, if hands are visibly dirty, always wash hands with soap and water.
- When cleaning is completed, collect soiled materials and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened.
  - This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste.
**Products:** For disinfection, Use EPA-approved viral pathogen products
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 which have Demonstrated efficacy against another human coronavirus.

**Hazards** of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard (29 CFR 1910.1200). Personnel should read and understand SDS provided with the associated cleaning and disinfecting chemicals.

**If Preparation is required (Dilution):**
- If preparation is required, solutions should be prepared daily or as directed based on manufacturer guidance.
- Containers should be clearly labeled with the solution, and date and time of preparation.
- Apply disinfectant and ensure proper contact time (typically 10 minutes).
- After contact time has passed, remove any residual disinfectant solution with a clean damp cloth.
- If using chlorine bleach, make a solution with a concentration of 100 ppm (4 tablespoons of household bleach per 5 gallons of water [5% solution]).
  - **NOTE:** Bleach should only be used when diluted. The product has a shelf life of one year when undiluted.

**Personal Protective Equipment for cleaning and disinfecting:**
- Recommended- as required by the SDS for the solution
  - **Skin:**
    - Gloves – Required, disposable non-latex (preferable) rubber gloves.
  - Optional:
    - Protective clothing (not required for general wipe down of equipment).
  - **Eye:** Use chemical safety goggles when there is potential for contact (splashing), face shield recommended ANSI Z87.1 – **Only required if mixing and creating a splash hazard.**
GUIDANCE FOR CLEANING & DISINFECTING
PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES

1 DEVELOP YOUR PLAN
DETERMINE WHAT NEEDS TO BE CLEANED. Areas unoccupied for 7 or more days need only routine cleaning. Maintain existing cleaning practices for outdoor areas.
DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.
CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2 IMPLEMENT
CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.
USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.
ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE
CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue or revise your plan based upon appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.
MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.
CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

Follow guidance from state, tribal, local, and territorial authorities.

For more information, please visit CORONAVIRUS.GOV

CDC
MAKING YOUR PLAN TO CLEAN AND DISINFECT

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection.

Disinfecting kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is the area indoors?

**YES**

It is an indoor area.

**NO**

Maintain existing cleaning practices.
Coronaviruses naturally die in hours to days in typical indoor and outdoor environments. Viruses are killed more quickly by warmer temperatures and sunlight.

Has the area been occupied within the last 7 days?

**YES**

Yes, the area has been occupied within the last 7 days.

**NO**

The area has been unoccupied within the last 7 days.
The area will need only routine cleaning.

Is it a frequently touched surface or object?

**YES**

Yes, it is a frequently touched surface or object.

**NO**

Thoroughly clean these materials.
Consider setting a schedule for routine cleaning and disinfection, as appropriate.

What type of material is the surface or object?

**Hard and non-porous materials like glass, metal, or plastic.**
Visibly dirty surfaces should be cleaned prior to disinfection.
Consult EPA’s list of disinfectants for use against COVID-19, specifically for use on hard, non-porous surfaces and for your specific application need. More frequent cleaning and disinfection is necessary to reduce exposure.

**Soft and porous materials like carpet, rugs, or material in seating areas.**
Thoroughly clean or launder materials.
Consider removing soft and porous materials in high traffic areas. Disinfect materials if appropriate products are available.
Subj: GENERAL CLASSROOM AND LABORATORY UTILIZATION PROCEDURES—NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE


Perspective: IS WHAT I AM DOING WORTH THE LIFE OF MY SHIPMATE OR THEIR FAMILY?

These procedures are to protect the health of your shipmates using the space after you.

Actions:

1. Remove vulnerable population: Have individuals Self Screen as susceptible or not
   a. Susceptible Population:
      i. Higher probability of infection and of severe outcome: Personnel who have weakened immune systems and certain risk factors have a higher probability of contracting the disease. Sever outcomes are expected regardless of age in people with chronic lung or heart disease, severe obesity (>40BMI), diabetes, chronic liver or kidney disease.

2. Remove Source: Have individuals self-screen for symptoms
   a. Screen Personnel
      i. Determine if the individual has been exposed, by:
         1. Asking “Have you felt like you had a fever in the past day?”
         2. Have you had close contact or live with with anyone who is sick?
   b. Ask the individual “Do you have a new or worsening cough today?”
   c. Ask the individual, “Do you have any of these other symptoms?”
      i. Shortness of breath or difficulty breathing
      ii. Fatigue
      iii. Muscle or body aches
      iv. Headache
      v. New loss of taste or smell
      vi. Sore throat
      vii. Congestion or runny nose
      viii. Nausea or vomiting
      ix. Diarrhea
   d. For Classrooms, Have individual then fill out Contact log
3. **Control the environment**: indoors, open windows and doors to create air flow, ensure properly working HVAC system.
   a. Clean high touch surfaces and Wash hands.
   b. Establish schedule for use, to allow for 6ft distancing, provide to chain of command and to NPS Safety, safety@nps.edu.
   c. Institute strict social distancing (no "close contact").

4. Follow- **CLEANING PROCEDURES** – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE
   a. Clean and disinfect (as appropriate) at beginning of day and at end of day.

*Close Contact* is defined by the CDC as within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. However Any duration of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure or event (singing, coughing, sneezing etc.).

Important Numbers:

**Emergencies**: (831) 656-2555 (CNRSW Regional Dispatch Center) or Dial 911 (Monterey County 911 System).
**N3 Operations**: Security Officer (831) 656-2236
**Safety**: 831-656-7758
**HAZMAT**: 831-656-7661
**Emergency Operations Center**: 831-656-2822
**Facilities Trouble Desk**: 831-656-2526
**NPS Command Duty Officer (CDO)**: 831-901-6649
Subject: SUMMER QUARTER; COMMON/SHARED SPACE REOPENING PROCEDURES – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: Promulgate procedures to reopen common/shared spaces, including classrooms and labs, for Summer Quarter 2020, during COVID-19 Pandemic.

