ATTACHMENT 6 ANNEX Q (MEDICAL SERVICES) TO FRAGO 142.000

1. (U) SITUATION.

1.A. (U) COVID-19.

1.A.1. (U) DISEASE THREAT. THE VIRUS THAT CAUSES COVID-19 IS THOUGHT TO SPREAD MAINLY FROM PERSON TO PERSON, PRIMARILY THROUGH RESPIRATORY DROPLETS PRODUCED WHEN AN INFECTED PERSON COUGHS OR SNEEZES. THESE DROPLETS CAN LAND IN THE MOUTHS OR NOSES OF PEOPLE WHO ARE NEARBY OR POSSIBLY BE INHALED INTO THE LUNGS. SPREAD IS MORE LIKELY WHEN PEOPLE ARE IN CLOSE CONTACT WITH ONE ANOTHER (WITHIN ABOUT 6 FEET). THIS IS SIMILAR TO TRANSMISSION FROM OTHER RESPIRATORY VIRUSES. COVID-19 MAY BE SPREAD BY PEOPLE WHO ARE NOT SHOWING SYMPTOMS.

1.A.2. (U) DISEASE SPREAD. COVID-19 HAS DEMONSTRATED SUSTAINED COMMUNITY SPREAD IN MULTIPLE LOCATIONS THROUGHOUT THE UNITED STATES. COMMUNITY SPREAD MEANS PEOPLE HAVE BEEN INFECTED WITH THE VIRUS IN AN AREA, INCLUDING SOME WHO ARE NOT SURE HOW OR WHERE THEY BECAME INFECTED. STUDIES INDICATE THAT COVID-19 REMAINS VIABLE AFTER AEROSOLIZATION FOR UP TO THREE HOURS. ON SOLID SURFACES, SUCH AS PLASTIC AND STAINLESS STEEL, COVID-19 CAN REMAIN VIABLE FOR UP TO 72 HOURS THOUGH THE ABILITY TO TRANSMIT THE INFECTION FROM INANIMATE OBJECTS APPEARS TO BE LOW PARTICULARLY WHEN PRACTICING GOOD HYGIENE AND ROUTINE SURFACE CLEANING OF HIGH TOUCH AREAS.

1.A.3. (U) DISEASE SYMPTOMS. ACCORDING TO THE CDC, PEOPLE WITH COVID-19 MAY EXPERIENCE A WIDE RANGE OF SYMPTOMS, RANGING FROM MILD TO SEVERE ILLNESS. SYMPTOMS MAY APPEAR 2-14 DAYS AFTER EXPOSURE TO THE VIRUS. PEOPLE WITH THE FOLLOWING SYMPTOMS MAY HAVE COVID-19:

1.A.3.A. (U) FEVER OR CHILLS.

1.A.3.B. (U) COUGH.

1.A.3.C. (U) SHORTNESS OF BREATH OR DIFFICULTY BREATHING.

1.A.3.D. (U) FATIGUE.

1.A.3.E. (U) MUSCLE OR BODY ACHES.

1.A.3.F. (U) HEADACHE.

1.A.3.G. (U) NEW LOSS OF TASTE OR SMELL.

1.A.3.H. (U) SORE THROAT.

1.A.3.I. (U) CONGESTION OR RUNNY NOSE.

1.A.3.J. (U) NAUSEA OR VOMITING.

1.A.3.K. (U) DIARRHEA.

1.A.4. (U) RISK FACTORS. COVID-19 IS A NEW DISEASE AND INFORMATION REGARDING RISK FACTORS IS ROUTINELY UPDATED BY THE CDC. BASED ON CURRENTLY AVAILABLE INFORMATION AND CLINICAL EXPERTISE, OLDER ADULTS AND PEOPLE OF ANY AGE WHO HAVE SERIOUS UNDERLYING MEDICAL CONDITIONS MIGHT BE AT HIGHER RISK FOR SEVERE ILLNESS FROM COVID-19. BASED ON CDC GUIDANCE, THOSE AT HIGH-RISK FOR SEVERE ILLNESS FROM COVID-19 ARE:

1.A.4.A. (U) PEOPLE WHO LIVE IN A NURSING HOME OR LONG-TERM CARE FACILITY.

1.A.4.B. (U) PEOPLE WITH CHRONIC LUNG DISEASE OR MODERATE TO SEVERE ASTHMA.

1.A.4.C. (U) PEOPLE WHO HAVE SERIOUS HEART CONDITIONS SUCH AS CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

1.A.4.D. (U) PEOPLE WHO ARE IMMUNOCOMPROMISED. MANY CONDITIONS CAN CAUSE A PERSON TO BE IMMUNOCOMPROMISED, INCLUDING CANCER TREATMENT, SMOKING, BONE MARROW OR ORGAN TRANSPLANTATION, IMMUNE DEFICIENCIES, POORLY CONTROLLED HIV OR AIDS, AND PROLONGED USE OF CORTICOSTEROIDS AND OTHER IMMUNE WEAKENING MEDICATIONS.

1.A.4.E. (U) PEOPLE WITH SEVERE OBESITY (BODY MASS INDEX [BMI] ≥30).

1.A.4.F. (U) PEOPLE WITH DIABETES.

1.A.4.G. (U) PEOPLE WITH NEUROLOGIC CONDITIONS SUCH AS DEMENTIA.

1.A.4.H. (U) PEOPLE WITH CEREBROVASCULAR DISEASE OR THOSE WHO EXPERIENCED A STROKE.

1.A.4.I. (U) PEOPLE WITH SICKLE CELL DISEASE.

1.A.4.J. (U) PEOPLE WITH CHRONIC KIDNEY DISEASE UNDERGOING DIALYSIS.

1.A.4.K. (U) PEOPLE WITH HEMOGLOBIN DISORDERS.

1.A.4.L. (U) PEOPLE WITH LIVER DISEASE.

1.B. (U) FRIENDLY FORCES. NO CHANGE.

1.C. (U) ASSUMPTIONS. CHANGE.

1.C.1. (U) COVID-19 WILL CONTINUE TO BE A SIGNFICANT PUBLIC HEALTH THREAT THROUGH THE END OF 2020.

1.C.2. (U) FEAR OF COVID-19 WILL DRIVE SOME DECISION-MAKERS (GOVERNMENTS AND THE PUBLIC) TO A RANGE OF EVACUATION BEHAVIORS THAT ARE DIFFERENT FROM RECENT YEARS.

1.C.3. (U) OPERATIONAL TASKS ASSOCIATED WITH DSCA, FOREIGN DISASTER RELIEF, DEFENSE SUPPORT OF CIVILIAN LAW ENFORCEMENT AGENCY (DSCLEA), AND HOMELAND DEFENSE WILL REQUIRE CLOSE CONTACT WITH CIVILIANS AND POTENTIALLY INFECTED POPULATIONS.

1.C.4. (U) DOD-PROVIDED TESTING CAPACITY WILL NOT BE AVAILABLE AT ALL DOD DEPLOYMENT LOCATIONS.

1.C.5. (U) MISSION ASSIGNMENTS WILL IMPOSE LIMITATIONS ON DOD MEDICAL RESPONSE.

1.C.6. (U) THE REDUCED INVENTORY OF MEDICAL MATERIEL, TO INCLUDE PERSONAL PROTECTIVE EQUIPMENT (PPE) AND COVID-19 TESTING SUPPLIES, WILL IMPACT DOD'S ABILITY TO EXECUTE HEALTH SERVICE SUPPORT (HSS).

1.C.7. (U) GROUND MOVEMENT WILL BE THE PRIMARY MEANS OF MOVING SUSPECTED AND CONFIRMED COVID-19 PATIENTS.

1.C.8. (U) DOD-PROVIDED PATIENT EVACUATION FOR COVID+ PERSONNEL WILL REMAIN EXTREMELY LIMITED.

1.C.9. (U) NOT ALL DEPLOYED PERSONNEL WILL WORK IN THE VICINITY OF A DOD INSTALLATION, REQUIRING COORDINATION TO ENSURE ADEQUATE COVID-19 TESTING, MEDICAL CARE/HOSPITALIZATION, AND ISOLATION FACILITIES TO SUPPORT SYMPTOMATIC INDIVIDUALS.

1.D. (U) LEGAL CONSIDERATIONS.

