



01 Dec 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):

○ **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.
- If active Duty: 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.
- Collect as much of the information needed to fill out encl (4) of this procedure and provide to Command Admin Officer christopher.r.miller@nps.edu.
- Utilize form DD FORM 689 (This will come from Presidio of Monterey) https://glwach.amedd.army.mil/victoryclinic/documents/IndividualSickSlip_dd68

9.pdf in order to: (in accordance with R 041853Z AUG 20 CNO WASHINGTON DC US NAVY COVID-19 STANDARDIZED OPERATIONAL GUIDANCE)

- Used to notify both the member and the chain of command of a test-confirmed or presumptive covid illness, whether symptomatic or not
- To notify asymptomatic members and the chain of command of any PUI or close contact, quarantine, or isolation requirements
- Section 11 (disposition) and section 12 (remarks) must clearly indicate the medically recommended disposition, follow up, and quarantine/isolation requirements in accordance with this guidance

Note: DoD CAC Encryption certificates can be found and downloaded here:

<https://dod411.gds.disa.mil/>

- Send initial notification to NPS COVID-19 INITIAL NOTIFICATION ACTION TEAM: IMPORTANT: Do not include names, PII or HIPAA information. This information can be sent to those with need-to-know authority.
 - COS, CAPT Philip Old; <philip.old@nps.edu>
 - DOS, CAPT Markus Gudmundsson; <markus.gudmundsson@nps.edu>
 - Provost, Dr. Robert Dell; <Dell@nps.edu>
 - AO, LTJG Christopher Miller; <christopher.r.miller@nps.edu>
 - NPS OSH Director, Mr. Tony Colon; <ajcolon@nps.edu>; 831-656-7758
 - Facility Manager, Mr. Ryan Stewart; <ryan.stewart1@nps.edu>
 - HR Director, Ms. Jennifer Amorin; <jlamorin@nps.edu>
 - COO, Ms. Kirsten Webb; <kirsten.webb@nps.edu>
 - STAT COMS/PAO, Mr. David Nystrom; <dave.nystrom@nps.edu>
 - NSAM CO, CAPT Richard Wiley; <rawiley@nps.edu>
 - NSAM OPSO, LCDR Eric Mobley <eric.mobley@nps.edu>
 - NSAM PHEO, Mr. Dwayne Williford; <dwayne.williford@nps.edu>
 - CALMED COVID Response, Maj Jodi Brown; jodi.l.brown1.mil@mail.mil
 - SWO, CPO Brian Carpenter <brian.carpenter@nps.edu>
- Cancel all classes or activities in spaces accessed by PUI(s).
- Notify students or personnel, which have taken classes in the space of situation**
- Order PUI(s) to quarantine for 14 days,**
- Notify Presidio of Monterey Department of Public Health at **831-242-4826** or **831-234-9510**, that they are potentially exposed and have been quarantined.
- Notify higher headquarters as required.
- Facilities manager:**
 - Coordinate with NPS OSH director to determine need for disinfection of area. If it is required then;**
 - Notify NSAM and PWD. NAVFAC SW has a regional contract that will take care of disinfecting locations that need it. No contract actions by NPS are required. Notification to NSAM and PWD Monterey are required to initiate action.
 - Provide the following information to PWD
 - Base and/or Annex:
 - Location address:
 - POC that can meet and escort KTR to the site/ building:

- Information about the site/ building: indoor/outdoor, office, warehouse, stories (e.g. 1st floor, 3rd floor), floor type, etc.
 - Approximate Square Footage (SF) to be serviced:
 - Command occupying SF (if available): NPS
 - Approximate date and time individual vacated known visited areas.
- Coordinate with PWD to execute contract.
 - Note: Cleaning will not occur until 24hrs after notification of event.
- **OSH Director:**
 - Post area with notification, enclosure (1) or (2)
 - Along with Facilities Manager Secure the area.
 - Verify Cleaning has been done prior to allowing return of use to space.
 - Review Log of screenings done.
 - Conduct preliminary investigation
 - Conduct Safety Mishap Investigation (if required)
 - Determine Work relatedness in accordance with OPNAVINST 5102.1 para 3004
 - coordinate communications with POM For contact tracing.
 - Immediate investigation is conducted that includes a review of the chronological 14-day history of the mishap victim to determine all applicable facts including source, work relatedness, and controls to help stop the spread of the virus.
 - Report via WESS if the case involves one or more of the general recording criteria set forth in para 3004 of the 5102.1 or 29 CFR 1904.7 (e.g., medical treatment beyond first-aid, days away from work)
 - In the event it is a Civilian Employee, Contact Human Resources to inform of case.
 - Provide to Employee form CA-2, "Notice of Occupational Disease and Claim for Compensation."
 - Fill out DD Form 3112, Personnel Accountability and Assessment Notification for Coronavirus Disease (COVID-19) Exposure
<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. These results with DD form

Notes: From CALMED Coronavirus Disease 2019 (COVID-19) Case Reporting, Contact Tracing, and Investigation Standard Operating Procedures (SOP)

- Active Duty with known/confirmed COVID-19 exposure must be tested for COVID-19 on day 12 of quarantine. DPH (MAJ Brown) will arrange with DCCS and Lab OIC to have tested from 1400-1500 at POMACH. If asymptomatic and negative COVID-19 test, Active Duty will be released at the end of their 14-day quarantine by Chief, DPH or healthcare provider.
- Close Contacts (asymptomatic) of a Probable or Lab-Confirmed Case Disposition (Enclosure 3).
 - (1) Quarantine for 14 days and monitor for symptoms of COVID-19 using the Contact (Quarantine) Symptom Monitoring Form.

(2) Individuals cannot test-out of quarantine; individuals must remain in quarantine for the full 14-day incubation period.

i. The lab test is a diagnostic test; it is NOT a screening test; this means:

(a) A positive result IS meaningful: they are infected and become a Lab-confirmed Case. A negative test is NOT meaningful

UNSAFE

DO NOT ENTER OR OCCUPY SUSPECTED CASE OF COVID-19

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

Date affected individual(s) last occupied this facility

Room Number(s) occupied

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

Date _____

Time _____

Command:

POC and telephone:

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

UNSAFE

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

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

Date affected individual(s) last occupied this facility

Room Number(s) occupied

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

Date _____

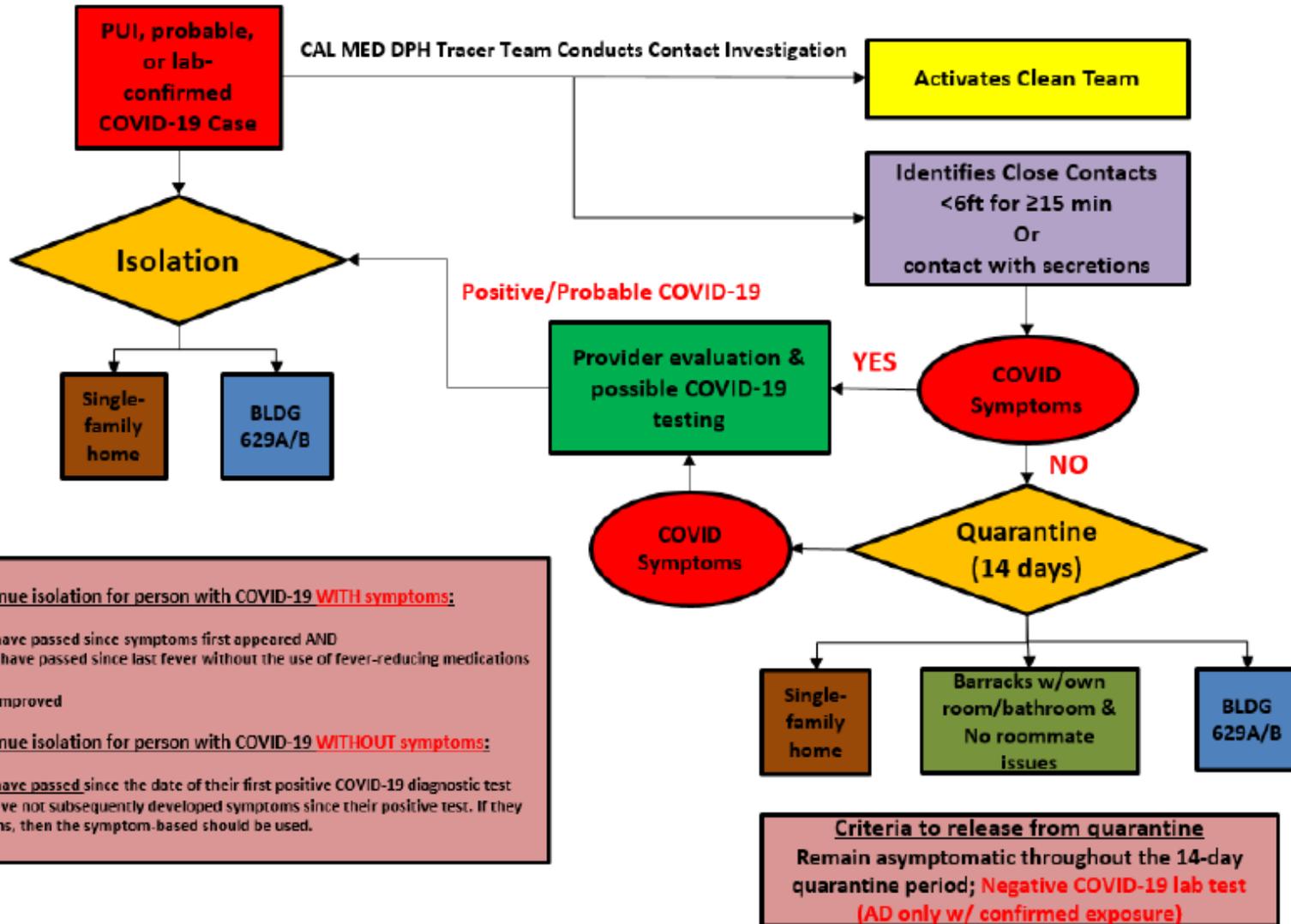
Time _____

Command:

POC and telephone:

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

Table 4- Quarantine and Isolation Flowchart



Criteria to discontinue isolation for person with COVID-19 WITH symptoms:

- At least 10 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without the use of fever-reducing medications AND
- Symptoms have improved

Criteria to discontinue isolation for person with COVID-19 WITHOUT symptoms:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based should be used.

Criteria to release from quarantine
 Remain asymptomatic throughout the 14-day quarantine period; **Negative COVID-19 lab test (AD only w/ confirmed exposure)**

Information Needed:

1. Name/s:
2. DOD # for each case:
3. Rank/Rate: (or spouse)
4. Rank (CIV): GS __ or AD __ (or spouse)
5. Age:
6. Date of Diagnosis (or notification of Close Contact):
7. Date of exposure and location/activities:
8. Date of Testing:
 - a. Type of test; Antigen/PCR:
 - b. Location of test:
9. Location of Isolation or quarantine:
10. Isolation or quarantine Start Date: *(date of symptom onset, date of testing is asymptomatic or date of close contact in the case of quarantine)*
11. Date of onset and Description of Symptoms:
12. Date Admitted to Hospital:
13. ICU treatment Needed:
 - a. If yes release date:
 - b. Was Ventilator used:
 - i. If yes date put on:
 - ii. and removed from:
14. Date Discharged from Hospital:
15. 14 Day Travel history:
 - a. If local; where?
16. Last Date on base and where.
17. Last Date on base and where.

Names of personnel (NPS MIL or AD) you had **close contact**** with 48 hrs prior to either onset of symptoms or day of testing.

****Close Contact**

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated