



US Navy COVID-19 Mitigation Framework

Protect the Force and Preserve War Fighting Readiness

To mitigate spread of the COVID-19 virus once a Crew member shows possible COVID-19 indications on a deployed or underway unit, units shall adhere to the following guidance to the maximum extent possible. **This guidance does not restrict Fleet, TYCOM, and Operational Commanders from issuing more specific guidance to units within their respective areas of responsibility.**

Force protection (Crew safety) is job #1 → IDENTIFY, ISOLATE, CONTAIN, TREAT

Preserve Warfighting Readiness → maintain warfighting functional manning and readiness

1. Actions prior to deployed/underway operations => create a COVID free ship

- a. Screen for existing medical conditions that place personnel at higher risk for COVID morbidity and mortality => Consider leaving higher risk personnel ashore
- b. 14 day quarantine completed (Consider increasing quarantine period from 14 days to 21 days). While no amount of quarantine or testing will guarantee a COVID Free ship, each extra day increases the opportunity to identify additional potential positive members.
- c. Although not ideal, if quarantining on a ship, consider widespread use of Cohort watch sections and widespread use of N-95 or surgical masks.
- d. Conduct daily self-monitoring for influenza-like illness (ILI)
- e. Ship dis-infected to maximum level

GOAL is COVID free workplace but asymptomatic personnel will be present!
Day-to-day actions must assume COVID is present => face coverings, hand washing, routine ship dis-infecting

2. When a Crew Member starts showing signs of possible COVID infection.

- Isolate and get the Crew member to medical for evaluation. This is a Patient Under Investigation (PUI)**
 - Isolate until cleared by a medical department representative (MDR).**
- Identify, quarantine and screen close contacts¹**
 - Screening should at a minimum include a questionnaire to assess risk to exposure, temperature check, and visual check for signs and symptoms per CDC.
 - Quarantine until results of medical evaluation shows that the PUI is either negative for COVID-19 and/or not clinically consistent with COVID-19.
 - If result of medical evaluation show that the PUI is either a confirmed positive and/or clinically diagnosed as COVID-19, quarantine until 14 days has passed since date of last exposure to the PUI.
- Continue to evaluate PUI and close contacts¹ => medical providers shall use PPE**
 - Conduct twice daily screening => temperature checks & questionnaire

- Evaluate for evidence of ILI

NOTE: Test in accordance with DoD Force Health Protection (FHP) Supplement Six.

The medical management for COVID patients, asymptomatic or symptomatic, is similar (isolate, rest, and hydrate) unless the patient needs hospitalization. Thus actually confirming COVID by testing does not appreciably change the medical management actions taken for and by the patient.

- If tests are available, prioritize testing for:
 - PUIs with existing medical conditions at higher risk
 - Symptomatic PUIs
- If COVID-19 test kits are not available or limited, test for other ILI
- Alert ISIC of possible COVID 19 patient and make plans for disembarking the PUI
- ISIC evaluate benefit to proceeding to nearest port verse more capable or larger medical facility

3. CONTAIN THE SPREAD => REDUCED CONTACT, CLEANING AND PROTECTION

- Enforce personal hygiene practices.
 - a. Wash hands frequently, for at least 20 seconds. If soap and water are not available, **use a hand sanitizer that contains a minimum of 60% alcohol.**
 - b. Avoid touching the face.
 - c. Sneeze or cough into a tissue, or into the inside of elbow.
 - d. Because physical (social) distancing is challenging onboard ships, cloth face coverings should be worn by all crewmembers at all times to the maximum extent practical
- Institute cohort strategies for watch standers
 - a. Berth in known clean spaces or consider Battle Berthing arrangements
 - b. Divide crew into small cohorts or work groups (based on workspace, duties, & shifts) minimizing physical interaction as much as possible.
 - c. Sequester personnel to certain areas of the ship such as quadrants, decks/levels to minimize physical contact
- Enforce strict environmental cleaning/disinfection practices, practice meticulous infection control & disease prevention measures per CDC & NMCPHC guidelines.

Cleaning Measures

- Hold 3x daily cleaning stations / sweepers (morning, afternoon, and evening) using “Spray-Wait-Wipe” with bleach disinfectant method--especially high traffic and contact areas
- Visibly dirty surfaces should be cleaned using a detergent or soap in water prior to disinfection procedures
- Prevent Port/Starboard cleaning station teams from contact with one another
- Form head cleaning teams without contact to the rest of crew
- Form door knob/handle cleaning teams
- Clean work space at the conclusion of each workday
- A space that was previously contaminated can be cleared by leaving it shut and isolated for 7 days (if feasible) to kill COVID-19

Feeding Measures

- PPE measures in chow lines / sculleries
- Designate meal times for departments / divisions on the mess decks / wardrooms to reduce traffic in the chow lines
- Stagger mess deck seating / reduce mess deck crowding
- Extended meal times
- Restrict self-serve chow lines
- Reduce available condiments

CONSIDER THE FOLLOWING ACTIONS

- Secure or limit gyms
- Secure ladders and maximize fore/aft transit via hangar bays, flight decks, open spaces
- Institute “one person on a ladder at a time rules” to minimize physical contact
- Restrict cell phone stacks
- Sequester watch teams (Bridge (4), Reactor (4), CDC) in berthing to minimize risk to multiple watch teams
- Maintain separate routes to minimize interactions (PORT/UP forward, STBD/DOWN aft)
- When embarked units are not embarked, increase use of their spaces (e.g., CVW work centers and Ready Rooms) to reduce ship’s force work center personnel density.
- Open maximum allowable hatches / doors (during in-port sequester only) to reduce touching of knobs / dogging of handles
- Refine ship / squadron delivery procedures to minimize contact with driver/delivery crew
- Daily triad updates, training, TTP reinforcement and Q&A on 1MC, Site TV, or other means as appropriate to meet physical distancing requirements
- Segregate squadrons
- Aircrew self-assessment and sequester as operations allow

4. MONITOR AND TREAT SICK PATIENTS

Shipboard protocol

- Medical providers will follow DoD COVID-19 Practice Management Guide for treatment of COVID-19 patients
- Ill individuals will don facemask while transiting the ship
- Ill individuals onboard a ship should be assessed by appropriate medical authority for treatment and monitoring as needed
- For Persons under investigation and Close Contacts, maximize use of Staterooms and small segregated berthing to maximize quarantine effectiveness.
- Individuals identified as having confirmed or probable COVID-19 will be placed under isolation and evacuated off the ship as soon as practical if developing more severe symptoms
 - a. The majority of COVID-19 patients will have mild symptoms and can remain on ship and be monitored until meeting return to work criteria
 - b. A minority of COVID-19 patients will have worsening illness and need evacuation

- While in isolation aboard a ship, COVID-19 patients will be monitored and assessed by medical at least daily or more frequently as deem appropriate by a medical provider
- The mainstay of treatment for COVID-19 patients is supportive care. Majority of patients will have mild symptoms and can be treated with self-care.
- Isolation cabin should be set up such that it is can be easily cleaned
 - a. Cover mattresses or plastic sheeting under bed linen to allow for ease of cleaning
- Ensure Patients have:
 - a. Appropriate counseling on appropriate self-care
 - b. Ability to quickly access medical if symptoms worsen
 - c. Access to resources such as food and other necessities of daily living
 - d. Provide hygiene supplies, tissues, and clinical waste disposal bags
 - e. Decontaminate areas suspected of exposure
- Severe cases will be transferred to the nearest Emergency Room for evaluation and admission as appropriate
- Individuals diagnosed with COVID-19 who leave the ship will not be allowed back to the ship until meeting current CDC criteria for clearance

Isolation Checklist

- Maximize use of individual isolation spaces (Staterooms)
- Place signs on heads and isolation areas to ensure they are clearly marked
- Give patient information on constraints around isolation including meal protocol
- Establish communication routine
- Explain emergency protocols
- Ensure supply of PPE and hand sanitizer is available for medical staff managing the case
- Ensure supply of soap, alcohol gel and tissues for patient
- Provide isolation area a dedicated mop, bucket, cloths, for decontamination using an appropriate disinfectant product
- Ensure clinical waste bags are available to dispose of PPE
- Ensure that all cutlery and plates are washed in a dishwasher after use and that the person delivering and removing the items washes their hands before and after

Communication, Care and Training Measures

- Food, medical, and mental health professional visits provided to all quarantined/isolated personnel
- Maximize availability of onboard counseling resources, mental health specialists, resiliency support, chaplain support
- Triads update OMB and FRG Facebook pages regularly, following PAO guidance

WE HAVE NO NAVY WITHOUT OUR PEOPLE AND OUR SHIPS

TAKE CARE OF YOUR SELF, YOUR SHIPMATE AND YOUR SHIP

¹**Close Contact:** Individuals identified by the Medical Department Representative (MDR) as a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (>10 minutes); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19; or, b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). Close contact is only considered during the COVID-19 case's potentially infectious period, defined as from 48 hours prior to symptom onset (or positive test if asymptomatic) to time the case is placed in isolation.

Examples:

- Individuals in the positive Sailor's berthing with a rack located above, below, and across the aisle or in the series of racks immediately forward and aft of the positive Sailor
- Other prolonged interactions identified by the MDR, e.g., galley, gym, smoking deck, chapel, etc.
- Present in the positive Sailor's immediate workspace during infectious interval (weather deck an exception)