Responsibility:

- Each School, Department, or Directorate shall determine which common/shared spaces will be made available for use during summer quarter.

- Follow general NPS General Classroom and Laboratory Utilization Procedure.

- Follow the general requirements, procedures.

- Each space must have an assigned point of contact (POC) who is responsible for the following:
  
  - Determine the maximum number of personnel that can safely occupy the room while maintaining a minimum of six feet between individuals.
    - If assistance is needed, contact OSH Director, Mr. Tony Colón
  
  - Post a contact tracing log, Enclosure (1) at the entry point to the space.
  
  - Ensure the space is properly cleaned and disinfected at the start and end of each workday, using Enclosure (2).
  
  - Replenish cleaning supplies as needed.
  
  - Control access and schedule usage of the space, unless it is centrally scheduled by NPS Academic Administration.
  
  - Fill out and post a common/shared space information sheet, Enclosure (3) at the entry point to the space.
  
  - At the end of each week, provide a copy of all logs to OSH Director, Tony Colón.
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<thead>
<tr>
<th>Name: Last, First</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Q 1 Y/N</th>
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**Question 2:** Close Contact is defined by the CDC as within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated. However, any duration of exposure should be considered prolonged if the exposure occurred during performance of an aerosol-generating procedure or event (singing, coughing, sneezing, etc.).

**Question 3:** Social Distancing: Maintain at least six-foot (1 Fathom) social distancing from individuals. To the extent practical, all individuals on DoD property, installations, and facilities will wear cloth face coverings when they cannot maintain six feet of social distance in public areas or work centers, in accordance with NAVADMIN 100/20.

**Question 4:** Cleaning: **STEP 1:** Cleaning: Always clean surfaces prior to use of disinfectants to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs.

**STEP 2:** If cleaning cannot be done due to sensitivity of equipment (electronics) then Disinfect: consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids. Diluted household bleach solutions, alcohol solutions with at least 60% alcohol, and most common EPA-registered household disinfectants should be effective. Follow manufacturer’s instructions for application and proper ventilation. **STEP 3:** Disposal: Place all used gloves and other disposable items in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves. **Wear disposable non-latex gloves** to clean and/or disinfect.
Cleaning and Disinfection

**IF CLEANING CANNOT BE DONE, OPERATIONS CANNOT BE CONDUCTED.**

Space/Room number: _____________________
Owning Department/POC: _______________________
Date: ________________________

Clean and disinfect *at beginning of day and at end of day* high contact surfaces that are touched by many different people.

1. Clean first with general purpose cleaner (Pledge, fabuloso, simple green ect)
2. Wipe down with chlorine solution (1/2 cap per 1liter - ~ 150PPM).

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<tr>
<th>DATE/room #</th>
<th>Initials</th>
<th>time in/Out</th>
<th>High contact surfaces:</th>
<th>Light Sw</th>
<th>Handrails</th>
<th>Doorknobs/handles,</th>
<th>Workstations</th>
<th>Keyboards,</th>
<th>Telephones</th>
<th>Desktops</th>
<th>Countertops/Tabletops</th>
<th>Removing trash</th>
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</table>

- **STEP 1:** Cleaning: Always clean surfaces prior to use of disinfectants to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs.
- **STEP 2:** If cleaning cannot be done due to sensitivity of equipment (electronics) then Disinfect: consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids. Diluted household bleach solutions, alcohol solutions with at least 60% alcohol, and most common EPA-registered household disinfectants should be effective. Follow manufacturer’s instructions for application and proper ventilation.
- **STEP 3:** Disposal: Place all used gloves and other disposable items in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves.

**Wear disposable non-latex gloves** to clean and/or disinfect.
NPS Common/Shared Space Information Sheet

Space Name/Number: xxx
Space POC/Room/Phone: xxx / xxx / xxx
Maximum Occupancy: xxx

Space POC Responsibilities
1. Space cleaning/disinfection at the start and end of each workday
2. Replenishment of cleaning supplies
3. Space scheduling

NPS Common/Shared Space Procedures
1. If you feel unwell or are experiencing a fever, cough, or shortness of breath, do not enter, leave the building, and contact your health care provider
2. Sign in using the contact tracing log
3. Avoid close contact (less than 6 feet) with others while in the space
4. Face coverings are encouraged at all times, and required when unable to avoid close contact with others
5. Clean and disinfect all equipment and surfaces used during the session, especially high contact surfaces (light switches, doorknobs, keyboards, etc.)
6. Sign out using the contact tracing log

Important Numbers
Emergencies: (831) 656-2555 (CNRSW Regional Dispatch Center) / 911 (cell)
NPS Safety Officer: (831) 656-7758
NPS HAZMAT: (831) 656-7661
NPS Facilities Trouble Desk: (831) 656-2526
NPS Command Duty Officer (CDO): (831) 901-6649
CALMED Public Health: (831) 242-4826 / (831) 234-9510
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Action POC: Jennifer Amorin, Director HR, jlamorin@nps.edu

Subj: HUMAN RESOURCES PROCEDURES– NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

**Purpose:** Promulgate procedures on for Weather and Safety Leave and Families First Coronavirus Response Act (FFCRA) during COVID-19 Pandemic

**WEATHER AND SAFETY LEAVE:**

There remains a small percentage of employees that are unable to telework due to the nature of the work that they perform. Others may be able to telework to some degree, but not enough to substantiate a full-time telework schedule. In those instances, HRO will work with you and your supervisors to determine the appropriateness of Weather and Safety Leave and to what degree it should be exercised.

