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SUBJ/U.S. NAVY COVID-19 STANDARDIZED OPERATIONAL GUIDANCE VERSION 2.0//

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NARR/REF A IS NAVADMIN 155/20, U.S. NAVY COVID-19 STANDARDIZED OPERATIONAL GUIDANCE

REF B IS NAVADMIN 113/20 RESTRICTION OF MOVEMENT (ROM) GUIDANCE UPDATE.

REF C IS NAVADMIN 168/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 5.

REF D IS USD P&R FHP SUPPLEMENT 8 - DOD GUIDANCE FOR PROTECTING PERSONNEL IN WORKPLACES DURING THE RESPONSE TO THE COVID-19 PANDEMIC.

REF E IS USD P&R FORCE HEALTH PROTECTION (FHP) SUPPLEMENT 10 DOD GUIDANCE FOR COVID-19 LABORATORY DIAGNOSTIC TESTING SERVICES.

REF F IS DODI 6490.03, DEPLOYMENT HEALTH, JUNE 19, 2019.// POC/RADM KARL THOMAS/OPNAV N3N5B/703-692-9291/KARL.O.THOMAS1(AT)NAVY.MIL//

RMKS/1. THIS MESSAGE UPDATES AND REPLACES THE ORIGINAL U.S. NAVY STANDARDIZED OPERATIONAL GUIDANCE ISSUED IN REF A. REF A IS CANCELLED. KEY UPDATES: MODIFIES RETURN TO WORK CRITERIA BASED ON INCREASED UNDERSTANDING OF THE COVID-19 THREAT; CLARIFIES POST DEPLOYMENT ROM CRITERIA; AND, INCLUDES ADDITIONAL BUBBLE TO BUBBLE TRANSFER CONSIDERATIONS.

1.A. TO INCREASE PROBABILITY OF A COVID-FREE MISSION READY CREW, UNITS WILL ADHERE TO THE FOLLOWING STANDARDIZED OPERATIONAL GUIDANCE. THESE DATA DRIVEN RISK MITIGATION MEASURES PROVIDE COMMANDERS THE TOOLS TO PREVENT, AND WHEN NECESSARY, CONTAIN COVID-19 IMPACT TO SAFELY AND CONFIDENTLY REMAIN ON MISSION. FLEET, TYCOM, AND OPERATIONAL COMMANDERS MAY ISSUE MORE SPECIFIC GUIDANCE TO UNITS WITHIN THEIR RESPECTIVE AREAS OF RESPONSIBILITY. THIS GUIDANCE BUILDS ON REFS (B) AND (C) WHILE INCORPORATING GUIDANCE FROM REFS

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(D) THROUGH (F). IT WILL GUIDE INDIVIDUAL AND UNIT HEALTH PROTECTION, PRESERVE OPERATIONAL READINESS, AND PROTECT SHIPMATES, INSTALLATIONS, AND COMMUNITIES FROM COVID-19 TRANSMISSION. ALTHOUGH BIASED TOWARD THE SHIPBOARD ENVIRONMENT, THIS GUIDANCE APPLIES TO ALL PERSONNEL AND UNITS DEPLOYING TO AND FROM HOMEPORT (ORIGINATING UNIT LOCATION FOR RESERVE PERSONNEL). IT DOES NOT APPLY TO ROUTINE TRAVEL (E.G., PCS, TDY, TAD) UNLESS THE TRAVELER IS A DEPLOYING INDIVIDUAL OR IS ASSIGNED TO OR WILL BE WORKING ABOARD AN OPERATIONAL UNIT. ADHERENCE TO THIS STANDARDIZED GUIDANCE INCLUDES ACCOUNTING FOR SPECIFIC CIRCUMSTANCES INVOLVING CIVILIAN EMPLOYEES OR CONTRACTORS PER PARAGRAPH 9. EXTRAORDINARY CIRCUMSTANCES MAY NECESSITATE WAIVERS TO THIS GUIDANCE TO MEET EMERGENT OPERATIONAL REQUIREMENTS. THE NAVAL COMPONENT COMMANDER (NCC) IS THE WAIVER AUTHORITY UNLESS OTHERWISE SPECIFICALLY ADDRESSED.

2. DEFINITIONS.

2.A. COVID-19 CASE: A MEMBER DESIGNATED BY A MEDICAL PROVIDER BY ONE OF TWO METHODS: 1) A POSITIVE COVID-19 LABORATORY TEST, OR 2) ASSESSED AS PRESUMED POSITIVE PER THE COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGIST(CSTE) CRITERIA FOR A PROBABLE CASE.