1.D.1. (U) AUTHORITIES FOR USE OF DEPARTMENT OF DEFENSE (DOD) HEALTH CARE RESPONDERS DURING DISASTER RESPONSE ACTIVITIES

1.D.1.A. (U) FOR PURPOSES OF LICENSURE, UNDER 10 U.S.C. § 1094, A HEALTH CARE PROFESSIONAL WHO IS A MEMBER OF THE ARMED FORCES WITH A CURRENT LICENSE TO PRACTICE MEDICINE, OSTEOPATHIC MEDICINE, DENTISTRY, OR ANOTHER HEALTH PROFESSION AND IS PERFORMING AUTHORIZED DUTIES FOR THE DOD MAY PRACTICE THE PROFESSION OF THE HEALTH CARE PROFESSIONAL IN ANY STATE, THE DISTRICT OF COLUMBIA, OR A COMMONWEALTH, TERRITORY, OR POSSESSION OF THE UNITED STATES, REGARDLESS OF LOCATION. (NOTE THAT 10 U.S.C. § 1094(D) ADDRESSES PREEMPTION OF STATE MEDICAL LICENSE REQUIREMENTS, BUT IT IS LIMITED TO PROVIDERS WHO ARE MEMBERS OF THE ARMED FORCES; IT DOES NOT APPLY TO CIVILIAN EMPLOYEES, VOLUNTEERS, PERSONAL SERVICES CONTRACTORS, AND NON-PERSONAL SERVICES CONTRACTORS.)

1.D.1.B. (U) TORT IMMUNITY: THE FEDERAL TORT CLAIMS ACT ("FTCA") ACTS AS A LIMITED WAIVER OF THE FEDERAL GOVERNMENT'S SOVEREIGN IMMUNITY AND GRANTS EXCLUSIVE SUBJECT MATTER JURISDICTION TO THE FEDERAL COURTS IN CERTAIN TORT CASES. THE STATUTE ALLOWS A TORT VICTIM TO FILE A CLAIM AGAINST OR SUE THE U.S. GOVERNMENT IN PLACE OF THE HEALTH CARE PROVIDER (OR OTHER TORTFEASOR) IF, AMONG OTHER REQUIREMENTS, THE TORTFEASOR WAS ACTING WITHIN THE SCOPE OF HIS OR HER EMPLOYMENT WITH THE U.S. GOVERNMENT AT THE TIME OF THE TORT.

1.D.1.C. (U) CLINICAL PRIVILEGES: ACTIVE DUTY HEALTH CARE PROVIDERS MUST BE PRIVILEGED IN ANY CIVILIAN FACILITIES WHERE THEY ARE PRACTICING.

1.D.1.D. (U) AS THE LEAD FEDERAL AGENCY (LFA), FEMA IS THE APPROPRIATE FEDERAL AGENCY TO PROCESS OFFERS OF DONATED MEDICAL SUPPLIES, MEDICAL EQUIPMENT, AND MEDICAL SERVICES FROM NON-GOVERNMENTAL ORGANIZATIONS (NGO) OR OTHER NON-FEDERAL ENTITIES (NFE). COMMANDERS AT ALL LEVELS WHO RECEIVE AN OFFER OF SUPPLIES OR SERVICES FROM A NGO OR NFE DIRECTLY TO THE DOD, SHOULD REFER THE NGO OR NFE TO FEMA. MILITARY UNITS SHOULD NOT SOLICIT OR ACCEPT THESE OFFERS ON BEHALF OF THE DOD. SHOULD FEMA ATTEMPT TO DIRECT SUPPLIES OR PERSONNEL OFFERED BY NGOS AND NFES TO MILITARY UNITS, COMMANDERS ARE NOT OBLIGED TO ACCEPT SUCH SUPPLIES OR SERVICES BUT MAY DO SO AFTER APPROPRIATE LEGAL REVIEW AND AFTER TAKING INTO CONSIDERATION ANY POTENTIAL HEALTH OR SAFETY CONSIDERATIONS RELATED TO THE PROPOSED DONATION.

1.E. (U) LIMITATIONS. NO CHANGE.

1.F. (U) DEFINITIONS.

1.F.1. (U) INFECTIOUS - A PATHOGENIC MICROORGANISM OR AGENT THAT IS CAPABLE OF CAUSING INFECTION.

1.F.2. (U) COMMUNICABLE - CAPABLE OF BEING TRANSMITTED FROM PERSON-TO-PERSON, ANIMAL-TO-ANIMAL, ANIMAL-TO-HUMAN (ZOONOTIC), OR HUMAN-TO-ANIMAL (ANTHROPONOTIC).

1.F.3. (U) CONTAGIOUS - READILY TRANSMISSIBLE BY DIRECT OR INDIRECT CONTACT.

1.F.4. (U) OUTBREAK - IS A SITUATION THAT IS CONSISTENT WITH EITHER OF TWO SETS OF CRITERIA: DURING (AND BECAUSE OF) A CASE INVESTIGATION AND CONTACT TRACING, TWO OR MORE CONTACTS ARE IDENTIFIED AS HAVING ACTIVE COVID-19, REGARDLESS OF THEIR ASSIGNED PRIORITY, OR TWO OR MORE PATIENTS WITH COVID-19 ARE DISCOVERED TO BE LINKED, AND THE LINKAGE IS ESTABLISHED OUTSIDE OF A CASE INVESTIGATION AND CONTACT TRACING (E.G., TWO PATIENTS WHO RECEIVED A DIAGNOSIS OF COVID-19 ARE FOUND TO WORK IN THE SAME OFFICE, AND ONLY ONE OR NEITHER OF THE THEM WAS LISTED AS A CONTACT TO THE OTHER).

1.F.5. (U) ENDEMIC - PREVALENT IN OR RESTRICTED TO A PARTICULAR REGION, COMMUNITY, OR GROUP OF PEOPLE.

1.F.6. (U) EPIDEMIC - AFFECTING OR TENDING TO AFFECT A DISPROPORTIONATELY LARGE NUMBER OF INDIVIDUALS WITHIN A POPULATION, COMMUNITY, OR REGION AT THE SAME TIME.

1.F.7. (U) PANDEMIC - OCCURRING OVER A WIDE GEOGRAPHIC AREA AND AFFECTING AN EXCEPTIONALLY HIGH PROPORTION OF THE POPULATION.

1.F.8. (U) ISOLATION - THE SEPARATION OF A PERSON OR GROUP OF PEOPLE KNOWN OR REASONABLY BELIEVED TO BE INFECTED WITH A COMMUNICABLE DISEASE AND POTENTIALLY INFECTIONS 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

1.F.9. (U) QUARANTINE - THE SEPARATION AND RESTRICTION OF MOVEMENT OF PERSONS WHO, WHILE NOT YET ILL, HAVE BEEN EXPOSED TO AN INFECTIOUS AGENT AND, THEREFORE, MAY BECOME INFECTIOUS.

1.F.10. (U) CASE - A PERSON WHO HAS BEEN LABORATORY-CONFIRMED TO HAVE COVID-19. IN AREAS WITH WIDESPREAD COMMUNITY CASES WHERE ADEQUATE TESTING MAY NOT BE READILY AVAILABLE THE TERM PRESUMPTIVE CASE MAY BE USED. IN THOSE CIRCUMSTANCES A PRESUMPTIVE CASE AND A LAB CONFIRMED CASE SHOULD BE TREATED IDENTICALLY WITH THE PATIENT BEING PLACED IN ISOLATION AND ANY PRIMARY CONTACTS BEING PLACED IN QUARANTINE.

1.F.11. (U) PERSON UNDER INVESTIGATION - PERSON WHO HAS SYMPTOMS CONSISTENT WITH COVID-19 AND HAS EXPOSURE HISTORY TO AN AFFECTED COMMUNITY. THIS PERSON HAS BEEN CLINICALLY EVALUATED AND HAS A PENDING LABORATORY TEST.

1.F.12. (U) RESTRICTION OF MOVEMENT - ACTION TAKEN TO RESTRICT THE MOVEMENT OF PERSONNEL WHO HAVE TRAVELED TO OR THROUGH A HIGH RISK AREA. THESE PERSONNEL CANNOT COME TO WORK. SAME ACTION AS QUARANTINE BUT FOR A DIFFERENT REASON, TRAVEL TO OR THROUGH A HIGH RISK AREA VICE EXPOSURE TO A COVID-19 PATIENT.

1.F.13. (U) SEQUESTER/SEGREGATE - ACTION TAKEN TO MOVE PERSONNEL INTO DESIGNATED LOCATION TO ENSURE NO CONTACT WITH INFECTIOUS MEMBERS IN SOCIETY. THIS MAY BE USED FOR LOW DENSITY, MISSION CRITICAL PERSONNEL.

1.F.14. (U) CLOSE CONTACTS - A CLOSE CONTACT IS DEFINED AS SOMEONE WHO WAS WITHIN 6 FEET OF AN INFECTED PERSON FOR AT LEAST 15 MINUTES STARTING FROM 2 DAYS BEFORE ILLNESS ONSET (OR, FOR ASYMPTOMATIC CLIENTS, 2 DAYS PRIOR TO POSITIVE SPECIMEN COLLECTION) UNTIL THE TIME THE PATIENT IS ISOLATED.

2. (U) MISSION. NO CHANGE.

3. (U) EXECUTION. CHANGE.

3.A. (U) CONCEPT OF OPERATIONS.

3.A.1. (U) HOSPITALIZATION AND ISOLATION.

3.A.1.A. (U) DURING JRSOI, UNITS WILL IDENTIFY WHERE THEIR PERSONNEL WILL RECEIVE IMMEDIATE LIFE SAVING CARE THAT MAY BE REQUIRED IN THE EVENT OF AN EMERGENCY. IF EMERGENCY CARE AT A DOD MEDICAL TREATMENT FACILITY (MTF) IS NOT AVAILABLE, UNITS WILL COORDINATE WITH TRICARE TO IDENTIFY A TRICARE NETWORK CIVILIAN HEALTHCARE FACILITY THAT WILL SERVE AS THE PRIMARY SOURCE OF EMERGENCY MEDICAL CARE. TRICARE EAST CAN BE REACHED AT 800-444-5445. TRICARE WEST CAN BE REACHED AT 844-866-9378. A MAP DEPICTING TRICARE COVERAGE AREAS FOR EAST/WEST IS LOCATED AT THE FOLLOWING LINK: HTTPS://WWW.TRICARE.MIL/ABOUT/REGIONS.

3.A.1.B. (U) BASED ON CURRENT COVID-19 TRANSMISSION RATES AMONG HEALTHCARE WORKERS, IT IS POSSIBLE THAT DOD PERSONNEL ASSIGNED TO HEALTHCARE FACILITIES

STAND A HIGHER CHANCE OF CONTRACTING COVID-19 WHILE DEPLOYED. NOT ALL PERSONNEL DIAGNOSED WITH COVID-19 WILL REQUIRE HOSPITALIZATION. CURRENT CDC DATA INDICATES THAT HOSPITALIZATION MAY OCCUR IN 2-6.5% OF INDIVIDUALS WITH COVID-19 FOR THE MILITARY POPULATION BETWEEN THE AGES OF 18-49.

3.A.1.C. (U) IF A DEPLOYED SERVICE MEMBER EXHIBITS COVID-19 SYMPTOMS, THE UNIT COMMANDER OR A DESIGNATED REPRESENTATIVE WILL COORDINATE WITH TRICARE TO IDENTIFY PRIMARY AND ALTERNATE TREATMENT FACILITIES FOR SERVICE MEMBERS WHOSE SYMPTOMS REQUIRE INPATIENT TREATMENT.

3.A.1.D. (U) BASE SUPPORT INSTALLATIONS WILL DESIGNATE A BUILDING TO SERVE AS AN ISOLATION SUPPORT FACILITY (ISF). ISFS ARE DESIGNATED TO PROVIDE LODGING FOR THE FOLLOWING DEPLOYED PERSONNEL:

3.A.1.D.1. (U) DOD PERSONNEL THAT HAVE TESTED POSITIVE FOR COVID-19 BUT DO NOT REQUIRE HOSPITALIZATION.

3.A.1.D.2. (U) DOD PERSONNEL THAT ARE PERSONS UNDER INVESTIGATION (PUI) - HAVE SYMPTOMS CONSISTENT WITH COVID-19 AND HAVE EXPOSURE HISTORY TO AN AFFECTED COMMUNITY. THIS PERSON HAS BEEN CLINICALLY EVALUATED AND HAS A PENDING LABORATORY TEST.

3.A.1.D.3. (U) AN ISF MAY ALSO BE USED TO SUPPORT THE QUARANTINE OF ASYMPTOMATIC PERSONNEL THAT WERE EXPOSED TO AN INDIVIDUAL THAT TESTED POSITIVE FOR COVID-19.

3.A.2. (U) PATIENT MOVEMENT.

3.A.2.A. (U) AEROMEDICAL EVACUATION OF CIVILIAN PERSONNEL MUST BE APPROVED BY SECDEF THROUGH THE MISSION ASSIGNMENT (MA) PROCESS, SPECIFIED IN AN EXORD, OR THROUGH OTHER OFFICIAL COMMUNICATIONS.

3.A.2.B. (U) IN THE ABSENCE OF SPECIAL AUTHORITIES GRANTED BY SECDEF, ELIGIBILITY FOR DOD AEROMEDICAL EVACUATION SUPPORT WILL BE IN ACCORDANCE WITH DODI 4515.13, AIR TRANSPORTATION ELIGIBILITY, INCORPORATING CHANGE 2, DATED 09 FEBRUARY 2018.

3.A.2.C. (U) DOD MOVEMENT OF ALL CONFIRMED AND SUSPECTED COVID-19 PATIENTS WILL USE THE TRANSPORTATION ISOLATION SYSTEM (TIS) OR OTHER FUTURE ISOLATION SYSTEMS THAT MAY BE APPROVED BY USTRANSCOM. CURRENT TIS CAPABILITY ALLOWS FOR THE MOVEMENT OF APPROXIMATELY TWELVE PATIENTS WITHIN THE CONTIGUOUS 48 STATES IN A 24 HOUR PERIOD.

3.A.3. (U) ARMED SERVICES BLOOD PROGRAM. IF REQUIRED, PLEASE CALL USNORTHCOM JOINT MEDICAL OPERATIONS CENTER AT 719-554-4967 FOR CONTACT INFORMATION.

3.A.4. (U) FHP. SEE TAB B TO APPENDIX 6, FORCE HEALTH PROTECTION WITHIN A CONTAGIOUS DISEASE HEALTH THREAT ENVIRONMENT.

3.A.5. (U) ELIGIBILITY FOR CARE. U.S. FORCES ASSIGNED OR ALLOCATED TO COMMANDER, USNORTHCOM, IN SUPPORT OF FEMA, MAY PROVIDE FEMA-AUTHORIZED MEDICAL SERVICES TO PERSONS WHO PRESENT FOR CARE WITHOUT REGARD TO THEIR CITIZENSHIP STATUS, PER SECDEF MEMORANDUM AUTHORIZATION TO EMPLOY MILITARY MEDICAL CAPABILITIES TO TREAT COVID-19 PATIENTS, DATED 8 APR 2020.

3.B. (U) TASKS TO ALL SUBORDINATE AND COMPONENT COMMAND AND SUPPORTING ELEMENTS.

3.B.1. (U) JFLCC/ARNORTH.

3.B.1.A. (U) IAW SECDEF MEMORANDUM, "*MILITARY SERVICE PRE-DEPLOYMENT MEDICAL PREPARATIONS IN SUPPORT OF GEOGRAPHIC COMBATANT COMMANDERS*," 29 APR 2020, THE PLANNING AND CONDUCT OF PRE-DEPLOYMENT MEDICAL TRAINING AND OTHER PREPARATIONS FOR DEPLOYING SERVICE MEMBERS AND UNITS, INCLUDING THE MEDICAL

FITNESS AND THEATER MEDICAL ENTRY GUIDANCE THEY MUST MEET TO DEPLOY, ARE THE STATUTORY FUNCTION AND RESPONSIBILITY OF THE MILITARY DEPARTMENTS. THIS RESPONSIBILITY WILL BE EXECUTED IN DIRECT AND SUSTAINED COORDINATION WITH THE RESPECTIVE GEOGRAPHIC COMBATANT COMMANDERS (GCC) AND THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF AS UNITS PREPARE FOR DEPLOYMENT. THE ARNORTH SURGEON IS THE WAIVER AUTHORITY FOR ALL PERSONNEL SUPPORTING THE JFLCC MISSION TO THE USNORTHCOM RESPONSE TO COVID-19.

3.B.1.B. (U) ATTEND MEDICAL OPERATIONS CALL AT TIME AND FREQUENCY DETERMINED BY N&NC/SG. DIALING INSTRUCTIONS: 301-909-7351 PIN: 22660312#.

3.B.1.C. (U) DOCUMENT DEPLOYED SM EXPOSURES IN DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM (DOEHRS).

3.B.1.D. (U) SERVE AS THE SINGLE INTEGRATED MEDICAL LOGISTICS MANAGEMENT (SIMLM).

3.B.1.D.1. (U) PROVIDE OVERSIGHT FOR HSS LOGISTICAL SUPPORT IN SUPPORT OF USNORTHCOM AND EXECUTE THESE FUNCTIONS IAW THE USNORTHCOM THEATER DISTRIBUTION PLAN.

3.B.1.D.2. (U) COORDINATE THE OPERATIONAL-LEVEL ACQUISITION OF CLASS VIII AND ASSOCIATED SUPPORT ITEMS OF EQUIPMENT.

3.B.1.D.3. (U) SUBMIT UPDATES TO THE THEATER MEDICAL LOGISTICS CONCEPT OF SUPPORT PLAN TO N-NC.PETERSON.N-NCSPECIALSTAFF.LIST.SG-DL@MAIL.MIL.

3.B.1.D.4. (U) COORDINATE AND SYNCHRONIZE THEATER MEDICAL LOGISTICS OPERATIONS.

3.B.1.D.5. (U) MONITOR THEATER CLVIII SUSTAINMENT OPERATIONS.

3.B.2. (U) JFACC/AFNORTH.

3.B.2.A. (U) IAW SECDEF MEMORANDUM, "*MILITARY SERVICE PRE-DEPLOYMENT MEDICAL PREPARATIONS IN SUPPORT OF GEOGRAPHIC COMBATANT COMMANDERS*," 29 APR 2020, THE PLANNING AND CONDUCT OF PRE-DEPLOYMENT MEDICAL TRAINING AND OTHER PREPARATIONS FOR DEPLOYING SERVICE MEMBERS AND UNITS, INCLUDING THE MEDICAL FITNESS AND THEATER MEDICAL ENTRY GUIDANCE THEY MUST MEET TO DEPLOY, ARE THE STATUTORY FUNCTION AND RESPONSIBILITY OF THE MILITARY DEPARTMENTS. THIS RESPONSIBILITY WILL BE EXECUTED IN DIRECT AND SUSTAINED COORDINATION WITH THE RESPECTIVE GEOGRAPHIC COMBATANT COMMANDERS (GCC) AND THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF AS UNITS PREPARE FOR DEPLOYMENT. THE AFNORTH SURGEON IS THE WAIVER AUTHORITY FOR ALL PERSONNEL SUPPORTING THE JFACC MISSION TO THE USNORTHCOM RESPONSE TO COVID-19.

3.B.2.B. (U) ATTEND MEDICAL OPERATIONS CALL AT TIME AND FREQUENCY DETERMINED BY N&NC/SG. DIALING INSTRUCTIONS: 301-909-7351 PIN: 22660312#.

3.B.2.C. (U) DOCUMENT DEPLOYED SM EXPOSURES IN DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM (DOEHRS).

3.B.3. (U) JFMCC/NAVNORTH.

3.B.3.A. (U) IAW SECDEF MEMORANDUM, "*MILITARY SERVICE PRE-DEPLOYMENT MEDICAL PREPARATIONS IN SUPPORT OF GEOGRAPHIC COMBATANT COMMANDERS*," 29 APR 2020, THE PLANNING AND CONDUCT OF PRE-DEPLOYMENT MEDICAL TRAINING AND OTHER PREPARATIONS FOR DEPLOYING SERVICE MEMBERS AND UNITS, INCLUDING THE MEDICAL FITNESS AND THEATER MEDICAL ENTRY GUIDANCE THEY MUST MEET TO DEPLOY, ARE THE STATUTORY FUNCTION AND RESPONSIBILITY OF THE MILITARY DEPARTMENTS. THIS

RESPONSIBILITY WILL BE EXECUTED IN DIRECT AND SUSTAINED COORDINATION WITH THE RESPECTIVE GEOGRAPHIC COMBATANT COMMANDERS (GCC) AND THE CHAIRMAN OF THE JOINT CHIEFS OF STAFF AS UNITS PREPARE FOR DEPLOYMENT. THE NAVNORTH SURGEON IS THE WAIVER AUTHORITY FOR ALL PERSONNEL SUPPORTING THE JFMCC MISSION TO THE USNORTHCOM RESPONSE TO COVID-19.

3.B.3.B. (U) ATTEND MEDICAL OPERATIONS CALL AT TIME AND FREQUENCY DETERMINED BY N&NC/SG. DIALING INSTRUCTIONS: 301-909-7351 PIN: 22660312#.

3.B.3.C. (U) DOCUMENT DEPLOYED SM EXPOSURES IN DEFENSE OCCUPATIONAL AND ENVIRONMENTAL HEALTH READINESS SYSTEM (DOEHRS).

3.C. (U) TASKS TO SERVICES.

3.C.1. (U) SUBMIT BASE SUPPORT INSTALLATION (BSI) MEDICAL POINT OF CONTACT (POC) INFORMATION FOR ALL CURRENTLY IDENTIFIED BASE SUPPORT INSTALLATIONS TO THE FOLLOWING EMAIL ADDRESS: N-NC.PETERSON.N-NCSPECIALSTAFF.LIST.SG-DL@MAIL.MIL.