Under 5 CFR 6329c, Weather and Safety Leave may be granted to employees without loss or reduction of pay, if an employee, or group of employees, is prevented from safely traveling to or performing work at an approved location.

If you, or one of your employees, are unable to perform your duties remotely, either full or part time, please send an email through your supervisor to Ms. Jennifer Amorin at jlamorin@nps.edu.

Your email should include Weather and Safety Leave in its subject line and answer the following questions in the body:

1. What is the nature of your work?
2. How do current restrictions on travel and workplace access prevent you from performing your assigned duties?
3. Will a temporary modification of your assigned duties allow you to perform your duties remotely?
4. How many hours of Weather and Safety Leave are you requesting?

Upon receipt of your Weather and Safety Leave request, the HRO will evaluate them against the above criteria and forward to the appropriate decision-making authority. Once a decision is received, the requestor will be notified with instructions on how to properly code in SLDCADA if approved.
The Families First Coronavirus Response Act (FFCRA) provides additional leave benefits to employees impacted by the COVID-19 Pandemic. This provides information on the FFCRA and those associated benefits. In lieu of or in conjunction with the benefits established by the FFCRA, supervisors and employees are encouraged to utilize alternative work and leave flexibilities, such as Telework, Alternative Work Schedules, and Weather and Safety Leave.

1. Background

The FFCRA requires the Federal government to provide all of its employees with paid sick leave and, for intermittent employees and temporary employees of one year or less, with expanded family and medical leave for specified reasons related to COVID-19. These provisions apply from April 1, 2020 through December 31, 2020.

2. Qualifying Reasons for Emergency Paid Sick Leave (EPSL) Related to COVID-19:

A Federal employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

1) Is subject to a Federal, State, or local quarantine or isolation order related to COVID-19
2) Has been advised by a health care provider to self-quarantine related to COVID-19;
3) Is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4) Is caring for an individual subject to an order described in item (1) above or is self-quarantined as described in item (2) above;
5) Is caring for his or her child whose school, or place of care, is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6) Is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. (additional information pending)

3. Paid Leave Entitlements under Emergency Paid Sick Leave (EPSL)

• Up to 80 hours of Emergency Paid Sick Leave under the FFCRA at:
  1) Full rate of pay for qualifying reasons 1-3 above, up to $511 daily and $5,110 total;
  2) Two-thirds an employee’s rate of pay for qualifying reasons 4-6 above, up to $200 daily and $2,000 total.

• Employees with an intermittent work schedule or on temporary appointments of one year or less are entitled to an additional 10 weeks of leave under the FFCRA at 2/3 of pay for qualifying reason 5) in paragraph 3., below. (Please note: Intermittent employees must have been scheduled to perform work during the timeframe in which leave is being requested).

4. Paid Leave Entitlements Under Emergency Family and Medical Leave (EFML):

This provision of the Family First Coronavirus Response Act (FFCRA) only applies to individuals covered by Title I, Family Medical Leave Act (FMLA) which does NOT apply to employees at NPS.
5. How to receive consideration:
   Employees who cannot work, or telework, for the circumstances listed above may request leave under the FFCRA by submitting the following:
   - Employee Name
   - Date(s) for which leave is requested
   - Qualifying reason for the leave (see reasons above)
   - Written statement that employee is unable to work because of the qualified reason for the leave.
   - Supervisor recommendation

If the leave is due to an order to quarantine or isolate, they must specify the government entity or healthcare provider who gave the order or advice to quarantine or isolate.

If the leave is to care for a child whose school or place of care is closed, or childcare provider is unavailable, they must specify:

   - The name of the child or individual being cared for,
   - The school, place of care, or childcare provider that has closed or become unavailable, and
   - A statement that no other suitable person is available to care for the child.

All requests should be submitted to HRO@nps.edu. HRO will review for compliance with guidance and route to Chief Operating Officer for final decision.

6. Indebtedness Warning
   SLDCADA does not account for the different pay rates or earning limitations that apply. All supervisors and employees must understand that using this leave may result in a debt that will be collected at a later date and debt waivers will not be approved. It is imperative that supervisors and employees first consider other forms of available leave and/or work flexibilities prior to using emergency paid leave.

Please click here for additional information on Federal Employee Rights under the FFCRA.
SELF-IDENTIFICATION OF EMPLOYEES "HIGH RISK "NEED EXTRA PRECAUTIONS"

Background: 05 June 20, the NPS Chief of Staff sent a bulk email to the workforce, informing them to communicate to you if they self-identify as “high-risk” or “need extra precautions”.

For Employees:

- Self-assess whether you will require extra precautions (e.g., continuing to telework) as we prepare to phase back into the traditional work environment. This will NOT require you to discuss a medical diagnosis or obtain medical certification. We will be operating on the honor system – and self-certification will be the method of assessing eligibility for extra precautions. Early self-assessment and self-identification will allow management to make necessary adjustments to ensure continuation of operations and mission. Employees will not lose the ability to request extra precautions in the future; however we encourage all to do so now so we can plan appropriately.

For Supervisors:

- HRO will ONLY track ORGANIZATION, NAME, POSITION (Title, Series, Grade) and SELF-IDENTIFICATION (i.e., high risk or need extra precautions)

- If an employee provides you clarifying information regarding their need for extra precautions specific to childcare needs, this information can be collected and forwarded to our office along with the above information. Note that we will have an additional data call in the coming weeks to collect this information.

- If an employee provides you additional information regarding a medical condition, do NOT document that anywhere. If the information comes to you in the form of an email, delete it. If the employee discloses this information to you verbally, please inform them that NPS is not tracking personal medical conditions and that you will not share it with anyone.

- If you have contractors in your workspaces, the COR should reach out to the company NOT the individual contractors. It is the responsibility of the COR to complete the following:
  1. Provide the company the NPS campus policy and return to work procedures
  2. Provide written guidance to the company that all contractors returning to campus must meet the established requirements
  3. Request assurance that the company has distributed the campus procedures and have informed all contracting employees of the requirement to follow them
  4. Request that companies provide written requests for alternate work sites for vulnerable personnel

If you have any questions, please contact Jennifer Amorin at jlamorin@nps.edu.
Subj: NAVY COVID-19 REPORTING REQUIREMENTS – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

**Purpose:** Mandatory reporting of ROM, PUI, and Positive COVID-19 cases. Current Directives (USFF PHASE III FRAGORD 20-021.012 IN RESPONSE TO CORONAVIRUS DISEASE 2019 and NAVADMIN 115/20 UPDATE TO NAVY COVID-19 REPORTING REQUIREMENTS) requiring NPS to submit daily COVID-19 reporting via spreadsheets and unit SITREP for all DEPARTMENT OF NAVY MILITARY, CIVILIAN, DEPENDENT, AND CONTRACTOR PERSONNEL

**Actions:**
Reporting should be submitted via email to the appropriate NPS COVID-19 initial notification action team members (see below) depending on the type of report that is being made.

**NPS COVID-19 INITIAL NOTIFICATION ACTION TEAM MEMBERS:** (follow NPS COVID Positive case procedures)

**IMPORTANT:** Do not include names, PII, or HIPAA information. This information can be sent to those with need-to-know authority upon request.

- COS, CAPT Philip Old: philip.old@nps.edu
- DOS, CAPT Markus Gudmundsson: markus.gudmundsson@nps.edu
- Provost, Dr. Robert Dell: Dell@nps.edu
- AO, LTJG Christopher Miller: christopher.r.miller@nps.edu
- NPS OSH Director, Mr. Tony Colon: ajcolon@nps.edu
- Facility Manager, Mr. Ryan Stewart: ryan.stewart1@nps.edu
- HR Director, Ms. Jennifer Amorin: jlamorin@nps.edu
- COO, Ms. Kirsten Webb: kirsten.webb@nps.edu
- STRAT COMS/PAO, Mr. David Nystrom: dave.nystrom@nps.edu
- NSAM CO, CAPT Richard Wiley: rawiley@nps.edu
- NSAM OPSO, LCDR Eric Mobley: eric.mobley@nps.edu
- NSAM PHEO, Mr. Dwayne Williford: dwayne.williford@nps.edu
- CALMED COVID Response, Maj Jodi Brown: jodi.l.brown1.mil@mail.mil
- SWO, CPO Brian Carpenter: brian.carpenter@nps.edu

Reporting to action team members should be submitted by a Department Head, Directorate, or Military Associate Dean concerning personnel in ROM, PUI, or having tested positive for COVID-19 to the following action team members.

**ROM reporting:**
Individual reporting ROM should first report to their immediate Chain of Command.

- Chain of Command will report to:
- COS, CAPT Philip Old: philip.old@nps.edu
• DOS, CAPT Markus Gudmundsson: markus.gudmundsson@nps.edu (only if students are being reported on)
• Provost, Dr. Robert Dell: Dell@nps.edu (only if faculty are being reported on)
• AO, LTJG Christopher Miller: christopher.r.miller@nps.edu

PUI reporting:
Individual reporting PUI should first report to their immediate Chain of Command.

• Chain of Command will report to:
  • COS, CAPT Philip Old: philip.old@nps.edu
  • DOS, CAPT Markus Gudmundsson: markus.gudmundsson@nps.edu (only if students are being reported on)
  • Provost, Dr. Robert Dell: Dell@nps.edu (only if faculty are being reported on)
  • AO, LTJG Christopher Miller: christopher.r.miller@nps.edu
  • NPS OSH Director, Mr. Tony Colón; ajcolon@nps.edu

COVID-19 positive cases reporting:
Individual reporting positive test results should first report to their immediate Chain of Command.

• Chain of Command will report to the following in all cases:
  • COS, CAPT Philip Old: philip.old@nps.edu
  • DOS, CAPT Markus Gudmundsson: markus.gudmundsson@nps.edu
  • Provost, Dr. Robert Dell: Dell@nps.edu
  • AO, LTJG Christopher Miller: christopher.r.miller@nps.edu
  • NPS OSH Director, Mr. Tony Colón; ajcolon@nps.edu
  • STRAT COMS/PAO, Mr. David Nystrom: dave.nystrom@nps.edu
  • CALMED COVID Response, Maj Jodi Brown: jodi.l.brown1.mil@mail.mil
  • SWO, CPO Brian Carpenter: brian.carpenter@nps.edu

If the member who tested positive for COVID-19 was on campus, the Chain of Command should also report in the same email to these additional action team members:

• NPS OSH Director, Mr. Tony Colon: ajcolon@nps.edu
• Facility Manager, Mr. Ryan Stewart: ryan.stewart1@nps.edu
• HR Director, Ms. Jennifer Amorin: jlamorin@nps.edu
• COO, Ms. Kirsten Webb: kirsten.webb@nps.edu
• NSAM CO, CAPT Richard Wiley: rawiley@nps.edu
• NSAM XO, LCDR Eric Mobley:eric.mobley@nps.edu
• NSAM PHEO, Mr. Dwayne Williford: dwayne.williford@nps.edu

Negative reports are not required.

Protecting PII and HIPPA data is a primary consideration. When reporting to the NPS COVID-19 notification action team, do not use names.
Designated personnel who have the authority to collect PII or HIPPA data will make contact with the reporting supervisor via separate correspondence to collect PII information that is required.
Action POC: NSAM Security  securitymgr@nps.edu 656-2450

Subj: NPS VISITOR ACCESS – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

**Purpose:** Establish visitor NPS access procedures during COVID-19 pandemic response.

**Background:** NPS is located onboard Naval Support Activity Monterey (NSAM).

**Actions:**

**Individuals:** Visitors to NPS will follow procedures for base access outlined by NSAM [https://nps.edu/group/security-office/incoming-visitors](https://nps.edu/group/security-office/incoming-visitors)

Notify the Command Security Manager's Office a minimum of 48 hours in advance to allow for preparation of a visitor's badge.

An email to Securitymgr@nps.edu will suffice for notification

Please include:

- **Full Name**
- **Dates of visit**
- **Their organization**
- **NPS sponsor**
- **Purpose of visit**
- **In your email indicate they are in fact U.S. citizens**

Visitor badges for foreign national visitors will be issued when the Foreign National Visitor Request has been approved. See NAVPGSCOLINST 5510.1F for the procedures to submit Foreign National Visitor Requests.

ALL PERSONNEL WILL BE SCREENED AT THE GATE FOR COVID-19, In accordance with NSAM higher headquarters direction.

Personnel accessing the installation must use Face coverings in accordance with NSAM Commander orders and Monterey county Public Health orders. [https://www.co.monterey.ca.us/home/showdocument?id=90238](https://www.co.monterey.ca.us/home/showdocument?id=90238)

**Groups:** During Phase I, in accordance with White House Guidance, [https://www.whitehouse.gov/openingamerica/](https://www.whitehouse.gov/openingamerica/) and along with the above information, all visit requests must be approved by the Chief of Staff (COS) and be mission essential. The request should include where the visitors are traveling from, how the visitors are traveling to Monterey (i.e. airplane, car or already local) and whether they self-identify as a member of a high-risk population or not. Submit request for group visitors via chain of command to the NPS COS.
Purpose: To safeguard NPS population’s health and safety by separating personnel which may pose a risk of introducing COVID-19 to Naval Postgraduate School (NPS) upon travel.

References:

a) Memorandum for Assistant Secretaries of The Navy Chief of Naval Operations Commandant of The Marine Corps: Department of the Navy Guidance for Personnel Traveling During the Novel Coronavirus Disease 2019 Pandemic dated Aug 10, 2020
b) Department of Defense (DoD) Memorandum, "Force Health Protection Guidance (Supplement 12) - Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Disease 2019 Pandemic," dated August 6, 2020
d) Secretary of Defense Memorandum, "Exemption of Authorized Leave for Department of Defense Service Members from Coronavirus Disease 2019 Personnel Movement and Travel Restrictions," June 29, 2020
f) Department of Defense Joint Travel Regulations, current edition

Background: Reference a) requires the implementation of the requirements found in reference b). Ref b) provides pre- and post-travel guidance for Service members, Department of Defense (DoD) family members, DoD civilian employees, and DoD contractor personnel traveling for purposes other than deployment. Conditions to resume unrestricted travel are included in reference (c). Exemptions of authorized leave for Service members are included in reference (d).

Conditions for Unrestricted Travel: In accordance with reference (c), Conditions to resume unrestricted travel rest on two overarching factors: 1) state and/or regional criteria based on the White House's Opening Up America Again guidelines and 2) installation-level criteria based on conditions in and surrounding DoD installations, facilities, and locations. https://www.defense.gov/Explore/Spotlight/Coronavirus/ “TRAVEL RESTRICTIONS INSTALLATIONS STATUS UPDATE” will be used along with the below to determine if conditions have been met.

- Removal of shelter-in-place orders or other travel restrictions,
  - Monterey Health Officer Shelter In Place Order will be reviewed to gain this information.
- 14-day downward trajectory of flu-like and COVID-19-like symptoms.
- Monterey-COVID-19 Morbidity Information
- 14-day downward trajectory of new COVID-19 cases or positive tests.
- Monterey- Monitoring Metrics

The NPS OSHE Director will be responsible for providing the above information to Biweekly NPS leadership to make determinations.

**Actions:** in accordance with ref (b)

Implementation- in general at NPS will be via NPS Travel Site for funded TDY travel and NPS staff permissive TDY. NPS Student permissive TDY will be via the current student web page. Leave will be in accordance with service leave submissions procedures. All travelers, whether for leave or TDY, must complete the risk assessment questions either through the NPS travel site (TDY) or the NPS student website (PTDY and leave) 5 days prior to departure.

- Official Travel: As defined in reference (f).
  - **Inbound Travel:**
    - From a Foreign Country to NPS:
      - Service Members and DoD Civilians:
        - Conduct a pre-travel screening prior to departure. Those who are symptomatic will delay travel and consult a healthcare provider.
        - Conduct a risk-based screening, encl (1) upon arrival in the United States.
      - If the traveling from, or has traveled through, a country designated as CDC THN Level-3, Service members will:
        - Undergo a 14-day ROM, Enclosure (2) upon arrival at their residence or other appropriate location (or less than 14 days if directed by the relevant Secretary of the MILDEP, GCC, or DoD Component Head) in accordance with the requirements in ref (b).
        - Self-monitor Enclosure (3) for 14 days for the development of fever or symptoms of COVID-19 as described above.
      - If traveling from a country designated as CDC THN Level-2 or Level-I, and has not otherwise entered a CDC THN Level-3 country, Service members will:
        - Self-monitor for 14 days, upon arrival, as described above.
        - Notify chain of command or supervisor if they develop a fever or symptoms consistent with COVID-19.

    - From within the United States to NPS:
      - If conditions for unrestricted travel are met, as indicated above, in accordance with reference (c) Service Members and DoD Civilians: Conduct risk assessment in enclosure (1).
      - If conditions indicated in reference (c) are NOT met:
        - Request waiver at https://nps.edu/web/travel/covid-waiver
Under PCS orders, waivers are not required for Navy students inbound to NPS per NAVADMIN 189/20 para 2.B.7. travel to/from professional education.

**Outbound Travel:**

- **To a Foreign Country**
  - Service Members and DoD Civilians:
    - Will conduct a pre-travel 14-day ROM, unless required at the destination, per Geographic Combatant Commander (GCC).
    - Individuals will contact their PCS or TDY location to verify destination ROM requirements.
    - Only one ROM is required, either before travel or after arrival.
    - If ROM is required prior to travel, conduct in accordance with enclosure (2) and document with your chain of command.
    - For military aircraft travel, APOE screening is mandatory.
  - DoD Family Members:
    - Prior to family members engaging in official travel, Service members must attest that, to the best of their knowledge, their family members have followed the same requirements as those set forth for Service members in this guidance in order to prevent the transmission of COVID-19. Failure to do so may result in delay or cancellation of previously authorized travel. This attestation requirement will be incorporated into travel orders issued to Service members.
  - DoD Contractor Personnel:
    - DoD contracting officers will ensure that all contracts that include performance outside the United States require DoD contractor personnel to comply with the country entry requirements of the respective GCC (which may include screening, ROM, and testing), as reflected in the Electronic Foreign Clearance Guide, and all applicable HN procedures. The GCC may waive such additional requirements, consistent with existing authorities.

- **Within the United States**
  - If conditions for unrestricted travel are met, as indicated above, in accordance with reference (c) Service Members and DoD Civilians: Conduct risk assessment in enclosure (1).
  - If conditions indicated in reference (c) are NOT met:
    - Request waiver at https://nps.edu/web/travel/covid-waiver
    - Under PCS orders, waivers are not required for Navy students departing NPS per NAVADMIN 189/20 para 2.B.7. travel to/from professional education.
o Unofficial travel:
  - Exemptions of authorized leave for Service members: Leave travel for DoD Service members is exempt from the coronavirus disease 2019 (COVID-19) travel restrictions in reference (e). Reference (d) requires the performance of a risk assessment of the health status and travel itinerary for Service members requesting leave outside of the local area.
    - At NPS, the local area is defined as that area bordered by the counties of Monterey, Santa Cruz, Santa Clara and San Benito.
  - DoD Civilians are strongly recommended to follow the Force Health Protection guidance provided.
Required Risk assessments:

- For Service members, a risk assessment is required before all travel.
- For DoD civilian employees, a risk assessment is required before official travel. Highly encouraged for unofficial travel.

The risk assessment of the health status of the traveler will include:

- Whether the individual has exhibited any signs or symptoms of COVID-19;
- Whether the individual has had recent contact with anyone having or known to have exhibited signs or symptoms of COVID-19 or tested positive for COVID-19; and
- Whether the individual is familiar with how to self-monitor and what actions to take if he or she develops COVID-19 symptoms or contracts COVID-19.

For Outbound personnel:

On Official Travel:
- Personnel will go to this link, https://nps.edu/web/travel/covid-risk-assessment

- Depending on an individual’s response, the traveler will either receive an email that they may proceed with authorized travel or that their response has risk factors that would preclude them from executing travel. If they exhibit risk factors that would preclude travel, the email will include OSH Safety Director and Travel Officer on the CC line.

1) Unrestricted travel is allowed between installations that have met the criteria of the May 22, 2020 Secretary of Defense Memorandum on the conditions based, phased approach to personnel movement. Service members should consult the COVID-19 Travel Restrictions Installation Status Update, available at: https://www.defense.gov/explore/spotlight/coronavirus/, prior to travel

On Unofficial Travel:

- Service members taking leave outside the local area: At NPS, the local area is defined as that area bordered by the counties of Monterey, Santa Cruz, Santa Clara and San Benito.
- Will answer the above questions and include the answers in the comments section of the leave request submitted to their chain of command if requesting leave within 5 days of departure. If requesting leave more than 5 days in advance, submit risk assessment online 5 days prior to travel via the risk assessment tool on the NPS student website. Also include risk level at destination and here at NPS in the leave submission.

- https://www.defense.gov/Explore/Spotlight/Coronavirus/ “TRAVEL RESTRICTIONS INSTALLATIONS STATUS UPDATE”
- Determine if the disease is spreading where they are traveling to https://www.cdc.gov/covid-data-tracker/index.html#cases
- Navy Risk tool (further assistance): NMCPHC COVID Risk Mapping Toolset
For Inbound Personnel: Personnel will answer the above questions and submit them to their chain of command prior to arrival.
Steps to be Taken During ROM

During any required or recommended ROM period individuals will:

• Restrict movement to their residence or other appropriate domicile.

• To the extent practicable, limit close contact (i.e., within 6 feet) with others (including family members or roommates);

• Consider your ROM location as their official duty location.

• Self-monitor for fever (2: 100.4 °F) by taking your temperature twice a day; cough; difficulty breathing; or other COVID-19 symptoms as described by the CDC at: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

  • If you develop symptoms of COVID-19 during the self-monitoring period, self-isolate, limit contact with others, and seek advice by telephone or other authorized communication modalities from the appropriate healthcare provider to determine whether medical evaluation is needed.

• Notify your chain of command or supervisor if you or your family members who are authorized Government travel develop a fever or other symptoms consistent with COVID-19; and

• If ROM is conducted prior to travel, travel to and from an Aerial Point of Debarkation/Embarkation (APOD/ APOE) following ROM completion will be conducted in a manner that minimizes the risk of personnel being exposed to or contracting the virus that causes COVID-19 during travel.
**CORONAVIRUS (COVID-19) QUARANTINE SYMPTOM MONITORING FORM**  
California Medical Detachment, Presidio of Monterey

Name: ___________________________ Date of COVID-19 Exposure: ________________
Status (circle one): Service Member/ DoD Civilian Employee/ Family Member
Email: ___________________________ Phone: ___________________________
Address (location of quarantine): ___________________________________________

Please monitor your health for the development of COVID-19 symptoms during your entire 14-day quarantine period. Public Health will contact you daily by phone or text to monitor your symptoms. Please call the Presidio of Monterey (POM) Department of Public Health (DPH) at **831-242-4826/6344** or **831-234-9510** if you develop symptoms for guidance. **For emergencies, call 9-1-1.** Note: Active Duty are required to be tested for COVID-19 on day 12. POM DPH will contact you for scheduling. At the end of the 14-day quarantine period, if you have not developed symptoms (Active Duty- no symptoms and negative COVID-19 test) POM DPH or licensed healthcare provider will release you from quarantine. Please email completed form to **jodi.l.brown1.mil@mail.mil**.

<table>
<thead>
<tr>
<th>Day (day exposed to COVID-19 person)</th>
<th>Date</th>
<th>Temp (°F)</th>
<th>Symptoms</th>
</tr>
</thead>
</table>
| 0                                    |      | AM:       | □ No symptoms  
  □ Felt feverish  
  □ Cough  
  □ Dry □ Productive  
  □ Sore Throat  
  □ Shortness of breath  
  □ Chills  
  □ Headache  |
|                                      |      | PM:       | □ Muscle Aches  
  □ Felt feverish  
  □ Cough  
  □ Dry □ Productive  
  □ Sore Throat  
  □ Shortness of breath  
  □ Chills  
  □ Headache  |
|                                      |      |           | □ Muscle Aches  
  □ Vomiting  
  □ Abdominal Pain  
  □ Diarrhea: _ times/day  
  □ Other: ______ |

| 1                                    |      | AM:       | □ No symptoms  
  □ Felt feverish  
  □ Cough  
  □ Dry □ Productive  
  □ Sore Throat  
  □ Shortness of breath  
  □ Chills  
  □ Headache  |
|                                      |      | PM:       | □ Muscle Aches  
  □ Vomiting  
  □ Abdominal Pain  
  □ Diarrhea: _ times/day  
  □ Other: ______ |

| 2                                    |      | AM:       | □ No symptoms  
  □ Felt feverish  
  □ Cough  
  □ Dry □ Productive  
  □ Sore Throat  
  □ Shortness of breath  
  □ Chills  
  □ Headache  |
|                                      |      | PM:       | □ Muscle Aches  
  □ Vomiting  
  □ Abdominal Pain  
  □ Diarrhea: _ times/day  
  □ Other: ______ |
| 3 | AM: PM: | ☐ No symptoms  
☐ Felt feverish  
☐ Cough  
☐ Dry ☐ Productive  
☐ Sore Throat  
☐ Shortness of breath  
☐ Chills  
☐ Headache | ☐ Muscle Aches  
☐ Vomiting  
☐ Abdominal Pain  
☐ Diarrhea: ☐ times/day  
☐ Other: |
<p>| 4 | AM: | No symptoms | □ No symptoms | □ Felt feverish | □ Cough | □ Shortness of breath | □ Chills | □ Headache |
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For questions, please call Presidio of Monterey
Department of Public Health 831-242-4826/6344 or 831-234-9510
Purpose: Promulgate procedures on how and when to use temporal “no touch” thermometers at NPS.

Background: in accordance with 292000Z APR 20 COMUSFLTFORCOM NORFOLK VA CUSFF/CUSFF/NAVNORTH EXECUTE ORDER (EXORD) IN RESPONSE TO CORONAVIRUS DISEASE 2019 (COVID-19) NPS is mandated to implement use of Enhanced Medical Screenings. These are defined as symptom screen with touchless temperature checks. NPS was recently able to acquire temporal touchless thermometers on 13 July 2020.

Implementation:

- The Mezzanine: NPS HQ is inside the same building as Hotel Del Monte, as such the “Mezzanine” area, where NPS leadership resides, will conduct enhanced medical screening of personnel who come to visit the president as well as individuals in the president’s office upon arrival in the mornings.

- Classrooms: For professors holding in person classes; they will either have the:
  - students take their own temperature prior to commencing the class,
  - designate one individual to take the student’s temperatures prior to entry or
  - take the student’s temperatures themselves.

- Customer service: For personnel in ITACS service desk, who see a large number of individuals throughout the day.

Procedures:

1. **Determine if the individual has a fever, by:**
   - Taking their temperature using a temporal thermometer (see below*), AND
   - Asking “*Have you felt like you had a fever in the past day*?”

2. **Ask the individual “Do you have a new or worsening cough today?”**

3. **Ask the individual, “Do you have any of these other symptoms?”**
   - Shortness of breath or difficulty breathing
   - Fatigue
   - Muscle or body aches
   - Headache
• New loss of taste or smell
• Sore throat
• Congestion or runny nose
• Nausea or vomiting
• Diarrhea

4. **For Classrooms:** Have individual then fill out Contact log.

*How to take temperature:*

Temporal “no touch” thermometers use an infrared scanner to measure the temperature of the temporal artery in the forehead. Temperature takers should keep as much distance from personnel as they can, side stance extending your arm, wear a cloth face covering and provide one to the client to wear, wash their hands with soap and water or use alcohol-based hand sanitizer (at least 60% alcohol) regularly, and use gloves if available.

1) Ensure individual is **wearing face covering**

2) Have individual **lower their head** (look at the ground), this reduces the probability of direct coughing or sneezing to the face.

3) **Point** the thermometer at the individual’s forehead to within 1”

4) **Press** the “on” button until the thermometer vibrates.

5) **Read** the number:
   a) **Fever:** Any temperature **100.4 F or greater** is considered a fever. – Turn person away, advise to see their Medical Provider.
   b) **No fever:** People with temperatures at or below 100.3 F may continue in.

6) **Clean** the thermometer with an alcohol wipe (or isopropyl alcohol on a cotton swab) at the end.
****DO NOT WRITE DOWN INDIVIDUAL’S NAME OR TEMPERATURE READING. DOING THIS MAKES THESE MEDICAL RECORDS.
CORONAVIRUS DISEASE (COVID-19) WORKING DEFINITIONS

06 Aug 2020

**Covid-19 case:** a member designated by a medical provider by one of two methods:
1) a positive covid-19 laboratory test, or
2) assessed as presumed positive per the council of state and territorial epidemiologist (CSTE) criteria for a probable case.

**Patient (or person) under investigation (PUI):** an individual with Signs or symptoms of covid-19 who has a test result pending or would have Been tested had a test been available. Members are no longer a PUI when they:
   a) receive a negative covid-19 lab test result; or,
   b) have met all criteria for return to work in paragraph 7.d. Asymptomatic individuals quarantined Due to close contact with a covid positive member are not classified PUI. Asymptomatic individuals being tested for covid-19 are not considered PUIs While awaiting test results.

**High-risk personnel:** those individuals, designated by a medical Provider, that meet the CDC criteria for increased risk of severe illness from COVID-19 Available at: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html this list evolves as knowledge of covid-19 Grows and should be checked frequently.

**Close contact:** individuals identified as being within approximately 6 feet (2 meters) of a covid-19 case for a prolonged period of time (>15 minutes). Close contact can occur while caring for, living with, Visiting, working with, or sharing a densely populated space with a Covid-19 case. Close contact can also be established via direct contact (e.g. being coughed or sneezed upon by a covid-19 case). Determination Of close contact presumes the interaction transpired during the covid-19 Cases Potentially infectious period currently defined as 48 hours prior to symptom onset (or first positive test if asymptomatic) to the time the covid-19 case is placed in isolation. Some examples specific to the shipboard environment include:
   a) individuals within the covid-19 cases berthing area assigned an Adjacent rack including directly across a narrow aisle;
   b) prolonged interaction within relatively confined spaces internal to the ship (e.g. workspace, galley, gym, smoking deck, chapel, etc.).

**Medical screening:** COVID-19 medical screening should include Evaluation For both typical and atypical symptoms. Typical symptoms of covid-19
   Include: Cough, shortness of breath or difficulty breathing, fever, chills, muscle Pain, Gastrointestinal distress, and recent loss of taste or smell.
   Atypical Symptoms: of COVID-19 include, but are not limited to: sore throat, rhinorrhea (runny Nose), nasal congestion, nausea, diarrhea, headache, increased confusion, Dizziness, and malaise. A complete list of covid-19 symptoms can be found at: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html.

**Self-monitoring.** Per the center for disease control and prevention (CDC), Self-monitoring includes assessing onset of fever by taking ones temperature twice a day and remaining alert for symptoms consistent with covid-19. CDC Defines fever as temperature greater than or equal to 100.4 f (38c) degrees. Individuals that develop fever, cough, or breathing difficulty or recent Loss Of taste or smell should immediately self-isolate, limit contact with Others, and seek advice by telephone from a healthcare provider to determine if Further Medical evaluation is required.
Restriction of movement (ROM). General DOD term for limiting personal interaction to reduce risk to the health, safety and welfare of a broader cohort. ROM is used to minimize risk of individuals encountering covid-19 contagious individuals, and to prevent personnel who have been in a higher risk area from potentially infecting others. ROM includes isolation, quarantine and ROM-sequester.

Isolation: medical term for the strict separation of personnel from others due to the development of potential covid-19 symptoms or a positive COVID-19 test.

Quarantine: medical term for separating asymptomatic personnel from those people reasonably believed to have been exposed to a communicable Disease, to prevent the possible spread of the communicable disease. For the Covid-19 Pandemic, personnel with no covid-19 symptoms who have recently returned from a Higher risk location or had close contact with a known covid-19 positive Patient Should be quarantined. The quarantine period is 14 days.

Rom-sequester U.S. Navy term for preemptive separation of forces to reduce risk of infection while establishing a covid-free bubble. Rom-sequester can be conducted onboard ship, in contracted facilities, or in personal residence dependent on unit-specific scenarios. During rom-sequester, interaction with individuals traveling outside of the rom-sequester location must be minimized. Interaction within rom-sequester location is restricted to basic necessities such as food delivery.

Bubble. U.S. NAVY term for individuals, units or installations that have established low probability of covid-19 infection. A crew that has been underway, or rom-sequestered at the pier, for greater than 14 days without covid-19 positive personnel and no covid-19 symptoms is within a Bubble.

Bubble to Bubble Transfer (B2BT). U.S. NAVY term for movement of units or personnel from one bubble to another via controlled means. A variety of modes/means of transportation can be used for b2bt. The key factor is that the evolution is closely controlled to minimize risk of covid-19 exposure to both individuals and units during transfer.