


	Military Sealift Command Managers' Internal Control- Quality Management System Procedure	N2.35.6100.1-Q Original
Endorsed by the QMS Steering Committee	Issued By: Date: 2/27/2020 	SSIC: 6100
	RADM Michael Wettlaufer Commander, MSC	Page 1 of 14

NOVEL CORONAVIRUS DISEASE (COVID-19) COMMAND RESPONSE PLAN AND MEDICAL GUIDANCE

REFERENCES:

- (a) CDR USNORTHCOM, DOD Global Synch Plan for Coronavirus 2019
- (b) COMUSFJ Memorandum, Force Public Health Order 04 Feb 2020
- (c) NAVADMIN 039/20, DOD Guidance for Monitoring Personnel Returning from China during the Novel Coronavirus Outbreak
- (d) CDC Coronavirus Disease-2019 (COVID-19)
- (e) COMSC Instruction 6100.1 MSC Pandemic Influenza Plan
- (f) CMPI 630 Section 7 and Memorandum of Understanding Between MSC and IOMMP, MEBA, NMU, and SIU, 12 Jan 1998
- (g) Under Secretary of Defense Memo, Force Health Protection (Supplement 2) dated 25 Feb 20
- (h) NAVADMIN 158-16 Sovereign Immunity Policy
- (i) NMCPH Guidance for Underway Evaluation and Management of Suspected Persons Under Investigation of COVID-19

ENCLOSURES:

- (1) CDC Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form
- (2) Naval Operational Forces Flowchart for Evaluation of a Suspected COVID-19 Patient
- (3) Coronavirus Training Guide

1 PURPOSE:

1.1 This document provides interim planning and response guidance for the 2019 novel Coronavirus disease (COVID-19) threat as directed by the references. This guidance focuses on the COVID-19 outbreak and is not intended to supplant any guidance released by Military Sealift Command (MSC) regarding pandemic influenza

response. **MSC's priority is to preserve the health of the force while continuing to man, train, equip, and operate.**

1.2 All MSC Personnel are strongly encouraged to seek early medical attention if they are experiencing any symptoms that might be linked to COVID-19. **If you do not feel good, go to the doctor.**

1.3 COVID-19 is a serious public health threat. Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission.

1.4 Updates to this procedure may be promulgated on short notice by MSC Area Commanders via e-mail or record message traffic based on changing conditions and Fleet requirements.

2 BACKGROUND / OBJECTIVES / APPLICABILITY:

2.1 Background:

2.1.1 The 2019 Coronavirus (COVID-19) outbreak continues to expand globally. This is a rapidly evolving outbreak. The Center for Disease Control and Prevention (CDC) is closely monitoring the situation. DoD Force Protection and Health directives are in a rapid development cycle and continue to increase in scope to prevent COVID-19 impact on mission and personnel.

2.1.2 For confirmed COVID-19 cases, reported illnesses have ranged from mild symptoms to severe illness and death. Symptoms may include fever, cough, and shortness of breath. CDC believes that symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure, based on the incubation periods of other coronaviruses. The complete clinical picture with regard to COVID-19 is not fully understood.

2.2 Objectives:

2.2.1 Define Area Commander, ship Master, and MSC Headquarters Staff duties and responsibilities with respect to protection of the force and management of a possible case of COVID-19 infection.

2.2.2 To define Medical Service Officers (MSOs) and Medical Department Representatives (MDRs) duties and responsibilities with respect to identification of a possible case of COVID-19 infection and initial clinical management

2.3 Applicability: This procedure is applicable to Military Sealift Command

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personnel worldwide and all MSC ships. For purposes of this procedure, MSC ships is defined as those vessels entitled to sovereign immunity, including: USNS, to include all U.S. Government-owned vessels; privately-owned U.S. flag vessels under time-charter to MSC; and the U.S. Maritime Administration's National Defense Reserve Fleet and its Ready Reserve Force, when activated and assigned to MSC.

3 TRAVEL / LEAVE / LIBERTY:

3.1 Travel: Restrictions on travel are dynamic. MSC will rely on the travel warnings, travel alerts, and travel advisories and restrictions identified by the U.S. Government via the Department of State (DoS) and the Department of Defense (DoD). DoD restrictions on travel to regions and countries are promulgated to MSC via geographic Navy Component Commanders (COCOMs) (i.e. USFF, PACFLT, NAVEURAF, NAVCENT, and NAVSOUTH). Within MSC, only the Commander, MSC (COMSC) or an MSC Area Commander can determine to restrict travel to a greater degree than already restricted by DoS or DoD.

3.1.1 Mission Essential Travel will continue during the COVID-19 response to the greatest extent possible. MSC personnel will raise any concerns regarding mission essential travel to their supervisor.

3.1.2 Non-Mission Essential Travel will be reviewed for alternatives. Supervisors will consider teleconferences, and other means to accomplish the objectives.

3.1.3 Crew-relief. Unless directed otherwise by COMSC, N1 will continue to provide on-time crew-reliefs to government-owned government-operated ships (GOGOs).

3.2 Leave: Leave policy for MSC personnel will be managed by supervisors and informed by travel restrictions implemented by DoS and DoD. It is understood that identical treatment between military and civilian personnel is not possible within the regulations that apply to each group.

3.2.1 Supervisors shall advise personnel approved for leave that COVID-19 is a dynamic issue and if they travel on personal leave to an area where there is an outbreak but for which there are no U.S. government travel restrictions, they are accepting the risks associated with the travel. Both U.S. and foreign government policies and procedures are changing daily. It is possible that the country will not allow traveler to enter the country, or if they are allowed in, the traveler may be unable to leave the country, or the traveler may be impacted by future quarantine and isolation procedures. Supervisors may disapprove leave based on potential mission requirements.

3.3 CIVMAR Liberty:

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3.3.1 Pursuant to reference (f), liberty in port may be restricted without premium pay where conditions to transit from the ship or ashore in the port concerned are obviously and abnormally unsafe due to civil strife, military action, outlawry or natural causes. Such restrictions include the restriction of movement to certain cities, locations, countries, and regions. The Master will deny liberty without premium pay when competent commanders and port authorities order the crew's restriction.

3.3.2 As required, N1/TFM will ensure unions are made aware of restrictions placed on CIVMAR liberty.

3.4 Designated Areas: For the purposes of this procedure, a "Designated Area" is defined as a geographic location to which a person has traveled in an official or personal capacity and which has been identified by the DoD via Combatant Commanders, as requiring such individuals to be placed under a Restriction of Movement (ROM). MSC Area Commanders will maintain awareness of all DoD ROMs in their AORs and report new ROMs to MSC Battle Watch.

4 AFLOAT PROCEDURES / PROCESSES:

4.1 Combatant Commander and Fleet Guidance. MSC ships, as defined in paragraph 2.3 above, that are under a military commander's operational control or tactical control (OTC) will follow that commander's COVID-19 guidance in addition to the guidance contained in this procedure. In the event of any conflict between an OTC Commander's guidance and MSC's guidance, then the Master of the ship will resolve the conflict by dual reporting and applying the more restrictive and/or higher standard.

4.1.1 MSC Area Commanders will publish updated area specific COVID-19 procedures and processes to all MSC ships in their AOR on a weekly basis until further notice.

4.1.2 Personnel traveling from an area experiencing an outbreak of COVID-19 are strongly encouraged to be assessed by a medical provider as soon as possible within the first 24 hours of arrival to their home station or final destination to determine if there is any development of fever or symptoms of COVID-19.

4.2 All ship's Masters are responsible for the protection of their ship. Masters shall identify CIVMARS, and **all other personnel embarked on the ship**, who are returning from Designated Areas, as defined in paragraph 3.4 above, within the prior 14 days.

4.2.1 Ship's Masters will contact the respective Area Command or the MSC Battle Watch for the most up-to-date list of Designated Areas.

4.2.2 Masters may determine other individuals are at similar risk for exposure,

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such as those with a family member with whom they reside or have had close contact with traveler(s) from designated countries affected by COVID-19.

4.2.3 Masters will not allow these identified personnel access to the ship. If the identified personnel are already on board, and the ship is in port, the Master will direct the identified personnel ashore, follow the direction in paragraph 4.3 below, and make immediate contact with the MSC Area Commander. If the ship is underway, see paragraph 4.4 below.

4.2.4 Masters, in coordination with shipboard medical personnel, will be prepared to screen personnel prior to boarding MSC vessels in order to reduce likelihood of introducing COVID-19 infection onboard.

4.2.5 Masters will be prepared to extend their underway time to adjust to possible dynamic impacts caused by COVID-19 such as port closures and quarantines, or the need to demonstrate that there are no COVID-19 infections on board.

4.3 Masters will place identified CIVMARS under a restriction of movement (ROM) for up to 14-days and notify the respective Area Command or the MSC Battle Watch Captain. During the ROM:

4.3.1 If an individual is asymptomatic for 14 days after returning from a designated country affected by a COVID-19 outbreak, there is no need to restrict that individual's movement.

4.3.2 CIVMARS will be restricted from shipboard assignment for a 14-day period, starting from the day of departure from a designated country or contact with a known infected person. CIVMARS shall not be allowed to return to shipboard duties without record of a medical assessment provided to and validated by MSC Force Medical.

4.3.3 If an individual meets CDC criteria for investigation of COVID-19, as determined by the MSC Force Surgeon, the Master will initiate appropriate reporting. A daily report from all ships with CIVMARS placed under these investigative criteria shall be submitted to the MSC Battle Watch. Contact MSC Battle Watch for information that needs to be part of that report.

4.3.4 To reduce spread of respiratory infections, including COVID-19, CDC recommends that ships encourage crewmembers and passengers to postpone travel when sick. CIVMARS should monitor their health, self-isolate, and inform the onboard MSO or MDR immediately if they develop a fever (100.4°F / 38°C or higher), begin to feel feverish, or develop other signs or symptoms of sickness. Ships should use respiratory, cough, and hand hygiene. Advise crew of the importance of covering coughs and sneezes appropriately (i.e. cough/sneeze into elbow). Dispose used tissues immediately in a disposable container (e.g., plastic bag) or a

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washable trashcan. MSOs and MDRs should post signs and send emails reminding passengers and crewmembers to wash their hands preferably with soap and water, especially after coughing or sneezing. If soap and water are not available, they can use a hand sanitizer containing 60%-95% alcohol).

4.4 Infection Control of Ill-Persons in shipboard setting.

4.4.1 Individuals with suspected case status (“ill-person”) shall be isolated in a single-person room with the door kept closed until other appropriate means of isolation can be coordinated with the applicable MSC Area Commander. For smaller vessels without single state-person room, the Master will identify the best possible space for isolation. The ill-person will not be allowed access to crew areas such as mess decks, gym and lounges. The ill-person will be directed to avoid close personal contact of 6 feet or closer to another crewmember. The ill-person will be required to wear a medically approved mask covering their nose and mouth. Compliance with isolation and safe distance measures will be monitored by the Master and shipboard medical personnel.

4.4.2 The suspected ill-person shall not share lavatory spaces. The ill-person will be encouraged to wash hands frequently and follow respiratory hygiene practices, to include consistent use of a medically approved mask. Other persons should sterilize cups and other utensils used by the ill-person before use. Disposable plates and utensils should be used instead if available.

4.4.3 Routine cleaning and disinfection strategies used during influenza seasons shall be applied to the environmental management of COVID-19.

4.4.4 Individual plans for repatriation shall be coordinated on a case-by-case basis with MSC Force Medical, and MSC N1/Total Force Management (TFM).

4.4.5 An MSC ship that has an ill-person on board will likely be required to work with foreign authorities through MSC Area Commander to determine the disposition of the individual in an effort to remove the ill-person from the shipboard environment. The Master will cooperate with foreign authorities to the greatest extent possible, while simultaneously protecting the sovereign immune status of the ship, pursuant to paragraph 4.8 below. The ship’s Master should expect that the result of identifying an ill-person and transferring them ashore is that the ship may not be allowed into port, or that the remainder of the crew may be restricted to the ship while in port at the direction of foreign authorities.

4.5 Ship Maintenance, Overhauls, Availabilities.

4.5.1 To the greatest extent possible, maintenance, overhauls, and availabilities will continue during the COVID-19 response.

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4.6 Ship Inspections, Certifications and Training.

4.6.1 Ship Inspections, Certifications and Afloat Training events shall be conducted as scheduled if in a port not affected by COVID-19. For ports identified by MSC Area Commanders as affected by the COVID-19, every effort shall be made to reschedule until an acceptable port can be identified.

4.6.2 If an acceptable port cannot be identified, the requirement shall be delayed or waived until the event can be conducted safely.

