NAVAL POSTGRADUATE SCHOOL

COVID-19 PANDEMIC RESPONSE

PROCEDURES

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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

21 June 2020

Action POC: Antolino Colon

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]

        - Modeling suggests asymptomatically 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.[18] 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).[19]

- **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.[20]

- **Exposure pathway-**

  - SARS-CoV-2 is spread primarily through **close contact***
  - **Infectious Droplets** transmission,[21] with **fomite** transmission remaining a possible it is not considered the primary transmission pathway, and **close-contact* aerosol** transmission possible [26] 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[21] (<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),[22]
    - *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.[23]*

- *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).[23] 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 [25]. 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:

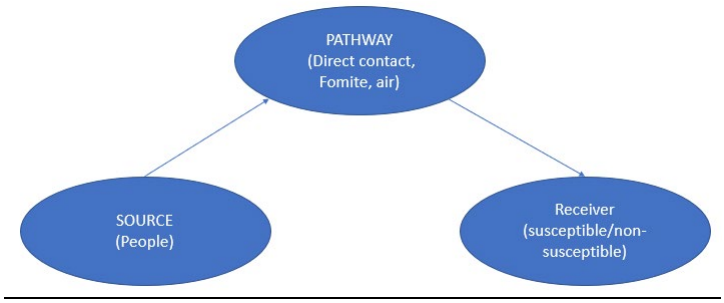
There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection with COVID-19 and other respiratory viruses is to take everyday, sensible steps including: https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html

- 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[22]. Clean high touch surfaces and Wash hands.



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02 May 2020

Action POC: Antolino Colon

Subj: SOCIAL DISTANCING – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

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 cloth 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.

02 May 2020

Action POC: Antolino Colon

Subj: WHAT TO DO IF SICK – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

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:
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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/myhealthevet/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.mhsnurseadviceline.com/home
  - VA/DOD GOURLEY CLINIC contact 866-957-2256

- 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.

Other Resources: CDC Symptom Checker- https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html#

21 April 2020

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

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

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

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

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

- **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 Oficer christopher.r.miller@nps.edu.

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 Form3112, Personnel Accountability and Assessment Notification for Coronavirus Disease (COVID-19) Exposure
https://www.esd.whs.mil/Portals/54/Documents/DD/forms/dd/dd3112.pdf
https://www.esd.whs.mil/Directives/forms/dd3000_3499/

☐ **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.

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:

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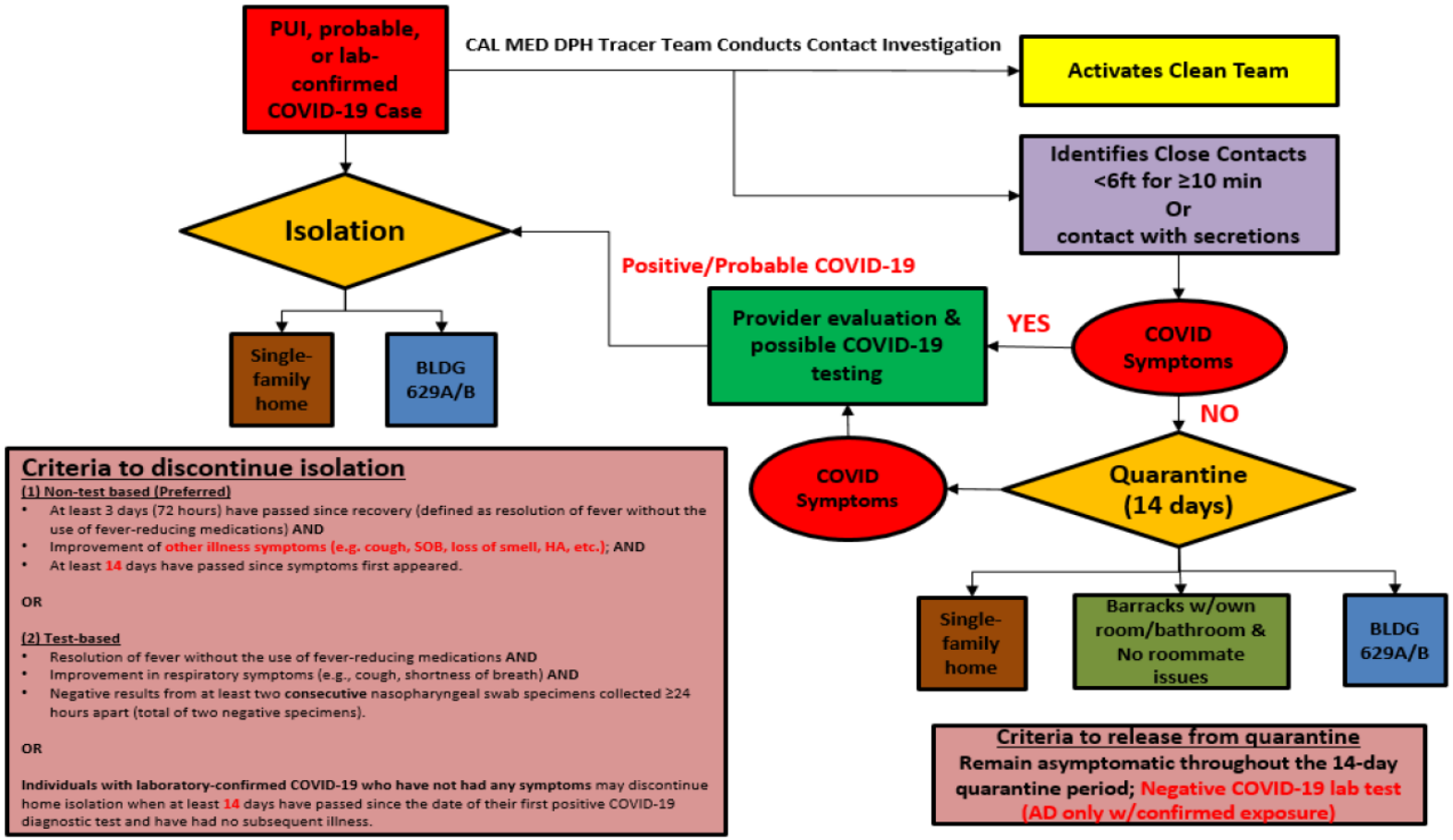
Do Not Remove, Alter, or Cover this Placard until Authorized by Governing Authority

Table 3- Quarantine and Isolation Flowchart



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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 SYPTOMS 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//

21 June 2020

Action POC: Antolino Colon

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:

Guidance for at Home Care: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html

Recommendations: more detailed information can be found here;
https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html

- **Isolation** is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.
- **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.
https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html

No need for separate washers and dryers.

Isolation:

If Isolation is required: the CDC recommendations are at
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

- 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

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html
https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html

- 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/myhealthevet/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.mhsnurseadviceline.com/home
    - VA/DOD GOURLEY CLINIC contact 866-957-2256

- 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

- 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

25 May 2020

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 **14 days** has passed since symptoms first appeared and **72 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:**
https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

    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.

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

BELOW DIRECTION FROM BUMED.

Return to Work (RTW) Guidelines for Non-Operational Environment: Coronavirus Disease (COVID-19)

Revised 13 May 2020 *(changes in blue are updated guidance)*

To help prevent the spread of coronavirus disease 2019 (COVID-19), Department of Defense has instituted transmission-based precautions, which include restriction of movement (ROM), quarantine, and isolation. Personnel who have symptoms of acute respiratory illness should notify their supervisor and avoid going to work. Personnel who have a high risk exposure to COVID-19 or who have traveled to high risk locations should be placed under quarantine/restriction of movement (ROM). Personnel who are found to be infected with COVID-19 should be placed under isolation at home or at a designated isolation facility.

The decision to discontinue transmission-based precautions and allow personnel to return to work (RTW) is based on balancing the potential benefits of decreasing transmission with minimizing social disruption.

Quarantine / ROM

- After **travel to a high risk location** (per CDC policy in CONUS and local policy[1] OCONUS) or **close contact[2] with COVID-19** positive case (or suspected case when operationally feasible), individuals should be placed on quarantine/ROM for **14 days**.
- Personnel may RTW if no symptoms develop after **14 days** since the date of departure from high risk location or the last date of contact with the individual with COVID-19, if they remain free of symptoms. One **cannot test-out** of ROM before 14 days have elapsed; you must complete the full 14-day period.
- Individuals with **close contact with a patient under investigation (PUI)** for COVID-19 do not need to be placed on 14-day ROM unless result of PUI's lab test is confirmed to be positive. While awaiting results, commanders may temporarily restrict close contacts of PUIs from work. Commanders should consult with medical staff and balance the likelihood of a PUI becoming a positive case versus mission requirement when making their decision.
- Some personnel who are considered mission critical may complete modified quarantine/ROM requirements if they remain asymptomatic. Refer to Force Health Protection Guidance (Supplement 8) for additional details.

[1] Personnel living within high risk locations per CDC THN are not subject to domestic ROM policy and should follow local guidance on ROM.
[2] Close contact is defined as a) being within 6 feet of a COVID-19 case for a prolonged period (>10 minutes); close contact can occur while caring for, living with, or visiting a COVID-19 case; or, b) having direct contact with infectious secretions (e.g., being coughed on). Close contact is only considered during the COVID-19 case's potentially infectious period, defined as from 48 hours prior to symptom onset (or positive test if asymptomatic) to time the case is placed in isolation.

Patient Under Investigation (PUI)

A PUI is defined as an individual with sign and symptoms of COVID-19 who either has a test pending or would have been tested had a test been available. The individual is no longer a PUI when their COVID-19 test has been returned or have met criteria for return to work. Asymptomatic individuals quarantined due to their status as a close contact with a COVID-19 positive person are not classified as a PUI. In addition, asymptomatic individuals being tested for COVID-19 are not considered PUIs while awaiting test results. Personnel identified as a PUI are undergoing a medical evaluation and **may not RTW** until cleared by their medical provider. The medical provider will make a determination whether the PUI is: a COVID-19 case or considered to have another acute respiratory illness.

COVID-19 Case (Confirmed or Probable COVID-19 Case)

After being diagnosed as having COVID-19 (confirmed or probable) by a clinician, personnel may RTW using one of the following clearance criteria:

1. Symptom-based method:
   - At least **72 hours** have passed since resolution of fever without the use of fever-reducing medications and improvement of other symptoms of illness (e.g., cough, shortness of breath, loss of smell, headache, etc.); **AND**
   - At least **14 days** have passed since symptoms first appeared or from date of positive test if asymptomatic.
2. Test-based method (using an FDA Emergency Use Authorization (EUA) approved molecular assay for detection of SARS-CoV-2 RNA):
   - Resolution of fever, without use of fever-reducing medication (e.g. acetaminophen, etc.); **AND**
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
   - Negative results from at least two consecutive specimens collected ≥24 hours apart (total of two negative specimens)

Other Acute Respiratory Illness (i.e. flu and influenza like illnesses):

