

GENERAL REQUIREMENTS

REDUCTION OF MOVEMENT (ROM) REQUIREMENTS REV B

1. ABSTRACT
 - 1.1. This item describes the requirements for the contractor to enter a reduction of movement (ROM) status for the (14) days prior to coming onboard the ship to commence work associated with the voyage repair.
2. REFERENCES/ENCLOSURES
 - 2.1. References:
 - 2.1.1. ABS Guidance Notes on Response Measures to COVID 19 for the Marine and Offshore Industries
 - 2.2. Enclosures:
 - 2.2.1. MSC QMS Procedure N2.35.6100.1-Q
 - 2.2.2. NAVADMIN 113/20
 - 2.2.3. MSC COVID Screening Questionnaire V2020.04.29
3. ITEM LOCATION/DESCRIPTION: N/A
4. GOVERNMENT FURNISHED EQUIPMENT/MATERIAL/SERVICES: None
5. NOTES
 - 5.1. Per enclosure 2.2.1 all personnel accessing MSC ships are required to complete a (14) day ROM sequester prior to coming onboard.
 - 5.2. The definitions of many terms used in this work item are:
 - 5.2.1. Self-monitoring: Monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough, difficulty breathing, sore throat, shortness of breath, loss of taste or smell.
 - 5.2.2. Close contact: Being within approximately six feet (two meters) of an individual for a period of ten minutes or greater.
 - 5.3. Enclosure 2.2.2 has further information on requirements for ROM.
6. QUALITY ASSURANCE REQUIREMENTS
 - 6.1. MSC COVID-19 Screening Questionnaire
7. STATEMENT OF WORK
 - 7.1. Contractor shall certify that all personnel who board the vessel complete a ROM sequester for no less than (14) days immediately prior to boarding the ship. This requirement applies to all contractor employees, subcontractors, inspectors, and consultants who are required to board the ship during the performance of this contract.
 - 7.2. During the work period of performance, the contractor personnel shall continue to observe the ROM requirements.

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- 7.2.1. Transit to/from the work site shall be in a privately owned vehicle, company vehicle or rental car. Maximum number of passengers per vehicle is two. If multiple contractors are using the same conveyance all shall have completed ROM and face coverings shall be utilized during transit to/from the work site.
- 7.2.2. Personnel will be screened prior to coming onboard the ship each day. This screening may include temperature checks and submittal of the COVID-19 Screening Questionnaire, enclosure 2.2.3.
- 7.2.3. Level 1 personnel protective equipment (PPE), as defined by reference 2.1.1 will be required at all times while onboard the ship.
- 7.2.4. Eating or drinking on board the vessel shall not be allowed.
- 7.2.5. Meetings with the crew and OMT shall be completed by use of teleconference/virtual meeting. If a teleconference/virtual meeting cannot be established or a meeting is required to be made in person, social distancing (greater than two meters) shall be followed and the PPE in reference 2.1.1 shall be required.
- 7.2.6. If the tech representative / subcontractor becomes ill or starts exhibiting symptoms the organization shall make the Contracting Officer aware of the situation and shall not proceed to attend the vessel.
- 7.3. While in ROM personnel shall:
 - 7.3.1. Remain at home or in a hotel room with dedicated sleeping and bathroom facilities.
 - 7.3.1.1. If ROM period is completed in a hotel, housekeeping services shall be suspended. Provided hotel room shall be disinfected, sanitized, and cleaned prior to arrival. Linens and towels if needed during the stay shall be delivered outside of the room or picked up at the front desk.
 - 7.3.1.2. ROM personnel shall be directed to remain at home or in a comparable setting for **(14)** days (ROM) from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available. It is possible that units executing pre-movement sequester will be assigned rooms that do not meet CDC guidance due to the large volume of rooms required.
 - 7.3.1.3. When in ROM, personnel shall avoid congregate settings, limit close contact with people and pets or other animals to the greatest extent possible, avoid traveling, self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

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- 7.3.1.4. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, designated smoking areas; and conduct other essential tasks not in a public setting provided they maintain social distancing greater than 6 feet (2 meters) from others. Access to messing facilities, stores, fitness centers, and other widely used support services is prohibited.
 - 7.3.2. Self-monitor for COVID 19 by measuring body temperature twice a day and remaining alert for development of COVID 19 symptoms (e.g. fever, cough, sore throat, shortness of breath, loss of taste or smell).
 - 7.3.3. When or if the individual needs to exit the ROM quarters for essential tasks he/she shall maintain social distancing (greater than 2 meters) from others and wear a cloth face mask during times outside of ROM quarters. The use of public transit is prohibited.
 - 7.3.4. Avoid crowds and public areas. Restaurant dining is prohibited. Food delivery or food take-out is allowed with minimal contact.
8. GENERAL REQUIREMENTS
- 8.1. Reference 2.1.1 contains best practices mitigating COVID 19 exposure. Contractors shall review these recommendations and strive to meet them at all times while onboard MSC ships.



GUIDANCE NOTES ON

**RESPONSE MEASURES TO COVID-19 FOR THE MARINE
AND OFFSHORE INDUSTRIES
MAY 2020**

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Foreword

As the world's leading classification society, ABS has been setting maritime and offshore standards for almost 160 years. These standards promote the security of life and property, and preservation of the natural environment.

The impact of the COVID-19 pandemic is being felt across all sectors of shipping and offshore, including stakeholders' supply chains. As carriers of 90% of world trade volumes, the fortunes of the commercial shipping sector and its supply chain are directly tied to those of the global economy.

With all maritime and offshore parties affected by the outbreak of the virus, it is important that industry works to achieve standards of cleanliness and contamination response to improve health and safety of personnel while maintaining continuity of operations. This will require that best practices for disease prevention and mitigation are understood and implemented.

In response to the global outbreak of COVID-19, these Guidance Notes provide best practices for:

- Storage, use, and disposal of cleaning and disinfecting products
- Mitigating the COVID-19 exposure risks by cleaning, disinfecting, screening, and social distancing
- Response to COVID-19 case onboard through isolation, contact tracing, quarantine, cleaning, disinfecting and disembarkation.

These Guidance Notes have been developed based on several independent governmental and commercial sources and are intended to present a consolidation of the best available information at the time of publication.

This document may be applied to marine and offshore assets including navy vessels, commercial vessels, drilling units, production installations, and other offshore units. Certain types of passenger vessels may have special guidelines beyond the scope of these Guidance Notes. Guidance on shoreside facilities may be included in the future revisions.

Due to the nature of this publication and the amount of new information being released, users are advised to check periodically on the ABS website www.eagle.org to verify that this version of these Guidance Notes is the most current.

We welcome your feedback. Comments or suggestions can be sent electronically by email to rsd@eagle.org.

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GUIDANCE NOTES ON

RESPONSE MEASURES TO COVID-19 FOR THE MARINE AND OFFSHORE INDUSTRIES

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SECTION 1 Introduction

1 General

In response to the outbreak of the virus SARS-CoV-2, and the disease it causes, COVID-19, ABS has created these Guidance Notes to assist the marine and offshore industry to protect their workforce while maintaining continuity of operations.

2 Scope

These Guidance Notes provide best practices for:

- Storage, use, and disposal of cleaning and disinfecting products (Section 3)
- Mitigating COVID-19 exposure risks by cleaning, disinfecting, screening, and social distancing (Section 4)
- Response to COVID-19 cases onboard through isolation, contact tracing, quarantine, cleaning, disinfecting, and disembarkation (Section 5)
- Risk management framework (Appendix 1) for developing Prevention Management Plan (see 4/2) and Outbreak Management Plan (see 5/2)

The measures in this document are intended to help reduce the spread of the virus but will not eliminate the risk of transmission. They should be used in conjunction with operating practices of each asset.

These Guidance Notes have been developed based on current information provided by several independent governmental and commercial sources and are intended to be a consolidation of the best available information at the time of publication.

The policies and procedures vary among government and commercial resources and their “best practices” may change over time in this very dynamic environment.

This document does not cover medical treatment of COVID-19 patients on board. Personnel in charge of medical care onboard should rely on the recommendations of recognized medical professionals.

3 Application

These Guidance Notes are applicable to marine and offshore assets including navy vessels, commercial vessels, drilling units, production installations and other offshore units.

4 Regulatory Compliance

4.1 Port Authority

Commercial vessels should comply with special guidelines provided by port authorities to help control the spread of the virus that causes COVID-19, prior to calling at these ports. When there is a suspected case of COVID-19 disease onboard, the vessel master should inform the port health authority at the next port of call in accordance with the International Health Regulations (IHR) [1]. A Maritime Declaration of Health (MDH) should be completed by vessels on an international voyage and sent to the authorities at the next port of call.

4.2 ISM Code

All assets that are subject to the International Safety Management Code (ISM code) [2] are required to establish safeguards against all identified risks. Therefore, Prevention Management Plan as well as Outbreak Management Plan are encouraged to address the risk of infection by and/or transmission of virus that causes COVID-19. Appendix 1 outlines a risk management framework that may be useful in developing such plans.

5 Definitions

For the purpose of these Guidance Notes, the following definitions apply:

Cleaning: Removal of visible soil (e.g., organic and inorganic material) from objects and surfaces. It is usually accomplished manually or mechanically using water with detergents or enzymatic products [3].

Close Contact: See 5/3.2

Confirmed Case: See 5/3.1.2

Decontamination: The use of physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal [4].

Disinfection: A process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects [3].

Isolation: Separation of sick people with contagious disease from people who are not sick [5].

Microbe: Microscopic bacteria, viruses, fungi, and protozoa.

Quarantine: Separation and restriction of movement of people who were exposed to a contagious disease to see if they become sick [5].

Sanitation: Effective use of tools and actions that will reduce the occurrence and growth of bacteria, viruses, and fungi and help maintain hygienic conditions.

Sanitization: Lowering the number of microbes on a surface.

Suspected case: See 5/3.1.1

6 Abbreviations

ABS	American Bureau of Shipping
COVID-19	COronaVirus Disease - 2019
ECHA	European CHEmicals Agency
HDPE	High-Density PolyEthylene
ICS	International Chamber of Shipping
IHR	International Health Regulations
ILO	International Labour Organization
IMO	International Maritime Organization
IP	Ingress Protection
ISM	International Safety Management
LDPE	Low-Density PolyEthylene

MARPOL	The International Convention for the Prevention of Pollution from Ships
MDH	Maritime Declaration of Health
MERS	Middle East Respiratory Syndrome
MODU	Mobile Offshore Drilling Unit
MEPC	Marine Environment Protection Committee
PHEIC	Public Health Emergency of International Concern
PLF	Passenger/Crew Locator Form
PPE	Personal Protective Equipment
ppm	parts per million
PVC	Polyvinyl Chloride
QAC	Quaternary Ammonium Compounds
SARS	Severe Acute Respiratory Syndrome
SARS-CoV	Severe Acute Respiratory Syndrome Coronavirus
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus - Second
SOLAS	The International Convention for the Safety of Life at Sea
SCC	Stress Corrosion Cracking
US EPA	United States Environmental Protection Agency
UV	Ultraviolet Light
WHO	World Health Organization



SECTION 2 COVID-19

1 Background

The coronavirus disease 2019 (COVID-19) is an infectious disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Coronaviruses are a family of viruses that commonly cause respiratory illnesses in people. The novel coronavirus, SARS-CoV-2, is a newly discovered virus, and is the seventh of the coronaviruses that are known to infect people. Coronaviruses also circulate among animals, including camels, cattle, cats, and bats [6].

A diagnosis of any of the more common human coronaviruses (229E, NL63, OC43, HKU1) is not the same as a COVID-19 diagnosis. Patients with COVID-19 should be evaluated and cared for differently than patients with more common coronavirus diagnoses.

Two other coronaviruses that cause human infection are the Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV, causing SARS) and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV, causing MERS).

SARS was first recognized in 2003 with reports of an atypical pneumonia in mainland China. Within about six months, the outbreak spread to 26 countries; the virus infected more than 8,000 patients and caused 774 deaths. The most recent human SARS cases were in 2004. They were laboratory-acquired infections reported from China.

MERS was first recognized in Saudi Arabia in 2012. Of the nearly 2,500 reported laboratory-confirmed cases, 80% have been in Saudi Arabia with the remainder in 26 other countries. About one third of those infected have died. MERS is not readily spread person-to-person, though outbreaks have occurred in healthcare settings and other environments with close person-to-person contact. The most recent cases can be directly or indirectly traced to dromedary camels in the Arabian Peninsula.

The SARS-CoV-2 virus causes COVID-19. The syndrome was first recognized in China through reports of atypical pneumonia in late 2019. The disease spread rapidly, primarily through person-to-person contact. By January 30, 2020, WHO declared it a “public health emergency of international concern”.

The disease had been reported from nearly every country around the world, and is having tremendous impacts on the entire world, ranging from health to economics.

2 Symptoms

Symptoms of COVID-19 may appear 2 to 14 days after exposure and may include fever, cough, and shortness of breath or difficulty breathing. Some people are at higher risk for severe illness, including older adults and those with chronic medical conditions such as asthma, diabetes and heart disease [7].

The most common symptoms include [8]:

- fever
- tiredness
- dry cough

Other symptoms can include:

- Shortness of breath

- Aches and pains
- Sore throat
- In limited cases, diarrhea, nausea, or a runny nose
- Neurologic, such as impaired taste and smell

More severe symptoms may include:

- Inflammation of the lungs, leading to other health complications
- Multi-system organ failure, e.g., renal, cardiac
- Death

Some people become infected, but do not show any symptoms (asymptomatic), but may serve as carriers for the disease, and contribute to the spread of the virus.

3 Transmission of Disease

The virus is believed to be primarily spread by respiratory droplets produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths, noses or eyes of uninfected people who are nearby, or possibly be inhaled into their lungs. These droplets can land on surfaces or objects, and if an uninfected person touches these surfaces or objects then touches their mouth, nose, or eyes, he/she may become infected. Additionally, droplets expressed from an infected individual can linger in the air and be inhaled into the lungs by individuals within 2 m (6 ft). The virus may also be spread by people who are not showing symptoms [9].

The ease with which a virus spreads from person-to-person varies. The virus that causes COVID-19 spreads very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus spreads more efficiently than common influenza, but not as efficiently as measles, which is highly contagious.

4 Impact to Personnel

Due to the nature of transmission, and the close quarters maintained by individuals on marine and offshore assets, it is possible for the virus to spread rapidly. Given the range of symptoms, and severity of the disease, assets with suspected cases should take immediate measures to limit exposure to the virus.

The virus may potentially spread throughout the personnel onboard, straining onboard medical resources, impacting the operation of an asset, and affecting the ability of a vessel to enter a port or disembark personnel. Additionally, personnel onboard experiencing severe symptoms may not be able to receive adequate medical care in time.



SECTION 3 Cleaning Products, Disinfectants and PPE

1 General

Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for the prevention of COVID-19 and other viral respiratory illnesses [11]. The effectiveness of disinfection is greatly reduced if it is applied to a visibly dirty surface.

This Section provides best practices for storage, use, and disposal of common cleaning and disinfecting products, as well as the recommended types and use of PPE for various activities on board an asset. Cleaning and disinfection frequency is discussed in Sections 4 and 5.

2 Cleaning Products

Detergents, soaps, and other common cleaning products should be used in accordance with manufacturer's instructions and regular marine and offshore cleaning procedures. Hard, non-porous, surfaces should be cleaned using a detergent or soap and water. Soft, porous, surfaces such as carpeted floors, rugs, and drapes should be cleaned with cleaners designed specifically for use on these surfaces, or with a steam cleaner. Visible contaminants also should be removed from all electronic items using the appropriate general-purpose cleaners.

It is important to follow the manufacturer's recommendations regarding the usage of cleaning solutions, their concentration, and method of application for each surface to be cleaned. Standard asset procedures for storing, handling, and disposing of cleaning products should be followed.

The list of Safety Data Sheets (SDS) kept on board any asset for each chemical being carried should be updated if new cleaning agents are brought on board.

3 Disinfectants

3.1 List of Disinfectants

Disinfectant products based on the following chemical compounds are understood to be effective against SARS-CoV-2 virus:

i) *Bleach (sodium hypochlorite or calcium hypochlorite)*

This is a fast-acting disinfectant that does not leave a toxic residue and is unaffected by water hardness.

ii) *Alcohol*

Isopropyl alcohol (also known as isopropanol, 2-propanol) and ethyl alcohol (also known as ethanol or drinking alcohol) are frequently used in rubbing alcohol, hand sanitizers, and disinfection pads and wipes.

iii) *Quaternary Ammonium Compounds (QAC)*

Quaternary ammonium compounds are often found in disinfectants. Their effectiveness depends on other chemical compounds in the disinfectant.

iv) *Hydrogen Peroxide*

Commercially available hydrogen peroxide (3% ~ 6%) is a stable and effective disinfectant when used on surfaces.

Two other disinfectants are being increasingly used to disinfect medical facilities, laboratories, schools, etc. Their performance has not been independently verified by ABS.

i) Hypochlorous Acid (electrolyzed water)

Hypochlorous acid is very effective against bacteria, fungi, and viruses. In concentrations used for disinfection, e.g. 50 ppm, it does not irritate skin and is very mild to mucous membranes. It is often used for sanitizing food and contact surfaces.

ii) Accelerated Hydrogen Peroxide® (AHP®)

AHP® contains hydrogen peroxide that has been accelerated to increase its germicidal potential.

Note: AHP® is the registered trademark of Virox Technologies Inc.

Other chemical compounds may be considered as disinfectants if their effectiveness against the virus that causes COVID-19 has been confirmed by national or international health authorities e.g. United States Environmental Protection Agency (US EPA) [12] and European Chemicals Agency (ECHA) [13]).

When evaluating a disinfectant that is not listed above, the following characteristics may be considered:

- i)* Fast acting and effective against the virus that causes COVID-19
- ii)* Compatible with soaps, detergents, and other cleaning chemicals
- iii)* Nontoxic
- iv)* Should not corrode instruments and metallic surfaces and should not cause the deterioration of cloth, rubber, plastics, and other materials
- v)* Easy to use with clear instructions on the label
- vi)* Stable in concentrate and after being diluted
- vii)* Not harmful to the environment when disposed of

The list of SDS kept on board any asset for each chemical being carried should be updated if new disinfectant agents are brought on board.

3.2 Disinfectant Concentration Guidance

For the disinfectant to be effective against the virus that causes COVID-19, the following concentrations of chemical compounds are recommended:

- i)* Diluted bleach solutions should be used with at least 1000 ppm sodium hypochlorite (e.g. five tablespoons of bleach per one gallon of water)
- ii)* Spray-on disinfectant or sanitizers should contain a minimum of one of the following: 0.5% sodium hypochlorite, or 70% isopropyl or ethyl alcohol, or 0.5% hydrogen peroxide
- iii)* Hand sanitizers should contain a minimum of 70% alcohol (isopropyl or ethyl)

3.3 Preparation and Handling of Disinfectants

The typical concentration of chemicals found in commercial disinfectants can have adverse effects on human health.

Bleach at the concentrations recommended for cleaning has generally a low incidence of serious toxicity according to the CDC. However, contact with the eyes can be serious even at relatively low concentration.

In high concentration (e.g. from the original container) bleach can irritate mucous membranes, the skin, and the airway, and is especially toxic if splashed into the eyes.

Isopropyl and ethyl alcohol can cause skin itching, redness, rash, drying, and cracking under repeated exposure. Skin exposure to quaternary ammonium compounds can lead to skin rashes and inhaling can irritate the lungs.

Hydrogen peroxide is mildly irritating to the skin and mucous membranes.

All of these chemicals can cause serious eye irritation and damage. Therefore, the manufacturer's guidance for wearing personal protective equipment (PPE) while working with disinfectants should be followed. If such guidance is not available, reference should be made to Section 3/4.

Manufacturer's instructions for preparation of any disinfectant should be followed, especially the recommended concentration levels. These levels should not be exceeded, as adverse effects on human health, surfaces (corrosion, bleaching, hardening, swelling, etc.) and the environment may occur. The manufacturer's recommended concentration levels should also satisfy the recommendations from 3/3.2, otherwise a different disinfectant should be used.

Disinfectants should be used within their shelf lives for maximum effectiveness against the virus that causes COVID-19.

Different disinfectant products should never be mixed as this can produce hazardous vapors and oxidizing reactions (i.e., bleach and ammonia). Also, disinfectants should never be mixed with other cleaning agents.

The preparation of disinfectant solutions should be conducted in well-ventilated areas. Additional ventilation may be needed to reduce the concentration of hazardous vapors. Precautions should be taken to avoid splashing, especially to the eyes; eye goggles should be worn when appropriate. Eyewash stations should be provided in the areas where disinfectants are being prepared. Portable handheld eyewash stations may also be used.

Bleach should be diluted with cold water as hot water reduces its effectiveness. Once diluted, bleach solutions should be stored in closed containers, and used within 24 hours.

Alcohol wipes should be transported within a container with a closed lid to prevent evaporation and combustion.

3.4 Precautions for Applying Disinfectants

Disinfectant chemicals can have adverse effects when they come in contact with various types of surfaces and materials. For example, they can cause fabrics to lose color; plastics to harden, crack and discolor; and the surfaces of metal objects to oxidize. It is important to follow the manufacturer's recommendations for use on each specific surface or material. The disinfectant first should be tested on a small part of the surface to see if there are any immediate adverse reactions between the disinfectant and the surface material.

The long-term effects of daily usage of disinfectants on various substrates remain largely unknown and constant monitoring of surface degradation is recommended. Appendix 2, Tables 1 and 2 contain the degradation risk of various metallic and non-metallic substrates on marine and offshore assets when in contact with common disinfectant chemicals.

The subsection below contains general precautionary measures that should be employed when applying disinfectants to various surfaces.

3.4.1 Impact of Disinfectants to Various Surfaces

3.4.1(a) Structure and Bare Metal Surfaces

Chlorine causes stress corrosion cracking. The use of bleach solutions or hypochlorite wipes should be avoided on any bare metals to avoid stress corrosion cracking.

Disinfectants based on QAC should not be used on copper bearing alloys (piping, components, fasteners) to avoid stress corrosion cracking.

Hydrogen peroxide will corrode copper, zinc, and brass.

Alcohol based disinfectants are recommended on bare metal surfaces. Use of flammable disinfectants should be avoided in hot-work areas.

3.4.1(b) Machinery and Sensitive Equipment

Using bleach solutions or hypochlorite wipes should be avoided on sensitive machinery casings and valves.

Alcohol-based disinfectants are recommended for machinery and other sensitive equipment. It is important not to oversaturate the equipment with the disinfectant and to prevent the pooling of liquids.

Alcohol-based disinfectants should not be applied to machinery components that are hot to touch or energized.

Alcohols may damage the shellac mountings of lensed instruments; they tend to swell and harden rubber and some plastic tubings after prolonged and repeated use. They can also bleach rubber and plastic tiles.

3.4.1(c) Coatings

In general, alcohol-base disinfectants can soften coatings. The bases for coating are variable, and there are numerous types of fillers that perform a specific function. The paint bases for accommodation and deck areas are usually:

- Epoxy
- Alkyd
- Acrylic
- Polyurethane

To understand the influence of disinfection chemicals on a specific coating, it is necessary to know what paint systems have been applied in the areas of concern, and the paint supplier. In this regard advice from the coating manufacture is recommended.

3.4.1(d) Cables

To clean and disinfect exposed cables, use general purpose cleaning liquids and disinfecting liquids that are free of bleach, alcohol, and ammonia.

3.4.1(e) Electronics

To clean or disinfect any enclosure for electrical equipment, the equipment should first be disconnected from its electrical power sources. If this is not possible, a qualified operator or technician of the specific equipment should be present to prevent cleaning liquids from getting inside the equipment or onto sensitive electronics. Also, since alcohol-based disinfectants are flammable, the risk of combustion is greater if electronic equipment is connected or hot to touch.

All electrical equipment installed on vessels should have a minimum IP (Ingress Protection) rating according to the location where the equipment is installed. See 4-8-3/Tables 1A, Table 1B, and Table 2 of *ABS Rules for Building and Classing Marine Vessel*. For example, electrical equipment installed in a dry accommodation space should, at minimum, to be rated IP 20. Electrical equipment in machinery spaces should be rated IP 22, IP 44, or IP 55. Equipment installed in exterior locations should have a minimum rating of IP 55 or IP 56.

The first numeric digit in the IP rating represents the degree of protection against solid objects, such as dirt and dust. The second numeric digit in the IP rating represents the degree of protection against water.

Cleaners and disinfectants may be sprayed on equipment that has an IP rating of at least IP x5.

In general, cleaners and disinfectants should not be poured or sprayed directly onto any electrical equipment. It is recommended to dampen a lint free cloth with the cleaner or disinfectant, and then wipe the equipment with the cloth. Liquid contact with pushbutton switches should be avoided to reduce the risk of intrusion to internal electrical connections.

It is recommended to use general purpose cleaners on electrical and electronic equipment. Bleach, ammonia, compressed air, or hydrogen peroxide should not be used. For disinfection, isopropyl alcohol-based disinfectants are recommended. Ethanol disinfectants may also be considered as effective alternatives.

Keyboard should be unplugged before cleaning and disinfecting. Lint-free cloth dipped in isopropyl alcohol should be used. Top and sides of each key should be rubbed before proceeding to other keyboard surfaces, including its bottom. The mouse should be disinfected using a new disinfectant wipe or cloth.

Cleaners with bleach or ammonia should not be used for coated glass or screens to avoid damage. Isopropyl or ethanol alcohol products are typically available in a range of concentrations. If no manufacturer guidance is available, alcohol-based wipes or spray containing at least 70% alcohol should be used to disinfect touch screens [11].

When using alcohol-based products, one should be cognizant of the risk of combustion if the product is exposed to a spark, static electricity “shock” (especially in extremely dry environments), or electric current.

3.4.1(f) Fabrics

Bleach should not be used on fabrics. QAC and hydrogen peroxide are recommended for disinfecting fabrics (carpets, drapes, furniture, etc.). Alcohol may also be considered.

3.4.2 Summary of Disinfectant Usage Guidance

Section 3, Table 1 presents a general guidance for using disinfectants on different surfaces on marine and offshore assets.

TABLE 1
Usage of Disinfectants on Common Surfaces

<i>Surfaces</i>	<i>Bleach</i>	<i>Alcohol</i>	<i>QAC</i>	<i>Hydrogen Peroxide</i>
Floors in accommodation spaces				
Structure and bare metal surfaces				
Machinery and sensitive equipment				

<i>Surfaces</i>	<i>Bleach</i>	<i>Alcohol</i>	<i>QAC</i>	<i>Hydrogen Peroxide</i>
Cables				
Electronics				
Fabrics				

Notes:

	Should be considered
	May be considered
	Should not be considered

3.5 Techniques for Applying Disinfectants

The effectiveness of the disinfectant is a function of the time it remains on a surface, especially in a liquid or mist form. To a point, the longer it is on a surface, the more effective it is. It is generally agreed that disinfectants should be left on a surface for at least 10 minutes. Also, all surfaces should be free of visible dirt before applying the disinfectant.

3.5.1 Mopping

Floors and other horizontal surfaces can be mopped using a damp cloth that has been soaked in a disinfectant and wrung. A steady mopping motion should be used to prevent liquid splashing which may aerosolize the virus.

3.5.2 Wiping

Walls, other vertical surfaces, doors, windows, furniture, armrests, tabletops, switches, electronic equipment and components, light fixtures, thermostats, lavatory surfaces, galley work area, various equipment, handrails, handles, knobs, tools and some re-usable PPE, etc. can be wiped down using a damp cloth that has been soaked in a disinfectant and wrung, or using disinfectant wipes.

3.5.3 Spraying

Sprayers that offer a wide-dispersion mist can be used to dispense disinfectant on a treated surface. Delivering a stream of disinfectant should be avoided. Light mist spraying is recommended to mitigate the risk of virus re-aerosolizing from the surface.

All types of hard non-porous and soft porous surfaces can be treated with spraying, except for the surfaces in machinery, propulsion spaces and those covering electrical equipment, components, and outlets.

One coating of mist is sufficient. In general, the surfaces should not be wiped afterwards. However, if pools of disinfectant occur, the excess should be wiped off.

3.5.4 Other Techniques

This subsection contains a list of other techniques for disinfection that have a limited track record for application and proven effectiveness in marine and offshore industries. Extra precautions should be exercised when using these techniques as their effects on human health and equipment have not been fully evaluated.

3.5.4(a) Fogging

Foggers are used to uniformly dispense nonflammable and noncombustible disinfectants in the form of dry mist to all the surfaces in a room. Optimal coverage is usually achieved by setting the particulate size to 10-20 microns.

Fogging is useful for disinfecting soft surfaces and hard to reach places. Considerations should be given to the size and type of space being fogged. All occupants should leave the room or any area being disinfected. All air ducts and gaps around room openings should be sealed off. The effect of fogging techniques on electronic equipment has yet to be sufficiently studied. Therefore, if foggers are to be used, electronic equipment should be sealed off.

Only products approved for fogging should be used, in conjunction with the appropriate equipment and PPE.

3.5.4(b) Steaming

Steam-cleaning machines may aid in the disinfection process. Handheld steam cleaners may be used for upholstered items such as chairs, couches etc. For larger areas, such as rugs and carpets, larger steamer units may be used. Because there are uncertainties related to the temperature of the steam, the relative humidity at the surface, contact time with pathogens, distance between the surface and the steam outlet, skill of the cleaning crew, etc., this processes' ability to kill pathogens can vary significantly. Therefore, steaming on its own should not be considered as an alternative for using chemical disinfectants.

3.5.4(c) Ultraviolet Radiation

Although not a chemical disinfectant, ultraviolet (UV) light can be effective at reducing harmful pathogens. UV radiation is a part of the light spectrum with three wavelength ranges: UVC (100 nm-280 nm), UVB (280 nm-315 nm), and UVA (315 nm-400 nm). Its maximum germicidal effect occurs between 240 and 280 nm, which is in the range of UVC light [3].

UVC light systems are sometimes incorporated with air and water-filtration systems for sanitization purposes on marine and offshore assets. UVC lights also can be placed near the coils and drain pans of heating, ventilation and air-conditioning (HVAC) systems to keep microorganisms from increasing in these damp areas.

UVC light products (wands, tunnels) are also available and used for sanitizing work surfaces and small devices, such as phones, small appliances, luggage and packages.

However, there is presently insufficient information on the proper usage of UVC light and its efficacy in eliminating harmful bacteria, viruses and molds. UVC light should not be considered as an alternative to using chemical disinfectants.

3.6 Storage of Disinfectants

All disinfectant products that are brought on board an asset should be stored in accordance with manufacturer's recommendations and the appropriate class or IMO requirements. For assets subject to the International Convention for the Safety of Life at Sea (SOLAS) or IMO *Code for the Construction and Equipment of Mobile Offshore Drilling Units* (MODU Code), spaces used for storing flammable disinfectants containing alcohol should be designated as high fire risk service spaces of category 9. Reference also can be made to 4-7-2/5.1 of *ABS Rules for Building and Classing Marine Vessels*, which addresses paint and flammable liquid lockers.

Oxidizing disinfectants such as bleach (calcium hypochlorite, sodium hypochlorite) and hydrogen peroxide and flammable disinfectants containing alcohol never should be stored in the same compartment.

Secondary containers used to store diluted disinfectant solutions should be properly labeled with the product name, the manufacturer's name, stock number (if applicable), date of preparation, and the nature of the hazard (e.g., flammable, corrosive, toxic, irritant, etc.).

When not in use, the disinfectants should be sealed to prevent the release of vapors and the evaporation of active ingredients.

The supply of cleaning and disinfecting products may exceed the capacity of designated lockers. In that case, spaces designated as service spaces per SOLAS/IMO MODU Code, may be used to store cleaning products and disinfectants. Any area that is used to store cleaning products and disinfectants should be well-ventilated, cool, and shaded. Other products should not be stored in the same space. Special consideration should be paid to storing alcohol, which is flammable.

3.7 Disposal of Disinfectants

Liquid disinfectants and their solutions may be disposed of by discharging them into the asset's sanitary system. The sewage should be managed with the assumption that it contains human pathogens and treated through the asset's sewage treatment plant, if installed, in accordance with MEPC Resolutions 159(55) [14] or 227 (64) [15] of MARPOL Annex IV, as applicable.

For assets not equipped with a sewage treatment plant (i.e. fitted with a sewage comminuting and disinfecting system or with a holding tank), discharge of sewage should meet MARPOL Annex IV provisions subject to any recommendations/instructions that might be issued by local Authorities or the WHO.

Disinfectant wipes should not be flushed down the sewage system and should be disposed of similar to other infectious waste (see 5/4.3.3).

4 Personal Protective Equipment

The following PPE should be available on board a marine or an offshore vessel in sufficient quantities as determined by the asset's risk assessment (see Appendix 1) and specified in the Prevention Management Plan (see 4/2) and Outbreak Management Plan (see 5/2):

- Disposable surgical masks with three layers
- Respirator masks (N95 or FFP2 equivalent)
- Disposable latex-free nonsterile gloves
- Disposable cleaning gloves
- Eye protection (goggles)
- Face shields
- Aprons
- Disposable medical gowns or coveralls
- Chemical resistant boots

The following table contains general guidance for usage of PPE for different activities onboard an asset. In addition, during cleaning and disinfecting, PPE guidance from the cleaning and disinfection product manufacturers should be followed.

TABLE 2
Usage Guidance for PPE⁽¹⁾

<i>ACTIVITY</i>	<i>PPE Level</i>	<i>Disposable Masks</i>	<i>Respirator Masks</i>	<i>Disposable Gloves</i>	<i>Goggles or Face Shield</i>	<i>Apron</i>	<i>Disposable Gown</i>
Onboard activities in public or shared spaces ⁽²⁾	Level 0						
Handling, preparing, and serving food	Level 1	✓		✓			
Interaction with visitors, including the pilot							
Interaction with bridge team							
Gangway watch							
Handling supplies and documents from shore							
Handling of regular garbage							
A COVID-19 patient briefly interacting with crew member ⁽³⁾⁽⁴⁾	Level 2		✓	✓	✓	✓	
General cleaning and disinfection ⁽⁵⁾							
Handling of contaminated waste ⁽⁶⁾⁽⁷⁾							
Cleaning and disinfecting contaminated areas ⁽⁶⁾⁽⁷⁾	Level 3		✓	✓	✓		✓
Interacting with and supporting the COVID-19 case ⁽⁴⁾⁽⁷⁾							

Notes:

- 1 Depending upon the circumstances, identified PPE in this table may not be available for all personnel involved, it is important to continually identify risks and make adjustments accordingly.
- 2 Disposable mask is recommended when there is an occurrence of COVID-19 on board.
- 3 Respirator mask is recommended.
- 4 Specific PPE would vary with type of interaction.
- 5 Goggles may be required based on the cleaning and disinfectant products being used and whether there is a risk of splash [11].
- 6 Chemical resistant boots are recommended.
- 7 When respirators are not available, use the best available alternative, like a disposable mask [16].

Individuals should be provided proper training for the application and removal of PPE. This should also include the proper maintenance and how to inspect the PPE for any issues or removal from service. The training should be provided in person, for verification of proper understanding.

As the service life and replacement recommendations will differ depending on the PPE manufacturer, reference should be made to equipment instruction manual.

Some individuals may have compromised health conditions and it may affect their ability to use face masks. This should be taken into consideration when issuing guidance. Crew members should be assessed for issues using a face masks during employment physicals, if and when possible.

Biohazard disposal stations should be available throughout the asset for the disposal of any contaminated PPE.

The WHO advises the following regarding the use of disposable and respirator masks [17]:

- Any person coughing or sneezing should wear a mask
- Any person wearing a mask should know how to use it and dispose of it properly
- The masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water
- There should be no gaps between face and the mask
- Touching the mask while using it should be avoided
- Hands should be cleaned with alcohol-based hand rub or soap and water after accidentally touching the mask
- The mask should be replaced with a new one as soon as it is damp
- Disposable masks should not be re-used
- The mask removal process should be as follows:
 - Remove the mask from behind the head without touching the front of the mask
 - Discard the mask immediately in a closed bin
 - Clean hands with alcohol-based hand rub or soap and water



SECTION 4 Measures to Mitigate Exposure

1 General

Early detection, prevention, and control of COVID-19 is important to protect the health of other personnel and avoid transmission of the virus. This section addresses how to prevent the marine and offshore assets from getting contaminated during the global COVID-19 pandemic.

2 Prevention Management Plan

All asset managers are advised to develop a written plan to prevent the outbreak of disease that includes active measures to minimize the risk of exposure. As persons may be carriers of the virus without exhibiting symptoms, social distancing measures that minimize unnecessary exposure are recommended. Appendix 1 outlines a risk management framework that may be useful in developing the plan.

The prevention-management plan should include the descriptions of the following, if applicable:

- Identification of high-risk areas to focus cleaning and disinfection efforts
- Access-control measures for visitors, contractors, pilots, etc.
- Measures to mitigate personnel exposure (personal hygiene, social distancing, etc.)
- Personnel rotation and shift-change procedures
- Port call and liberty policies based on the prevalence of disease in that specific geographical area
- Specific cargo-handling procedures
- Adjustments in work practices, as necessary, to avoid exposure (this may include meetings, meal preparation and service, work teams and any adjustment of work shifts)
- Selection, provision, education and use of PPE

3 Hand and Respiratory Hygiene

Hand and respiratory hygiene are vital protection measures against transmission of SARS-CoV-2. The following recommendations are derived from general advice provided by the WHO [18] and based upon guidance from the International Chamber of Shipping (ICS) [19]:

- All crew, passengers and visitors should frequently wash their hands using soap and hot water or alcohol-based (at least 70%) hand rub for 20 seconds
- Touching the face, including the mouth, nose and eyes, with unwashed hands should be avoided; in general, physical contact with the mouth, nose and eyes should be minimized.
- All crew, passengers and visitors should cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing their noses. The tissue should be immediately disposed of into a no-touch waste bin with a lid. If a tissue is not available, a bent elbow can be used to cover the nose and mouth while coughing and sneezing
- Signs and posters displaying proper hand and respiratory hygiene should be placed in highly trafficked areas
- Highly trafficked areas should be equipped with hand-sanitization stations, wherever possible. A supply of hand sanitizer should be maintained within all areas that are normally manned. The touch points on the hand-sanitizer dispensers should be cleaned regularly

4 Social Distancing

Maintaining social distance of at least 2 m (6 feet) is very important in preventing the spread of virus that causes COVID-19 [20]. All crew, passengers, and visitors should practice social distancing. Special attention should be paid to keeping a social distance from people who may be coughing, sneezing, or may have a fever. Persons at high risk for serious disease (older persons and those with existing medical conditions such as diabetes or heart disease) should take extra precautions to avoid infection as they are more susceptible to severe disease.

To promote social distancing, the following measures are recommended:

- Unnecessary access to areas, especially those of vital importance to the asset (e.g. bridge, engine control rooms, etc.) should be restricted
- Crew should be divided into smaller groups based on their workspaces, duties and shifts. Staggering shifts should be considered. Group activities should be eliminated or minimized
- Use remote communication technology as much as possible
- Limit social contacts among highly specialized and mission critical personnel
- Organize meal schedules to allow only a limited number of people to occupy the galley and dining mess at any given time. Consider removing chairs from dining areas to prevent overcrowding
- Eliminate self-serve dining

Consider sealing off public bathrooms, showers, fitness rooms and other non-essential areas.

5 Food Handling

Personnel handling, preparing, and serving food should wash their hands with soap and water or hand sanitizer upon each entry into the galley. Level 1 PPE should be worn by all personnel handling, preparing, and serving food in accordance with Section 3, Table 2. Disposable masks should be worn while entering the walk-in refrigerators.

The use of disposable paper towels for drying surfaces and hands should be promoted in the galley. Accessible disposal containers should be available and emptied as needed.

Food preparation personnel should be separated from the cleaning personnel.

Consider replacing community plates, cups and utensils with individually wrapped or disposable plates, cups, and utensils. Communal condiments should be packaged individually.

6 Cleaning and Disinfection Practices

An elevated level of cleaning and disinfection activities is recommended to mitigate exposure to COVID-19.

Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for the prevention of COVID-19 and other viral respiratory illnesses.

At least daily, disinfection should be performed on all frequently touched surfaces after visible dirt has been removed from them. Very highly trafficked areas may require more frequent disinfection. Reusable equipment and tools should be cleaned and disinfected at the end of each use. Information on disinfectant selection, preparation, handling, application, storage, and disposal can be found in 3/3.

The preferred way to apply cleaning and disinfectant solutions is by mopping or wiping as described in 3/3.5.1 and 3/3.5.2, respectively.

During cleaning and disinfection, Level 2 PPE should be worn in accordance with Section 3, Table 2. The PPE selection should also be in accordance with the manufacturer's recommendations for the disinfection product being used.

The following subsections present recommended cleaning and disinfection practices for typical spaces found on marine or offshore assets. Cleaning and disinfection measure for other spaces not listed below should be considered on a case-by-case basis.

6.1 Shared Accommodation Areas

Focus on tables, hard-backed chairs, doorknobs, light switches, remotes, phones, handles, desks, toilets and sinks.

6.2 Mess and Main Deck Common Areas

Focus on counter tops, tables and chairs, doors, door handles, drink machines, coffee machines, remote controls, phones, visitor sign-in binder (plastic portion where hands are placed), garbage bins, and switches.

6.3 Restroom & Shower

Focus on faucets, counter tops, sinks and their drains, soap dispensers, shower surfaces and curtains, toilet seats, fixtures, doors, door handles, garbage bins and switches.

Soap dispensers should be checked daily and refilled as necessary. Toilets and urinals should be sprayed daily with disinfectant, scrubbed with a brush and flushed. Care should be taken not to aerosolize or splash while brushing.

6.4 Galley

Focus on sinks and their drains, faucets and their filters, counter tops, cutting boards, doors and their handles, drawer/cabinet handles, refrigerator door handles, galley appliances, stove overhead vent and drip pans, garbage bins and switches.

Sponges and dishcloths should be rotated out and washed daily.

6.5 Bridge

Focus on control panels and consoles, helm, electronics, navigation equipment, displays (especially touch-sensitive), control sticks, computer peripherals, telephones, radios, binoculars and other visual-augmentation systems, reusable PPE, office material, sign-in binders, tabletops, desks, chart tables, armrests, handles, doors, windows, garbage bins and switches.

6.6 Machinery Spaces

Focus on equipment casings (cooled down and not energized), tools, electrical tools (unplugged) handrails, ladders, frequently operated valve handles, doors, waste bins and door handles.

6.7 Engine Control Room

Focus on control panels and consoles, electronics, displays (especially touch sensitive), computer peripherals, telephones, radios, reusable PPE, office material, sign-in binders, tabletops, desks, armrests, handles, doors, remote controls, garbage bins and switches.

6.8 Open Deck Spaces and Equipment

Focus on handrails, ladders, on-deck equipment controls, lashing bridges, lashing equipment, frequently operated valves.

Special attention should be paid to areas that may have been accessed by shore personnel.

6.9 Re-usable Equipment and Tools

Re-usable crew equipment such as helmets, goggles, flashlights, binoculars and other visual augmentation systems, radios, gas detectors, body armor, etc. should be cleaned and disinfected.

Equipment used during drills should be cleaned and disinfected after use.

Tools used by the crew, including small electrical appliances, should be cleaned and disinfected.

6.10 Laundry

Focus on washing machine consoles and doors, floors and horizontal working surfaces, garbage bins and switches.

Precautions should be taken not to shake laundry items such as linen and cloths, as this could re-aerosolize the virus. The manufacturer's instructions should be followed when washing laundry items, using the hottest appropriate water setting. Laundry should be dried thoroughly using the highest appropriate drier setting.

Hampers and other carts used to transport laundry should be cleaned and disinfected in accordance with the guidance for cleaning and disinfecting hard and soft surfaces in Section 3.

7 Embarkation and Disembarkation

7.1 Personnel Coming Onboard

7.1.1 Crew, Passengers and Offshore Workers

All crew and passengers boarding marine and offshore assets should be provided with general information on COVID-19 and its preventive measures. The WHO also advises asset owners to implement pre-boarding screening [21].

Pre-boarding screening is to identify contact with any probable/confirmed COVID-19 case or any person displaying the common symptoms of COVID-19. These persons should not be allowed to board the asset.

According to the WHO, a 'contact' is defined as a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed COVID-19 case [22]:

- Face-to-face contact with a probable or confirmed case within one meter and for more than 15 minutes;
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; or
- Other situations as indicated by local risk assessments.

Note: For confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

Access points to the assets (gangways, heliports, shorebases) should be limited and controlled. Pre-boarding screening should be performed at all access points. No crew member should come into direct contact with shore gangways and ladders. Gangway watch should wear appropriate Level 1 PPE in accordance with Section 3, Table 2.

It is recommended that personnel should be quarantined for 14 days before boarding.

7.1.2 Temporary Visitors

Temporary visitors can be divided into two categories:

- Shore personnel (port and shipyard/drydock workers, repair crew, surveyors)
- Pilots

They board the asset while it is in port, shipyard, drydock, or while passing through canals and gates. All shore personnel coming on board the vessel should wear appropriate Level 1 PPE in accordance with Section 3, Table 2.

7.1.2(a) Shore Personnel

All shore personnel boarding the asset should be pre-screened for common symptoms of COVID-19. The shore personnel, as well as the crew and passengers of the asset, always should be reminded and encouraged to practice social distancing. The mixing of crew and shore personnel should be minimized by restricting shore personnel access.

Special attention should be paid to restricting the access of shore personnel to vital areas of the asset, such as the bridge or the engine control room. Whenever possible, it is recommended to use email for exchanging documents between the crew and the shore personnel. Remote communication techniques (phone, VHF, e-mail) between the crew and shore personnel while performing cargo operations should be promoted.

Shore personnel should not bring food on board, nor use the common dining mess. The asset manager should designate separate restrooms for shore personnel. These restrooms should be cleaned and disinfected before the shore personnel embark the asset and after they disembark, in accordance with 4/6.

All crew members interacting with shore personnel should wear Level 1 PPE in accordance with Section 3, Table 2.

7.1.2(b) Pilots

Pilots coming on board the asset should be pre-screened for common COVID-19 symptoms. All frequently touched surfaces on the bridge and on the way to the bridge, pilot designated restroom, as well as any equipment used by the pilots, should be cleaned and disinfected before embarkation and after the pilots disembark the asset in accordance with 4/6. While the pilot is on board the asset, periodic disinfection of these surfaces and equipment is also recommended.

Only essential personnel should be allowed on the navigational bridge while the pilot is on board. Social distancing between the crew and the pilot should be practiced at all times. All crew members and the pilot should wash their hands with hand sanitizer before entering the bridge. The pilot should not bring any food on board the vessel.

Multiple pilot ladders should be available on board to avoid using the same ladder by pilots and the existing crew.

All crew members interacting with the pilot should wear Level 1 PPE in accordance with Section 3, Table 2.

7.1.3 Infected Individuals

In case a vessel is tasked to transport an infected individual from offshore location, the exposure response measures in Section 5 should be followed.

7.2 Disembarkation Measures and Crew Rotations

Until the end of the COVID-19 pandemic, the WHO [21] advises that all crew and passengers on board marine and offshore assets should complete a Passenger/Crew Locator Form (PLF). This form should be

kept on board the asset for at least one month after the passenger or crew member disembarks. The PLF can help local health authorities with contact tracing if a confirmed COVID-19 case is detected after disembarkation.

Any crew member should report to the asset management office, if he or she has been diagnosed with COVID-19 or exhibits symptoms within 14 days of disembarkation. Also, the management of the asset should inform all potentially exposed crew members if there has been a confirmed or suspected case onboard the asset within 14 days of disembarkation.

During crew rotations, special attention should be placed on social distancing between the on-signing and off-signing crew members.

8 Crew Baggage and Supply Provisions

8.1 Crew Baggage

Crew and passenger baggage should be cleaned thoroughly and handled wearing appropriate Level 1 PPE in accordance with Section 3, Table 2. The luggage should be disinfected before it is brought inside the accommodation area.

8.2 Supply Provisions

Careful consideration should be given to adjusting the standard inventory and purchasing procedures to secure sufficient supplies of food, freshwater, cleaning and disinfection agents, PPE and response-critical medical supplies related to COVID-19. The possibility of an extended stay of an asset at the port or a shipyard / drydock should be considered when ordering the supplies.

All provisions and supplies should be ordered from licensed suppliers. It is recommended to avoid ordering the supplies from high-risk ports.

Appropriate Level 1 PPE should be worn when bringing supplies on board in accordance with recommendation in Section 3, Table 2. The supplies may be cleaned and wiped with disinfectant when received on board. Any direct contact of food with cleaning agents and disinfectants should be avoided.

Packing material and dunnage should be returned to the supplier or put in closed garbage bags and disposed of onshore, if permitted by the port authority.

It is recommended that incoming supplies should be over wrapped in plastic where possible and stowed onboard for 3 days where possible.

9 Crew Training

All crew on marine and offshore assets should be trained to recognize the common symptoms of COVID-19 and follow the basic procedures for handling any suspected COVID-19 cases. This includes proper isolation measures, contact tracing and quarantine procedures. The crew should be trained to keep social distance and use PPE as appropriate for each activity on board the vessel.

Managers of marine and offshore assets should emphasize the importance of cleaning and disinfecting their assets and provide special training to their cleaning crews. In particular, the cleaning crews should be familiar with:

- Common cleaning and disinfection techniques
- Cleaning and disinfectant chemicals
- Handling, preparation, storing and disposal of cleaning and disinfectant solutions
- Handling laundry, garbage and contaminated waste
- Proper usage and disposal of PPE

Health care staff on board assets should be continuously informed and updated on any new information and guidance regarding viral transmission, diagnosing and treating of COVID-19 patients, and any new disinfectants being brought on board in case there are additional medical considerations.

All staff on board should have knowledge of the Prevention Management Plan (see 4/2), understand their responsibilities under the plan, and implement it as required.



SECTION 5 Exposure Response Measures

1 General

This section outlines the basic steps that an asset operator should take when there is a suspected case of COVID-19 disease on board with a focus on decontamination of the asset. This section is not meant to provide medical advice. The medical management of the patient should rely on best practices provided by recognized medical professionals.

If a suspected case emerges on board the asset, the Outbreak Management Plan should be activated immediately.

Those areas which were accessed by the suspected case should be thoroughly cleaned and disinfected. Other personnel should be restricted from entering those areas until the decontamination activities are complete. The extent of cleaning and disinfection should be determined on a case-by-case basis.

Once the infected personnel are disembarked and the asset is decontaminated, the exposure mitigation measures featured in Section 4 can be resumed.

2 Outbreak Management Plan

All assets should develop a written plan to manage the outbreak of the disease that should be implemented once an exposure is suspected. This plan should include the definitions of a suspected case of COVID-19, the definition of 'contacts' and an isolation plan. Reference can be made to Appendix 1 to develop the Outbreak Management Plan.

The Outbreak Management Plan should include descriptions of the following:

- Locations where suspected case(s) can be isolated before disembarking
- Management of the communication between departments related to the isolated patient(s)
- Clinical management of suspected case(s) before disembarkation
- Procedures to identify, clean and disinfect potentially contaminated areas, including the isolation cabins
- Management of the contacts of the suspected case
- Collecting procedures for PLFs (passenger/crew locator forms)
- Procedures for services provided to the isolated suspected cases and/or close contacts, including food service and utensils, waste-management service and laundry service
- Protocols and procedures for disembarkation of suspected cases
- Selection and provision of PPE

All staff on board should have knowledge of the Outbreak Management Plan and an understanding of their related responsibilities; they should be able to implement it as required.

3 Prior to Decontamination

3.1 Isolation of Suspected Cases

3.1.1 Suspected Case

The following three scenarios should be considered as a suspected case [22]:

- *A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath), and with no other set of causes that fully explains the clinical presentation and a history of travel to or residence in a country/ area or territory reporting local transmission of (COVID-19) during the 14 days prior to the onset of the symptoms.*
- *A patient with any acute respiratory illness and having been in contact with a confirmed or suspected COVID-19 case during the 14 days prior to the onset of the symptoms.*
- *A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease e.g. cough, shortness of breath) and requiring hospitalization and with no other set of causes that fully explain the symptoms.*

In the context of these Guidance Notes, the term “suspected case” also includes confirmed case as defined in 5/3.1.2 below.

3.1.2 Confirmed Case

A confirmed case is defined as: “*A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.*” [22].

3.1.3 Isolation Protocols and Procedures

In the event of a suspected case on board, isolation protocols and procedures should be put in place immediately to prevent further transmission of COVID-19.

In general, the suspected case should be immediately isolated in a predefined isolation ward, cabin, room or quarters with a separate toilet and bathing facilities. Consideration should be given to the HVAC arrangement onboard the asset to avoid airborne contamination.

The access to the isolation space should be restricted only to the personnel needed to support the suspected case. All persons entering the isolation area should be appropriately trained and wear Level 3 PPE as listed in Section 3, Table 2.

Isolation protocols should cover the management of the isolated suspected case.

3.2 Close Contact

To avoid delays in implementing health measures, before laboratory results are obtained in case of a suspected case, close contacts should be identified immediately.

In the context of a suspected case on board an asset, a close contact could be considered as an individual without PPE who, for example [21]:

- Has stayed in the same cabin with a suspected case
- Has had close contact within one meter with a suspected case
- Has dined at the same table with a suspected case
- Has participated in common activities
- Has worked with a suspected case in the same area
- Has cleaned the cabin where the suspected case was identified
- Has delivered food to the cabin where the suspected case was identified

- Has provided direct care for a suspected case.

All close contacts should be quarantined for 14 days from the last time they were exposed to the suspected case. If no symptoms appear within 14 days of their last exposure, they will no longer be considered as close contacts [21].

Personnel entering the quarantined spaces should take the same precautions as entering the isolated spaces.

3.3 Disembarkation of Suspected Cases

The disembarkation and transfer of the suspected case to an onshore health care facility for further assessment and laboratory testing should be arranged as soon as possible to best provide that patient's medical care and to minimize the exposure of the rest of the crew.

Disembarkation protocols and procedures, as stated in the Outbreak Management Plan should be followed.

During the disembarkation of suspected cases, every effort should be made to minimize the exposure of other persons and environmental contamination. Suspected cases should wear Level 1 PPE and personnel involved in transporting suspected cases should wear Level 3 PPE as listed in Section 3, Table 2.

3.4 New or Replacement Crew Members

Where possible, new crew members should not be allowed to come on board the asset until all suspected cases have disembarked and all contaminated spaces have been cleaned and disinfected.

4 Disinfection of Contaminated Spaces

Isolation spaces occupied by suspected cases should be cleaned and disinfected daily. Cleaning and disinfection also should be carried out after they have disembarked.

Quarantine spaces should be cleaned and disinfected at least daily, until the end of the quarantine period.

Other areas that suspected cases might have contaminated prior to their isolation should be thoroughly cleaned and disinfected. Until decontamination of those areas is performed, other personnel should be restricted from entering those areas.

The cleaning crew should

- Wear appropriate Level 2 PPE (see Section 3, Table 2) while cleaning and disinfecting
- Clean all visibly dirty surfaces prior to disinfection
- Follow disposal instructions.

Reference should be made to Section 3 for the selection of suitable cleaning agents, disinfectants and PPEs.

4.1 Disinfection of Isolation and Quarantine Spaces

Cleaning and disinfection of isolation and quarantine spaces should be performed last in order to minimize the risk of contaminating other areas on the asset.

4.1.1 Disinfection of Isolation and Quarantine Spaces While Occupied

During the period of isolation and quarantine, the following activities should be performed.

- i)* Remove all visible biological contamination, e.g. blood, respiratory secretions, or other body fluids when first noticed. Clean and disinfect the site
- ii)* Clean and disinfect frequently touched surfaces in the room at least daily. Focus on bedside tables, bedframes, desks, other bedroom furniture, doors, doorknobs, handles, remote controls, light fixtures and switches

- iii)* Clean and disinfect bathroom and toilet surfaces at least daily
- iv)* Change towels and bed linens as needed. Place laundry items into designated laundry bags. Precautions should be taken not to shake laundry items as this could re-aerosolize the virus

4.1.2 Disinfection After Disembarkation of Suspected Cases

After the suspected cases have disembarked, the isolation spaces should be cleaned and disinfected thoroughly.

- i)* Remove linen, curtains, and other washable fabrics. Do not shake any fabric type materials. Any fabric materials that are removed should be laundered prior to being reinstalled
- ii)* Wipe all accessible surfaces including walls, windows, and blinds that may have been contaminated in the space with disinfectant
- iii)* Mop the floor with disinfectant. Carpeted floor and rugs should be cleaned and disinfected according to the manufacturer's instructions
- iv)* If a disinfectant sprayer is used, spray all horizontal and vertical surfaces in the space that may have been contaminated.

4.2 Disinfection of Potentially Contaminated Areas

The identification of potentially contaminated areas may be made based on the exposure by the suspected case and the requirement of the local authority. General procedure to disinfect those areas should be as follows:

- i)* Isolate the area requiring decontamination
- ii)* Clean and disinfect in accordance with 5/4.1.2
- iii)* Disinfect non-porous cleaning equipment used in one room before using it in other rooms
- iv)* Discard cleaning equipment made of cloths like wiping cloths or absorbent materials after cleaning each area to prevent cross-contamination.

4.3 After Disinfection

4.3.1 Laundry

Manufacturer's instructions should be followed when washing laundry items, using the hottest appropriate water setting for the item. Laundry should be dried thoroughly using highest appropriate drier setting. If possible, launder potentially contaminated items separately.

Hampers and other carts used to transport laundry should be cleaned and disinfected in accordance with the guidance for cleaning and disinfecting hard and soft surfaces in Section 3.

4.3.2 Reusable Items

Reusable items should be handled as contaminated material.

Contaminated dishware should be taken to appropriate washing station for cleaning and disinfection. Machine dishwashing at the highest possible temperature is recommended.

Disinfect goggles according to the manufacturer's instructions after use.

Disinfect buckets by soaking in disinfectant solution or rinse in hot water before filling.

4.3.3 Disposal of Infectious Waste

All waste produced in the isolation or quarantined spaces should be handled according to the procedures for handling infectious material on board [23]. Infectious waste should be placed into designated bags, completely sealed and clearly labeled.

Appropriate Level 2 PPE should be worn during handling and disposal of infectious waste in accordance with Section 3, Table 2.

If an incinerator is available on board, the paper-based or cloth-based waste may be incinerated. Plastic and wet materials should not be incinerated.

Discarded cleaning equipment and PPE should be treated as infectious waste.

5 Post Decontamination

Once the infected areas have been disinfected and use restored, the exposure mitigation measures outlined in Section 4 should be resumed.



APPENDIX 1 Risk Management Framework

1 General

Risk management is the process of identifying and managing the impact of uncertain events, and bringing the consequences to acceptable levels. The recommended risk-management cycle is comprised of the following four phases (See Appendix 1, Figure 1):

- 1) establishing objectives by identifying the strategic goals and determining constraints;
- 2) analyzing the risks;
- 3) selecting controls and evaluating the alternatives to address the risks;
- 4) implementing the alternatives and monitoring the progress and results.

The cycle has proven to be effective for prioritizing risks and weighing the value of alternate risk-mitigation strategies. The process organizes information about the possibility of a spectrum of unwanted outcomes into an inclusive, orderly structure that helps decision makers to make more informed choices about their organization's ability to reduce risks. For marine and offshore assets, reference can be made to *ABS Guidance Notes on Risk Assessment Applications for the Marine and Offshore Industries*.

FIGURE 1
Risk Management Cycle



2 Establish Objectives

Phase 1 of the risk-management cycle involves establishing the scope and structure of the decision-making process. Mission-critical steps in this phase include:

2.1 Understanding and Defining the Decision

Specifically describe what decision(s) should be made and what options are available to the decision maker. For example, is the scenario of concern avoiding exposure or dealing with a suspected case of COVID-19 onboard the asset?

2.2 Determine Who Should be Involved

Input from key stakeholders is essential to a sound risk management process. Planners at all levels should identify and solicit input from the stakeholders who should be involved in making the decision, and those who will be affected by actions resulting from the decision-making process.

Identify the factors that will influence the decisions. The decision to pursue a given strategy is not based solely on risk. For each individual element within a strategy and for the strategy as a whole, decision makers should weigh a number of factors, including:

- How effective will the strategy be in reducing risk?
- Is it feasible to implement?
- Is it cost efficient?
- How will a risk reduction be measured?
- Will there be likely negative repercussions? If so, what are they?

2.3 Establish Formal Risk Acceptance/Tolerance Criteria

The risk-informed decision-making process relies on an assessment of whether the identified risks are tolerably low. For example, the criteria regarding potential exposure, will be to minimize the potential for crew exposure.

2.4 Establish Common Risk Terminology

A common terminology for risk discussion reduces any poor communication that might lead to gaps and redundancies in the application of risk-informed processes. The definitions in subsection 1/4 may help improving the consistency. All involved stakeholders should be educated about the meanings and operational implications of the terminology.

3 Risk Assessment

Risk information fundamentally seeks to help decision-makers answer three critical questions:

- i)* What can go wrong? In this instance, consider the following two scenarios:
 - Scenario 1 – The vessel is not infected by COVID-19 (prevention management scenario)
 - Scenario 2 – There is at least one COVID-19 Case aboard (outbreak management scenario)
- ii)* How likely is it? This is typically captured in the threat and vulnerability analyses.
- iii)* What are the impacts? This can be impacts to people, property, business interruption, and the environment, among others.

3.1 Determine the Risk-Related Information Needed to Answer the Questions

Describe the information necessary to answer each question posed in the previous step. For each informational item, identify the following:

- Information type needed

- Level of precision required
- Level of certainty required

3.2 Select the Risk Analysis Method and Tool

Risk modeling techniques vary by the cost of use, the level of precision and certainty of output produced (information), and the required quality of input data. Given the high degree of uncertainty during this pandemic, and precision available, a relative ranking/risk indexing approach is suggested. This considers the features of an operation or facility to calculate index numbers that are useful for comparing the risks of different options. However, one should recognize that the calculated index numbers are estimates.

3.3 Establish the Scope for the Analysis

Set any physical or analytical boundaries for the analysis. For example, it may be desirable to perform a separate risk assessment for specific areas of a vessel to include:

- Bridge
- Machinery spaces
- Lockers/storage areas
- Cargo areas
- Tanks & Bilges
- Staterooms
- Meeting spaces
- Recreational spaces
- Galley
- Dining Area/mess
- Food storage/reefers
- Passageways/Ladders & Railings

In addition, the tolerable risk of transmission should be determined. This involves considering whether the vulnerability to infection from performing work in a defined area is tolerable.

Other factors to consider are the numbers of people, personnel risk factors (e.g. age, pre-existing medical conditions, etc.), access controls, potential transmission modes (i.e. surfaces, personal contact, airborne) and the likelihood of transmission.

3.4 Generate Risk-Based Information Using the Analysis Method(s) and Tool(s)

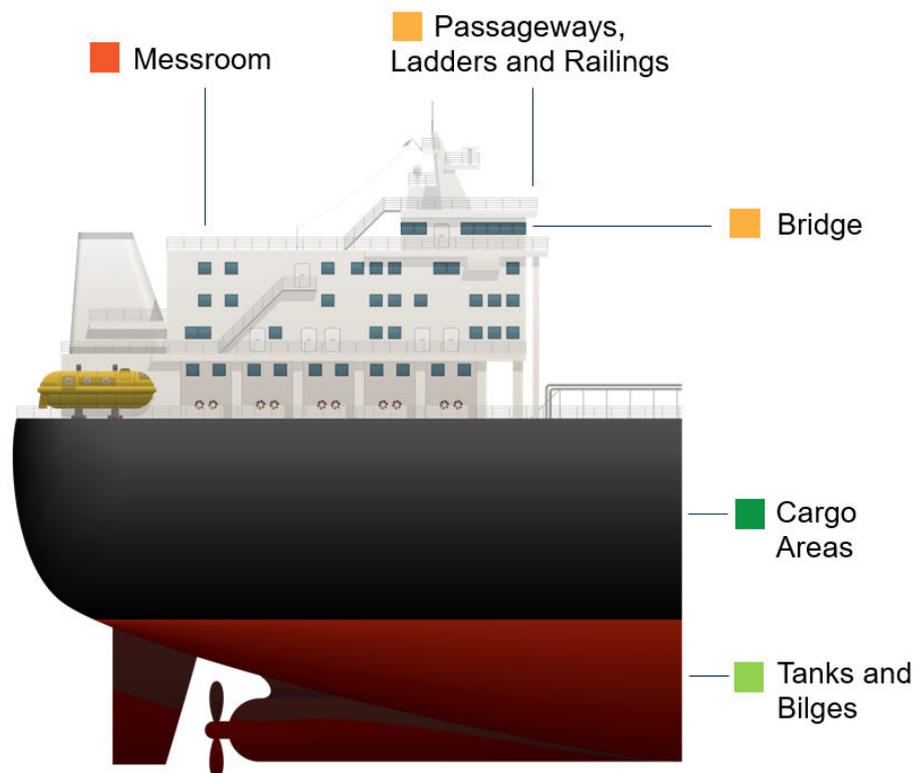
Apply the risk-analysis tool(s) that were selected. This may involve some iterative analysis (i.e., starting with a high-level assessment and progressing to a more detailed evaluation); or performing separate assessments for a prevention-management scenario and progressing to an outbreak-management scenario. An example of a risk-ranking tool is shown below.

<i>Risk Level</i>	<i>Description</i>
Very High	Area contains numerous characteristics that increase the probability of virus transmission with numerous crew members who are required to interface with those vulnerabilities on a daily basis
High	Area contains numerous characteristics that increase the probability of virus transmission with several crew members required to interface with those vulnerabilities on a daily basis
Medium	Area contains a few characteristics that increase probability of virus transmission with more than one crew member required to interface with those vulnerabilities on a daily basis

<i>Risk Level</i>	<i>Description</i>
Low	Area contains at least one characteristic that increases probability of virus transmission with at least one crew member required to interface with that vulnerability on a daily basis
Very Low	Area contains no known characteristics that increase probability of virus transmission

An example of risk levels for a vessel during outbreak is shown in Appendix 1, Figure 2.

FIGURE 2
Example Risk Levels for a Vessel



4 Alternative Evaluation & Selection

The goal of most decision-making processes is to lower risk as much as possible. Sometimes the risk will be acceptable; at other times, the risk should be reduced to become acceptable. To reduce risk, action should be taken to manage it. These actions should provide more benefit than they cost. They should also be acceptable to stakeholders and not cause other significant risks. Key steps in this process are:

4.1 Develop Alternate Strategies to Manage Risk

The analysis team should engage the stakeholders to determine how the risks for each scenario can be managed most effectively. Examples to consider are cleaning and disinfecting, isolating and quarantine, social distancing, securing contaminated spaces, as well as other operational and organizational measures.

4.2 Assess the Risk Impact of the Proposed Alternatives

The planning team should reassess the risk of each scenario based on the expected effectiveness of the alternatives assuming the implementation of each alternative. This step will characterize risk reduction for

each of the alternate strategies. While quantitative estimates of risk reduction might be desired, a qualitative assessment of the alternative will likely be sufficient to inform the planning process.

4.3 Select Risk Management Alternatives

Once the alternatives have been fully developed and their risk reduction value has been described, the risk management process moves to the management selection phase, in which decision makers choose the collection of alternatives for implementation.

5 Implementation and Monitoring

The risk management process then moves to implementation of the chosen alternatives and the ongoing monitoring to confirm they are functioning as intended. Critical steps in this phase include:

5.1 Implement the Chosen Mitigation Strategies

This step involves the implementation of the alternatives identified during the management selection phase. These will often take the form of a project and require deliberate planning and management of the implementation tasks.

5.2 Develop Metrics to Measure Effectiveness

The implementation team should develop a collection of metrics, both qualitative and quantitative, to measure the effectiveness of the chosen alternative. These may include outcome-oriented metrics, and leading, or lagging indicators.

5.3 Monitor the Performance

After the strategies have been implemented and the metrics have been developed, the asset management should monitor the effectiveness of the actions taken to manage risk. The goal of the monitoring phase is to verify that the asset is getting the expected results from its risk management decisions. Key inputs into the monitoring phase include testing, crew training, and implementing. The results of the monitoring step will inform subsequent iterations of the risk management cycle. It should be noted that real-time monitoring can result in a real-time modification of the actions to improve outcomes and further reduce risk.



APPENDIX 2 Chemical Compatibility

The following two tables contain the risk of degradation to various metallic and non-metallic substrates on marine and offshore assets when contacted with common disinfectant chemicals.

TABLE 1
Risk of Metallic Substrate Degradation for Common Disinfectants

<i>Disinfectant</i>	<i>Risk of Degradation</i> (Known Exposure Temperatures Given for Reference)						
	<i>Stainless 304</i>	<i>Stainless 316</i>	<i>Aluminum</i>	<i>Copper</i>	<i>Bronze</i>	<i>Brass</i>	<i>Carbon Steel</i>
Bleach	High ⁽¹⁾	High ⁽¹⁾	High ⁽¹⁾	High ⁽¹⁾	High ⁽¹⁾	High ⁽¹⁾	High ⁽²⁾
Isopropyl Alcohol	Low ⁽³⁾	Low ⁽³⁾	Low ⁽³⁾	Low	Low	Low	Low
Ethyl Alcohol	Low	Low	Low ⁽³⁾	Low ⁽³⁾	Low	Low ⁽³⁾	Low ⁽⁴⁾
QAC	High	High	High	High	High	High	High
Hydrogen Peroxide (Dilute)	Low	Low (<300°F)	Low (<212°F)	High ⁽¹⁾	High ⁽¹⁾	High ⁽¹⁾	High ⁽¹⁾

Notes:

- 1 If left on surface
- 2 Forms adherent black ferrous oxide
- 3 Causes slight oxidation discoloration
- 4 Causes stress corrosion cracking (SCC) after long duration

TABLE 2
Risk of Non-Metallic Substrate Degradation for Common Disinfectants

<i>Disinfectant</i>	<i>Risk of Degradation</i> (Known Exposure Temperatures Given for Reference)						
	<i>Rubber</i>	<i>Fiberglass Epoxy</i>	<i>Fiberglass Polyester</i>	<i>Polyethylene⁽¹⁾</i>	<i>Polypropylene</i>	<i>PVC⁽²⁾</i>	<i>Nylon</i>
Bleach	Low (<100°F)	Low (<150°F)	Low	Low (<150°F)	Low (<120°F)	Low	Low (at room temperature)
Isopropyl Alcohol	Low	Low	Low	Low	Low	Low	High ⁽³⁾
Ethyl Alcohol	Low	Low	High	Low	Low	Low	High
QAC	Low (<150°F)	Low (<250°F)	Low (<300°F)	Low (<150°F)	Low	Low (<140°F)	Low
Hydrogen Peroxide (Dilute)	Low (<70°F)	Low (<225°F)	Low (<225°F)	Low (<70°F)	Low (<150°F)	Low (<70°F)	Low ⁽⁴⁾

Notes:

- 1 Depends on the type of polyethylene (HDPE or LDPE)
- 2 Depends on the type of PVC
- 3 May swell and weaken the material
- 4 May weaken the material



APPENDIX 3 References

- [1] WHO, International Health Regulations (2005), 2nd ed., Geneva: World Health Organization, 2008.
- [2] IMO, ISM Code and Guidelines on Implementation of the ISM Code, London: International Maritime Organization, 2015.
- [3] CDC, Guideline for Disinfection and Sterilization in Healthcare Facilities, Atlanta: Centers for Disease Control and Prevention, 2019.
- [4] OSHA, "Bloodborne Pathogens - Definitions," United States Department of Labor - Occupational Safety and Health Administration, 4 2012. [Online]. Available: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>.
- [5] CDC, "Quarantine and Isolation," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/quarantine/index.html>.
- [6] CDC, "Situation Summary," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>.
- [7] CDC, "People Who Are At Higher Risk," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>.
- [8] CDC, "Symptoms and Testing," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.
- [9] CDC, "Protect Yourself," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.
- [10] CDC, "Social Distancing," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.
- [11] CDC, "Cleaning and Disinfecting Your Facility," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>.
- [12] US EPA, "List N: Disinfectants for Use Against SARS-CoV-2," United States Environmental Protection Agency, 4 2020. [Online]. Available: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
- [13] ECHA, "COVID-19 updates," European Chemicals Agency, 4 2020. [Online]. Available: <https://echa.europa.eu/covid-19>.
- [14] IMO, "Resolution MEPC 159(55) - Revised Guidelines on Implementation of Effluent Standards and Performance Tests for Sewage Treatment Plants," International Maritime Organization, London, 2006.
- [15] IMO, "Resolution MEPC 227(64) - 2012 Guidelines on Implementation of Effluent Standards and Performance Tests for Sewage Treatment Plants," International Maritime Organization, London, 2012.
- [16] CDC, "Using Personal Protective Equipment (PPE)," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.

- [17] WHO, "Advice on the use of masks the community, during home care and in health care settings in the context of the novel coronavirus (2019-nCoV) outbreak - Interim guidance," World Health Organization, Geneva, 2020.
- [18] WHO, "Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts - Interim Guidance," World Health Organization, Geneva, 2020.
- [19] ICS, Coronavirus (COVID-19) Guidance for Ship Operators for the Protection of the Health of Seafarers, London: International Chamber of Shipping, 2020.
- [20] CDC, "Social Distancing," Centers for Disease Control and Prevention, 4 2020. [Online]. Available: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>.
- [21] WHO, "Operational considerations for managing COVID-19 cases or outbreaks on board ships - Interim guidance," World Health Organization, Geneva, 2020.
- [22] WHO, "Global surveillance for COVID-19 caused by human infection with COVID-19 virus - Interim guidance," World Health Organization, Geneva, 2020.
- [23] WHO, Handbook for management of public health events on board ships, World Health Organization, 2016.

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Endorsed by the QMS Steering Committee	Issued By: CADE.STEVEN.CH ARLES.1075700365 <small>Digitally signed by CADE.STEVEN.CHARLES.1075700365 Date: 2020.05.09 14:12:18 -04'00'</small>	SSIC: 6100
	Steven C. Cade, SES Executive Director, MSC	8 May 2020 Page 1 of 38

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

REFERENCES

- (a) SECDEF Memo “Modification and Reissuance of DoD Response to Coronavirus Disease 2019 – Travel Restrictions,” dated 20 Apr 2020
- (b) Under SECDEF Memo Force Health Protection Guidance (Supplement 4), 11 Mar 2020
- (c) Under SECDEF Memo “Defense Industrial Base Essential Critical Infrastructure Workforce” dated 20 Mar 2020
- (d) CUSFF/NAVNORTH Phase IV EXORD In Response to Novel Coronavirus Disease 2019 dated 292000Z APR 20
- (e) COMPACFLT EXORD In Response to COVID-19, USINDOPACOM CONPLAN 5003 PHASE III Respond 030623Z APR 20
- (f) COMPACFLT Maritime Operations Directives (MODs) (daily weekday publication, most recent is CPF MOD MAY-030)
- (g) Secretary of the Navy ALNAV 049/20 “Modification to ALNAV 044/20 Reissuance of Department of the Navy Travel Restrictions in Response to Coronavirus Disease 2019” dated 222134Z APR 20
- (h) NAVADMIN 116/20, Navy Mitigation Measures in Response to Coronavirus Outbreak Update 4, dated 212136Z APR 20
- (i) NAVADMIN 113/20, Restriction of Movement (ROM) Guidance Update, dated 171541Z APR 20
- (j) NAVADMIN 109/20, COVID-19 Update Guidance to Support Fleet Operations, dated 152039Z APR 20
- (k) NAVADMIN 158-16 Sovereign Immunity Policy
- (l) Center for Disease Control and Prevention (CDC) Travel Health Notices (THN) available at <https://wwwnc.cdc.gov/travel/notices>
- (m) COMSC Instruction 6100.1 MSC Pandemic Influenza Plan

- (n) CMPI 630 Section 7 and Memorandum of Understanding Between MSC and IOMMP, MEBA, NMU, and SIU, 12 Jan 1998
- (o) NMCPH Guidance for Underway Evaluation and Management of Suspected Persons Under Investigation of COVID-19
- (p) Joint Travel Regulations
- (q) BUMED General Guidance for Cleaning and Disinfecting for Non-Health Care Settings
- (r) COMPACFLT Underway Checklist for COVID-19 Environment, dated 17APR20
- (s) MSC Safety Management System (SMS) Memo to Masters, Chief Engineers, and Shore Staff, 162 (Series), “NAVSEA Supplemental Guidance for COVID-19 Disinfectant Products and Procedures,” most recent is 162.3 dated 28 Apr 2020
- (t) Joint USFFC and PACFLT Message, “Deployed Maintenance Support – Bubble-to-Bubble Guidance” dated 141205ZAPR20

ENCLOSURES

- (1) MSC COVID-19 screening questionnaire V2020.04.29
- (2) Restriction of Movement Sample Order
- (3) COVID-19 PPE Requirements by Ship Type
- (4) IT Considerations for Telework (V.20200501)
- (5) Pandemic Travel Request (TR) Form (Revision 1)
- (6) CPF COVID-19 Travel Request Template
- (7) MSC Guidance for Embarking and Disembarking Commercial Marine Pilots
- (8) MSC Guidance Regarding Implementation of Bubble-to-Bubble Travel for CIVMAR Crew Manning
- (9) MSC Food Service COVID-19 Mitigation Plan and Procedures
- (10) Handling and Disposal of Hazardous Material and Solid Waste

1 PURPOSE:

1.1 This document provides updated planning and response guidance for the 2019-2020 Novel Coronavirus disease (COVID-19) threat as directed by the references. There have been **substantial changes** since Revision 3’s publication. 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. The entire team must understand their role in minimizing the spread of COVID-19 among our ranks. **MSC’s priority is to preserve the health of the force, ensure we do not spread the virus to the homeland or our partners, while maintaining our warfighting readiness.**

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1.2 All MSC Personnel are strongly encouraged to seek early medical attention if they are experiencing any influenza-like illness (ILI) symptoms that might be linked to COVID-19. ILI is defined as a fever (temperature >100oF/37.8oC), cough and/or sore throat without a known cause. **If you do not feel good, contact a health care provider.**

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. Individual action is the most important element of pandemic response. It is the responsibility of each MSC person to take precautions to prevent the spread of infection to others.

1.4 This is revision (4) to the original procedure published. It incorporates changes issued via the Interim Change Notice (ICN) process and supersedes ICNs (1) through (4). Future updates to this procedure may be promulgated on short notice 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 COVID-19 outbreak continues to expand globally. COVID-19 presents challenges to our forward deployed forces as well as our forces and force generation teams at home.

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. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to this virus.

2.2 **Objectives:** We must view and execute combating this virus as a military operation. This is not business as usual. All efforts should be taken to stop the spread of the virus. We must review every engagement, operation, exercise, TAD, training event, leave, etc. through the lens of: (1) Mission accomplishment; (2) Mission essential; (3) Risk to mission/risk to force; and (4) Mission assurance and maintaining warfighting readiness.

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2.2.1 MSC supports higher headquarter plans to protect against the spreading COVID-19 infection to both U.S. forces and allies and partners, and ensure warfighting readiness to execute assigned missions. These plans have a scheme of maneuver with the following five phases: Phase I – Protect; Phase II – Mitigate; Phase III – Respond; Phase IV – Stabilize; and Phase V – transition. **Per reference (d), we have transitioned to Phase IV.**

2.2.2 This procedure defines MSC Commodore, 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. All MSC personnel will take action to mitigate the spread of COVID-19 and adhere to the policies and requirements in this procedure.

2.2.3 Mission Essential Activity/Continuity of Operations. COMSC retains authority for determination of mission essential activity for purposes of denying or approving movement of personnel, prioritizing and executing actions in support of MSC missions, functions and tasks, or deviating from established policy and directives. Actions by all personnel shall be biased toward mission execution, unless otherwise restricted by higher guidance or prior decision.

2.3 Applicability: This procedure is applicable to Military Sealift Command personnel worldwide and all MSC ships. For purposes of this procedure, MSC ships are 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.

2.3.1 MSC ships that are under a military commander’s operational control (OPCON) or tactical control (TACON) 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 OPCON/TACON 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.

2.3.2 The MSC Director of Contracts is responsible for communicating to all MSC Contractors regarding when and how to apply this procedure. This QMS procedure is not a “change order” and does not alter, modify, or change the terms and conditions of any contract or purchase order awarded by MSC. This QMS procedure does not provide the basis for a contractor to seek a contract price adjustment. Only the Contracting Officer has the authority to

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modify the terms and conditions of a contract awarded by MSC and obligate the expenditure of government funds.

3 TRAVEL / LEAVE / LIBERTY

3.1 Travel Restrictions: Restrictions on travel continue to be dynamic. Review references (a) and (g). While DoD continues to follow the lead of the Center for Disease Control and Prevention (CDC) travel health advisories for overseas, when needed additional measures are authorized to mitigate risk to DoD personnel. Within MSC, only the Commander, MSC (COMSC) or an MSC Commodore can determine to restrict travel to a greater degree than already restricted by higher echelons within DoD.

3.2 Official Travel

3.2.1 All MSC personnel will stop official travel until further notice, unless authorized by COMSC. Exceptions to this stop movement order may be granted for travel that is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; or (3) warranted due to extreme hardship. MSC personnel granted an exception shall carefully plan travel to avoid, if possible, flights that transit through or originate in high-risk locations. MSC personnel shall incorporate CDC guidance into the full scope of planning for overseas official travel. See reference (l) for additional information.

3.2.2 Mission Essential Travel can continue with COMSC approval. The process for submission and approval of mission essential travel requests are outlined in **Section 7 of this procedure**. COMSC may further delegate this approval to other Flag Officer or Senior Executive Service (SES) level by separate correspondence. Mission essential travel refers to work that must be performed to ensure the continued operations of MSC's mission essential functions. Any MSC personnel traveling outside the continental United States (OCONUS) must liaise with the applicable MSC Commodore before scheduling travel and inform the Commodore of their specific travel plans, via the member's supervisor, prior to beginning travel. Any MSC personnel on official travel to an MSC ship in the continental United States (CONUS) must liaise with the MSC Commodore. MSC personnel will raise any health and safety concerns regarding mission essential travel to their supervisor.

3.2.3 Crew-relief. Unless directed otherwise by COMSC, crew-reliefs require face-to-face contact for government-owned, government-operated ships (GOGOs).

(1) MSC funded travel for CIVMARS going to a ship assignment will be approved by COMSC in accordance with the procedures in Section 7 below. For a "walk-on"

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crew-relief where the CIVMAR is present in the same local area as the ship, MSC Commodores may approve the CIVMAR's access to the ship without seeking COMSC approval.

(2) After contact relief, when a CIVMAR is detaching from the ship, MSC TFM/N1 is authorized to approve CIVMAR leave, travel, or "cash-in lieu" payment for travel, as part of the CIVMAR force regeneration process. Any CIVMAR leave or travel without contact relief requires COMSC approval via the MSC Commodore and TFM/N1.

(3) Masters shall report all crewmembers not onboard via their "Crew Change Report" and indicate the type of leave status for the crewmember. Masters shall also ensure the appropriate MSC Commodore is aware of any crewmember off ship in their AOR.

(4) CIVMARS who are away from their ship and unable to return due to foreign government travel restrictions may be placed on administrative leave (weather and safety) pending resolution of their situation.

(5) CIVMARS who are on administrative leave (weather and safety) in CONUS and unable to return to their assigned ship due to foreign government travel restrictions can be directed by TFM to detach from their assigned ship and report to CIVMAR Support Unit (CSU) East or West for possible re-assignment.

3.2.4 Additional Travel Procedures. For procedures regarding Bubble-to-Bubble (B2B) travel, see enclosure (8). For official travel outside of B2B, Supervisors shall ensure travelers use the following procedures: Travelers shall only travel between official work sites, or between work site and lodging. Private owned vehicles, company vehicles, and rental cars are considered appropriate forms of ground transportation. Use of public transportation, taxis, ride-sharing, and other commercial ground transportation is not authorized. Travelers shall not dine in restaurants, but instead shall use food delivery or food take-out services. Travelers shall not use public gyms and shall avoid crowds and public areas.

3.2.5 Travel between two ships at sea, from an underway ship to shore, or from shore to an underway ship requires review and approval by COMSC. All movements will follow established mitigation measures to maintain a virus-free ship.

3.2.6 Pre- and Post- Travel Screening and Reception. Those travelers approved for mission-essential travel shall comply with the guidance below in Section 7 for pre- and post-travel screening and reception procedures.

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3.2.7 Permanent Change of Station (PCS). The Navy has published extensive guidance on the status of PCS for service members and Navy civilians. See reference (h) for details.

3.2.8 Non-Mission Essential Travel. Non-mission essential travel shall stop until further notice. Supervisors will consider teleconferences, and other means to accomplish the objectives.

3.3 Leave: Opportunities for leave shall continue to be afforded for all personnel, to the extent practical to assure the safety and health of the workforce balanced against mission requirements. All personnel requesting leave shall notify their supervisor of planned destination and while on leave shall abide social distance advisories avoid large gatherings and stay away from known or publicized COVID-19 clusters within their local area.

3.3.1 Service Members. Leave or personal travel outside of the local area requires permission from the first Flag Officer or SES member in the individual's chain of command. Local area is defined by the local MSC Commodore. For MSC Headquarters, it is defined by the MSC Chief of Staff in paragraph 9.12 below.

3.3.2 Ashore Navy civilian employees. Off-duty travel to COVID-19 high-risk areas (i.e., CDC Level 3, Level 2, and out of area) is highly discouraged for civilian employees. Annual leave outside of the local area requires permission from the first Flag Officer or SES member in the individual's supervisory chain. Any personal travel not requiring approved leave that involves going outside the local area requires supervisor notification. Local area is defined by the local MSC Commodore. For MSC Headquarters, it is defined in paragraph 9.12 below. Supervisors may disapprove leave based on potential mission requirements. An expectation of restriction of movement (ROM) following a period of leave may be deemed by supervisors to impact mission and be the basis for denying leave to any personnel.

3.3.3 Civil Service Mariners (CIVMARS). CIVMAR leave or travel without contact relief requires COMSC approval via the MSC Commodore and TFM/N1.

3.3.4 Post-Travel Screening. MSC supervisors, MSC TFM/N1, and other appropriate MSC authorities, shall screen all MSC personnel returning from personal travel outside the local area using an MSC-approved COVID-19 screening questionnaire. Screening can be done verbally. Enclosure (1) is currently approved. MSC Commodores may authorized the use of an AOR-specific form. Identified personnel ashore, to include CIVMARs, will be placed under a ROM and prevented from accessing MSC work sites and ships for health and safety reasons for 14 days or until cleared by medical authority (see enclosure (2)).

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3.4 Mariner Liberty:

3.4.1 Pursuant to reference (n), CIVMAR 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.

3.4.2 The COVID-19 threat is the same for all persons across the enterprise, regardless of status. MSC leadership expects contracting companies and ship Masters to apply the same bases for liberty restriction discussed in paragraph 3.4.1 to contracted mariners (CONMAR) on MSC vessels. Additionally, the Master of an in-service MSC ship shall similarly restrict the liberty of all other embarked personnel on an MSC vessel (military, government civilian, DoD contractor, or other) when CIVMAR or CONMAR liberty is restricted. MSC Commodores must work with their Fleet counterparts to ensure there is consistency in application to the greatest extent possible. Exceptions to this policy or other restrictions issues will be raised through the applicable MSC Commodore to MSC Headquarters for resolution.

3.4.3 When liberty is restricted, the Master must work closely with the applicable MSC Commodore to coordinate movement that is required on and off the ship, such as crew reliefs or addressing medical requirements. Advance notice must be given to the MSC Commodore to coordinate with appropriate shore-side authorities. Ship Masters can seek authority from their Commodore for non-liberty exceptions to go ashore. Commodores can approve requests for reasons such as medical visits and shipboard logistics, including trips to obtain basic health and comfort items. Commodores will only approve requests when Masters have consolidated requirements, and put appropriate risk mitigation measures in place to include mechanisms to minimize outside contact.

3.4.4 MSC Commodores shall notify the MSC Battle Watch of any liberty restrictions imposed by host nation authorities, port authorities, and Fleet commanders for MSC ships in their AOR. As required, N1/TFM will ensure unions are notified of restrictions placed on CIVMAR liberty.

4 **AFLOAT PROCEDURES / PROCESSES**

4.1 General Guidance.

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4.1.1 Combatant Commander and Fleet Guidance. MSC ships, as defined in paragraph 2.3 above, that are under a military commander’s operational control (OPCON) or tactical control (TACON) 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 OPCON/TACON 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. MSC Commander retains OPCON of Transportation Command (TRANSCOM) missions.

4.1.2 MSC Commodores will publish updated area specific COVID-19 procedures and processes to all MSC ships in their AOR, including contractor operated ships, on a weekly basis until further notice. These procedures will include the latest copy of the most current AOR-specific COVID-19 screening questionnaire. In the absence of an AOR-specific COVID-19 screening questionnaire, MSC ships will use enclosure (1).

4.1.3 Measures to Minimize the Spread of COVID 19. MSC Commodores and ship Masters shall take aggressive action to minimize the spread of the virus and protect the health of the crew and other personnel. **This is not business as usual**. Such actions include:

(1) Execute lengthier fast cruises prior to getting underway to ensure units are virus-free. Send ships to anchor instead of keeping them pier side.

(2) Exercise strict control of access on and off the ship, and control access to certain areas of the ship. This includes limiting or securing access by personnel not embarked on the ship to retain the integrity of a virus-free shipboard environment.

(3) Limit the movement on and off the ship of crewmembers and other personnel embarked, to retain the integrity of a virus-free shipboard environment.

(4) Limit contact between personnel on board the ship. If duties require interaction with others, execute social distancing. If necessary, sequester low-density mission critical personnel.

(5) Execute aggressive cleaning. Exercise decontamination and response plans. Utilize references (r) and (s) for guidance on cleaning and disinfecting.

(6) Conduct daily medical screenings of personnel onboard.

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(7) Crew should monitor their health, self-isolate, and inform the onboard MSO or MDR immediately if they develop a fever (100°F / 37.8°C or higher), begin to feel feverish, or develop other signs or symptoms of sickness. 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 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.

(8) Leave all zebra Quick Acting Watertight Doors (QAWTD) open unless condition zebra is set, or otherwise required for damage control, noise abatement, safety, or ventilation system constraints to minimize touching of door handles.

(9) Leave all non-tight doors pinned open (unless required for privacy in berthing spaces) to minimize touching of door knobs.

4.1.4 14-Days Underway. An additional measure to minimize the spread of the virus is extending time at sea allows ships to assess crew health, while remaining removed from population centers. In all AORs, MSC ships under NAVTRANS operational control, including contractor-operated ships, shall be scheduled for a minimum of 14 days underway between port visits to permit adequate time for surveillance and monitoring for development of symptoms consistent with COVID-19. The 14-day requirement is not required if the ship is returning to the same port it most recently departed, however such underway periods shall be minimized through consolidation of missions and events. MSC Commodores are delegated waiver authority for the 14-day underway requirement for NAVTRANS missions under the following conditions:

(1) MSC Commodores shall submit notification of waiver, “5W format (Who What Where, When and Why) as soon as a potential need of waiver is identified, but NLT 96 hours prior to desired execution via email to MSC Battle Watch MSCHQ.BWC.fct@navy.mil, cc david.j.pearson1@navy.mil; james.f.hughes1@navy.mil

(2) Subject line should read: “MSC (or NAVTRANS) 14-day Waiver Notification.”

(3) Intent of the notification is to inform COMSC of the waiver and outline the justification and the mitigations required. MSC N3 will brief waiver notifications received at the following morning Commanders Update brief (CUB) and provide MSC Commodores feedback as required.

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(4) If the ship has been “gangway up” with the crew restricted from going on liberty for a time preceding the underway, provide that information as part of the justification. However, take into account the timing of embarkation for any mission personnel or crew reliefs.

(5) Command-by-negation concept will be used. If the MSC Commodore does not receive a reply, they shall execute to plan.

For all other MSC missions where the MSC Commodore is seeking a waiver from a Fleet underway requirement, notify the MSC Battle Watch (cc: david.j.pearson1@navy.mil; james.f.hughes1@navy.mil) for MSC HQ situational awareness.

4.1.5 Food Service. COVID-19 poses additional challenges regarding food supplies, food preparation, and maintaining a sanitary environment to prevent, mitigate, and eliminate the spread of the virus. Masters shall enforce the standards set forth in enclosure (9) for galley operations, scullery, dining areas, provisions handling, staterooms, laundry, and lounges.

4.2 Afloat Force Health Protection Measures. All ship’s Masters are responsible for the force health protection of their ship. Masters shall maintain awareness of all relevant MSC policy and guidance related to COVID-19. Contact the respective MSC Commodore with any questions.

4.2.1 Restriction of Movement (ROM) Sequester Requirement: Unless exempted below, all personnel coming on board an MSC government-owned ship shall complete a 14-day ROM sequester immediately prior to boarding, or must have maintained “clean status” since completing a 14-day ROM sequester.

(1) For the purposes of this section, a ROM sequester is typically a 14-day period in clean berthing off the ship, or in a MSC Commodore approved clean area, followed by answering questions from an approved COVID-19 screening questionnaire and a temperature check. Personnel completing a 14-day ROM sequester achieve “clean status” for purposes of COVID-19 risk assessments.

(2) To maintain “clean status”, travel from the ROM sequester location to a “clean” ship or area must be done in a clean manner. This is the “bubble-to-bubble” (B2B) concept. Military air (including AMC channel, SAAM, NALO, and other service organic or chartered aircraft) is considered acceptable for clean travel. Common-carrier commercial air travel is not considered clean. Surface travel must be done in a clean vehicle or vessel.

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(3) If travel requires an overnight stay, travelers must stay in clean berthing that includes a method of food delivery that maintains clean personnel status.

(4) This ROM sequester requirement applies to personnel coming on board government-owned ships for Voyage Repairs (VR), Emergent Work, and Onboard Technical Assistance (OBTA). To support the maintenance enterprise in minimizing risk to its technical experts, MSC personnel shall first exhaust distance support such that bringing personnel on board is the only course of action remaining.

(5) This ROM sequester requirement does not apply to government-owned ships in an overhaul or availability (ROH, MTA, PSA). Other precautions to mitigate the risk of COVID-19 exposure shall be taken. ROM sequester is also not required for embarking a commercial marine pilot; instead follow the procedures set forth in enclosure (7).

(6) Government-owned/Contractor Operated (GOCO) Vessels and Commercial Helicopter Detachment (Comm Helo Det). If required, Requirements Owners shall update the applicable Performance Work Statements (PWS) and new/revised Contract Data Requirements List (CDRL) to establish procedures for contractors to submit ROM sequester plans to include ROM sequester location, means of clean transportation satisfying above requirements, and other mitigating measures for coordination with the Program Manager and approval by the Contracting Officer.

(7) Commercially-Owned/Contractor-Operated (COCO) Vessels. This ROM sequester requirement only applies to chartered vessels after notification from the Contracting Officer. Such notice shall only be given after the Program Manager has obtained approval of the sponsor, to include identification of necessary funding to support contractual obligations. This ROM sequester requirement does not apply to chartered vessels where there are inadequate crew facilities (e.g., harbor tugs).

(8) Where compliance with this ROM sequester requirement is determined to be impractical, an alternative mitigation plan shall be submitted for COMSC approval via the appropriate MSC SES member. Other onboard mitigations shall include maximum social distancing, extra PPE worn by the person coming on board and shipboard personnel (the term "PPE" is not intended to mandate N95-level masks; any reasonable and generally-accepted face covering is sufficient), extra cleaning and additional screening points. Mess hours for personnel without "clean status" shall be different from ship's force. If overnight stay is required for personnel without "clean status," the ship shall supply a separate stateroom where possible.

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4.2.2 Screening. Masters shall screen all personnel accessing the ship or embarked on the ship using an MSC Commodore authorized AOR-specific COVID-19 screening questionnaire or enclosure (1). Screening can be done verbally. Masters will not allow personnel identified by the screening as at risk for COVID-19 exposure (“identified personnel”) to access 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 for CIVMARs, and make immediate contact with the applicable MSC Commodore. If the ship is underway, see paragraph 4.4 below. Any paper copies of COVID-19 screening questionnaires shall be destroyed daily to prevent the retention of personally identifiable information and health information.

4.2.3 Masters may classify other individuals as “identified personnel” based on other risks for exposure. However, Masters shall use medical advice as part of their analysis of risk. For purposes of analyzing risk, Masters will apply the CDC definition for “close contact” which is defined as: (1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or (2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

4.2.4 Face Coverings. Until declared a “Clean Ship,” all crew and embarked personnel shall wear cloth face coverings unless eating, sleeping, conducting personal hygiene, or participating in activity that would make covering unsafe (e.g. conflicts with other mandatory PPE, rotating machinery, etc.) Once declared a “Clean Ship,” Masters may relax the face covering requirement, however shall continue to require them to be used when engaging with personnel who are not part of the crew or embarked. Masters shall work with the supply system to procure acceptable face coverings. N95 and surgical masks should be reserved for medical personnel.

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 onboard.

4.2.6 Establishing Clean Ship and Bubble Status. For the first 14 days underway, or during a 14-day period pier side where the crew is restricted to the ship, Masters will institute crew social distancing to the greatest extent possible, to include reducing the use of common areas.

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(1) Clean Ship Status. “Clean Ship” status is controlled by the ship’s Master. Once a ship’s crew and embarked personnel have been free of symptoms for a minimum of 14 days, Masters will notify the applicable MSC Commodore that they have obtained Clean Ship status. Once “Clean Ship” is declared, the Master may relax some of the crew social distancing measures, such as permitting gyms or crew lounges to be used. Clean Ship status does not terminate if new crew or embarked personnel arrive after completing a 14-day ROM sequester. “Clean Ship” is automatically revoked and the 14-day clock is reset if a crewmember or embarked personnel present with ILI symptoms.

(2) Bubble Status. A “bubble” is a location in which risk of contracting COVID-19 is mitigated to the lowest practicable level. “Bubble status” is controlled by the applicable MSC Commodore. For ships, Bubble status requires an additional risk assessment once the Master has declared Clean Ship status. Once satisfied that the ship has a low probability of COVID-19 infection, the applicable MSC Commodore will designate the ship as a “Bubble” for purposes of “Bubble-to-Bubble” travel, such as laid out in enclosure (8). At the discretion of the Commodore, Bubble status may be removed when the ship undergoes evolutions that increase the risk of COVID-19 exposure, such as voyage repairs. If Clean Ship status is revoked, that automatically terminates Bubble status.

4.2.7 Medical Training. Masters will ensure medical training to crew members on COVID 19. Stress the importance to the crew of reporting to MSO/MDR if they have influenza-like illness (ILI) symptoms and history of recent travel to an at-risk country or close personal contact with an individual infected with COVID-19.

4.2.8 Commercial Marine Pilots. Masters shall follow the procedures set forth in enclosure (7) when embarking or disembarking a commercial marine pilot.

4.2.9 Air Operations. Masters shall ensure compliance with the following procedures:

(1) Flight deck crew shall wear appropriate PPE, including face covering, gloves, and eye protection.

(2) Passenger operations: Screen departing passengers prior to Helo embark. Screen embarking passengers at flight deck upon arrival. Be sure to understand context of the passengers’ travel (e.g., coming from a “clean” environment or not).

(3) Cargo operations: Only the flight deck crew will unload the Helo, the aircrew shall not assist. The flight deck crew will stage the cargo in an appropriate area and spray with disinfectant, and then wait ten minutes before further handling.

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(4) **Aircrew Segregation.** For embarked aircrew, consider dividing into two teams to prevent the potential for infection. For civilian helicopter detachments where flying and maintenance are performed by the same personnel, segregate detachment personnel and ship’s crew to the maximum extent possible.

(5) **Aircraft Divert Concerns.** Do not delay divert or execution of emergency procedures due to COVID-19 concerns. Once the aircraft is safely on deck, aircrew and ship’s crew should take appropriate steps to minimize exposure and, if necessary, sanitize aircraft and aircrew.

4.2.10 **Hazardous Material and Solid Waste.** Enclosure (10) contains procedures for MSC Ships on the handling and disposal of Hazardous Material and Solid Waste produced from COVID-19 decontamination activities, including personal protective equipment, cleaning materials and other wastes. Each geographic Area of Responsibility (AOR) may have more specific requirements for disposal ashore. Ships must check with the Regional Environmental Coordinator (REC) for area specific guidance and regulations.

4.3 **Identified Personnel and Civil Service Mariner (CIVMAR) Restriction of Movement (ROM).** Masters will place ashore any identified personnel who are on board and then file a report articulating the “5 Ws” (Who, What, Where, When, Why) on the circumstances with the respective MSC Commodore, the MSC Battle Watch, and MSC Medical (MSC_Medical_COVID19@navy.mil). Avoid the use of personally identifiable information (PII) in the report. Pass PII by voice report or encrypted email.

4.3.1 The Master shall place identified personnel who are CIVMARS under a ROM ashore for 14 days. These personnel will remain in a duty status and be given an order directing the appropriate self-isolation or quarantine procedures. See section 9 below for a full description of ROM. Enclosure (2) is a sample ROM order. If unable to leave an identified CIVMAR ashore, (e.g. prevented by host nation authorities) place the CIVMAR in quarantine/isolation on board per procedures for ill-persons below.

4.3.2 CIVMARS will be restricted from shipboard assignment for a 14-day period, starting from the day of departure from a designated area 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 CIVMARS left ashore shall be assisted by the Master of the ship and the appropriate MSC Commodore. Consideration will be given to providing a non-medical

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escort to assist. Questions regarding the duty or leave-status of identified personnel will be referred to MSC N1/TFM.

4.3.4 If an individual is already more than 14 days past traveling to a designated area and is asymptomatic for 14 days, there is no need to restrict that individual's movement.

4.4 Infection Control of Ill Persons in shipboard setting.

4.4.1 Ill persons, as defined in section 9 below, shall be isolated/quarantined in a single-person room with the door kept closed until other appropriate means of isolation can be coordinated with the applicable MSC Commodore. 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 physical distance measures will be monitored by the Master and shipboard medical personnel. See reference (o) for further details.

4.4.2 The suspected ill-person shall not share lavatory spaces. The ill-person should 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. Any trash generated by the ill-person does not necessarily need to be segregated. Refer to enclosure (10) for additional details.

4.4.3 The ill person will remain in isolation for a minimum of 14 days, plus three days of being asymptomatic, and must be approved for release by authorized medical personnel. If available, testing for COVID-19 will be used as part of the medical determination.

4.4.4 Mitigation and Recovery. When an ill person has been identified on board, immediate steps must be taken for force health protection and mission assurance. The general guiding principle is to consider, plan for, and implement any reasonable measures (mission permitting) that mitigate the spread of respiratory pathogens beyond the initial case or cluster of cases aboard ship. Don't give up the ship!

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(1) As soon as possible, Master or MSO will contact MSC Force Surgeon to discuss mitigation and recovery strategy.

(2) Contact tracing will immediately be initiated – 100% accountability, quickly.

(3) Personnel exhibiting symptoms will be immediately isolated as soon as possible. Prioritize the most restrictive available isolation/separation for patients who are most actively symptomatic.

(4) Label all points of entry accordingly (e.g., “RESTRICTED ENTRY: Patient in isolation. Authorized personnel only”).

(5) Clean and disinfect the ship. Prioritize cleaning and disinfection of isolation/separation rooms and spaces, ensuring those spaces are frequently cleaned and disinfected. Cleaning and disinfection should be conducted at least daily, and/or prior to use by another patient. Prioritize cleaning and disinfecting high-touch surfaces and equipment in the immediate vicinity of the patient.

4.4.5 Individual plans for repatriation shall be coordinated on a case-by-case basis with MSC Force Medical, and MSC N1/Total Force Management (TFM). If underway and a medical situation is determined to be life-threatening, use existing MEDEVAC procedures at earliest opportunity. All MEDEVACs shall be reported to the MSC Battle Watch.

4.4.6 An MSC ship that has an ill person on board will likely be required to work with foreign authorities through the appropriate MSC Commodore 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 4.9 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. However, appropriate risk

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mitigations must be established to preserve the health of MSC personnel. Pursuant to reference (c), the Defense Industrial Base is identified as a Critical Infrastructure Sector. This includes U.S. shipyards with DoD contracts and their workers. These shipyards are expected to maintain their normal work schedules.

4.5.2 MSC Commodores shall make recommendations to COMSC regarding COVID-19 mitigations, crew status, liberty restrictions, and crew berthing during upcoming maintenance, overhauls, and availabilities.

4.5.3 Shipyard workers, technical representatives, and others shall be screened pursuant to section 5.1.3 and approved COVID-19 questionnaire such as enclosure (1). Refer to paragraph 4.2.1 for applicable ROM guidance.

4.5.4 MSC Program Managers and Contracting Officers shall engage with shipyards and other contractors coming onboard for maintenance to follow CDC best practices to reduce the spread of COVID-19 and to report to MSC when there are any shipyard or other contractor personnel who have tested positive for COVID-19 or are Patients Under Investigation (PUI) for COVID-19.

4.5.5 There will be situations at shipyards and other maintenance facilities where reports are made that shipyard workers and other individuals in the facility may have tested positive for COVID-19 or are PUI. The risk presented by such situations is very factually dependent and therefore it is important to gather information working with our industry partners and management officials. Report all known information to the applicable MSC Commodore, the MSC Force Surgeon, and MSC N7.

4.6 Ship Inspections, Certifications and Training.

4.6.1 Mission Essential Ship Inspections, Certifications and Afloat Training Events. Government-owned ship inspections, certifications and afloat training events deemed mission-essential will continue in the continental United States (CONUS). Personnel performing these functions will follow the provisions of paragraph 4.2.1 prior to embarking.

4.6.2 Outside the continental United States (OCONUS), or for those events not deemed mission-essential within CONUS, ship inspections, certifications and Afloat Training will be self-directed or rescheduled to the greatest extent possible.

4.7 Underway Replenishment (UNREP) and Cargo Loading. Underway replenishment procedures, to include underway consolidated cargo replenishment (CONSOL)

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operations, shall continue in a COVID-19 environment. UNREP crews should follow normal safety and health precautions, to include the use of personnel protective equipment, when receiving any offloads from another ship. In port cargo loading shall be conducted using appropriate COVID-19 exposure screening measures for all personnel accessing the ship. Masters shall follow guidance in reference (s).

4.8 Contractor-Operated Ships

4.8.1 MSC’s contractor operated ships and contracted mariners (CONMAR) are part of the nation’s Critical Infrastructure Sector, as discussed in reference (c). As such, there is a special responsibility to maintain a normal work schedule and contract performance. It is critical for contractors to develop plans for dealing with possible COVID-19 impacts to their contracts and supporting personnel, and communicate those plans with the Contracting Officer frequently.

4.8.2 Contracting Officers shall direct commercial partners to follow applicable portions of this MSC COVID-19 Command Response Plan. Sovereign immune Contractor-Operated ships shall follow the guidance of OPCON/TACON Commander along with MSC COVID-19 response policies.

4.8.3 Contracting Officers shall direct commercial partners to provide an estimate of any costs they believe were not anticipated at contract award. Contractors Officers shall provide guidance regarding reimbursable expenses under the contract or requests for equitable adjustment with supporting documentation.

4.8.4 Contracting Officer Representatives (CORs) shall require Contractors to determine what CONMARs are returning from designated areas affected by an outbreak of COVID-19, as defined in Section 9 below. 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 area 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.

4.8.5 Finally, nothing in this Procedure is intended to be, or should be understood or relied upon, as direction or authority to deviate from, or otherwise change, in any manner whatsoever, any of the terms and conditions of any MSC contract.

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4.9 Sovereign Immunity.

4.9.1 MSC ships 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.

4.9.2 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.

4.10 Repatriation. Travel restrictions continue to increase as part of the COVID-19 response, making crew reliefs more difficult. Therefore, requests for crew repatriation (repat) will only be made once all local remedies are exhausted. Personnel considered temporarily not fit for duty based on medical concerns will not be approved for repat until on board sick-in- quarters and other light duty protocols have been examined as alternatives. Sick leave is used when a CIVMAR becomes ill or injured and is unable to perform light duty. Consult with MSC TFM and MSC Force Surgeon's office on a case-by-case basis.

4.11 Chemical, Biological, Radiation, Nuclear Decontamination (CBRN-D) Supplies. MSC shipboard CBRN-D supplies can only be used for COVID-19 response **as a last resort**. Such circumstances include: (1) Depletion of all on board BUMED approved cleaning supplies; or (2) Major outbreak of COVID-19 infection onboard requiring gross decontamination of the ship. During use of Calcium Hypochlorite (HTH)/Detergent must be mixed IAW NSTM 470 for correct dilution, as in the incorrect dilution is highly corrosive. All safety equipment shall be used during mixing and use of HTH solution as it is corrosive in nature. Masters shall inform the appropriate MSC Commodore and MSC Force CBRN Officer of the situation and justification for use.

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5 ASHORE PROCEDURES / PROCESSES:

5.1 MSC will remain operational during this COVID-19 response. MSC leadership shall take aggressive action to minimize the spread of the virus and protect the health of all MSC personnel. **This is not business as usual.** MSC will continue to incorporate social distancing, basic hygiene and sanitation measures, limit meetings/personnel at command nodes, use telework/conferencing to maximum extent and incorporate risk-based decision-making into all courses of action as part of this COVID-19 Response Plan.

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

5.1.2 U.S. Shelter-in-Place/Stay-Home Orders. To the extent practicable, MSC will act in accordance with the applicable provisions of public health emergency declarations made by U.S. state and local public health authorities. However, federal law exempts military and federal civilian personnel from state and local government orders when necessary to perform their official duties. Therefore, if personnel movement is required by MSC personnel to perform official duties, MSC personnel are exempt from shelter-in-place, stay-home, curfew, or other similar orders. MSC personnel encountering local law enforcement during travel to perform official duties shall identify themselves using their DoD identification card and explain the nature of their work and travel.

5.1.3 Screening. On order, MSC will conduct daily screening of personnel at all MSC ashore facilities. AOR and facility specific procedures will be developed and published by separate correspondence, however guidelines for such a screening include:

a. All MSC personnel who will be entering an MSC ashore facility shall self-screen **immediately prior to traveling to that facility** utilizing an approved COVID-19 questionnaire such as enclosure (1). This should include using a thermometer to take temperature if possible. Personnel shall not travel to the facility and shall contact their supervisor if their self-screening indicates they should be denied entry into the facility.

b. Screening shall be done for ALL personnel accessing facilities, whether they are command members, contractors, visitors, or other personnel. An individual's screening is only required once per day.

c. Screeners will use enclosure (1) or an MSC Commodore approved AOR-specific screening questionnaire. Screening can be done verbally. Consider screening

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via a drive through process to maintain social distancing requirements.

d. Individuals cleared through screening should be presented a sticker to place on their command badge or clothing that signifies that they are permitted entry into MSC facilities. Anyone observed inside an MSC facility who has not been screened shall be directed to depart the facility immediately and report for screening. Failure to follow MSC screening directives could result in administrative or disciplinary action.

e. **For MSC personnel** who are not cleared by screening due to possible COVID-19 exposure, screeners will log the individual's name, DoD number, and MSC Directorate. The individual will be instructed to inform their supervisor. Those experiencing any symptoms will be advised to seek medical guidance.

f. **For non-MSC personnel** who are not cleared by screening due to possible COVID-19 exposure, screeners will log the individual's name, DoD number (if one is available), and DoD command or employer. The individual will be instructed to inform their supervisor. Those experiencing any symptoms will be advised to see medical guidance.

g. At the conclusion of each screening evolution, screeners will transmit the information collected on anyone denied entry to the appropriate MSC medical, legal, security, and leadership points of contact for follow-on reporting and management requirements.

h. MSCLANT shall use MSC Headquarters screening.

5.1.4 Meetings. In-person meetings shall be minimized, shall follow social distancing practices, and shall not have more than 10 people participating. MSC personnel should substitute teleconferences, phone calls, email, and on-line collaboration for face-to-face meetings. When that is not possible, schedule small group meetings in large conference rooms to maximize social distancing. Briefing materials shall be provided electronically and discussed remotely whenever possible. MSC Battle Rhythm Events and OPT meetings will continue as planned, maximizing virtual participation and social distancing.

5.1.5 Face Coverings. To the extent practical, MSC personnel while on DoD property, installations, and facilities are required to wear cloth face coverings when they cannot maintain six feet of physical distance in public areas or work centers. This guidance also applies when MSC personnel working at or visiting DoD contractor property, installations, and facilities. Until official face coverings are produced and implemented,

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personnel are authorized to wear bandanas, scarfs, etc. Medical personal protective equipment such as N95 respirators or surgical masks will not normally be issued for this purpose as these must be reserved for the appropriate personnel.

5.1.6 Telework. MSC will maximize telework to the greatest extent practical, however telework alone is not the sole answer to social distancing because of limited remote (in- home) computer connection capacity, and because some employees require access to classified information or other sensitive information that cannot be brought home.

a. For purposes of this COVID-19 Response Plan, MSC supervisors can liberally approve situational telework. To be eligible for situational telework, employees must have an approved telework agreement. Employees must still account for work and non-work hours during this time and take appropriate leave to account for time spent away from normal work-related duties. MSC supervisors with additional telework authorities questions will coordinate with MSC TFM/N1.

b. Employees may perform MSC work on non-government computers or phones, subject to the guidance found in enclosure (4).

5.1.7 Virus Free “Bubbles”. In addition to ship “Bubble” status discussed in 4.2.6, MSC must develop other locations characterized as safe areas, enclaves, or “bubbles.” As necessary, MSC Commodores will designate Bubbles and appropriate procedures where personnel can be sequestered for 14-days ahead of mission. See enclosure (8) for additional information.

5.2 MSC Supervisors.

5.2.1 MSC supervisors, MSC TFM/N1, and other appropriate MSC authorities, shall regularly screen their personnel for factors indicating possible COVID-19 exposure. This includes checking to see if their personnel are in close contact with anyone suspected of COVID- 19 exposure. Personnel who are potentially infected, to include CIVMARs ashore, will be placed under a ROM and prevented from accessing MSC work sites and ships for health and safety reasons for 14 days and, if symptomatic, until cleared by medical authority. See section 9 below for a full description of ROM. See enclosure (2) for a sample ROM order.

5.2.2 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

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Force Surgeon via the MSC Battle Watch to discuss the concerns. For purposes of analyzing risk, Supervisors will apply the CDC definition for “close contact” which is defined as: (1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or (2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

5.2.3 MSC Supervisors shall maintain cognizance and track personnel during their absence due to ROM, sick-in-quarters (SIQ), or other quarantine/isolation situations. Supervisors shall contact such individuals daily for updates on status.

5.2.4 MSC Supervisors shall ensure any facility or space potentially exposed to COVID-19 contamination is aggressively cleaned and decontaminated. This is a separate and distinct requirement from placing potentially exposed individuals in a ROM status. MSC N4 shall assist with coordinating cleaning assistance with installation or contracted resources. MSC Supervisors will report facility/space decontamination status up the chain-of-command to MSC Chief of Staff. Utilize Reference (r) for guidance on cleaning and disinfecting for non-health care situations.

5.3 Asymptomatic Identified Personnel. Asymptomatic identified personnel shall be given a ROM quarantine order for a period of 14 days (see section 9 below for additional definitions and enclosure (2) for a sample) and follow other Center for Disease Control advice to avoid potentially spreading the virus. MSC HQ supervisors shall coordinate with the first Senior Executive Service (SES) member in their chain-of- command, and MSC Area Command supervisors shall coordinate with the MSC Area Commander, on the individual’s plan for self-isolation. Notify MSC Medical of any ROM Order issued at MSC_Medical_COVID19@navy.mil. Avoid the use of PII in the email. Pass PII by voice report or encrypted email. Supervisory tools available to assist supervisors managing employees conducting self-isolation include temporary duty orders, annual leave, administrative leave (weather and safety), and telework.

5.3.1 Identified individuals who reside in the local area will be directed to quarantine in their home. Telework may be authorized if telework requirements are met. Individuals on travel who require lodging for quarantine will work with MSC HQ and MSC Commodores, through their supervisor, to identify appropriate arrangements and payment for lodging and meals.

5.3.2 Asymptomatic identified personnel should report any changes in their

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health to their supervisor. Identified personnel who remain asymptomatic throughout the 14-day ROM period can return to work at the direction of their supervisor, after the supervisor has consulted with the MSC Force Surgeon. Identified personnel who develop ILI symptoms during the 14-day ROM period shall be managed in accordance with paragraph 5.4.

5.4 Ill-Persons Ashore.

5.4.1 MSC members with suspected symptoms of COVID-19 or ILI are required to seek medical advice. Such persons shall be given a ROM isolation order (see section 9 below for additional definitions and enclosure (2) for a sample) and prevented from accessing MSC work sites and ships until healthy. Such persons must provide medical proof of fit for duty to their supervisor. The supervisor shall coordinate with the MSC Force Surgeon before allowing the individual to return to the workplace.

5.4.2 Ill-persons ashore not requiring hospitalization will coordinate with their supervisor for sick leave or other arrangements. This includes the supervisor issuing a ROM order to the individual. Supervisors shall notify MSC Medical of any ROM Order issued at [MSC Medical COVID19@navy.mil](mailto:MSC_Medical_COVID19@navy.mil). Avoid the use of PII in the email. Pass PII by voice report or encrypted email.

5.4.3 Ill-persons ashore who reside in the local area will receive a ROM isolation order directing them to self-isolate in their home. Ill-persons who are away from their home of record and require lodging for isolation will work with MSC HQ or MSC Commodores through their supervisor to identify appropriate arrangements and payment for lodging and meals.

5.4.4 COVID-19 Testing and Diagnosis Ashore. COVID-19 testing and diagnosis continues to develop. COVID-19 testing is starting to be incorporated into ROM procedures (quarantine, isolation, and sequester). MSC masters and supervisors may consult with MSC Force Surgeon's office to determine available options for an employee to be tested. Report all COVID-19 positive tests to the MSC Force Surgeon. A negative COVID-19 test only means the individual was probably not infected at the time their specimen was collected.

5.5 MSC Contractors Ashore.

5.5.1 MSC's contractors are part of the nation's Critical Infrastructure Sector, as discussed in reference (c). As such, there is a special responsibility to maintain a normal work schedule and contract performance. It is critical for contractors to develop plans

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for dealing with possible COVID-19 impacts to their contracts and supporting personnel, and communicate those plans with the Contracting Officer frequently.

5.5.2 Contracting Officers shall direct commercial partners to follow applicable portions of this MSC COVID-19 response plan.

5.5.3 Contracting Officers shall direct commercial partners to provide an estimate of any costs they believe were not anticipated at contract award. Contractors Officers shall provide guidance regarding reimbursable expenses under the contract or requests for equitable adjustment with supporting documentation.

5.5.4 MSC Contractors ashore shall follow AOR guidance for travel to and from mission essential events. Contracting Officer Representatives (CORs) shall require Contractors to determine what Contractor Employees are returning from designated areas affected by an outbreak of COVID-19, as defined in Section 9 below. 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 area 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 Director, Total Force Management (N1/TFM) shall:

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, TFM/N1 will ensure contact crew reliefs.

6.1.3 TFM/N1 shall implement social distancing to the maximum extent possible in managing the San Diego and Norfolk mariner pools and at CIVMAR training centers, supported by Director, Force Training (N04T) and Area Commanders

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6.1.4 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.

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

6.1.6 Provide CIVMARs guidance on travel restrictions, recommended travel practices, and self-isolation requirements when going on and returning from authorized leave.

6.1.7 Review guidance and designations of essential and non-essential personnel.

6.2 Director, Maritime Operations (DMO) shall:

6.2.1 Report suspected exposure and outbreaks of COVID-19 and impact to personnel/schedule/mission. Through the MSC Battle Watch, manage the extensive reporting requirements to higher echelons outlined in the references.

6.2.2 Coordinate with MSC Commodores 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, shipyard maintenance, global force management, etc. Provide COMSC with recommendations to lessen the impact to MSC of the COVID-19 response.

6.3 Director, Ship Management (DSM) shall:

6.3.1 Identify ship maintenance, overhauls, and availabilities that are affected by the COVID-19 response and any impact to schedule/mission. Provide COMSC with recommendations to lessen the impact to MSC of the COVID-19 response.

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 and MPSRON Commodores shall:

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6.4.1 Report suspected exposure and outbreaks of COVID-19 and impacts to schedule of the vessels in question. Comply with the extensive reporting requirements to higher echelons outlined in the references.

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 mission, personnel, vessel schedule, shipyards, etc. Provide recommendations to lessen the impact of the suspected COVID-19 outbreak.

6.4.4 Have the authority to issue ROM orders to all MSC personnel within their AOR.

6.5 Director, Logistics (N4) shall:

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

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

6.5.3 Coordinate with MSC Commodores to maintain maximum sustainment allowances and inventory per current OPORDs.

6.5.4 Coordinate with MSC Commodores for unusual logistics transportation and support requests needed to support ship quarantine or non-standard replenishment conditions.

6.5.5 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”.

6.6 Director, Engineering (N7) shall:

6.6.1 Analyze upcoming maintenance periods and work with DSM, N3, N10, N00L and the MSC Commodore to schedule the period in a non-COVID-19 affected port.

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6.6.2 Use distant support and VTC to conduct repairs overseas when possible. Work with industry partners to provide virtual repair.

6.7 Force Surgeon (N02H) shall:

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

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

6.7.3 Assist COMSC and MSC Commodores with identifying and supporting measures by which to make risk-informed decisions.

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

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

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

6.8 Director, Contracting (N10) shall:

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

6.8.2 Ensure Contracting Officers review and modify contracts, as appropriate, to require contractors to implement appropriate measures within this procedure.

6.8.3 Send appropriate notification letters to contractors to make them aware of any contract effects created by MSC COVID-19 guidance, procedures, and restrictions.

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6.9 Director, Training and Readiness (N04T) shall:

6.9.1 Provide input and recommendations to COMSC regarding afloat training requirements, travel and scheduling.

6.9.2 Work with MSC ship's Masters to conduct self-assessments as a suitable alternative to afloat training events.

6.10 Shipboard Medical Personnel. All MSOs/MDRs assigned to MSC ships 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) 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 and designated areas;
- 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 OFFICIAL TRAVEL REQUESTS (TR) AND PROCEDURES DURING PANDEMIC – COVID-19:

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7.1 TR Roles and Responsibilities.

7.1.1 **Supervisors (for shore personnel), Masters (for assigned CIVMARs), or CIVMAR Force Manager (for outbound CIVMAR movement)** shall be responsible for initiating and tracking individual travel requests using the following steps:

(1) Initiate Travel Requests (TRs) to accomplish essential travel utilizing the TR Form at enclosure (5). TRs shall be submitted electronically no later than 96 hours prior to the required travel date. Due to additional planning and coordination required for movement under pandemic conditions, short notice requests for travel shall be rare and exceptional. TRs shall not be used for contractor travel or to request leave.

(2) The COVID-19 Medical Screening Questionnaire, contained in enclosure (1), or an AOR-specific questionnaire approved by an MSC Commodore, shall be used to evaluate the traveler by the first level supervisor or other authorized personnel, prior to submission of the TR. Screening can be done verbally. Any proposed traveler suspected of being sick or at risk for COVID-19 exposure shall not be allowed to travel.

(3) Coordinate intent to travel with respective MSC Commodores and their staff and electronically sign TR form attesting coordination and justification for travel.

(4) Submit TR form for endorsement and recommendation by SES Director (in the case of travel by MSCHQ staff) or by MSC Commodore (in the case of travel by CIVMARs at sea on assigned ships or MSC Commodore staff). Director, TFM shall endorse all travel requests initiated by CIVMAR Force Manager. SES Directors and Commodores may designate a person to endorse TRs on his/her behalf.

(5) Upon electronic signature by the appropriate SES Director or Commodore, the TR Form shall be forwarded to the MSC Battle Watch Captain (BWC) at MSCHQ.BWC.fct@navy.mil. TRs are due to the BWC by 1600 Eastern Time (2000 Zulu) each day. MSC BWC shall consolidate all TRs and brief each request at the following day's Commander's Update Brief (CUB) at 0800 Eastern Time (1200 Zulu) for COMSC vocal approval/disapproval of order to travel. MSC BWC shall record COMSC decision and route TR back to originator. In cases when the Commander's Update Brief does not occur or COMSC is not able to be present for approval, MSC N3 shall be responsible for briefing TRs to COMSC for approval at first opportunity each day.

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(6) Some TAD travelers going to the Pacific Fleet AOR may require COMPACFLT approval. Consult MSC N3 for latest guidance. If COMPACFLT approval is required, then upon vocal approval by COMSC, MSC BWC shall use enclosure (5) to complete the COMPACFLT COVID-19 TAD Request at enclosure (6), in coordination with TR originator as appropriate. MSC BWC shall provide travel request to COMPACFLT through DMO channels, as specified by CPF directives. If COMPACFLT approval is required, travel through/within PACFLT AOR shall not commence until approval received from COMPACFLT.

(7) Defense Travel System (DTS) travel arrangements should be initiated concurrently with review of the TR but the supervisor shall not approve travel until the TR is approved by Commander, Military Sealift Command (COMSC), and by CPF, in the case of Pacific Fleet travel.

(8) The traveler shall carry a hard copy signed version of the TR while on travel and confirm with the supervisor or other authorized personnel, that he/she is not exhibiting any signs of illness within twenty-four hours prior to travel.

(9) The first Flag Officer or SES in the chain of command, Chief of Staff, or MSC Commodore may deviate from this process to seek COMSC approval by email for urgent travel needs involving medical or humanitarian needs. Such emails shall state the reason for urgency and cc: appropriate MSC chain-of-command, MSC HQ Staff and MSC Commodore and staff. Authority to submit urgent requests may not be further delegated.

7.2 Mission Essential Travel Procedures.

7.2.1 Pre-Travel Screening: Pre-travel screening shall be done in accordance with paragraph 7.1.1 above.

7.2.2 Additional Travel Procedures: During mission essential travel, travelers will only travel between their authorized work site and lodging. Public transportation is not authorized. Dine-in restaurants, bars, cafes, coffee houses, and clubs are not authorized. Take-out food is authorized. Off-base gyms and athletic facilities are off-limits. Participating in groups of more than 10 people is not authorized.

7.2.3 Post-Travel Screening: MSC supervisors, MSC TFM/N1, and other appropriate MSC authorities, shall screen all MSC personnel returning from travel, **before they report to work for duty**, using an approved COVID-19 screening questionnaire, such as that contained in enclosure (1). Screening can be done verbally.

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Identified personnel ashore, to include CIVMARs, will be placed under a ROM quarantine or isolation order and prevented from accessing MSC work sites and vessels for health and safety reasons for 14 days or until cleared by medical authority.

7.2.4 Travel Routing. As part of official travel during this COVID-19 Response, supervisors will require mission essential travelers to avoid transiting through designated areas, as defined in Section 9 below. When permitted by reference (p), commercial air travelers will fly the most direct and safe route. In accordance with reference (p), COMSC is authorizing DTS Approving Officials to approve MSC Travelers' use of Non Contract Fares/Restricted Fares or higher cost GSA City Pair Fare for direct flights or for alternate routing that will avoid stops in locations that have been identified as High Risk for COVID-19 due to mission requirements.

(1) Travelers using Non Contract Fares/Restricted Fares or higher GSA City Pair Fares shall include the following in their DTS Travel Authorization Pre-Audit Non Contract Fare Justification to the Approving Official:

- a. Select Reason Code: C1 – Does not meet mission requirements.
- b. Justification to Approving Official: Use of Non Contract or higher Cost GSA City Pair Fair authorized per COMSC QMS Procedure N2.35.6100.1-Q.

8 RECORDS AND REPORTS:

- 8.1 COVID-19 Screening Questionnaire
- 8.2 Restriction Of Movement Notice
- 8.3 Medical Assessment Record (Return to Duty)
- 8.4 Repatriation Plan
- 8.5 AOR Specific COVID-19 Procedures/Processes
- 8.6 NAVTRANS 14-Day Waiver Request
- 8.7 Underway Isolation/Quarantine Plan, Drill Report

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- 8.8 COVID-19 Lessons Learned
- 8.9 Daily reports to higher authority (USFFC/USTC)
- 8.10 Mission Essential Travel Request (TR) Form

9 DEFINITIONS:

9.1 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) order. COMSC, MSC Commodores, and the MSC Force Surgeon can also label a geographic location as a "Designated Area" based on a review of available COVID-19 threat information and associated risk assessment. MSC Commodores shall notify COMSC of such Designated Areas.

9.2 Restriction of Movement (ROM): General DoD term referring to the limitation of personal movement or liberty for the purpose of ensuring health, safety, and welfare. ROM is inclusive of Quarantine, Isolation, and Sequester which are defined below. ROM is designed to limit people’s movement to prevent or limit the transmission of a communicable disease. For purposes of COVID-19, ROM orders will normally last for 14-days.

9.2.1 ROM orders are done on a case-by- case basis and may be tailored by supervisors to fit specific circumstances. See enclosure (2) for a sample ROM order. ROM orders for service members versus MSC civilian employees may differ. See reference (i). Supervisors may contact MSC N00L to discuss.

9.2.2 ROM personnel shall be directed to remain at home or in a comparable setting for 14 days (ROM) from the day of departure or contact. For transient personnel, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities should be arranged, when available. For temporary lodging, normal room cleaning services should be suspended during the ROM period. For personnel executing ROM in a private residence, individuals should arrange for the purchase of required food/hygiene items or arrange delivery through other means.

9.2.3 When in ROM, personnel shall avoid congregate settings, limit close contact with people and shall not travel without supervisor permission. Supervisors may permit personnel assigned ROM to exit quarters to access laundry facilities, outdoor exercise,

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designated smoking areas; and conduct other essential tasks not in a public setting provided they maintain social distancing greater than 6 feet (2 meters) from others. Access to eating facilities, stores, fitness centers and other widely used support services is prohibited.

9.2.4 Individuals receiving a ROM order should: (a) Implement self-observations for symptoms of fever, cough, or difficulty breathing; and (b) If individuals feel feverish or develop measured fever, cough, or difficulty breathing, immediately self-isolate, limit contact with others, and seek advice by telephone from the appropriate healthcare provider to determine whether medical evaluation is required.

9.3 Quarantine: Medical term referring to the separation of personnel from others as a result of suspected exposure to a communicable disease. For the worldwide 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.

9.4 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.

9.5 Sequester: Term used to describe isolating forces to remove or reduce risk of infection degrading a unit. A “ROM sequester” is an action taken to reduce the risk of introducing a COVID-19 positive, asymptomatic person into a unit by instituting a 14-day ROM period for the person. A person who has traveled from or through an area where COVID-19 community transmission is widespread or is suspected of having been exposed to COVID-19 should be placed in Quarantine or Isolation and not Sequester.

9.6 Patient Under Investigation (PUI): In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test would have been ordered/conducted had one been available.”

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9.7 Ill-person: Individuals suspected or confirmed to be infected with COVID-19 based on existing symptoms or medical diagnosis. This includes people labeled by medical practitioners as a COVID-19 “Patient Under Investigation (PUI).”

9.8 Identified Personnel: These are personnel who, through the use of an MSC screening form, or other mechanism, are identified as possibly being infected with COVID-19. Identified personnel can be (1) an ill-person as defined above; (2) a person(s) returning from Designated Areas, as defined above, within the prior 14 days; or (3) a person determined by an MSC supervisor or other appropriate authority to be at similar risk for exposure, 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. Identified personnel may be asymptomatic for COVID-19.

9.9 Close Contact: Per CDC, a close contact is defined as: (1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; the current recommended threshold is 10 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; or (2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

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

9.10.1 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.

9.10.2 Probable case of COVID-19 is defined as a person with fever (over 100^o 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.

9.10.3 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°F (37.8°C) or higher. COVID-19

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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.

9.11 Mission Essential Travel: Mission essential travel refers to work that must be performed to ensure the continued operations of MSC’s mission essential functions. Per Commander, U.S. Fleet Force, this includes, but is not limited to, travel for repair, maintenance and modernization of ships in support of force development, force generation, and force employment, such as travel for: (1) C3/C4 casualty reports; (2) direct support of fleet operational afloat and ashore requirements; and (3) direct support of ship maintenance.

9.12 Local Area: MSC Commodores shall define the local areas in their AOR. For the purposes of the COVID-19 pandemic, the MSC Chief of Staff has defined the MSC HQ and MSC LANT local areas as the following locations that lie within 65 miles of NAVSTA Norfolk.

- Virginia Cities/Counties: Chesapeake, Franklin, Hampton, Hopewell City, Newport News, Norfolk, Poquoson, Petersburg City, Portsmouth, Smithfield, Suffolk, Virginia Beach, Williamsburg, Yorktown, Accomack, Charles City, Gloucester, Henrico, Isle of Wight, James City, Mathews, Middlesex, New Kent, Northampton, Prince George, Southampton, Surry, Sussex, and York.
- North Carolina Counties: Currituck, Camden, Gates, Hertford, Northampton, and Pasquotank.

10 PROCESS MANAGEMENT:

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

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

10.3 Performance Indicators:

10.3.1 Medical Assessment Record (Return to Duty)

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10.3.2 COVID-19 Infection Rate (per unit).

11 REVISIONS:

- 11.1 Original, dated 2/27/2020
- 11.2 Revision 1, dated 3/12/2010
- 11.3 Revision 2, dated 3/24/2020
- 11.4 Revision 2, CH-1, dated 3/26/2020
- 11.5 Revision 2, CH-2, dated 4/2/2020
- 11.6 Revision 3, dated 4/10/2020
- 11.7 Revision 3, CH-1, dated 4/24/2020
- 11.8 Revision 3, CH-2, dated 4/30/2020

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MSC COVID-19 Screening Questionnaire

(V2020 .04. 29)

<p>1. Are you currently feeling SICK</p> <p>Have you had any of the following symptoms in the last <u>24 hours</u>?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. Fever</td> <td style="width: 50%;">f. Chills</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>b. Cough (not due to allergies)</td> <td>g. Repeated shaking with chills</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>c. Sore Throat</td> <td>h. Muscle Pain (not related to physical activity)</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>d. Shortness of Breath</td> <td>i. Headache **</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>e. New Loss of smell or taste</td> <td></td> <td>YES</td> <td>NO</td> </tr> </table> <p>If "YES", LEAVE/DO NOT ENTER WORKSPACE/VESSEL, CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer. Put a clean mask on when one is available, and contact/report to your medical provider. Follow CDC Guidance.¹ *Entry denied</p> <p>** If the <u>only symptom answered "Yes"</u> is headache, refer to Medical or Master for temperature and interview.</p>	a. Fever	f. Chills			b. Cough (not due to allergies)	g. Repeated shaking with chills	YES	NO	c. Sore Throat	h. Muscle Pain (not related to physical activity)	YES	NO	d. Shortness of Breath	i. Headache **	YES	NO	e. New Loss of smell or taste		YES	NO	<p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p> <p>YES NO</p>
a. Fever	f. Chills																				
b. Cough (not due to allergies)	g. Repeated shaking with chills	YES	NO																		
c. Sore Throat	h. Muscle Pain (not related to physical activity)	YES	NO																		
d. Shortness of Breath	i. Headache **	YES	NO																		
e. New Loss of smell or taste		YES	NO																		
<p>2. Have you TRAVELED INTERNATIONALLY in the last 14 days?</p> <p>If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied</p> <p>MSC personnel: Complete 14 days of ROM. DO NOT ENTER for 14 days. CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer.² Follow CDC Guidance.³ *Entry denied</p> <p>2a. Have you had close personal contact with anyone who has traveled internationally in the last 14 days?</p> <p>If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied. Refer to Medical or Master for temperature and interview.</p>	<p>YES NO</p> <p>YES NO</p>																				
<p>3. Have you TRAVELED OUTSIDE THE LOCAL AREA in the last 14 days?</p> <p>If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied. Refer to Medical or Master for temperature and interview.</p> <p>3a. Have you had close personal contact with anyone who has traveled outside of the local area in the last 14 days?</p> <p>If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied. Refer to Medical or Master for temperature and interview.</p>	<p>YES NO</p> <p>YES NO</p>																				
<p>4. Have you had CLOSE PERSONAL CONTACT, with anyone who has been diagnosed with COVID-19 or exhibiting symptoms (fever, cough, sore throat) in the last 14 days?</p> <p>If "YES", LEAVE/DO NOT ENTER WORKSPACE/VESSEL, CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer. Put a clean mask on when one is available, and contact/report to your medical provider. Follow CDC Guidance.¹ *Entry denied</p>	<p>YES NO</p>																				
<p>5. Once instructed by higher authority, CONDUCT TEMPERATURE CHECKS:</p> <p>a. If temperature is less than 100°F {37.8°C}, allow access. Screening is complete.</p> <p>b. If temperature is equal to or higher than 100°F (37.8°C), LEAVE/DO NOT ENTER WORKSPACE/VESSEL, CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer, put a clean mask on when one is available, and contact/report to your medical provider (call ahead to inform them of your pending arrival). Follow CDC Guidance.¹ *Entry denied</p>																					

1 <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.htm>

2 OSD Memo Force Health Protection Guidance supp 4 (11Mar20)

3 <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.htm>

TEMPLATE

MEMORANDUM

To: (CIVILIAN MARINER/CIVILIAN EMPLOYEE)

From: (MASTER/SUPERVISOR)

SUBJ: RESTRICTION OF MOVEMENT ORDER AND PLACEMENT ON WEATHER/SAFETY ADMINISTRATIVE LEAVE

Ref: (a) MSC QMS Procedure – COVID-19 Response Plan

Encl: COVID-19 Guidance and Recommendations for Temporary Self-Isolation

1. This is a restriction of movement (ROM) order. It has been determined that you may not safely perform your duties at your work-site due to potential impacts of Coronavirus Disease 2019 (COVID-19).
2. Effective (date), and extending for a period of 14-days, in lieu of reporting to your work site, you are [being placed on paid weather/safety administrative leave][directed to situationally telework]. During this period, you will suffer no loss of pay or benefits. If you subsequently become ill you will be changed over to sick leave status.
3. This notification of change in leave/duty status is pursuant to Military Sealift Command's authority to prepare the Federal workforce for the potential impacts of COVID-19.
4. Effective (date) and for a period of 14-days, you are directed to daily muster with me, or my designated alternative, via telephone at telephone number by [time]. When you muster, you shall report whether or not you have any symptoms of COVID-19, e.g. coughing, sore throat, sneezing, or fever. Such information will enable Military Sealift Command to monitor the workforce for any further risks of COVID-19 exposure and will further help to determine your ability to report for duty at the conclusion of the 14-day period.
5. During this 14-day period, you are under a ROM and shall not enter any Department of Defense (DoD) installation, facility, building, or vessel without permission from me. This restriction does not include any DoD medical facility. Further guidance is found at the enclosure. In particular, you should practice self-isolation and social distancing (as defined in the enclosure) pending your return to duty.
6. Our understanding of COVID-19 is rapidly evolving, and this guidance will be continuously evaluated as conditions warrant. Should you have any questions regarding this notification, please contact me.

(MASTER/SUPERVISOR)

TEMPLATE

ENCLOSURE TO RESTRICTION OF MOVEMENT ORDER GUIDANCE AND RECOMMENDATIONS FOR TEMPORARY SELF-ISOLATION

* You are to daily keep your assigned supervisor or designated person informed of your location, general physical condition/health, and any updates/changes to your health and/or treatment during the effective period of this Order, and provide him/her a direct means of contacting you during scheduled work hours.

* A 14-day restriction of movement (ROM) from Department of Defense (DoD) installation, facility, building, or vessels, and medical clearance are required before you may return to duty.

* You are not confined to your assigned room or residence. However, you should *minimize* going out in public places, and when outside your room you should wear a mask and maintain social distancing (greater than six feet) as further described below.

* COVID 19 exposure or symptoms are both a personal concern, and community concern. MSC personnel have responsibilities to both. Whether ill, potentially exposed, or to avoid exposure, MSC personnel should practice self-isolation and social distancing to protect members and others.

“**Self-isolation**” is the act of isolating or separating oneself from others.

“**Social distancing**” is minimizing exposure to potentially infected individuals (or from you if you may be the infected person) by avoiding large public gathering venues, adhering to spacing requirements in the company of others, and following proper personal hygiene practices.

Common aspects of self-isolation and social distancing include:

- ✓ Restrict activities outside your home, except for getting medical care.
- ✓ Order in food when possible.
- ✓ Maintain distance from others whenever possible (greater than six feet).
- ✓ Do not go to work, school, or public areas.
- ✓ Avoid using public transportation, ride-sharing, or taxis.
- ✓ Separate yourself from other people and animals in your home.
- ✓ Avoid sharing personal household items (dishes, eating utensils, towels) and clean them in hot water and anti-bacterial soap products regularly.
- ✓ Call ahead before visiting your doctor and remain in your car within telephone contact until the doctor’s receptionist invites you in.
- ✓ If you have symptoms of COVID-19, wear a facemask when you are around other people. Visit the Center for Disease Control website for mask descriptions and analysis.
- ✓ Remember to wash hands or use hand sanitizer regularly, and specifically after money or other object interchanges.

*All MSC Personnel are strongly encouraged to seek early medical attention if they are experiencing any influenza-like illness (ILI) symptoms that might be linked to COVID-19. ILI symptoms are defined as a fever (temperature ≥ 100 F), cough and/or sore throat without a known cause. **If you do not feel good, go to the doctor**, since delaying may expose others needlessly to a highly-communicable disease.

Enclosure (3)
COVID 19 PPE REQUIREMENTS
BY SHIP CLASS
30-day stocking levels
 Current as of 4 May 2020

Notes:

1. The following contain items that are on the Force Protection AMAL.
2. These items are for medical use, not general protection of the crew on a day-to-day/non-medical basis.
3. The inventory levels are based on the calculus that each ship has one medical officer or medical service provider, and presumes that MDR/MSO would need to treat/care-for one patient for ~30 days. (T-AGSE are the exception due to their operating area.

(GOGO VESSELS)

PPE	T-AOE	T-AKE	T-AO	T-EPF	T-ARS	T-ATF	T-ARC
N95 MASKS	240	240	240	240	240	240	240
SURGICAL MASKS	240	240	240	240	240	240	240
CLOTH FACE COVERS	340	258	180	60	58	38	150
GOWNS W/SHOE COVERS* **	50	40	30	20	20	20	240
GOGGLES	1	1	1	1	1	1	1
GLOVES	480	480	480	480	480	480	480
PERSONAL HAND SANITIZER	170	129	90	30	29	19	75

*DISPOSABLE ONE PIECE TYVEK SUIT IS AN ACCEPTABLE SUBSTITUTE

**QUANTITIES LESS THAN FRAGORD FOR MSC VESSELS

(GOCO VESSELS – PM2)

PPE	T-AGM	T-AGS	T-AGOS	T-AGS 45	SBX-1	T- AGSE**
N95 MASKS	240	240	240	240	240	16
SURGICAL MASKS	240	240	240	240	240	16
CLOTH FACE COVERS	176	110	110	110	200	30
GOWNS W/SHOE COVERS* **	50	40	30	20	20	8
GOGGLES	1	1	1	1	1	1
GLOVES	480	480	480	480	480	32
PERSONAL HAND SANITIZER	88	55	55	55	100	15

*DISPOSABLE ONE PIECE TYVEK SUIT IS AN ACCEPTABLE SUBSTITUTE

**QUANTITIES LESS THAN FRAGORD FOR MSC VESSELS

(GOCO VESSELS – PM3)

PPE	T-AK	T-AKR	T-ESD	T-AK 3017	T-ESB ***	T-AG
N95 MASKS	240	240	240	240	240	240
SURGICAL MASKS	240	240	240	240	240	240
CLOTH FACE COVERS	128	94	74	94	592	72
GOWNS W/SHOE COVERS* **	50	40	30	20	20	20
GOGGLES	1	1	1	1	1	1
GLOVES	480	480	480	480	480	480
PERSONAL HAND SANITIZER	64	47	37	47	296	36

*DISPOSABLE ONE PIECE TYVEK SUIT IS AN ACCEPTABLE SUBSTITUTE

**QUANTITIES LESS THAN FRAGORD FOR MSC VESSELS

***DUAL REQUIREMENT-MSC & SURFFOR-MSC REQUIREMENTS LISTED ONLY

(GOCO VESSELS – PM5)

PPE	T-AKR ROS	T-AKR FOS	USNS T-AK ROS	USNS T-AK FOS
N95 MASKS	240	240	240	240
SURGICAL MASKS	240	240	240	240
CLOTH FACE COVERS	40	60	40	60
GOWNS W/SHOE COVERS* **	0	20	0	20
GOGGLES	1	1	1	1
GLOVES	480	480	480	480
PERSONAL HAND SANITIZER	40	60	40	60

*DISPOSABLE ONE PIECE TYVEK SUIT IS AN ACCEPTABLE SUBSTITUTE

**QUANTITIES LESS THAN FRAGORD FOR MSC VESSELS

Enclosure (4)
IT Considerations for Telework
(V.20200501)

Per NAVADMIN 123-20, personnel who are teleworking shall utilize remote work options in the following prioritized order:

- Mobikey and Enhanced Virtual Desktop (EVD) (not commonly issued)
- Government-issued mobile devices (phones and tablets) with Blackberry Unified Endpoint Management (UEM)
- Government laptop using home network connection and Outlook Web Access (OWA)
- Government laptop using home network connection and Remote Access Services (use only if required to access specific systems)

Below are additional recommendations and guidance for the use of the above list.

1. Government laptops

- a. All HQ personnel have been issued government laptops. **Unless there is a technical issue, it is expected that you will use your government-issued laptop to perform your work while teleworking.** If you do not have a laptop, you may use your home computer but must abide the guidelines in the “home computer use” section below.
- b. NMCI and ONE-Net assets being used for telework should be connected to the network on a regular basis to receive patches and updates to key software components using one of the following methods:
 - i. Bring the asset back to regular place of work weekly, or at a minimum every two weeks, and plug directly into NMCI or ONE-Net. Reboot machine to ensure it looks for and applies all available patches and updates.
 - ii. If unable to return to regular place of work due to Health Protection Condition (HPCON) or other limiting factors, log into the NMCI RAS sites at Norfolk, San Diego, or Jacksonville (not Pearl Harbor). Click start, then ‘software distribution’, then ‘patch connect’ to pull available patches and apply them to your asset. To see progress of patching, click on the small up arrow icon in the system tray near the clock, then right-click on the blue Radia icon and choose show console. This software update will run in the background until complete. If possible, leave the machine connected to the RAS for at least four hours to receive all applicable updates, and be sure to reboot once disconnected from the RAS. Please limit this to once per week, and to off hours (overnight) or weekends. Fleet Cyber Command may block access to RAS patching during normal working hours to minimize impact to remote work.

- c. If you have technical issues, please call 1-866-THE-NMCI (1-866-843-6624) for assistance or review the written guidance at <https://msc.navy.deps.mil/Intranet/SitePages/Telework.aspx>.
- d. Currently, you do not need to connect via Remote Access Service (also known as VPN or Pulse Secure) to connect to the internet via wireless. Connect to your home network as you normally would. Please refer to figure 1 for access that requires VPN.
- e. Outlook will not be available but you can access your email using a browser (e.g., Internet Explorer) and going to one of the sites below. Note, you must use Internet Explorer to upload/download attachments:
 - East Coast Users: <https://webmail.east.nmci.navy.mil>
 - West Coast Users: <https://webmail.west.nmci.navy.mil>
- f. File Attachments – Do not send large files in calendar invites and emails, instead, use Intelink or DoD Safe:
 - i. Intelink: <https://www.intelink.gov/my.policy>
 - ii. DoD SAFE: <https://safe.apps.mil/>

What IT Business System Requires or Doesn't Require NMCI VPN/RAS Connection To Access

Requires NMCI VPN/RAS connection to access these sites	Doesn't Require NMCI VPN/RAS connection to access these sites
<p style="text-align: center;">DISCOVERER https://mscdisc1.dc3n.navy.mil/discoverer/plus *****</p> <p style="text-align: center;">DCPDS https://compo.dcpds.cpms.osd.mil *****</p> <p style="text-align: center;">EDW https://nedcchrgw.dc3n.navy.mil *****</p> <p style="text-align: center;">FDM https://mscdisc1.dc3n.navy.mil/discoverer/plus *****</p> <p style="text-align: center;">FMS https://mscfms.dc3n.navy.mil *****</p> <p style="text-align: center;">HRMS https://mschrms.dc3n.navy.mil *****</p> <p style="text-align: center;">Hyperion https://mschyp.dc3n.navy.mil/my.policy *****</p> <p style="text-align: center;">OBIEE https://mscobi.dc3n.navy.mil/analytics *****</p> <p style="text-align: center;">SPS (PD2) https://nedcchrgw.dc3n.navy.mil *****</p> <p style="text-align: center;">S: Drive / H: Drive Accessible on NMCI machine *****</p> <p style="text-align: center;">VRAM https://vram.spawar.navy.mil</p>	<p style="text-align: center;">AMS https://ams.navair.navy.mil *****</p> <p style="text-align: center;">DCS WEB MEETING https://conference.apps.mil *****</p> <p style="text-align: center;">DCS WEB CHAT https://conference.apps.mil *****</p> <p style="text-align: center;">DTS https://www.defensetravel.osd.mil *****</p> <p style="text-align: center;">EMASS https://navy.emass.apps.mil *****</p> <p style="text-align: center;">LES (SAMM/CMLS) https://mscles.dc3n.navy.mil/les *****</p> <p style="text-align: center;">MYPAY https://mypay.dfas.mil *****</p> <p style="text-align: center;">NMCI OWA (East Coast) https://webmail.east.nmci.navy.mil *****</p> <p style="text-align: center;">NMCI OWA (West Coast) https://webmail.west.nmci.navy.mil *****</p> <p style="text-align: center;">MSC PORTAL https://msc.navy.deps.mil *****</p> <p style="text-align: center;">SLDCADA https://www.sldcada.navy.mil</p>

Figure 1.

2. VPN (Pulse Secure)

- a. VPN (Pulse Secure) access may be limited to those who have been identified by name as needing the access. If you have a mission essential need to access network services not accessible via a browser, please submit the request via your supervisor to Dan Lipps at daniel.lipps@navy.mil.
- b. NMCI has added Jacksonville to the list of Pulse Secure VPN sites. Instructions on how to add the Jacksonville site can be found at:
<https://msc.navy.deps.mil/Intranet/SitePages/Telework.aspx>.
- c. If you have technical issues, call 1-866-THE-NMCI (1-866-843-6624) for assistance or review the written guidance at
<https://msc.navy.deps.mil/Intranet/SitePages/Telework.aspx>.

3. DoD Commercial Virtual Environment (CVR)

- a. To further increase collaboration capabilities for the workforce during maximized remote work operations, DoD has established the Commercial Virtual Remote (CVR) environment. CVR is a limited, DoD-only, communication and collaboration tool using Microsoft Teams and OneDrive for Business (ODfB).
- b. In preparation for this roll out, users can visit <https://www.cloud.mil/cvr> and <https://docs.microsoft.com/en-us/microsoftteams/enduser-training> for training, FAQs, and other self-help documentation.
- c. Navy users will receive an automated email message from Microsoft Teams inviting CVR account registration. The invitation will come from [info\(at\)email.cvr.mil](mailto:info(at)email.cvr.mil), with subject line (TEAMS GENERATED) Welcome to DODs Commercial Virtual Remote Environment.
- d. If not in receipt of an invitation, perform the following steps:
 - i. Go to: <https://milconnect.dmdc.osd.mil/milconnect/>
 - ii. Click Update work contact info (GAL)
 - iii. Select CAC tab and log in
 - iv. Select MIL, CIV, or CTR tab, as applicable
 - v. Under Personnel Status, edit BOTH of the following drop down menus
 1. Duty Organization
 2. Duty Sub Organization
 - vi. NOTE: There are over 2,000 Navy organizations listed in MilConnect. You will need to find and select your specific organization in the list.
 - vii. Under Personnel Email Addresses, ensure it is the correct .mil email address
 - viii. Click Submit button. NOTE: Updating this information will make remaining Navy users eligible to receive a CVR invitation within 48 hours.

- e. If you need additional help, contact the CVR help desk at CVR_IL2_TEAMS.fct@navy.mil.

4. Government Phones

- a. Email access via your government phone will remain available as an option to using your laptop.
- b. NMCI has also authorized additional tools such as Blackberry Work, Blackberry Edit, and Blackberry Access applications to allow greater flexibility.
- c. No new phones are available for issuance at this time.

5. Desk Phones

- a. While not prohibited by policy, it is prudent to avoid forwarding your desk phone to an off-site phone to lessen the load on the communications infrastructure. Instead, users should update their outgoing voicemail with a message that they are teleworking and include the number they can be reached at.
- b. Alternately, users could update their outgoing voicemail with a message that states they are teleworking and will be checking voicemail messages hourly. To check voicemail from an off-site phone:
 - i. Dial 443-1600
 - ii. Press #
 - iii. Dial your 7-digit office phone number
- c. Avoid using an “out of office” message identifying the alternate number of where you can be reached. Instead, include “I am teleworking today and can be reached at: xxx-xxx-xxxx” in the signature block of all e-mails.

6. Home Computer

- a. You must have a Common Access Card (CAC) reader connected to your personal computers to open Outlook Web Access.
- b. If you need to purchase your own CAC reader, <https://milcac.us/tweaks> lists the types of CAC readers suited for your personal computer operating system.
- c. Please contact the MSC helpdesk at 1-877-672-2441 or MSCGSD@navy.mil to request the use of your government-issued reader or keyboard to your personal computer. NOTE: Once a government reader or keyboard is connected to a personal computer, it CANNOT be reconnected to a government asset or network. You must contact the MSC helpdesk to turn in that reader/keyboard and be issued another one. There will be a delay in processing this request as we do not have spares at this time.

7. **Home Use Software Programs**

- a. Both Microsoft Office and McAfee Antivirus Software Products are available for Department of Navy users at reduced cost.
- b. Instructions for how-to download both McAfee Internet Security and Microsoft Office products can be found on the MSC Portal Telework Page:
<https://msc.navy.deps.mil/Intranet/SitePages/Telework.aspx>.
- c. In accordance with Department of Navy Telework agreements, users are required to ensure they have antivirus software on their personal devices prior to accessing Navy resources such as OWA.

TRAVEL REQUEST (TR) DURING PANDEMIC - COVID-19

N2.35.6100.1-Q Rev 1

INSTRUCTIONS:

Complete all sections and sign required section of the TRAVEL REQUEST form.

SECTION 1: JUSTIFICATION INFORMATION

1. NAME: [Multiple names may be added for group travel]	2. ORG/SHIP:
3. TRAVEL DATE:	4. TRAVEL DESTINATION: 4a. AREA COMMAND/MPSRON:
5. REASON FOR TRAVEL:	5a. IF OTHER:
6. JUSTIFICATION: [Initiator shall provide reasons for travel to include timing (why now), mitigations considered, travel routing, impact/risk to mission and other pertinent facts.]	

7. DTS REQUEST INITIATED:
 YES NO

SECTION 2: RECOMMENDATIONS/APPROVALS

8. SUPERVISOR, MASTER, OR CIVMAR FORCE MANAGER RECOMMENDATION:	SIGNATURE:
9. SES DIRECTOR, CHIEF OF STAFF, AREA COMMANDER, OR DESIGNEE RECOMMENDATION:	SIGNATURE:

UPON COMPLETION OF ROUTING, FORWARD TO THE MSC BWC AT MSCHQ.BWC.FCT@NAVY. MIL BY 1600 EASTERN TIME (2000 ZULU) EACH DAY FOR CONSOLIDATION AND BRIEF AT THE FOLLOWING DAY'S COMMANDER'S UPDATE BRIEF (CUB) AT 0800 EASTERN TIME (1200 ZULU) for COMSC APPROVAL/DISAPPROVAL.

10. COMSC DECISION:
 APPROVED DISAPPROVED **SIGNATURE:**

11. COMMENTS:



UNCLASSIFIED

COVID-19 TAD Request

<u>ORGANIZATION</u>	<u>LOCATION / CDC CONDITION</u>	<u>SUSPENSE FOR DECISION</u>
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DESCRIPTION: (reason, location, dates, layovers, etc.)

IMPACTS IF TRAVEL IS NOT AUTHORIZED: (cancellation, delay, added risk to mission, off plan, etc., with explanation)

MITIGATIONS TAKEN OR BEING TAKEN TO LOWER RISK: (ROM, reduce footprint, combine events, MILAIR, screening, etc.)

RANK/RATE	NAME	AGE	DEPART	RETURN	REASON FOR TRAVEL (why is this person required)

<u>DMHQ RECOMMENDATION</u>	<u>DMO RECOMMENDATION</u>	<u>DCOM RECOMMENDATION</u>	<u>COM DECISION</u>
YES / NO	YES / NO	YES / NO	YES / NO

UNCLASSIFIED



UNCLASSIFIED

COVID-19 TAD Request: Deploying SSN Installation

ORGANIZATION COMSUBPAC	LOCATION (from and to)/ CDC CONDITION Dam Neck, VA to Hawaii / Level 1 to 1	SUSPENSE FOR DECISION 28 Mar
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DESCRIPTION: (reason, location, dates, layovers, etc.)
Request 2 engineers from NSWC Dam Neck, VA travel to Hawaii to complete repairs to mission critical system required to support the deployment of USS NORTH CAROLINA (NCA). This issue was identified during the NCA POM EVAL. Travel will be via US airports to Hawaii.

IMPACTS IF TRAVEL IS NOT AUTHORIZED: (cancellation, delay, added risk to mission, off plan, etc., with explanation)
NCA will deploy without a critical I&W system inoperable. This has potential to impact success of mission and reduces her I&W capability. NCA would deploy in reduced status.

EXAMPLE

MITIGATIONS TAKEN OR BEING TAKEN TO LOWER RISK: (ROM, reduce footprint, combine events, MILAIR, screening, etc.)
Dam Neck worked for several days to resolve this issue via remote troubleshooting without success. Travelers will be screened prior to departing, will practice social distancing during travel and choose a flight with minimal layovers which avoids NY and WA, and will be screened upon arrival in HI. NCA will take measures to minimize contact with crew members once onboard.
Team limited to 2 vice 3 – will use NCA personnel to assist in lieu of 3rd team member.

RANK/RATE	NAME	AGE	DEPART	RETURN	REASON FOR TRAVEL (why is this person required)
CIV	W.T. Door	38	3/30	4/5	System expert needed for equipment repair
CIV	J. Gish	46	3/30	4/5	System expert needed for repair

DMHQ RECOMMENDATION YES / NO	DMO RECOMMENDATION YES / NO	DCOM RECOMMENDATION YES / NO	COM DECISION YES / NO
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UNCLASSIFIED

MSC Guidance for Embarking and Disembarking Commercial (Domestic and Foreign) Marine Pilots

1. On 28 Mar 2020, Commander Navy Installations Command (CNIC) released a “Harbor Pilot Protection from COVID-19” message (DTG 281433Z MAR 20). On 28 Mar 2020, US Fleet Forces released a related FRAGO “NAVNORTH Phase III FRAGO 20-021.005 in Response to Coronavirus Disease 2019 (DTG 281900Z MAR 20). The CNIC message and USFF FRAGO apply to federal Harbor Pilots. The following guidance, similar to that provided for federal Harbor Pilots, applies to all commercial marine pilots both domestic and foreign.

2. Masters remain the deciding authority when it comes to evaluating Pilots. In addition to the screening requirements already implemented, the following actions shall be taken at a minimum when embarking and disembarking commercial marine Pilots both in the U.S. and worldwide.

2.1 Clean and sanitize the bridge area an hour prior to embarking the Pilot.

2.2 Allow only essential personnel in the bridge area during piloting and minimize the number of personnel present to only those necessary for safe navigation and security.

2.3 Maintain a supply of hand sanitizer on the bridge for use by bridge personnel, including the Pilot.

2.4 There will be no handshaking and social distancing will be maximized at all times.

2.5 Minimize the number of personnel who have contact with the Pilot while embarking, disembarking, and transiting to and from the bridge.

3. Prior to embarking, to the extent permitted pursuant to sovereign immunity requirements, Masters shall answer any COVID-19 related questions that the Pilot asks in accordance with the Pilot’s standard operating procedures. NAVMED Form 6210/3 provides the extent of health information that can be conveyed, and permits the Master providing the following information to the Pilot via bridge-to-bridge radiotelephone:

3.1 The number of any crewmembers sick with COVID-19 or having any of the following symptoms: Fever, Cough, Sore Throat, Shortness of Breath. The Master may also convey any sanitary measures applied on board (e.g. quarantine, isolation, disinfection or decontamination).

3.2 Whether or not the ship has visited any other ports within the past 14 days.

4. Prior to embarking, Masters shall ask the Pilot to confirm the following:

4.1 That the Pilot is free of any of the following symptoms: Fever, Cough, Sore, Throat, Shortness of Breath.

4.2 If the Pilot has traveled internationally within the past 14 days.

MSC Guidance for Embarking and Disembarking Commercial (Domestic and Foreign) Marine Pilots

4.3 If the Pilot has had close personal contact with a person positive or presumptive positive for COVID-19 in the past 14 days.

5. Masters shall encourage / offer the Pilot the opportunity to perform a hand washing routine as soon as possible after embarking and just prior to disembarking.

6. Masters shall coordinate with the Pilot if personal protective equipment (PPE) is necessary or warranted. Masters should consider that Pilots may or may not have training in infection control which may limit the potential effectiveness of PPE.

7. If there are positive or presumptive positive cases for COVID-19 on the vessel, quarantine requirements already in place shall be followed and the Pilot's transition from the embarkation location to the bridge and back shall not come within six feet of the quarantine location.

8. If there are positive or presumptive positive cases for COVID-19 on the vessel, Masters shall confer with Area Commanders as to whether or not the port visit might be delayed in order to protect the wider community.

9. Area Commanders shall coordinate with Pilots in their AORs to determine what type of COVID-19 standard operating procedures the Pilot organizations have put in place. These procedures shall be shared with Masters.

MSC Guidance Regarding Implementation of Bubble-to-Bubble Travel for CIVMAR Crew Manning

1. The current pandemic environment poses new and extensive challenges regarding the safe movement of MSC personnel. **This is not business as usual.** Crew reliefs may be delayed in their arrival in order to minimize travel, and thus health risks, to MSC personnel. MSC will implement Bubble-to-Bubble (B2B) travel to ensure the safe movement of “clean status” personnel from shore to ship, ship to ship, or ship to shore. Although it is not feasible in this dynamically changing environment for one document to address all possible scenarios, the goal is to protect the force while ensuring continued operational readiness.

2. A “bubble” is a clean location at which the risk of contracting COVID-19 is mitigated to the lowest practicable level. Bubbles will be designated by MSC Area Commanders on both the east and west coasts, typically on board MSC vessels. Specific vessels utilized for bubbles may change as necessary to meet other mission or operational requirements. Additional bubbles may be established by MSC Area Commanders in MSC forward deployed areas. To maintain personnel “clean status,” travel from one bubble to another must be done in a clean manner. This is the B2B concept.

2.1 Ship Masters and MSC Area Commanders will take aggressive measures to maintain the cleanliness of the bubble and protect the health and wellness of the personnel in the bubble. Such measures include:

2.1.1. Execute aggressive cleaning and disinfecting.

2.1.2. Limit contact between personnel within the bubble. There will be no handshaking, social distancing will be maximized at all times, and PPE will be utilized when sufficient social distancing cannot be maintained.

2.2 Personnel who are placed in a 14-day ROM sequester status will be issued a written order and guidance prior to beginning a ROM period (see QMS Procedure N2.35.6100.1-Q, Enclosure (2)).

2.3 ROM Locations: For the purposes of B2B travel for CIVMAR crew manning, ROM will normally be conducted onboard an MSC ship, but may be conducted in a hotel if appropriate and substantial restrictions can be met. In some cases, ROM may be conducted at one’s residence, but only if certain criteria are met, including, but not limited to, review and approval by N02H, the residence being in the same Area of Responsibility (AOR) as the ship, no air travel is required to reach the final destination of the ship, and there is no risk of exposure to COVID-19 through other occupants of the residence or that risk can be minimized so substantially that there is no reasonable expectation of threat of exposure.

3. Entering the Bubble

3.1 CIVMARs pending assignment to a ship will be screened by MSC Force Surgeon personnel (N02H) and provided COVID-19 mitigation training prior to entering a bubble. Once cleared to enter the bubble, the CIVMARs will complete a 14-day ROM sequester prior to traveling to their new ship assignment. CIVMARs will be segregated to the maximum extent

MSC Guidance Regarding Implementation of Bubble-to-Bubble Travel for CIVMAR Crew Manning

possible, utilizing dispersion in work and berthing locations, dispersed galley service, social distancing, and use of PPE when appropriate.

3.1.1 If at any time close contact with a person not in ROM occurs, the ROM day count shall be reset to zero and restarted.

3.1.2 If at any time, close contact occurs between two people in ROM, both individuals' ROM day count shall be set to the lower value of the two counts.

3.2 CONMARs may require clean transportation to overseas locations and can be authorized to integrate with a scheduled CIVMAR bubble movement. Operating companies (OPCOs) will ensure their traveling mariners are screened per the most current MSC questionnaire, have temperature checks taken, have COVID-19 mitigation training, have completed a 14-day ROM sequester prior to joining the CIVMAR bubble, and follow clean transportation procedures per paragraph 4 below.

3.2.1 OPCO ROM and travel plans for CONMAR will be reviewed to ensure plans contain strong COVID mitigation factors to the same or more stringent standards used for the CIVMAR. If the plans do not meet the standards outline in paragraphs 3 and 4, the OPCO will be provided the opportunity to rectify its plan.

3.2.2 CONMARs will not join the CIVMAR MILAIR travel bubble if the OPCO's plan cannot meet the standards set forth in paragraphs 3 and 4.

3.3 MSC "mission personnel" are those from another DoD Organization or U.S. Government Agency who are embarked to perform a mission and who are not otherwise part of the crew. MSC mission personnel may require clean transportation to overseas locations and can be authorized to integrate with a scheduled CIVMAR bubble movement. The parent organization/agency will ensure their travelers are screened per the most current MSC questionnaire, have temperature checks taken, have COVID-19 mitigation training, have completed a 14-day ROM sequester prior to joining the CIVMAR bubble, and follow clean transportation procedures per paragraph 4 below.

3.3.1 The ROM and travel plans for mission personnel will be reviewed to ensure plans contain strong COVID mitigation factors to the same or more stringent standards used for the CIVMAR. If the plans do not meet the standards outline in paragraphs 3 and 4, the parent organization/activity will be provided the opportunity to rectify its plan.

3.3.2 Mission personnel will not join the CIVMAR MILAIR travel bubble if the parent organization/agency plan cannot meet the standards set forth in paragraphs 3 and 4.

3.4 Cadets may require clean transportation to overseas locations and can be authorized to integrate with a scheduled CIVMAR bubble movement. Maritime Academies will ensure their traveling cadets are screened per the most current MSC questionnaire, have temperature checks taken, have COVID-19 mitigation training, have completed a 14-day ROM

MSC Guidance Regarding Implementation of Bubble-to-Bubble Travel for CIVMAR Crew Manning

sequester prior to joining the CIVMAR bubble, and follow clean transportation procedures per paragraph 4 below.

3.4.1 Cadet ROM and travel plans will be reviewed to ensure plans contain strong COVID mitigation factors to the same or more stringent standards used for the CIVMAR. If the plans do not meet the standards outline in paragraphs 3 and 4, the Maritime Academy will be provided the opportunity to rectify its plan.

3.4.2 Cadets will not join the CIVMAR MILAIR travel bubble if the Maritime Academy's plan cannot meet the standards set forth in paragraphs 3 and 4.

3.5 Normally, CIVMARs will have priority in all travel arrangements. Exceptions will be determined by coordinated effort between N12 and the applicable Program Manager.

4. Upon completion of initial 14-day ROM sequester, CIVMARs are in a "clean status". To maintain "clean status," they shall be transported to their new assignment via one or more of the following:

4.1 Surface travel must be done in a clean vehicle or vessel. A clean ground vehicle is one that has not transported passengers who may have been COVID-19 carriers within the past 7 days, has been disinfected prior to use, and is driven by cleared personnel.

4.2 If air travel is required, MILAIR (including AMC channel, SAAM, NALO, and other service organic or chartered aircraft) is acceptable for B2B travel and shall be used whenever possible. Common-carrier commercial air travel is not considered clean. Flying via commercial air is considered leaving the bubble and may incur additional screening and ROM requirements. Clean vehicles will be used to transport CIVMARs to and from terminals.

4.2.1 If travel requires layover with lodging, MSC will work with Area Commanders to ensure coordination of clean berthing for travelers in order to maintain the integrity of the bubble.

4.3 Travel by means not considered clean results in the loss of a CIVMAR's "clean status" unless an MSC Area Commander, after consultation with the MSC Force Surgeon, approves otherwise.

4.3.1 If any person travels by means shared with personnel not in ROM, the day count shall be reset to zero and restarted before entering the destination bubble.

5. CIVMARs traveling to OCONUS locations may be directed into ROM upon arrival based on the requirements of the host nation.

6. Roles and Responsibilities

6.1 MSC Area Commands will:

MSC Guidance Regarding Implementation of Bubble-to-Bubble Travel for CIVMAR Crew Manning

6.1.1 Assist headquarters staff as needed in the establishment of bubbles within their AORs, and help to ensure that bubble integrity remains intact, including providing assistance with arrangements for clean travel/vehicles and clean lodging when requested.

6.2 MSC Force Surgeon (N02H) will:

6.2.1 Screen CIVMARs for possible symptoms of or exposure to COVID-19 prior to entering the bubble.

6.2.2 Educate traveling CIVMARs regarding disease transmission, social distancing, and the correct usage of PPE.

6.3 CIVMAR Management (N12) will:

6.3.1 Determine the number, rates, and names of personnel to be transported via each B2B evolution and provide the information to appropriate POCs involved in the B2B process.

6.3.2 Provide CIVMARs guidance on travel restrictions, recommended travel practices, and ROM requirements. Advise CIVMARs that they will need to have enough toiletries and medications with them to last the entire ROM and travel periods.

6.3.3 Coordinate the use of two 15-passenger vans to transport CIVMARs from the contracted hotel directly to the assigned ship. For cases in which large groups of CIVMARs are required to be transported, N13 will coordinate transportation.

6.4 Business Management and Support Services (N13) will:

6.4.1 Coordinate arrangements for sanitized buses for transportation of CIVMARs to appropriate airport(s) and/or ship(s). MSC government vehicles may be used in the event of emergent requirements or last minute changes.

6.4.2 Coordinate lodging arrangements with contract hotels in the event CIVMARs are required to ROM in the hotel vice an MSC vessel.

6.4.3 Coordinate work schedules for contractors who are supporting MSC under the Command-wide administration contract.

6.5 Operations (N3) will:

6.5.1 Provide assistance and/or coordinate requests for MILAIR, working closely with N12 and N8 as needed.

6.6 Logistics (N4) will:

6.6.1 Coordinate arrangements for meals for CIVMAR travelers (N43).

MSC Guidance Regarding Implementation of Bubble-to-Bubble Travel for CIVMAR Crew Manning

6.6.2 Provide cloth face covers and personal hand sanitizer to travelers (N44 Special Material Type Desk).

6.7 Comptroller (N8) will:

6.7.1 Coordinate with other codes as necessary to make other travel/lodging arrangements required that may not be addressed above.

6.8 Director of Ship Management (PM2, PM3, PM4, PM5, PM8) will:

6.8.1 Validate Operating Companies' crew change priorities and COVID-19 mitigation ROM and travel plans.

6.8.2 Collect Operating Company's travel requirements and provide input to N3 for MILAIR flights and provide copy to N12.

7. As the COVID-19 situation is constantly evolving, rapid and effective communication between MSC, Area Commands, and Combatant Commanders is required to facilitate travel of key personnel.

Enclosure (9)
MSC Food Service
COVID-19 Mitigation Plan and Procedures

1. COVID-19 poses additional challenges regarding the safety of afloat personnel, food supplies, food preparation, and maintaining a sanitary environment to prevent/mitigate/eliminate the spread of the virus. It is a team effort to maintain the cleanliness standards necessary to protect the ship's crew while maintaining operational readiness.
2. Masters will ensure the below standard food safety practices are enforced:
 - a. Ensure daily screening of all food service personnel utilizing COVID-19 Screening Questionnaire (V2020 .04. 24).
 - i. If any of the answers are "YES," immediately remove personnel and evaluate them for fitness.
 - b. Ensure temperatures are taken of all food service personnel including SUs prior to the start of the workday to ensure they are safe to handle food.
 - c. If the MSO/MDR is not available to take food service personnel temperature, they will train an alternate to complete the required daily task.
 - d. Extend the meal hours to reduce crowding and provide social distancing regulations to the maximum extent possible.
3. SUPPOs/JSOs will ensure the following supplies and PPE is onboard in ready supply:
 - a. Disinfectant products
 - b. Face masks
 - c. Food service gloves
 - d. Plastic flatware
 - e. Cleaning supplies
 - f. Plastic wrap and/or sandwich bags
 - g. Paper plates
 - h. Dishwashing detergent/Rinse agent
 - i. Cleaning buckets
 - j. Hand sanitizer for the ship's crew
 - k. Wiping cloths/food service towels
 - l. Splash Goggles
 - m. Chemical Resistant Gloves
 - n. Pump Spray Bottles
4. Chief Stewards/Steward will ensure the following safe practices are followed daily:

GALLEY OPERATIONS

- Ensure all food service personnel temperatures are taken at the beginning of each workday.

- Eliminate all Self-Serve Deli Bars, Salad Bars and Chopped Fruit Bars and replace with individually wrapped sandwiches, salads and fruit bowls.
- Desserts will be served in individually wrapped portions. This includes bulk ice cream, puddings, cookies, pastries, cake, pies, etc.
- Sandwich condiments such as lettuce, tomatoes, onions, cheese, etc. should be individually wrapped or served by galley personnel when patrons are transiting through the serving line.
- All service plates should be stored in the galley and served to the customer. The customer should not have access to the service plates prior to meal service.
- Ensure hand sanitizer is available on each serving line for hand hygiene.
- Ensure face covering is provided to all food service personnel and that they are wearing the PPE as required.
- Ensure food service personnel are wearing gloves when handling ready to eat food items and during meal service. Gloves should be changed when starting another task or each hour when continuing with the same task.
- Ensure food service personnel are social distancing in their assigned work areas.
- Ensure all serving lines (larger ships) are open during each meal to reduce crowding.
- Post all extended meal hours on serving lines.
- Ensure enough trash receptacles are available to separate used PPE as required in foodservice areas.
- Implement the frequency of enhanced cleaning practices in all food contact surfaces and high touch areas.
- Encourage social distancing between patrons in serving lines.
- All food service utensils, cutting boards, and serving ware must be washed, rinsed, and sanitized often throughout the day.
- Use separate wiping cloths for cleaning, sanitizing, and disinfecting tasks.
- Prepare fresh sanitizing and disinfecting solutions at the beginning of the day and before each meal. If utilizing bleach as a disinfectant, mixing guidance for chlorine bleach is provided in the Tri-Service Food Code, provision 4-501.200, and TB MED 531, appendix B. Verify the product concentration each time a new batch is prepared and periodically throughout the day.
- Launder wiping cloths daily, and store wiping cloths in the sanitizing/disinfecting solution between uses.
- Wash hands after conducting cleaning, sanitizing, and disinfecting tasks

SCULLERY

- Ensure all food service personnel temperatures are taken at the beginning of each work day.
- Provide training for SUs/Assigned Personnel in the setup of the dining areas and the cleaning requirements. Provide personnel with a cleaning plan that includes the frequency of tasks.
- Ensure face covering is provided to all food service personnel and they are wearing the PPE as required

- All food service utensils, cutting boards, and serving ware must be washed, rinsed, and sanitized often throughout the day.
- Ensure the scullery machine temperatures are adhered by the operator. If machines are not functioning correctly, the ship should serve meals on paper products until the machines are functioning at the correct temperatures.
- Ensure dishwashing detergent/sanitizers lines are connected properly to the scullery machine and the ratio of solution is correct.
- Ensure clean gloves are utilized when handling clean dishes, flatware, utensils, etc.
- Use separate wiping cloths for cleaning, sanitizing, and disinfecting tasks.
- Prepare fresh sanitizing and disinfecting solutions at the beginning of the day and before each meal. If utilizing bleach as a disinfectant, Mixing guidance for chlorine bleach is provided in the Tri-Service Food Code, provision 4-501.200, and TB MED 531, appendix B. Verify the product concentration each time a new batch is prepared and periodically throughout the day.
- Launder wiping cloths daily, and store wiping cloths in the sanitizing/disinfecting solution between uses.
- Ensure additional trash receptacles are available to separate used PPE as required in the scullery area.
- Ensure food service personnel are social distancing in their assigned work areas.
- Wash hands after conducting cleaning, sanitizing, and disinfecting tasks.
- Ensure patrons in serving lines are wearing PPE IAW ship's guidelines.

DINING AREAS

- Ensure all food service personnel temperatures are taken at the beginning of each workday.
- Provide training for SUs/Assigned Personnel in the setup of the dining areas and the cleaning requirements. Provide personnel with a cleaning plan that includes the frequency of tasks.
- Ensure face covering is provided to all food service personnel and that they are wearing the PPE as required.
- Prepare fresh sanitizing and disinfecting solutions at the beginning of the day and before each meal. If utilizing bleach as a disinfectant, Mixing guidance for chlorine bleach is provided in the Tri-Service Food Code, provision 4-501.200, and TB MED 531, appendix B. Verify the product concentration each time a new batch is prepared and periodically throughout the day.
- Ensure additional trash receptacles are available to separate used PPE as required in the Dining Areas.
- Ensure seating in the dining areas are staggered IAW the ship's Captain regulations to provide the maximum social distancing as possible
- Post all extended meal hours in the dining areas.
- Ensure food service personnel are social distancing in their assigned work areas.
- Ensure food service personnel are wearing gloves when handling ready to eat food items and during meal service. Gloves should be changed when starting another task or each hour when continuing with the same task.

- Plastic flatware packets is preferred during meals, however existing silverware can be bundled and issued by food service personnel.
- All dining tables should be sanitized before, during meal service after each patron, after each meal, and at the end of the day. Chairs/seating should be sanitized at the beginning and end of each day.
- All self-service bulk ice machines in food service spaces should be secured for general use.
- Whole fruits such as apples, oranges, etc. that are available 24/7 in the dining areas should be washed and wrapped individually.
- Commercial bread such as sliced white/wheat bread, bagels, English muffins, etc. should be taken out of its original multi-serving packaging and individually wrapped.
- Peanut butter, jams/jellies, butter, margarine should be purchased in individual servings. If individual serving items are not available, food service personnel should serve the items.
- Remove table condiments such as mayonnaise, mustard, ketchup, salad dressings, etc. and replace with individual serving packets. If individual serving items are not available, food service personnel should serve the items
- Serve all bulk beverages from a closed dispenser or individual servings.
- Coffee should be made and replenished by food service personnel in all dining areas.
- Ensure hand sanitizer is available at each galley entrance and dining areas for patrons hand hygiene.

PROVISIONS HANDLING DURING RESUPPLY

- Ensure all food service personnel temperatures are taken at the beginning of each workday.
- Ensure food service personnel wear face coverings, gloves, and eye protection when receiving provisions during stores on-loads. Follow further handling procedures IAW cargo handling procedures.
- Ensure food service personnel are social distancing in their assigned work areas.
- Wash hands after conducting cleaning, sanitizing, and disinfecting tasks

STATEROOMS, LAUNDRY, AND LOUNGES

- Ensure all food service personnel temperatures are taken at the beginning of each workday.
- Provide training for SUs/Assigned Personnel in cleaning of required staterooms, laundry, and CIVMAR Lounges.
- Ensure only individually wrapped and labeled food items are stored in the lounge refrigerators.
- Ensure enough trash receptacles are available to separate used PPE as required in self-serve laundry, lounges, and staterooms.
- All self-service bulk ice machines in lounges should be secured for general use.
- Ensure food service personnel handling bulk laundry wears the proper PPE.

- Launder food service wiping cloths daily
- Sanitize all self-serve laundry machines and counters daily. Ensure laundry detergent is individually packaged.
- Coordinate food delivery to quarantine areas as per the ship's Master guidelines. Utilize paper plates and plastic flatware for meal service.
- Ensure all trash collected from quarantine areas is IAW with the MSO/MDR guidelines
- Implement the frequency of enhanced cleaning practices in high touch areas, i.e. lounges, self-serve laundry. Provide personnel with a cleaning plan that includes frequency of tasks.
- Ensure food service personnel are social distancing in their assigned work areas.
- Use separate wiping cloths for cleaning, sanitizing, and disinfecting tasks.
- Wash hands after conducting cleaning, sanitizing, and disinfecting tasks

TRAINING REQUIREMENTS

- Food Safety Training/Certifications requirements:
 - MSOs/MDRs/Chief Stewards/Steward Cooks:
 - **The SERV-SAFE Food Protection Manager Certification** – The course is in-person or online and is promulgated by the National Restaurant Association. The course verifies that a manager or person-in-charge has sufficient food safety knowledge to protect the public from foodborne illness. Individuals that successfully pass the 90-question, multiple-choice exam will receive a SERV-SAFE Manager Certification. The SERV-SAFE Manager Certification is accredited by the American National Standards Institute (ANSI) under the Conference for Food Protection (CFP) Standards. Recertification is every 5 years.
 - **OR**
 - **Food Safety Manager/Supervisor Course (ANSI/CPF Equivalent)** – The course is promulgated by the Navy Environment and Preventive Medical Unit (NEPMU). The course includes basic food microbiology, causes and prevention of food-borne illnesses, sanitary standards; health standards for food service personnel, food inspection and storage, and general pest control. Recertification is every 5 years.
 - **AND**
 - **Shipboard Pest Management** – This course is promulgated by NEPMU. This course includes Shipboard Pest Management, procurement of and pesticide management, Rodents control, inspections, records maintenance. Recertification every 4 years.
- All afloat Food Service Personnel, including the Supply Utilitymen:
 - **MSC 4-Hour Sanitation Certificate** – This course teaches basic sanitation of handling food and associated areas. Certificate is valid for 1 year.

- **OR**
 - **The NRA SERVSAFE Food Handler Certificate** – This course verifies basic food safety knowledge and is for individuals in food handler employee-level positions. Certificate is valid for 3 years.
- Food Safety/Pest Management Training requirements for MSOs are delineated in MSC Medical Manual COMSCINST 6000.1E. Training Requirements for food service personnel is in the Tri Service Food Code TB MED 530/NAVMED P-5010-1/AFMAN 48-147_IP.

Enclosure (10)

Handling and Disposal of Hazardous Material and Solid Waste Produced from COVID-19 Decontamination Activities

1. **Purpose:** To provide guidance to MSC Ships on the handling and disposal of Hazardous Material and Solid Waste produced from COVID-19 decontamination activities, including personal protective equipment, cleaning materials and other wastes. Each geographic Area of Responsibility (AOR) may have more specific requirements for disposal ashore. Ships must check with the Regional Environmental Coordinator (REC) for area specific guidance and regulations.

2. **Hazardous Material:** Ships must manage used or excess disinfectants employed for COVID-19 decontamination activities as Hazardous Material in accordance with SMS policy 2.2-008-ALL and QMS policy N02FS-108-00-AQ Hazardous Material Control and Management (HMC&M). Used containers with residual disinfectant must be managed as Hazardous Material. If the container meets the definition of empty, it can be disposed of as solid waste.

3. **Solid Wastes:** Ships must put all used personal protective equipment, wipes and other solid wastes used for COVID decontamination activities in closable, leak-resistant containers. If the container becomes contaminated, place in a secondary closable, leak-resistant container.
 - a. NAVFAC Supported Facilities: Ships visiting NAVFAC facilities must, at a minimum, put all used personal protective equipment, wipes and other solid wastes used for decontamination activities in a closeable, leak-resistant container and label as covid-19 decontamination waste, along with the ship name, for disposal ashore. Ships must follow SMS 2.2-016-ALL for Shipboard Garbage Management and QMS N0732-307.00-AQ Shipboard Garbage Management once the decontamination material is labeled and stored in accordance with this guidance. These wastes must not be left unattended on the pier during transfer ashore.

 - b. Non-NAVFAC Supported Facilities: Ships visiting these facilities must put all used personal protective equipment, wipes and other solid wastes for decontamination activities in a closeable, leak-resistant container and dispose of as non-regulated solid waste in accordance with SMS 2.2-016ALL for Shipboard Garbage Management and QMS N0732-307.00-AQ Shipboard Garbage Management in the absence of local regulations. If local regulations do exist, ships must comply with local regulations.

4. **Replenishment at Sea (RAS):** Ships must continue to support the transfer of Hazardous Material and Solid Waste from USS ships. Ships receiving COVID-19 decontamination waste must ensure waste is labeled and meets the requirements of paragraph 3. Personnel must wear proper PPE while handling the waste; and personnel must store the waste as described in paragraph 5.

5. **Storage of COVID Decontamination Solid Waste on Vessel:** Ships must designate a clean area, impermeable to liquids, for stowage of COVID -19-decontamination material. Ship should maintain access control and only designated persons should manage and handle the material.

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ROUTINE
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FM CNO WASHINGTON DC
TO NAVADMIN
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MSGID/NAVADMIN/CNIC WASHINGTON DC/N00/APR//

SUBJ/RESTRICTION OF MOVEMENT (ROM) GUIDANCE UPDATE//

REF/A/DOC/USD/11MAR20//
REF/B/NAVADMIN/CNO/212007ZMAR20//
REF/C/DOC/BUMED/17MAR20//
REF/D/DOC/OPNAV/31MAR20//
REF/E/NAVADMIN/CNO/231957ZMAR20//
REF/F/NAVADMIN/CNO/051456ZAPR20//

NARR/REF A IS UNDER SECRETARY OF DEFENSE MEMO, FORCE HEALTH PROTECTION GUIDANCE (SUPPLEMENT 4) - DEPARTMENT OF DEFENSE GUIDANCE FOR PERSONNEL TRAVEL DURING THE NOVEL CORONAVIRUS OUTBREAK.

REF B IS NAVADMIN 080/20, NAVY MITIGATION MEASURES IN RESPONSE TO CORONAVIRUS OUTBREAK UPDATE 3.

REF C IS BUMED RETURN TO WORK GUIDELINES FOR CORONAVIRUS.

REF D IS DCNO (N1) MEMO FOR HARDSHIP DUTY PAY RESTRICTION OF MOVEMENT.

REF E IS NAVADMIN 083/20, RESTRICTION OF MOVEMENT GUIDANCE.

REF F IS NAVADMIN 100/20, NAVY GUIDANCE ON THE USE OF FACE COVERINGS.//

RMKS/1. This NAVADMIN supersedes REF E and acknowledges that operational unit commanders may have to execute a Restriction of Movement (ROM) period prior to introducing new members to the crew or prior to taking a unit overseas or underway. It also designates additional responsibilities for Transient Personnel Unit (TPU) Commanding Officers and clarifies use of Hardship Duty Pay (HDP)-ROM as a source of funding for ROM. REF A requires personnel returning from a Center for Disease Control and Prevention (CDC) Travel Health Notice (THN) Level 3 or Level 2 location perform a 14-day ROM. During ROM, Service Members should be restricted to their residence or other appropriate domicile and limit close contact (within 6 feet or 2 meters) with others. This NAVADMIN clarifies the definition of ROM, provides amplifying guidance, and delineates responsibilities for execution of ROM.

2. Definitions.

2.a. 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.

2.a.(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.a.(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.

2.a.(3) Sequester. Term used to describe isolating forces to remove or reduce risk of infection degrading a unit.

2.a.(3)A. Mission Assurance. Isolate forces committed to certain key missions to remove risk of infection inhibiting mission execution.

2.a.(3)B. Pre-Movement Sequester. Action taken by an operational commander to reduce risk of introducing a COVID-19 positive, asymptomatic Service Member to a unit by instituting a 14-day ROM period for the Service Members within the unit. This action may be taken for all personnel assigned to a unit prior to deploying, getting underway, or conducting operations. A member of the unit or newly reported member of the unit who has traveled from or through an area where COVID-19 community transmission is widespread or is suspected of having been exposed to COVID-19 should be placed in Quarantine or Isolation and not Sequester.

2.a.(4) Bubble. Term used to describe personnel, units or installations regarded as having a low probability of COVID-19 infection. A ship that has been underway for greater than 14 days without any COVID-19 positive personnel would be considered to be a Bubble.

2.a.(5) Bubble-to-bubble Transfer. Term used to describe movement of units or personnel from one location to another utilizing controlled means such as military air, government ground transportation or sealift to minimize introduction of COVID-19 to the protected population. Bubble-to-bubble Transfers cannot be executed with commercial air, sea or ground transportation.

2.b. Patient (or Person) Under Investigation (PUI). In the case of COVID-19, a PUI is defined as an individual with either a pending COVID-19 test or for whom a test should be ordered or conducted (medically indicated).

2.c. Self-monitoring. Per CDC, Self-monitoring means people should monitor themselves for fever by taking their temperatures twice a day and remaining alert for the onset of a cough or difficulty breathing. If an individual feels feverish or develops a 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 further medical evaluation is needed.

2.d. Close Contact. Per CDC, a Close Contact is defined as:

2.d.(1) Being within approximately 6 feet (2 meters) of a COVID-19 positive individual for a prolonged period of time; the current recommended threshold is 10 minutes. Close Contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.

2.d.(2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

2.e. Force Enclave. A designated location or installation augmented with essential supplies, personnel and medical resources sufficient to provide sustainment for Fleet surface and subsurface operations, Quarantine, and/or supportive care for sick personnel in Isolation. U.S. territory is the preferred site for a Force Enclave.

3. Applicability. ROM applies to all Service Members, who in the last 14 days have either been in:

3.a. An area with ongoing spread of COVID-19 as defined as CDC designated Level 2 and 3 countries (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>),

3.b. A domestic location with widespread community transmission rate of COVID-19 as designated by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>),

3.c. Close Contact with a person known to have COVID-19.

3.d. Per REF A, it is strongly recommended that DoD civilian employees, DoD contractor personnel and dependents also follow this guidance.

4. Guidance.

4.a. ROM personnel shall be directed to remain at home or in a comparable setting for 14 days (ROM) from the day of departure or contact. For transient personnel and those residing in close quarters such as unaccompanied housing or ships, temporary lodging meeting CDC guidance of separate sleeping and bathroom facilities shall be arranged, when available. It is possible that units executing Pre-movement Sequester will be assigned rooms that do not meet CDC guidance due to the large volume of rooms required.

4.b. When in ROM, personnel shall avoid congregate settings, limit Close Contact with people and pets or other animals to the greatest extent possible, avoid traveling, Self-monitor, and seek immediate medical care if symptoms (e.g., cough or shortness of breath) develop.

4.c. Personnel assigned ROM may exit quarters to access laundry facilities, outdoor exercise, designated smoking areas; and conduct other essential tasks not in a public setting provided they maintain social distancing greater than 6 feet (2 meters) from others. Access to messing facilities, stores, fitness centers and other widely used support services is prohibited.

4.d. For temporary lodging, normal room cleaning services will be suspended during the ROM period.

4.e. For personnel executing ROM in a private residence, coordinate with parent command for the purchase of required food/hygiene items or arrange delivery through other means.

4.f. After completion of ROM, return to work per REF C and Combatant Commander guidance, if applicable.

4.g. Should personnel in Quarantine or Sequester status test positive for COVID -19, the person is now considered in Isolation and should further restrict movement beyond what is listed in 4.c., exiting quarters to execute only absolutely essential tasks. In the event a person was in a Sequester status, ensure that accommodations meet CDC guidelines for Isolation and follow any additional guidance provided by medical professionals.

5. Responsibilities.

5.a. Parent command Commanding Officer/Officer in Charge shall:

5.a.(1) Ensure ROM screening of personnel. If a Bubble-to-bubble Transfer has not occurred, execute Sequester prior to introducing personnel into unit settings including classroom instruction.

5.a.(2) Ensure ROM personnel comply with paragraph 4.

5.a.(3) If temporary lodging is required:

5.a.(3)A. Provide written orders for ROM personnel. Orders will direct the

Service Member to a ROM status and not TAD to the host installation. If no-cost lodging is not available, Service Members directed to Quarantine or Isolation per 2.a.(1) and 2.a.(2) may be eligible for HDP-ROM per REF D if they incur unreimbursed lodging costs. The preferred temporary lodging is NGIS. If executing a Pre-movement Sequester per 2.a.(3) for an entire unit or portion of a unit, and no-cost lodging is not available, units should consider use of O&M funding to contract for lodging. Units should contact the type commander for funding. This may be accomplished utilizing a General Terms and Conditions (GT&C) document to avoid issues arising from Service Members without government travel cards. Per REF D, members in Pre-movement Sequester are not eligible for HDP-ROM.

5.a.(3)B. Coordinate with installation Commanding Officer for room assignment.

It is imperative that tenant commands inform installations of all personnel in ROM status within government facilities (to include barracks, NGIS, Navy Lodge, PPV family housing, and PPV barracks).

5.a.(3)C. As needed, coordinate messing support with the Commanding Officer where a galley is available. Arrangements will be made between the parent command and the installation for the delivery of meals to Service Members in a ROM status.

5.a.(3)D. As required, provide daily support to ROM personnel to ensure meal delivery as well as health and comfort checks.

5.a.(3)E. Ensure personnel supporting individuals in ROM status are trained on ROM requirements and associated interaction protocols. Close Contact is prohibited. PPE is not required.

5.a.(3)F. If private residence is utilized, coordinate with ROM personnel to ensure messing needs are met.

5.b. Installation Commanding Officers shall:

5.b.(1) Account daily for available temporary lodging to support ROM.

5.b.(2) Track ROM personnel residing in Navy Lodging (unaccompanied housing, NGIS, Navy Lodge, PPV family housing, PPV barracks) both on and off installation. There is no need for installations to track tenant personnel in ROM status in private residence/lodging.

5.b.(3) Provide detailed instructions to tenant commands who require temporary ROM lodging support.

5.b.(4) If available, coordinate with parent commands to provide take-out meals for delivery to ROM personnel.

5.b.(5) Ensure temporary lodging staff are trained on ROM requirements and associated interaction protocols. Close Contact is prohibited. PPE is not required.

5.b.(6) Follow CDC guidance for cleaning rooms following the ROM period. Ensure the standards are the same across all facilities (unaccompanied housing, NGIS, Navy Lodge).

5.b.(7) For the safety of lodging personnel, ensure clear discrete procedures are in place to identify rooms which are occupied by ROM personnel.

5.b.(8) Ensure fire and emergency services are aware of ROM personnel locations, particularly those in Isolation, and are prepared to respond to medical emergencies with appropriate PPE.

5.c. Transient Personnel Unit (TPU) Commanding Officers shall:

5.c.(1) Contact operational commanders prior to sending Further Fleet Transfer (FFT) personnel to gaining units to determine if Sequester is required.

5.c.(2) If Quarantine or Isolation is required, obtain request from the gaining Commanding Officer to execute Isolation/Quarantine and order FFT personnel into ROM status for 14 days. If no-cost lodging is unavailable, Service Member may be eligible for HDP-ROM per REF D if they incur unreimbursed lodging costs. If Sequester is required and no-cost lodging is required, O&M funding should be used to contract for lodging.

5.c.(3) For operational units less than 14 days from return to homeport (RTHP), Sequester will not be executed by TPU unless the entire unit will execute Mission Assurance Sequester upon return.

6. Entitlements. Per REF B.

7. Reporting Requirements. Per REF B.

8. ROM FAQs.

Question 1. When placed on Restriction of Movement (ROM), can I travel to locations within the fence line of an installation to utilize facilities such as the NEX food court or the gym?

Answer 1. No, during the duration of ROM, Service Members must remain in their rooms with the exception of brief trips to utilize designated smoking areas, walking in the immediate vicinity of the building (usually within 100 feet), and limiting close contact (within 6 feet) with others. If your facility contains an in house gym, do not use it.

Question 2. Can I accept food deliveries from various services?

Answer 2. Yes, food must be placed outside the room. Minimize Close Contact (within 6 feet).

Question 3. Can my family or friends visit me?

Answer 3. Yes, provided they do not enter your room. Conversations should be held with visitors staying in the passageway outside the room and Service Members in their room. Minimize Close Contact (within 6 feet).

Question 4. Can I do my laundry?

Answer 4. Yes, but you should coordinate with your command to utilize in house laundry facilities.

Question 5. How do I obtain personal hygiene items?

Answer 5. Utilize the point of contact provided by your command to arrange for purchase of these items.

Question 6. Will my room be cleaned daily?

Answer 6. No, your room will not be cleaned during your stay. Trash pickup is available by placing your trash can in the passageway.

Question 7. Is Personal Protective Equipment required for personnel in my Vicinity?

Answer 7. No, unless required by other directives (such as REF F). You should limit Close Contact (within 6 feet) with others.

Question 8. Can I ROM in open bay barracks or in rooms with shared bathrooms?

Answer 8. Not preferred, individuals should be placed in separate lodging

(when available). Personnel shall not execute Isolation in rooms with shared bathrooms.

Question 9. Can I use public transportation if in ROM status?

Answer 9. No, individuals on ROM should avoid crowds and public locations.

Question 10. Can I get off ROM early if I was in Close Contact to a person with COVID-19, and I feel like I am not sick?

Answer 10. No, the Centers for Disease Control (CDC) recommends 14 days of ROM from the last date of exposure to a COVID-19 positive person.

Question 11. What is the difference between Quarantine and Restriction of Movement (ROM)?

Answer 11. Quarantine is a legal public health term used for civilian restrictions and ROM is a military term being used to identify military individuals who are restricted in their movement, generally to their residence.

Question 12. Are my family members at risk if I ROM at home with them?

Answer 12. ROM status is a precautionary step to prevent spread to others. Considering this, it is recommended that while at home in a ROM status, you practice social distancing. This means try to remain at least 6 feet from other persons, avoid using the same bathroom, or sleeping in the same bed.

Question 13. Can I prepare meals for my family while on ROM?

Answer 13. When in a ROM status, it is recommended you not prepare meals for your family because the virus is spread through respiratory droplets that can land on surfaces such as food. Ideally, you should have other individuals prepare food. If you are the only care giver, make sure you are washing your hands with soap and water for 20 seconds for general food safety. Make sure you cover your nose and mouth when coughing and wash your hands after using the bathroom.

Question 14. Should I be wearing a mask?

Answer 14. Yes. Per REF F, all individuals on DoD property, installations and facilities are required to wear cloth face coverings when they cannot maintain the required six feet of physical distance. Face coverings are not intended to provide respiratory protection for the wearer; rather face coverings lessen the spread of the virus by asymptomatic (i.e. unknowing) but infected persons.

Question 15. Do I need to clean my house to CDC standards?

Answer 15. It is recommended you maintain a clean living environment as you normally would. This includes frequent hand washing, washing clothing and bedding, and wiping down frequently touched surfaces with a sanitizing wipe or any cleaning product that contains at least 10 percent bleach. The Environmental Protection Agency has a list of products that have been specifically tested as effective in sanitizing surfaces.

Question 16. Can I discontinue ROM if I have a negative COVID-19 test?

Answer 16. No. Per REF C, the full 14 day ROM must be executed. Numerous cases have occurred where a person tested negative only to be positive a few days later without changing their environment. It is necessary to allow the full two weeks to ensure that asymptomatic personnel do not potentially spread the virus.

9. Released by Vice Admiral M. M. Jackson, Commander, Navy Installations Command.//

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MSC COVID-19 Screening Questionnaire

(V2020 .04. 29)

1. Are you currently feeling SICK

YES NO

Have you had any of the following symptoms in the last 24 hours?

- | | | | |
|---------------------------------|---|-----|----|
| a. Fever | f. Chills | YES | NO |
| b. Cough (not due to allergies) | g. Repeated shaking with chills | YES | NO |
| c. Sore Throat | h. Muscle Pain (not related to physical activity) | YES | NO |
| d. Shortness of Breath | i. Headache ** | YES | NO |
| e. New Loss of smell or taste | | YES | NO |

If "YES", LEAVE/DO NOT ENTER WORKSPACE/VESSEL, CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer. Put a clean mask on when one is available, and contact/report to your medical provider. Follow CDC Guidance.¹ ***Entry denied**

** If the only symptom answered "Yes" is headache, refer to Medical or Master for temperature and interview.

2. Have you TRAVELED INTERNATIONALLY in the last 14 days?

YES NO

If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied

MSC personnel: Complete 14 days of ROM. DO NOT ENTER for 14 days. CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer.² Follow CDC Guidance.³ ***Entry denied**

2a. Have you had close personal contact with anyone who has traveled internationally in the last 14 days?

YES NO

If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied. Refer to Medical or Master for temperature and interview.

3. Have you TRAVELED OUTSIDE THE LOCAL AREA in the last 14 days?

YES NO

If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied. Refer to Medical or Master for temperature and interview.

3a. Have you had close personal contact with anyone who has traveled outside of the local area in the last 14 days?

YES NO

If "YES" DO NOT ENTER WORKSPACE/VESSEL – Entry denied. Refer to Medical or Master for temperature and interview.

4. Have you had CLOSE PERSONAL CONTACT, with anyone who has been

YES NO

diagnosed with COVID-19 or exhibiting symptoms (fever, cough, sore throat) in the last 14 days?

If "YES", LEAVE/DO NOT ENTER WORKSPACE/VESSEL, CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer. Put a clean mask on when one is available, and contact/report to your medical provider. Follow CDC Guidance.¹ ***Entry denied**

5. Once instructed by higher authority, CONDUCT TEMPERATURE CHECKS:

- If temperature is less than 100°F {37.8°C), allow access. Screening is complete.
- If temperature is equal to or higher than 100°F (37.8°C), LEAVE/DO NOT ENTER WORKSPACE/VESSEL, CIVMAR inform Master, Uniformed inform chain-of-command, GS inform supervisor, CTR inform employer, put a clean mask on when one is available, and contact/report to your medical provider (call ahead to inform them of your pending arrival). Follow CDC Guidance.¹ ***Entry denied**

1 <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.htm>

2 OSD Memo Force Health Protection Guidance supp 4 (11Mar20)

3 <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.htm>