2.B. PATIENT (OR PERSON) UNDER INVESTIGATION (PUI): AN INDIVIDUAL WITH SIGNS OR SYMPTOMS OF COVID-19 WHO HAS A TEST RESULT PENDING OR WOULD HAVE BEEN TESTED HAD A TEST BEEN AVAILABLE. MEMBERS ARE NO LONGER A PUI WHEN THEY: A) RECEIVE A NEGATIVE COVID-19 LAB TEST RESULT; OR, B) HAVE MET ALL CRITERIA FOR RETURN TO WORK IN PARAGRAPH 7.D. ASYMPTOMATIC INDIVIDUALS QUARANTINED DUE TO CLOSE CONTACT WITH A COVID POSITIVE MEMBER ARE NOT CLASSIFIED PUI. ASYMPTOMATIC INDIVIDUALS BEING TESTED FOR COVID-19 ARE NOT CONSIDERED PUIS WHILE AWAITING TEST RESULTS.

2.C. HIGH-RISK PERSONNEL: THOSE INDIVIDUALS, DESIGNATED BY A MEDICAL PROVIDER, THAT MEET THE CDC HIGH-RISK CRITERIA AVAILABLE AT: [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/NEED-EXTRA-PRECAUTIONS/PEOPLE-AT-HIGHER-RISK.HTML](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html) THIS LIST EVOLVES AS KNOWLEDGE OF COVID-19 GROWS AND SHOULD BE CHECKED FREQUENTLY.

2.D. CLOSE CONTACT: INDIVIDUALS IDENTIFIED AS BEING WITHIN APPROXIMATELY 6 FEET (2 METERS) OF A COVID-19 CASE FOR A PROLONGED PERIOD OF TIME (>15 MINUTES).

CLOSE CONTACT CAN OCCUR WHILE CARING FOR, LIVING WITH, VISITING, WORKING WITH, OR SHARING A DENSELY POPULATED SPACE WITH A COVID-19 CASE. CLOSE CONTACT CAN ALSO BE ESTABLISHED VIA DIRECT CONTACT (E.G., BEING COUGHED OR SNEEZED UPON BY A COVID-19 CASE). DETERMINATION OF CLOSE CONTACT PRESUMES THE INTERACTION TRANSPIRED DURING THE COVID-19 CASES POTENTIALLY INFECTIOUS PERIOD CURRENTLY DEFINED AS 48 HOURS PRIOR TO SYMPTOM ONSET (OR FIRST POSITIVE TEST IF ASYMPTOMATIC) TO THE TIME THE COVID-19 CASE IS PLACED IN ISOLATION. SOME EXAMPLES SPECIFIC TO THE SHIPBOARD ENVIRONMENT INCLUDE: A) INDIVIDUALS WITHIN THE COVID-19 CASES BERTHING AREA ASSIGNED AN ADJACENT RACK

INCLUDING DIRECTLY ACROSS A NARROW AISLE; B) PROLONGED INTERACTION WITHIN RELATIVELY CONFINED SPACES INTERNAL TO THE SHIP (E.G., WORK SPACE, GALLEY, GYM, SMOKING DECK, CHAPEL, ETC.).

2.E. MEDICAL SCREENING: COVID-19 MEDICAL SCREENING SHOULD INCLUDE EVALUATION FOR BOTH TYPICAL AND ATYPICAL SYMPTOMS. TYPICAL SYMPTOMS OF COVID-19 INCLUDE: COUGH, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, FEVER, CHILLS, MUSCLE PAIN, GASTROINTESTINAL DISTRESS, AND RECENT LOSS OF TASTE OR SMELL. ATYPICAL SYMPTOMS OF COVID-19 INCLUDE, BUT ARE NOT LIMITED TO: SORE THROAT, RHINORRHEA (RUNNY NOSE), NASAL CONGESTION, NAUSEA, DIARRHEA, HEADACHE, INCREASED CONFUSION, DIZZINESS, AND MALAISE. A COMPLETE LIST OF COVID-19 SYMPTOMS CAN BE FOUND AT: [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/SYMPTOMS-TESTING/SYMPTOMS.HTML](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html).

2.F. SELF-MONITORING. PER THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC), SELF-MONITORING INCLUDES ASSESSING ONSET OF FEVER BY TAKING ONES TEMPERATURE TWICE A DAY AND REMAINING ALERT FOR SYMPTOMS CONSISTENT WITH COVID-19. CDC DEFINES FEVER AS TEMPERATURE GREATER THAN OR EQUAL TO 100.4 F (38C) DEGREES. INDIVIDUALS THAT DEVELOP FEVER, COUGH, OR BREATHING DIFFICULTY OR RECENT LOSS OF TASTE OR SMELL SHOULD IMMEDIATELY SELF-ISOLATE, LIMIT CONTACT WITH OTHERS, AND SEEK ADVICE BY TELEPHONE FROM A HEALTHCARE PROVIDER TO DETERMINE IF FURTHER MEDICAL EVALUATION IS REQUIRED.

2.G. RESTRICTION OF MOVEMENT (ROM). GENERAL DOD TERM FOR LIMITING PERSONAL INTERACTION TO REDUCE RISK TO THE HEALTH, SAFETY AND WELFARE OF A BROADER COHORT. ROM IS USED TO MINIMIZE RISK OF INDIVIDUALS ENCOUNTERING COVID-19 CONTAGIOUS INDIVIDUALS, AND TO PREVENT PERSONNEL WHO HAVE BEEN IN A HIGHER RISK AREA FROM POTENTIALLY INFECTING OTHERS. ROM INCLUDES ISOLATION, QUARANTINE AND ROM-SEQUESTER.

2.G.1. ISOLATION: MEDICAL TERM FOR THE STRICT SEPARATION OF PERSONNEL FROM OTHERS DUE TO THE DEVELOPMENT OF POTENTIAL COVID-19 SYMPTOMS OR A POSITIVE COVID-19 TEST.

2.G.2. QUARANTINE: MEDICAL TERM FOR SEPARATING ASYMPTOMATIC PERSONNEL FROM THOSE PEOPLE REASONABLY BELIEVED TO HAVE BEEN EXPOSED TO A COMMUNICABLE DISEASE, TO PREVENT THE POSSIBLE SPREAD OF THE COMMUNICABLE DISEASE. FOR THE COVID-19 PANDEMIC, PERSONNEL WITH NO COVID-19 SYMPTOMS WHO HAVE RECENTLY RETURNED FROM A HIGHER RISK LOCATION OR HAD CLOSE CONTACT WITH A KNOWN COVID-19 POSITIVE PATIENT SHOULD BE QUARANTINED. THE QUARANTINE PERIOD IS 14 DAYS.

2.G.3. ROM-SEQUESTER: U.S. NAVY TERM FOR PREEMPTIVE SEPARATION OF FORCES TO REDUCE RISK OF INFECTION WHILE ESTABLISHING A COVID-FREE BUBBLE. ROM-SEQUESTER CAN BE CONDUCTED ONBOARD SHIP, IN CONTRACTED FACILITIES, OR IN PERSONAL RESIDENCE DEPENDENT ON UNIT-SPECIFIC SCENARIOS. DURING ROM-SEQUESTER, INTERACTION WITH INDIVIDUALS TRAVELING OUTSIDE OF THE ROM-

SEQUESTER LOCATION MUST BE MINIMIZED. INTERACTION WITHIN ROM-SEQUESTER LOCATION IS RESTRICTED TO BASIC NECESSITIES SUCH AS FOOD DELIVERY.

2.H. BUBBLE. U.S. NAVY TERM FOR INDIVIDUALS, UNITS OR INSTALLATIONS THAT HAVE ESTABLISHED LOW PROBABILITY OF COVID-19 INFECTION. A CREW THAT HAS BEEN UNDERWAY, OR ROM-SEQUESTERED AT THE PIER, FOR GREATER THAN 14 DAYS WITHOUT COVID-19 POSITIVE PERSONNEL AND NO COVID-19 SYMPTOMS IS WITHIN A BUBBLE.

2.I. BUBBLE TO BUBBLE TRANSFER (B2BT). U.S. NAVY TERM FOR MOVEMENT OF UNITS OR PERSONNEL FROM ONE BUBBLE TO ANOTHER VIA CONTROLLED MEANS. A WIDE VARIETY OF MODES/MEANS OF TRANSPORTATION CAN BE USED FOR B2BT. THE KEY FACTOR IS THAT THE EVOLUTION IS CLOSELY CONTROLLED TO MINIMIZE RISK OF COVID-19 EXPOSURE TO BOTH INDIVIDUALS AND UNITS DURING TRANSFER.

3. MINIMUM ACTION REQUIRED PRIOR TO DEPLOYED OPERATIONS.

3.A. MANDATORY MEDICAL SCREENING BY A MEDICAL PROVIDER.

3.A.1. PRE-DEPLOYMENT SCREENING FOR ALL PERSONNEL WILL CONSIST OF AN ASSESSMENT OF COVID-19 EXPOSURE HISTORY, A TEMPERATURE CHECK, A CHECK FOR COVID-19 SIGNS AND SYMPTOMS LISTED IN PARA 2.E. FOR MILITARY MEMBERS, IT WILL ALSO INCLUDE A REVIEW OF ANY PAST COVID-19 TESTING AND A THOROUGH EVALUATION OF THE MEMBERS HIGH RISK FACTORS.

3.A.2. DEPLOYMENT WITH HIGH RISK INDIVIDUALS SHOULD BE RARE. DECISIONS MUST BE MADE, AT A MINIMUM, BY THE ISIC. MILITARY SEALIFT COMMAND WILL MEDICALLY SCREEN CIVIL SERVICE AND CONTRACT PERSONNEL FOR DEPLOYMENT ON MSC VESSELS IN ACCORDANCE WITH EXISTING MSC INSTRUCTIONS AND CONTRACTS.

3.B. CONDUCT A MINIMUM 14-DAY ROM-SEQUESTER PRIOR TO DEPLOYMENT. DEPENDING ON SCHEDULE AND PLANNED OPERATIONS, THE NCC WILL DETERMINE IF ROM-SEQUESTER IS WARRANTED PRIOR TO INTEGRATED PHASE.

3.B.1. CONDUCT ENHANCED DAILY PERSONNEL MEDICAL SCREENING (QUESTIONNAIRE/ TEMPERATURE CHECKS).

3.B.2. ALL PERSONNEL DEPLOYING OUTSIDE THE UNITED STATES WILL UNDERGO A 14-DAY ROM-SEQUESTER PRIOR TO DEPLOYMENT. IF TRAVELING OCONUS AND THE HOST NATION REQUIRES 14-DAY IN-COUNTRY ROM, CONUS PRE-DEPLOYMENT ROM-SEQUESTER IS NOT REQUIRED UNLESS THE HOST NATION EXPLICITLY MANDATES BOTH.

3.B.3. ACCEPTABLE ROM-SEQUESTER FACILITIES ARE: SHIP BERTHING, LIVING BARGE, INDIVIDUAL BARRACKS/HOTEL ROOMS, OR PERSONAL RESIDENCE (WITH LIMITED CONTACT WITH OTHER RESIDENTS). EACH HAS PROS AND CONS THAT MUST BE WEIGHED AGAINST UNIT-SPECIFIC CIRCUMSTANCES AND RISK. MINIMIZING CONTACT WITH OTHERS AND FOLLOWING PUBLIC HEALTH MITIGATION MEASURES IS CRITICAL TO SUCCESSFUL ROM-SEQUESTER.

3.B.4. PRACTICE PHYSICAL DISTANCING AND SANITIZE MORE FREQUENTLY WHILE MANNING ESSENTIAL WATCH STATIONS, COMPLETING REQUIRED MAINTENANCE, AND CONDUCTING REQUIRED UNDERWAY PREPARATION (LOGISTICS, TRAINING, ETC.).

3.B.5. DEVELOP OPERATIONAL BENCH FOR REDLINE PERSONNEL TO MAINTAIN MISSION ESSENTIAL OPERATIONS (NUCLEAR POWER PLANT, BRIDGE, COMBAT INFORMATION CENTER, CWC WATCHES, MEDICAL PROVIDERS, ETC.).

3.C. DEPLOYING UNITS WILL TEST/ROM-SEQUESTER PER FLEET APPROVED COMMUNITY CONOPS. THESE CONOPS WERE REVIEWED BY BUMED FOR THE LATEST SCIENTIFIC EFFICACY AND SHOULD BE FOLLOWED TO ENSURE STANDARDIZATION AND CONSISTENCY ACROSS THE FORCE. TESTING IS THE BEST WAY TO IDENTIFY ASYMPTOMATIC COVID-19 POSITIVE INDIVIDUALS. HOWEVER, TESTING DOES NOT GUARANTEE A COVID-FREE DEPLOYING UNIT DUE TO THE POTENTIAL FOR FALSE NEGATIVE TESTS. USE OPERATIONAL UNIT RETURN TO WORK (RTW) GUIDANCE, PARA. 7.D.1. TO CLEAR COVID POSITIVE TESTS.

3.D. SHIP RIDERS (E.G., CONTRACTORS, TECH REPS, INSPECTION TEAMS, ETC.), DIRECT SUPPORT PERSONNEL, AND ALL OTHERS ASSISTING COMMANDS PRIOR TO BUBBLE ESTABLISHMENT WILL ADHERE TO LOCAL FORCE HEALTH PROTECTION REQUIREMENTS (DAILY COVID-19 SCREENING QUESTIONNAIRE, TEMPERATURE CHECKS, PHYSICAL DISTANCING, PPE, RESTRICTED SHIPBOARD MOVEMENT, SANITIZATION, ETC.). WHEN INVOLVED IN MOVEMENT TO SEQUENTIAL COMMANDS, IT MAY BE ADVISABLE TO ROM-SEQUESTER TEAMS, USE B2BT, AND/OR TEST PERIODICALLY.