4.7 Contractor-Operated Vessels.

4.7.1 Sovereign immune Contractor-Operated vessels will be required to follow OTC Commander and MSC Commander COVID-19 response policies. Contracting Officers and Contracting Officer Representatives will contact all current contractors to discuss.

4.7.2 Contracting officers shall contact Commercial Partners to determine what are their current COVID-19 response plans.

4.7.3 Contracting Officers shall require Contractors to determine what Contracted Mariners (CONMARs) are returning from designated areas affected by an outbreak of COVID-19. Contracting officers shall inform Contractors that access will not be provided to the work site for health and safety reasons for these identified individuals until the individual has already been asymptomatic for 14 days since returning from a designated country affected by a COVID-19 outbreak or a medical doctor or other competent medical authority has conducted the necessary medical testing and provided a written medical report/certification stating the individual either does not have the corona virus, is no longer contagious, or does not present a threat to others of being contagious with the corona virus. These identified individuals shall consult with their Contractor for return to work instructions.

4.8 Sovereign Immunity.

4.8.1 MSC vessels entitled to sovereign immunity must continue to follow appropriate guidance. Masters can only provide health information pursuant to NAVMED 6210-3. Under no circumstances will port authorities be given access to individual health records, and no health or sanitary inspection will be permitted. However, Masters shall normally comply with all quarantine regulations and restrictions for the port or area within which the ship is located. Masters shall consult with applicable MSC Area Command Counsel to determine appropriate responses to health inquiries by foreign authorities.

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4.8.2 Certain requests for information by foreign authorities may have to be resolved through the relevant U.S. Embassy and U.S. Defense Attaché engagements. Crewmembers who go ashore in a foreign state ordinarily will be subject to local immigration and health requirements. For example, unless there is a SOFA or some other agreement to the contrary, it is acceptable for crewmembers to fill out a host nation's health form as they go through immigration/customs as they depart the ship on liberty (i.e. leaving the pier). That is distinguishable from crewmembers that need to go down onto the pier to inspect the ship, lines, utilities, etc. – the sovereign immunity and DIPCLEAR of the ship is expected to cover those individuals.

5 ASHORE PROCEDURES / PROCESSES:

5.1 MSC will remain operational during this COVID-19 response. MSC will incorporate risk-based decision-making into all courses of action as part of this COVID-19 Response Plan.

5.2 MSC Supervisors.

5.2.1 MSC Supervisors who are concerned about subordinates who they think could be at risk for a COVID-19 infection will contact a representative of the MSC Force Surgeon via the MSC Battle Watch to discuss the concerns.

5.2.2 Telework. For civilian employees returning from an area where they were at risk for a COVID-19 infection, but who do not have any symptoms of illness, MSC Supervisors will consider the advantages of situational telework. For purposes of this COVID-19 Response Plan, MSC Supervisors can approve situational telework for a period of up to 14 calendar days. To be eligible for situational telework, civilian employees must have an approved telework agreement.

5.3 Civil Authorities. Civilian employees (including CIVMARS) and contractor personnel are subject to and must follow the guidance issued by civil authorities. In this context, civil authorities includes both U.S. and foreign.

5.4 To prepare for the possibility that COVID-19 will spread, MSC Supervisors must start planning for an expanded COVID-19 Response Plan. Reference (e) will be reviewed by all MSC Supervisors. This instruction sets forth the broader MSC pandemic plan.

5.5 MSC Contractors Ashore. Contractors ashore shall follow AOR guidance for travel to and from mission critical events.

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5.5.1 Contracting officers shall contact Commercial Partners to determine what are their current COVID-19 response plans for their employees.

5.5.2 Contracting Officers shall require Contractors to determine what Contractor Employees are returning from designated areas affected by an outbreak of COVID-19. Contracting officers shall inform Contractors that access will not be provided to the work site for health and safety reasons for these identified individuals until the individual has already been asymptomatic for 14 days since returning from a designated country affected by a COVID-19 outbreak or a medical doctor or other competent medical authority has conducted the necessary medical testing and provided a written medical report/certification stating the individual either does not have the corona virus, is no longer contagious, or does not present a threat to others of being contagious with the corona virus. These identified individuals shall consult with their Contractor for return to work instructions.

6 ROLES AND RESPONSIBILITIES:

6.1 N1/TFM.

6.1.1 Ensure organizational management is briefed on current OPM guidance and regulations on supervisory roles and capabilities with regard to travel, leave, and the authority to restrict personnel movements, and the authority to send employees home.

6.1.2 Unless directed otherwise by COMSC, N1 will continue to provide on-time crew-reliefs for CIVMARS.

6.1.3 Continuously ensure that appropriate unions receive the required notification of processes, procedures, and restrictions put in place as part of MSC's COVID-19 response.

6.1.4 Be prepared to provide 100% accountability of all MSC personnel.

6.2 DMO.

6.2.1 Report suspected outbreaks of the COVID-19 and impact to schedule/mission.

6.2.2 Coordinate with Area Commands for developing contingency plans for vessels for which MSC retains operational control (OPCON).

6.2.3 Inform USFFC/PACFLT/TRANSCOM of any impacts COVID-19 has on vessel schedule, S/Y etc. Provide recommendations to lessen the impact of the suspected COVID-19 outbreak.

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6.3 DSM.

6.3.1 Identify ship maintenance, overhauls, and availabilities that are affected by the COVID-19 response and any impact to schedule/mission.

6.3.2 Work with N10 to establish processes and procedures for government-owned contractor-operated ships (GOCO) and commercially-owned contractor-operated ships (COCO).

6.4 MSC Area Commanders.

6.4.1 Report suspected outbreaks of the COVID-19 and impacts to schedule of the vessels in question.

6.4.2 Coordinate with MSC HQ for developing contingency plans for vessels that MSC retains OPCON.

6.4.3 Inform Chain of Command of any impacts COVID-19 has on vessel schedule, S/Y etc. Provide recommendations to lessen the impact of the suspected COVID-19 outbreak.

6.5 Ship Masters (in addition to para 4 above).

6.5.1 Validate proper isolation and reporting procedures are followed for all suspected cases of COVID-19. Follow the guidance set forth in this procedure.

6.5.2 Ensure medical training to crew members on COVID-19.

6.5.3 Stress the importance to the crew of reporting to MSO/MDR if they have influenza-like symptoms and history of recent travel to an at-risk country or close personal contact with an individual infected with COVID-19.

6.5.4 Maintain situational awareness of all relevant MSC policy and guidance related to COVID-19.

6.6 N4.

6.6.1 N4 Logistics Directorate shall coordinate with Area Commanders, Defense Logistics Agency (DLA) and NAVSUP to meet Logistics Sustainment Requirements while maximizing precautions to limit the spread of the virus.

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6.6.2 Coordinate with MSC Force Surgeon to manage allowances and maintain inventory of Force Health Protection Assemblage items.

6.6.3 Coordinate with Area Commanders to maintain maximum sustainment allowances and inventory per current OPORDs.

6.6.4 Coordinate with Area Commanders for unusual logistics transportation requests needed to support ship quarantine or non-standard replenishment conditions.

6.6.5 Provide MSC Fleet guidance for changes to Logistic Requisition (LOGREQ) messages. For example, the addition of entries for “Last Port Visited and inclusive dates of the visit”.

6.7 N7.

6.7.1 Analyze upcoming maintenance periods and work with DSM, N3, N10 and the Area Command to schedule the period in a non-COVID-19 affected port.

6.8 Force Surgeon.

6.8.1 Provide medical guidance and advice regarding Novel Corona Virus (COVID-19). Identify the specific requirements to determine if an individual meets CDC criteria for investigation of COVID-19.

6.8.2 Educate employees about disease transmission, social distancing, and personal infection control measures at work and in the home.

6.8.3 Assist COMSC and Area Commands with identifying measures by which to make risk-informed decisions.

6.8.4 Review global medical intelligence and provide clinical assessments to MSC leadership regarding travel restrictions and impacts to operations.

6.8.5 Provide input and recommendations regarding personal protective equipment (PPE) and clinical devices, and as it becomes available, prophylaxis and vaccines.

6.8.6 Assist and train Medical Service Officer and Medical Department Representatives on the subjects of COVID-19 prevention, transmission and control as national policy develops.

6.9 Director of Contracting (N10).

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6.9.1 Provide support to DSM/N7 for reschedule of maintenance and/or regulatory events.

6.9.2. Ensure Contracting Officers review and modify contracts, as appropriate, to require contractors to implement paragraphs 4.7. and 5.5.

6.10 Shipboard Medical Personnel. Effective immediately, all MSOs/MDRs assigned to USNS vessels and medical department personnel assigned to MSC's outlying Ship Support Units (SSU) shall adhere to this guidance until the Force Surgeon, Military Sealift Command, promulgates additional policy.

6.10.1 Medical Service Officers and Medical Department Representatives shall:

(1) Ship medical staff and providers evaluating patients with fever or acute respiratory illness should obtain a detailed travel history and assess for any other potential exposures to a person with a confirmed COVID-19 infection

(2) Ensure proper isolation and reporting procedures are followed for all suspected cases of COVID-19.

(3) Will provide medical training to all crew Members on COVID-19 covering at a minimum:

(a) Basic description of the disease including signs and symptoms;

(b) At risk countries;

(c) Preventive strategies for CIVMARs travelling to at risk countries;

(d) Importance of reporting to the MSO/MDR if they have influenza-like symptoms and history of recent travel to an at-risk country or close personal contact with an individual infected with COVID-19;

(e) Maintain situational awareness of all relevant MSC policy and guidance related to COVID-19.

7 RECORDS AND REPORTS:

7.1 COVID-19 Investigation Reports

7.2 Restriction Of Movement notice

7.3 Medical Assessment Record (Return to Duty)

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7.4 Repatriation Plan

8 DEFINITIONS:

8.1 The following case definitions are for the purpose of investigations of suspected, probable, and confirmed cases of COVID-19.

8.1.1 Confirmed case of COVID-19 is defined as a person with an acute respiratory illness with laboratory confirmed COVID-19 at CDC or by one of the CDC approved testing labs.

8.1.2 Probable case of COVID-19 is defined as a person with fever (over 100.4 degrees F) and/or new onset of (or exacerbation of chronic) cough and who meets the COVID-19 exposure criteria in whom laboratory diagnosis of COVID-19 is inconclusive, not available, or negative (if specimen quality or timing is suspect) or in whom the laboratory test for COVID-19 was positive but not confirmed by the CDC other certified DOD testing facilities.

8.1.3 A Suspected case of COVID-19 is defined as:

(1) A person with symptoms, which may include fever, cough, and shortness of breath. Patients have a fever if they feel warm to the touch, give a history of feeling feverish, or have a measured temperature of 100.4°F (38°C) or higher. COVID-19 infections have ranged from little-to-no symptoms to severe illness and death. The incubation period is believed to be 2–14 days.

(2) A person with an acute respiratory illness with a recent history of close contact with persons infected with COVID-19 or travel to a known high-risk area with confirmed or suspected COVID-19. Close contact is defined as within about 6 feet of an ill person who is a confirmed or suspected case of COVID-19.

9 PROCESS MANAGEMENT:

9.1 Office of Primary Responsibility (OPR): N2/3/5

9.2 Interfaces: N02H, All Medical Service Officers and Medical Department Representatives of MSC Ships and Stations having Medical Department Personnel, N00L

9.3 Performance Indicators:

9.3.1 Medical Assessment Record (Return to Duty)

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9.3.2 COVID-19 Infection Rate (per unit).

10 REVISIONS:

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Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

Immediately call and securely send completed form to your local/state health department. Local/state health departments should securely send forms to CDC: email (eoevent185@cdc.gov, subject line: nCoV PUI Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

Today's date _____ State patient ID _____ NNDSS local record ID/Case ID¹ _____ State _____ County _____
 Patient first name _____ Patient last name _____ Patient date of birth _____
 Interviewer's name _____ Phone _____ Email _____
 Physician's name _____ Phone _____ Pager or Email _____
 Sex M F Age _____ yr mo Residency US resident Non-US resident, country _____

PUI Criteria

Date of symptom onset _____

Does the patient have the following signs and symptoms (check all that apply)?

Fever² Cough Sore throat Shortness of breath

Does the patient have these additional signs and symptoms (check all that apply)?

Chills Headache Muscle aches Vomiting Abdominal pain Diarrhea Other, Specify _____

In the 14 days before symptom onset, did the patient:

Spend time in China? Does the patient live in China? Date traveled to China _____ Date traveled from China _____ Date arrived in US _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time in Wuhan City, China? Does the patient live in Wuhan City?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time in Hubei Province (not Wuhan City)? Does the patient live in Hubei Province (not Wuhan City)?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Spend time outside of the U.S. (not China)? Name of country _____ Does the patient live in this country? Date traveled to country (not China) _____ Date traveled from country (not China) _____ Date arrived in US from country (not China) _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Have close contact ³ with a person who is under investigation for 2019-nCoV?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown
Have close contact ³ with a laboratory-confirmed 2019-nCoV case? Was the case ill at the time of contact? Is the case a U.S. case? Is the case an international case? In which country was the case diagnosed with 2019 n-CoV? _____	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown

Additional Patient Information

Is the patient a health care worker? Y N Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor) in China? Y N Unknown

Care for a nCoV patient? Y N Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated? Y N Unknown

Diagnosis (select all that apply): Pneumonia (clinical or radiologic) Y N Acute respiratory distress syndrome Y N

Comorbid conditions (check all that apply): None Unknown Pregnancy Diabetes Cardiac disease Hypertension

Chronic pulmonary disease Chronic kidney disease Chronic liver disease Immunocompromised Other, specify _____

Is/was the patient: Hospitalized? Y, admit date _____ N Admitted to ICU? Y N

Intubated? Y N On ECMO? Y N Patient died? Y N

Does the patient have another diagnosis/etiology for their respiratory illness? Y, Specify _____ N Unknown

PLEASE TURN OVER

CDC nCoV ID _____

Respiratory diagnostic results

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Pos	Neg	Pending	Not done
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimens for 2019-nCoV testing

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>
BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>
Stool			<input type="checkbox"/>

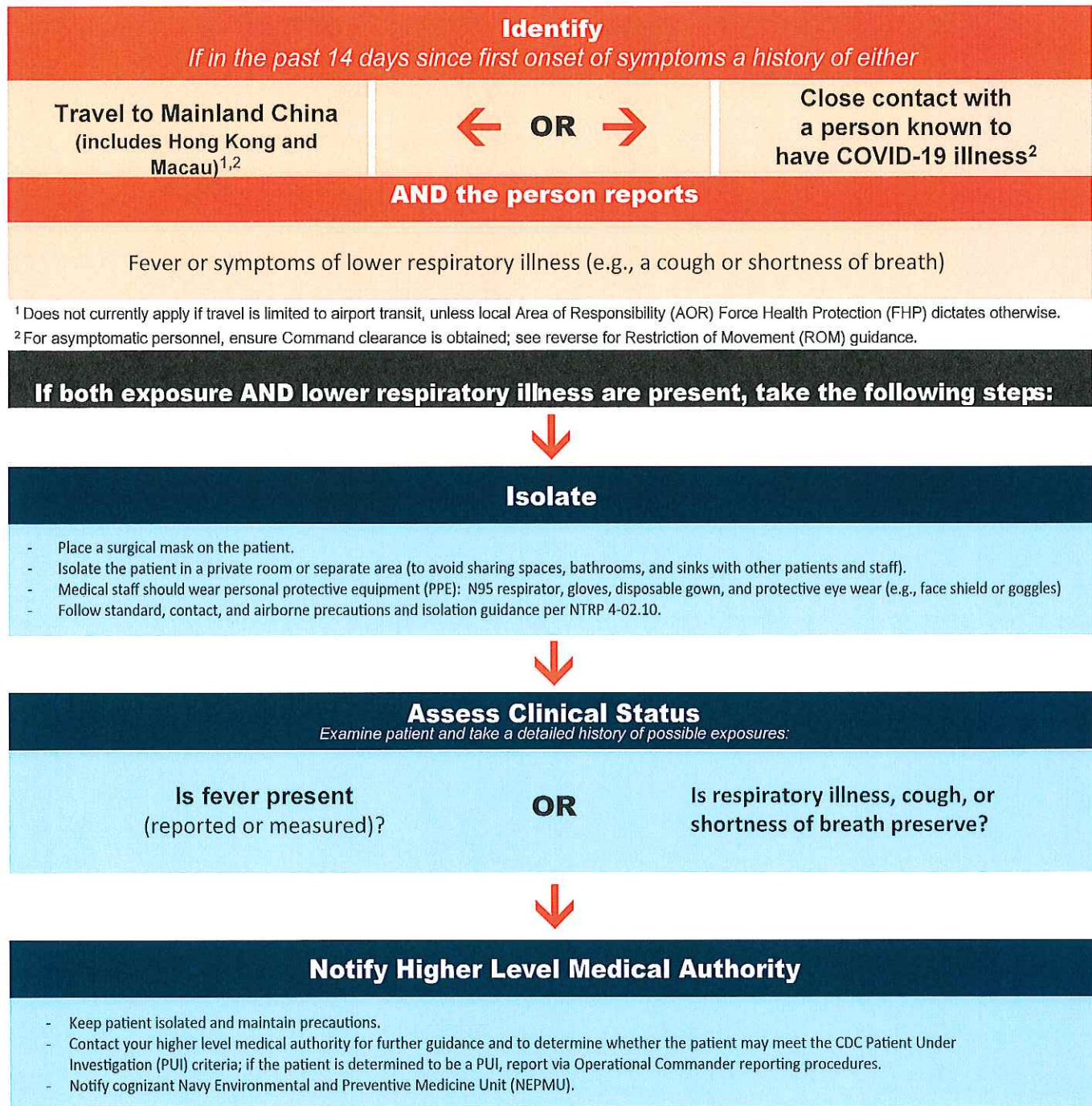
Specimen type	Specimen ID	Date collected	Sent to CDC?
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>

¹ For NNDSS reporters, use GenV2 or NETSS patient identifier.

² Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

³ Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

Naval Operational Forces Flowchart for Evaluation of a Suspected COVID-19 Patient



Follow these reporting requirements: USNORTHCOM directive to supporting commands, organizations, and components/subordinates to initiate reporting tasks for operations relating to novel Coronavirus (effective 1FEB2020); NTRP 4-02.10, paragraph 4.6 ("Notification Routing Procedure"); and GENADMIN on the 2019-nCoV (released 4FEB2020). All MTF PUIs are to be reported by the local Public Health Officer via the Disease Reporting System Internet (DRSi) in coordination with the Navy and Marine Corps Public Health Center (NMCPHC). See CDC websites for current information and healthcare provider guidance: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.





Naval Operational Forces Flowchart for Evaluation of a Suspected COVID-19 Patient

Restriction of Movement (ROM)

- For active duty personnel, civilians, and contractors.
- Asymptomatic, with travel to China or close contact with a person known to have COVID-19 illness in the past 14 days.

Active Duty

- 14-day ROM starting from day of departure from China with daily assessment by cognizant medical staff.
- May return to work following medical clearance.

General Schedule (GS) and Contractors

- DoD civilian employees and contractors returning from China should follow existing CDC guidance. To the extent possible, remain at home or in a comparable setting. Key aspects include voluntarily: remaining at home, avoiding congregate settings, limiting close contact with people and pets/animals to the greatest extent possible, avoiding travel, self-monitoring, and seeking immediate medical care if symptoms (e.g., cough or shortness of breath) develop.
- State or local public health authority assumes responsibility for oversight of self-monitoring or establishing regular active-monitoring of potentially exposed people and to assess for the presence of fever, cough, or difficulty breathing.

References:

- OSD Memo on Force Health Protection (supplement 1), dated 7 Feb 2020
- CNO NAVADMIN 039/20 on DOD Guidance for Monitoring Personnel Returning from China During the Novel Coronavirus Outbreak, dated 11 Feb 2020
- MARADMIN 082/20 on U.S. Marine Corps Disease Containment Preparedness Planning Guidance for 2019 Novel Coronavirus (2019 nCoV), dated 12 Feb 2020
- OPM memorandum for Human Resources Flexibilities available to Federal Employees impacted by COV-19, dated 7 Feb 2020
- <https://www.cdc.gov/coronavirus/2019-nCoV/php/risk-assessment.html>



Basic protective measures against the new coronavirus

Wash your hands frequently

Wash your hands frequently with soap and water or use an alcohol-based hand rub if your hands are not visibly dirty.

Why? Washing your hands with soap and water or using alcohol-based hand rub eliminates the virus if it is on your hands.

Practice respiratory hygiene

When coughing and sneezing, cover mouth and nose with flexed elbow or tissue – discard tissue immediately into a closed bin and clean your hands with alcohol-based hand rub or soap and water.

Why? Covering your mouth and nose when coughing and sneezing prevent the spread of germs and viruses. If you sneeze or cough into your hands, you may contaminate objects or people that you touch.

Maintain social distancing

Maintain at least 1 meter (3 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever.

Why? When someone who is infected with a respiratory disease, like 2019-nCoV, coughs or sneezes they project small droplets containing the virus. If you are too close, you can breathe in the virus.