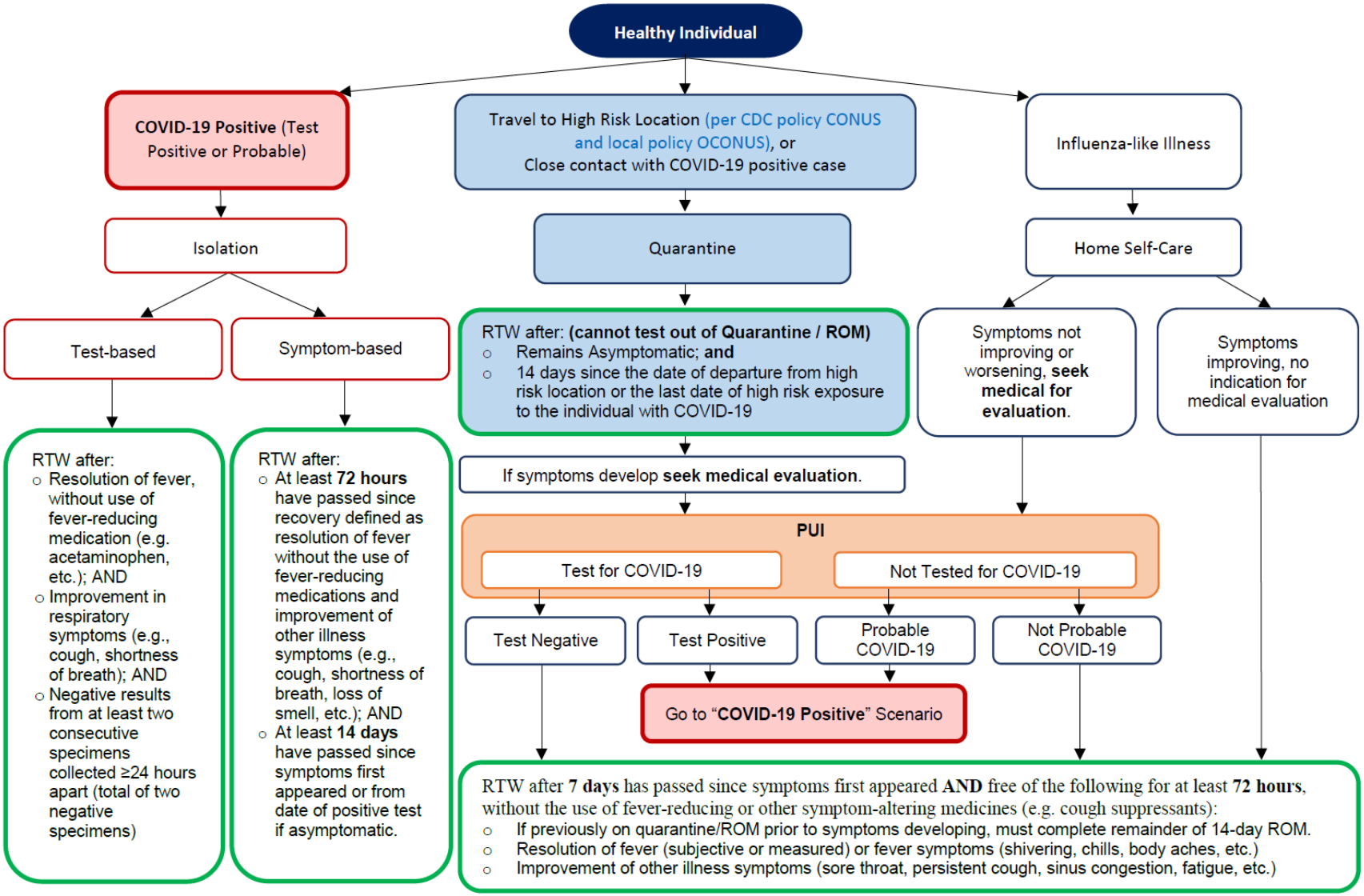
Stay Home from Work

Personnel who have symptoms of acute respiratory illness are recommended to stay home and not report to work until **7 days** has passed since symptoms first appeared **and 72 hours** has pass since the following are met, without the use of fever-reducing or other symptom-altering medicines:

- Resolution of fever (subjective or measured) or fever symptoms (shivering, chills, body aches, etc.) and
- Improvement of other illness symptoms (sore throat, persistent cough, sinus congestion, fatigue, etc.)

Return to Work (RTW) Flowchart for Non-Operational Environment Coronavirus Disease (COVID-19)

Revised 13 May 2020 *(changes in blue are new updates)*



21 June 2020

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

Subj: CLEANING PROCEDURES – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: Promulgate procedures on Cleaning for COVID-19 Pandemic, and implement enlc (1)

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**

Information: Even though current information indicates fomite transmission is not the primary route of transmission it remains a potential route.
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html

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)
https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

- **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]).
    - Observe a contact time of 10 minutes.
        - 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

SCAN HERE FOR MORE INFORMATION

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.

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

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.

For more information, please visit **CORONAVIRUS.GOV**

S316485B April 23, 2020 1:56 PM

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.

21 June 2020

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

Subj: GENERAL CLASSROOM AND LABORATORY UTILIZATION – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: Promulgate procedures on for use of multi-person/multiple occupancy per day classrooms/spaces during COVID-19 Pandemic. Individual Phased reopening procedures published separately.

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 https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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. Fill out and maintain in space log.

5. 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

19 June 2020

Prepared by: CAPT Raymond Barnes, USN

Subj: 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.

Space/Room number: _____ Owning Department/POC: _____

Question 1: Have fever and a cough and/or sore throat, shortness of breath
Question 2: *Have had close contact with a person known to have COVID-19. See Definition below
Question 3: **Social distancing briefed/maintained. See Notes below
Question 4: ***Cleaning done; Cleaning log filled. See Notes below

Name: Last, First	Date	Time In	Time Out	Q 1 Y/N	Q 2 Y/N	Q 3 Y/N	Q 4 Y/N

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 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).

DATE/room #	**Initials**	**time in/ Out**	**High contact surfaces:**	Light Sw	Handrails	Doorknobs/ handles,	Workstations	Keyboards,	Telephones	Desktops	Countertops Tabletops	Removing trash	Other as needed			

- **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: _____/_____
Space POC/Room/Phone:_____ /_____ /_____
Maximum Occupancy:_____

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

21 June 2020

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.

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

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 child care provider is unavailable, they must specify:

- The name of the child or individual being cared for,
- The school, place of care, or child care 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.

29 Apr 2020

Action POC: LTJG Miller, AO, christopher.r.miller@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

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
- 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.

03 May 2020

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

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

Groups: During Phase I, in accordance with White House Guidance, 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.

18 May 2020

Action POC: Antolino Colón

Subj: INCOMING PERSONNEL – NAVAL POSTGRADUATE SCHOOL COVID-19 RESPONSE

Purpose: To safeguard NPS population's health and safety by **s**eparating personnel which may pose a risk of introducing COVID-19 to Naval Postgraduate School (NPS) upon arrival.

References:

a) NAVADMIN 116/20 NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 4 https://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2020/NAV20116.txt
b) Force Health Protection Guidance (Supplement 4)- Department of Defense Guidance for Personnel Traveling During the Novel Coronavirus Outbreak https://media.defense.gov/2020/Mar/11/2002263241/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-4.PDF
c) NAVADMIN 113/20 https://www.public.navy.mil/bupers-npc/reference/messages/Documents/NAVADMINS/NAV2020/NAV20113.txt
d) BUMED Return to Work Guidance

Actions:

1. All inbound students, faculty and staff will comply with force health protection guidance, and follow **Naval Support Activity Monterey (NSAM) policy**: All incoming personnel shall be screened Encl (1). Those coming from CONUS will email form to your chain of command.

    a. 14-day Restriction of Movement (ROM) if:
        i. Traveling from a CDC THN Level 2 / 3 OCONUS location (currently all OCONUS locations)
        ii. Has had close contact with a person known to have COVID

    b. 14-day Self-Observation (take temperature twice daily, remain alert for symptoms) and Social Distancing if:
        i. Traveling from a non-CDC THN Level 2 / 3 OCONUS location
        ii. Traveling from CONUS, https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html
            1. Be screened upon arrival enclosure (1) and provided to your chain of command
        iii. For personnel traveling from a US territory or Hawaii and Alaska, personnel shall follow NSAM and Presidio of Monterey policy:
            1. Be screened upon arrival enclosure (1) and provided to MAJ Brown jodi.l.brown1.mil@mail.mil and your chain of command.

Note: The Presidio of Monterey Army medial detachment (CALMED) provide medical and public health services to all service members in Monterey, dictating NSAM and NPS response.

2. **Personnel who meet one of the criteria above 1.a will be directed to execute 14-day ROM upon arrival to NPS. <u>For ROM Execution</u>**:

    a. Personnel Shall: Implement Paragraph 4 of reference (c) https://media.defense.gov/2020/Mar/11/2002263241/-1/-1/1/FORCE-HEALTH-PROTECTION-GUIDANCE-SUPPLEMENT-4.PDF

        i. Self-monitor, fill out enclosure (2)
        ii. Avoid congregate settings,
        iii. limit Close Contact with people and pets or other animals to the greatest extent
        iv. possible,
        v. avoid traveling,
        vi. If symptoms (e.g., cough or shortness of breath) develop, contact Presidio of Monterey Department of Public Health 831-242-4826/6344 or 831-234-9510 and your Program Officer or supervisor.
        vii. Follow NPS COVID-19 Procedures https://nps.edu/web/safety/coronavirus
        viii. Coordinate with their chain of command.
        ix. Personnel Can:
            1. Exit quarters to access laundry facilities, outdoor exercise, designated smoking areas; and
            2. Conduct other essential tasks not in a public setting provided they maintain social distancing greater than 6 feet (2 meters) from others.
        x. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited
        xi. In the event of Positive Case Contact you Chain of command and Follow NPS COVID-19 Procedures https://nps.edu/web/safety/coronavirus

    b. NPS Shall, implement ref (c) para 5, for Monterey:

        i. Coordinate with incoming personnel and asses if incoming personnel are required to be in ROM in accordance with the above criteria.
            1. Conduct screening via phone or email.
            2. If traveling from OCONUS in last 14 days advise that they will be placed in a 14 day ROM status, upon their arrival.
            3. If traveling from CONUS, review location risk in accordance with ref (c), and above.
        ii. Coordinate with Naval Support Activity (NSAM) Monterey chain of command.
            1. Notify NSAM OPSO, LCDR Eric Mobley eric.mobley@nps.edu

a. Number of personnel on ROM status within NSAM Facilities (NGIS, Navy Lodge, PPV fam housing).

iii. Provide daily support to ROM status personnel. To be coordinated by Department head or Program Officer
    1. Ensure meal delivery
        a. Have member maximize use grocery delivery services, and restaurant deliveries
    2. Health and comfort checks, will be conducted via phone or other electronic means

iv. Train incoming and servicing personnel on ROM requirements. To be provided virtually by NPS OSH
    1. Interaction protocols
    2. Close contact prohibited
    3. PPE not required

TRAVEL SCREENING CHECKLIST FOR COVID-19 EXPOSURE RISK

California Medical Detachment, Presidio of Monterey

Name: _____
Date:_____
DOB: _____ Gender (circle one): M/F
DoD ID: _____
Status (circle one): Service Member/ DoD Civilian Employee/ Family Member
Email:_____
Phone:_____
Organization/Unit:_____
_____
Current Address:
_____

Complete this screening checklist to assess your risk of exposure to COVID-19:

1) **Have you traveled in the past 14 days CONUS or OCONUS?** **Yes or No**
If YES, which state(s) and/or country(ies) did you visit (to include airports)?
_____
_____
_____
_____

IF YES, what was your date of arrival to the area?_____

IF YES, was travel by MIL air, COMM air, or other?_____

2) Are you currently sick with:
___Cough ___Shortness of Breath ___Difficulty Breathing ___Fever ___ Sore Throat
___Myalgia __Fatigue ___Chills ___Headache ___New scent/taste changes
___ Other: _____ ____**No Symptoms**

3) **In the past 14 days**, have you had close personal contact (within 6 feet for more than 10 minutes without appropriate protective measures [e.g. mask]

OR have been coughed on, sneezed on, or come in contact with bodily secretions) with anyone known to have lab-confirmed or probable COVID-19? **Yes or No**

IF YES, what was the last day of contact with this person?_____

* If you are currently sick with above symptoms and have recent travel and/or close personal contact with anyone known to have COVID-19, CALL your medical provider immediately and alert them about your travel history and your symptoms.*

E-mail the completed form to MAJ Jodi Brown at
jodi.l.brown1.mil@mail.mil

For questions, please call Presidio of Monterey Department of Public Health at 831-242-4826/831-234-9510

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.** At the end of the 14-day quarantine period, if you have not developed symptoms POM DPH will release you from quarantine. Please email completed forms to jodi.l.brown1.mil@mail.mil.

Day	Date	Temp (°F)	Symptoms	
0 (day exposed to COVID-19 person)		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: _____ _____
1		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: _____ _____
2		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: _____ _____
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: _____ _____

4		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: _____ _____
5		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: _____ _____
6		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: _____ _____
7		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: _____ _____
8		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: _____ _____
9		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: _____ _____
10		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: _____ _____

11		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: _____ _____
12		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: _____ _____
13		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: _____ _____
14		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: _____ _____

For questions, please call Presidio of Monterey Department of Public Health
831-242-4826/6344 or 831-234-9510

Coronavirus Disease (COVID-19) Working Definitions

01 May 2020

Restriction of Movement (ROM) – General DoD term referring to the limitation of personal liberty for the purpose of ensuring health, safety and welfare. ROM is inclusive of Quarantine, Isolation and Sequester.

1. **Quarantine** – Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the world-wide COVID-19 epidemic, this should be imposed on those with no COVID-19 symptoms who have either recently returned from a high-risk location (CDC THN Level 2 or 3), or have had close contact with a known COVID- 19 positive patient. The current recommended Quarantine period is 14 days. Per CDC, Quarantine generally means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

2. **Isolation** - Medical term referring to the separation of personnel from others due either to the development of potential COVID-19 symptoms or as a result of a positive COVID-19 test. Per CDC, Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

3. **Sequester** – Term used to describe isolating forces to remove or reduce risk of infection degrading a unit.

Patient (or Person) Under Investigation (PUI) – In the case of COVID-19, PUI is defined as an individual with sign and symptoms of COVID-19 who either has a test pending or would have been tested had a test been available. The member is no longer a PUI when their COVID-19 test has been returned or have met criteria for return to work. Asymptomatic individuals quarantined due to status as a close contact with a COVID positive member are not classified as a PUI. In addition, asymptomatic individuals being tested for COVID-19 are not considered PUIs while awaiting test results.

Positive Cases – A member who has a positive COVID-19 test or diagnosis of COVID-19 by a healthcare provider. Positive cases may be either laboratory confirmed positive or presumed positive as per CDC criteria.

Positive Cases in Home Isolation (Never Hospitalized) – A person who is diagnosed as positive for COVID-19, is at home in isolation, and did not require hospital care.

Positive Cases in Hospital – A person who is diagnosed as positive for COVID-19 and is in the hospital for care.

Positive Cases Recovering Post-Hospitalization - A person who is diagnosed as positive for COVID-19, completed hospital care, and was discharged to finish recovery at home in isolation.

Positive Cases Recovered, but not Returned to Work - A previously COVID-19 positive person who has been assessed as recovered by their medical health provider but has not met return to work criteria. In general these are individuals who met CDC's criteria for recovered but does not meet Navy's returned to work criteria.

Positive Case Recovered and Returned to Work - A previously positive person that has been assessed as recovered by their medical health provider and have met return to work criteria.

Positive Cases Resulting in Deaths - A positive person that dies as a result of COVID-19.

Self-observation – Per CDC, "self-observation means people should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed."

Self-monitoring – Per CDC, "self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed."

Close contact – Per CDC**,** Close Contact is defined as: a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (generally accepted as >10 minutes); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID- 19; or, b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).
Close contact is only considered during the COVID-19 case's potentially infectious period, defined as from 48 hours prior to symptom onset (or positive test if asymptomatic) to time the case is placed in isolation. CDC's definition for close contact can be found at https://www.cdc.gov/coronavirus/2019- nCoV/hcp/clinical-criteria.html.

Home-care – Home-care in general applies to individuals with mild acute respiratory illness symptoms who are instructed remain home until the symptoms fully resolve.