3.E. SHIP RIDERS (E.G., CONTRACTORS, TECH REPS, INSPECTION TEAMS, ETC.), DIRECT SUPPORT PERSONNEL, AND ALL OTHERS PENETRATING AN ESTABLISHED BUBBLE WILL COMPLETE A 14-DAY ROM-SEQUESTER PRIOR TO EMBARKING. USE OPERATIONAL UNIT RTW GUIDANCE TO CLEAR COVID POSITIVE TESTS, PARA. 7.D.1. MITIGATION PLANS TO PENETRATE AN ESTABLISHED BUBBLE WITHOUT A 14 DAY ROM-SEQUESTER DUE TO EMERGENT OPERATIONAL REQUIREMENTS MUST BE APPROVED BY THE NCC.

4. MINIMUM REQUIRED ACTION FOR MAINTENANCE, BASIC, ADVANCED/INTEGRATED, AND SUSTAINMENT PHASES.

4.A. MAINTENANCE PHASE. AGGRESSIVE AWARENESS, DIAGNOSIS, AND CONTACT TRACING ARE CRITICAL TO COMBAT COVID-19. COMMANDERS MUST REMAIN ALERT TO THE REALITY SOME SAILORS CARRYING COVID-19 MAY BE ASYMPTOMATIC AND MITIGATE RISKS ACCORDINGLY. THE FOLLOWING MINIMUM MEASURES APPLY:

4.A.1. FOLLOW LOCAL HPCON STATUS AND FHP MEASURES. EMPHASIZE PERSONAL RESPONSIBILITY (CLOTH FACE COVERINGS, PHYSICAL DISTANCING, AVOID LOCAL AREAS WITH HIGH POPULATION DENSITY, SELF-MONITOR, ETC.). REPORT AND ISOLATE PERSONNEL WITH COVID-19 SYMPTOMS. SCREEN ALL PERSONNEL AND VISITORS DAILY AT WORK, TO INCLUDE TEMPERATURE CHECKS. CLEAN AND DISINFECT SPACES DAILY IAW NAVSEA CLEANING GUIDANCE. CONSIDER ADDITIONAL COVID-19 ORM MEASURES FOR MAJOR EVENTS (E.G., SHIPBOARD DRILLS).

4.A.2. SUPPORT ORGANIZATION COMMANDERS (E.G., SHIPYARD PERSONNEL, CONTRACT SUPPORT, TRAINING TEAMS, ETC.) SHOULD CONSIDER CURRENT HPCON, CDC THREAT LEVEL, METHOD/MODE OF TRAVEL, ETC. WHEN ASSESSING RISK AND DETERMINING IF ROM-SEQUESTER IS WARRANTED. FOR EXAMPLE, A TEAM OF SHIPYARD WORKERS MOVING FROM AN AREA WITH LOW COVID CASES TO AN AREA OF LOW, MEDIUM OR HIGH COVID CASES MIGHT NOT WARRANT ROM-SEQUESTER UNLESS COMPELLED BY OTHER CIRCUMSTANCES SUCH AS TRAVEL THROUGH A HIGH RISK AIRPORT. REGARDLESS, VISITORS SHOULD FOLLOW THE SAME DAILY SCREENING PROCEDURES, SELF-MONITORING, TEMPERATURE CHECKS, PHYSICAL DISTANCING, PPE, AND PERSONAL RESPONSIBILITY PROTOCOLS AS SHIPS FORCE.

4.A.3 AIRCRAFT SQUADRON COMMANDERS SHOULD CONSIDER THE CURRENT RISK LEVEL PER PARAGRAPH 4.A.2 TO DETERMINE IF ROM-SEQUESTER IS REQUIRED FOR TRAINING DETACHMENTS. FOR EXAMPLE, A SAILOR MAY USE A PERSONAL VEHICLE TO DRIVE FROM MILITARY BASE TO MILITARY BASE WITH INFREQUENT GAS OR FOOD STOPS TO MAINTAIN A MODIFIED BUBBLE. REGARDLESS, TRAVELERS SHOULD FOLLOW THE SAME DAILY SCREENING PROCEDURES, SELF-MONITORING, TEMPERATURE CHECKS, PHYSICAL DISTANCING, PPE, AND PERSONAL RESPONSIBILITY PROTOCOLS DICTATED BY LOCAL HPCON CONDITIONS.

4.B. BASIC PHASE. INCLUDES SAME MEASURES AS THE MAINTENANCE PHASE, PLUS:

4.B.1. UNDERWAY OPERATIONS WITH ABILITY TO GET MEDICAL TREATMENT FACILITY (MTF) SUPPORT WITHIN 72 HOURS. SCREEN HIGH RISK SAILORS AND ENSURE PPE LOADOUT MEETS FLEET GUIDANCE. FOLLOW PLATFORM SPECIFIC COVID-19 CONOPS AND SOPS.

4.B.2. UNDERWAY OPERATIONS WHEN MTF SUPPORT WILL NOT BE AVAILABLE WITHIN 72 HOURS. SAME MEASURES AS LOCAL OPERATIONS, PLUS, IAW FLEET COMMANDER GUIDANCE, CONSIDER MEDICAL TEAM AUGMENT, MEDEVAC AUGMENT/HELO CAPABILITY, AND SHIPBOARD TESTING CAPABILITY.

4.C. ADVANCED AND INTEGRATED PHASES. SAME MEASURES AS MAINTENANCE AND BASIC PHASES, PLUS:

4.C.1. IF DEPLOYING IMMEDIATELY AFTER INTEGRATED PHASE (I.E., COMPTUEX(C2X)) OR PRE-OVERSEAS MOVEMENT EVALUATION (POMEVAL), FOLLOW GUIDANCE IN PARAGRAPH 3.

4.D. SUSTAINMENT PHASE.

4.D.1. UNDERWAY: MAINTAIN BUBBLE PER PARAGRAPH 3.E.

4.D.2. PIER-SIDE: FOLLOWING DEPLOYMENT, FOLLOW BASIC PHASE GUIDANCE. OPERATIONAL COMMANDERS MAY ELECT TO SHIFT TO PARAGRAPH 3 GUIDANCE DEPENDING ON LIKELIHOOD OF CONTINGENCY OPERATIONS.

4.E. FOR SHORE BASED COMMANDS SENDING PERSONNEL TO AFLOAT UNITS, FOLLOW THE

GUIDANCE THAT APPLIES TO THE PHASE OF THE RECEIVING UNIT. FOR ALL PERSONNEL TRAVELING TO SHORE COMMANDS (E.G., SCHOOLS, TDY, ETC.), FOLLOW MAINTENANCE PHASE CRITERIA OF PARA 4.A.

4.F. FOR ALL PHASES, DISCIPLINED INDIVIDUAL AND ORGANIZATIONAL PUBLIC HEALTH PROTECTION MEASURES ARE THE BEDROCK OF RISK REDUCTION AND RISK MITIGATION. COVID MITIGATION PROTOCOL, WHERE APPROPRIATE, SHOULD CONSIDER ADDITIONAL SUPPORT FOR HIGH RISK PERSONNEL. COMMANDERS ARE RESPONSIBLE FOR DEVELOPING, MANAGING, OVERSEEING AND IMPLEMENTING PROTOCOLS FOR THEIR UNITS. INDIVIDUALS ARE RESPONSIBLE FOR EXECUTING THOSE PROTOCOLS.

5. DUE TO THE UNIQUE NATURE OF FORWARD DEPLOYED NAVAL FORCES (FDNF) AND THEIR HOST NATION RELATIONSHIP, NCCS WILL DEFINE OPERATIONAL REQUIREMENTS FOR FDNF UNITS USING SECTIONS 3 AND 4 AS THE BASIS.

6. COMMANDERS MAY NEED TO EXEMPT AIRCREW AND AIRCRAFT MAINTAINERS FROM THIS GUIDANCE TO MEET EMERGENT OPERATIONAL OR NATOPS CURRENCY REQUIREMENTS. ROBUST RISK MITIGATION IS REQUIRED TO MINIMIZE COVID THREATS TO EXISTING BUBBLES. MITIGATION PLANS MUST BE APPROVED BY THE NCC.

7. REQUIRED ACTION WHEN MILITARY, CIVILIAN, OR CONTRACTOR EXHIBITS SIGNS OR SYMPTOMS OF COVID-19 INFECTION.

7.A. ISOLATE, MEDICALLY SCREEN AND DESIGNATE AS PUI. RESTRICT CONTACT AND PROTECT THE OPERATIONAL BENCH IF APPLICABLE.

7.A.1. IF ISOLATED ABOARD SHIP, USE SMALL BERTHING AREAS (E.G., STATEROOMS, PREFERABLY WITH HEADS) FOR SEPARATION. WHEN ADEQUATE SHIPBOARD ISOLATION CAPACITY IS EXHAUSTED, CONSIDER TRANSFERRING PUIS TO UNITS WITH REMAINING CAPACITY OR ASHORE, IF FEASIBLE AND MISSION ALLOWS.

7.A.2. IF ISOLATED ASHORE, PROVIDE NECESSARY MEDICAL TREATMENT UNTIL CLINICALLY IMPROVED.

7.B. IDENTIFY, QUARANTINE, AND MEDICALLY SCREEN CLOSE CONTACTS OF COVID-19 CASES AND SYMPTOMATIC PUIS AS DEFINED IN PARAGRAPHS 2.A AND 2.B. MINIMUM SCREENING SHOULD INCLUDE COVID-19 QUESTIONNAIRE TO ASSESS RISK TO EXPOSURE, TEMPERATURE CHECK, AND VISUAL CHECK FOR SIGNS AND SYMPTOMS OUTLINED BY THE CDC.

WHEN ADEQUATE SHIPBOARD QUARANTINE CAPACITY IS EXHAUSTED, CONSIDER TRANSFERRING CLOSE CONTACTS TO UNITS WITH REMAINING CAPACITY OR ASHORE, IF FEASIBLE AND MISSION ALLOWS.

7.B.1. QUARANTINE CLOSE CONTACTS FOR 14 DAYS. AFTER 14 DAYS, IF ASYMPTOMATIC, RELEASE FROM QUARANTINE.

7.B.2. PER PARAGRAPH 2.B., ASYMPTOMATIC INDIVIDUALS QUARANTINED DUE TO CLOSE

CONTACT ARE NOT CONSIDERED PUI.

7.B.3. IF CLOSE CONTACT BECOMES SYMPTOMATIC - FOLLOW PUI PROTOCOL.

7.C. PROTOCOL FOR PUI.

7.C.1 TEST PUI IF POSSIBLE.

7.C.2. IF TEST RESULT POSITIVE - CONTINUE ISOLATION AND TREAT.

7.C.3 IF TEST RESULT NEGATIVE - PROVIDE MEDICAL TREATMENT UNTIL CLINICALLY IMPROVED.

7.C.4 IF TEST RESULT NEGATIVE AND PUI DOES NOT IMPROVE - ISOLATE AND FOLLOW PARAGRAPH 7.D.

7.C.5 IF NO TEST PERFORMED - MEDICALLY SCREEN TWICE A DAY AT A MINIMUM AND, IF SYMPTOMS WORSEN, CONSULT MEDICAL AUTHORITIES REGARDING TRANSFER TO MEDICAL TREATMENT FACILITY.

7.D. RETURN TO WORK GUIDANCE FOR COVID-19 CASES.

7.D.1. OPERATIONAL UNITS. COVID-19 CASES MUST MEET ALL OF THE FOLLOWING CRITERIA TO RETURN TO WORK: (1) AT LEAST 72 HOURS HAVE PASSED SINCE RECOVERY [DEFINED AS RESOLUTION OF FEVER WITHOUT THE USE OF FEVER REDUCING MEDICATION],

(2) FREE OF ALL RESPIRATORY SYMPTOMS (E.G., COUGH, SHORTNESS OF BREATH), (3) IMPROVEMENT OF ALL OTHER COVID SYMPTOMS AS DETERMINED BY A MEDICAL PROVIDER, AND (4) AT LEAST 14 DAYS HAVE ELAPSED SINCE THE SYMPTOMS FIRST APPEARED OR SINCE THE DATE OF THE FIRST POSITIVE TEST IF ASYMPTOMATIC.

7.D.2. ALL OTHER UNITS AND STAFFS. COVID-19 CASES MAY RETURN TO WORK AFTER MEETING ALL REQUIREMENTS OF SYMPTOM-BASED CRITERIA, PARA. 7.D.2.A. OR TEST-BASED CRITERIA, PARA 7.D.2.B. TEST-BASED CRITERIA MUST USE AN FDA APPROVED MOLECULAR ASSAY FOR DETECTION OF SARS-COV-2 RNA.

7.D.2.A. SYMPTOM-BASED CRITERIA: MUST MEET THE FOLLOWING: (1) AT LEAST 72 HOURS HAVE PASSED SINCE RECOVERY [DEFINED AS RESOLUTION OF FEVER WITHOUT THE USE OF FEVER REDUCING MEDICATION], (2) IMPROVEMENT IN RESPIRATORY SYMPTOMS (E.G., COUGH, SHORTNESS OF BREATH), AND (3) AT LEAST 10 DAYS HAVE ELAPSED SINCE THE SYMPTOMS FIRST APPEARED OR TEST DATE IF ASYMPTOMATIC.

7.D.2.B. TEST-BASED CRITERIA: MUST MEET THE FOLLOWING: (1) RESOLUTION OF FEVER WITHOUT THE USE OF FEVER REDUCING MEDICATION, (2) IMPROVEMENT IN RESPIRATORY SYMPTOMS (E.G., COUGH, SHORTNESS OF BREATH), AND (3) NEGATIVE PCR TEST RESULTS FROM AT LEAST TWO CONSECUTIVE RESPIRATORY SPECIMENS COLLECTED MORE THAN OR EQUAL TO 24 HOURS APART.

7.D.3 NCC MAY ELECT TO TREAT CRITICAL OPERATIONAL ENABLERS, SUCH AS INSPECTION AND CERTIFICATION TEAMS, AS OPERATIONAL UNITS, PARA. 7.D.1.

7.E. PERSONNEL MAY CONTINUE TO TEST POSITIVE DUE TO THE PRESENCE OF PERSISTENT NON-INFECTIOUS VIRAL FRAGMENTS. THEREFORE, UNITS MAY ELECT TO USE PARA. 7.D.2.A TO SAFELY RTW. INDIVIDUALS THAT EXHIBIT NEW OR PERSISTENT SYMPTOMS SHOULD BE EVALUATED BY A MEDICAL PROVIDER AND PLACED/KEPT IN ISOLATION UNTIL SYMPTOMS RESOLVE.

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

8. POST-DEPLOYMENT/REDEPLOYMENT.

8.A. MILITARY MEMBERS RETURNING TO CONUS FROM DEPLOYMENT WILL COMPLETE A 14-DAY ROM AT HOME STATION. MEMBERS RETURNING VIA SHIP OR MILAIR WITH NO ACTIVE COVID-19 CASES WITHIN THEIR UNIT IN THE LAST 14 DAYS, MAY COUNT TRANSIT TIME (BEGINNING ON THE DAY OF DEPARTURE FROM THE LAST PORT OR AIRFIELD) TOWARD THE ROM REQUIREMENT. SERVICE MEMBERS ON POST-DEPLOYMENT ROM ARE RESTRICTED TO THEIR PERSONAL RESIDENCE OR OTHER APPROPRIATE DOMICILE AND MUST LIMIT CLOSE CONTACT.

8.B. REDEPLOYING INDIVIDUALS MUST BE SCREENED AT THE ASSIGNED PLACE OF DUTY OR POINT OF EMBARKATION. AT A MINIMUM, SCREENING WILL CONSIST OF COVID-19 QUESTIONNAIRE, ASSESSMENT OF EXPOSURE HISTORY, TEMPERATURE CHECK, CHECK FOR COVID-19 SIGNS AND SYMPTOMS LISTED IN PARAGRAPH 2.E., AND REVIEW OF ANY PAST COVID-19 TESTING.

8.C. AT THE COMPLETION OF DEPLOYMENT, ALL PERSONNEL WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796) AND POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) IN ACCORDANCE WITH REF (E).

8.D. ALL COVID-19 TESTING AND RESULTS WILL BE ENTERED IN THE SERVICEMEMBERS MEDICAL RECORD.

9. ADDITIONAL ROM AND MEDICAL SCREENING CONSIDERATIONS.

9.A. COMMANDERS MUST ENSURE ROM AND MEDICAL SCREENING GUIDANCE GIVEN TO DOD CIVILIAN AND CONTRACTOR PERSONNEL CAN BE APPLIED CONSISTENTLY WITH APPLICABLE TERMS OF EMPLOYMENT AND CONTRACT. COMMANDERS SHOULD CONSIDER WEATHER AND SAFETY LEAVE AND TELEWORK AS OPTIONS TO FACILITATE DOD CIVILIAN COMPLETION OF ROM.

COMMANDERS ARE ENCOURAGED TO CONSULT THEIR SERVICING STAFF JUDGE ADVOCATES, OGC LEGAL COUNSEL, AND/OR HUMAN RESOURCE OFFICE FOR CASE-SPECIFIC GUIDANCE.

9.B. THIS GUIDANCE DOES NOT ALTER, MODIFY, OR CHANGE THE TERMS AND

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CONDITIONS OF ANY DOD CIVILIAN EMPLOYMENT AGREEMENT OR ANY OTHER DOD CONTRACT. ONLY WARRANTED OFFICERS MAY AGREE TO PAY ANY COSTS ASSOCIATED WITH DOD CONTRACTOR ROM.

10. RELEASED BY VADM P. G. SAWYER, DEPUTY CHIEF OF NAVAL OPERATIONS FOR OPERATIONS, PLANS AND STRATEGY, OPNAV N3/N5//

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