3.C.2. (U) WHEN A NEW BSI IS DESIGNATED, PROVIDE MEDICAL POC INFORMATION WITHIN 24 HOURS TO N-NC.PETERSON.N-NCSPECIALSTAFF.LIST.SG-DL@MAIL.MIL.

3.C.3. (U) MEDICAL POC IS REQUIRED TO PROVIDE RESPONSES TO THE COVID-19 TESTING CAPABILITY QUESTIONS LISTED BELOW.

3.C.3.A. (U) DOES YOUR INSTALLATION HAVE THE CAPACITY TO TEST FOR COVID-19? IF NO, SKIP TO QUESTION E.

3.C.3.B. (U) WHICH DEVICE (MANUFACTURER) IS USED TO PERFORM THE TESTING (ABBOT, BIOFIRE, ROCHE, ETC.)

3.C.3.C. (U) WHAT IS THE TURN-AROUND TIME TO OBTAIN TEST RESULTS?

3.C.3.D. (U) HOW MANY TESTS CAN BE RUN IN A 24-HOUR PERIOD?

3.C.3.E. (U) DOES YOUR INSTALLATION HAVE THE CAPACITY TO ADMINISTER SAMPLING THAT IS BE SHIPPED OFF INSTALLATION FOR TESTING? (IF NO, SKIP TO QUESTION H)

3.C.3.F. (U) WHICH LAB RECEIVES YOUR INSTALLATION'S SAMPLES?

3.C.3.G. (U) WHAT IS THE TURN-AROUND TIME TO OBTAIN TEST RESULTS FROM THE OFF-INSTALLATION LAB?

3.C.3.H. (U) IF TESTING AND SAMPLING AREN'T PERFORMED ON YOUR INSTALLATION, WHERE ARE SERVICE MEMBERS REFERRED FOR COVID-19 TESTING?

3.C.3.I. (U) WHAT IS THE TURN-AROUND TIME TO OBTAIN RESULTS FROM THE REFERRED TESTING LOCATION?

3.D. (U) TASKS TO NORAD AND USNORTHCOM STAFF.

3.D.1. (U) COMMAND SURGEON.

3.D.1.A. (U) DEVELOP AND PROVIDE DIRECTIVES AND GUIDANCE TO COMPONENT/SUBORDINATE COMMANDS IAW JS AND OSD GUIDANCE.

3.D.1.B. (U) JRMPOS PROVIDE DIRECT SUPPORT TO DCOS AND COORDINATE WITH REGIONAL ESF 8 LEADS. JRMPOS ADVISE THE OPERATIONAL-LEVEL COMMAND SURGEONS ON THE SYNCHRONIZATION AND INTEGRATION OF DOD TITLE 10 MEDICAL ASSETS WITH FEDERAL, STATE, LOCAL, AND TRIBAL ASSETS.

3.D.1.C. (U) ESTABLISH N&NC/SG JOINT MEDICAL OPERATIONS CENTER (JMOC) AND CONDUCT JMOC TELECONFERENCES WITH COMPONENT HEADQUARTERS MEDICAL STAFF.

3.D.1.D. (U) ESTABLISH JOINT ALL DOMAIN C2 (JADC2) SURVEYS AND DASHBOARDS TO ALIGN WITH MEDSITREP REPORTING REQUIREMENTS IN SUPPORT OF HIGHER HQ INFORMATION REQUIREMENTS.

3.D.1.E. (U) PROVIDE FHP GUIDANCE TO HEADQUARTERS AND PERSONNEL DEPLOYED IN SUPPORT OF NORAD AND USNORTHCOM OPERATIONAL REQUIREMENTS TO INCLUDE DEFENSE SUPPORT TO CIVIL AUTHORITIES, NATIONAL SPECIAL SECURITY EVENTS, HOMELAND DEFENSE, FOREIGN DISASTER RELIEF, AND DEFENSE SUPPORT TO LAW ENFORCEMENT AGENCIES.

4. (U) ADMINISTRATION AND LOGISTICS.

4.A. (U) ADMINISTRATION. MEDSITREP. ALL DEPLOYED MEDICAL UNITS ARE REQUIRED TO SUBMIT A DAILY MEDSITREP. DEPLOYED PERSONNEL (EDGE USERS) RESPONSIBLE FOR SUBMITTING REPORTS WILL REQUEST/ESTABLISH AN N-NC JADC2 ACCOUNT AND SUBMIT MEDSTAT AND/OR OPSTAT SURVEYS DAILY OR AS REQUIRED. CONCERNS REGARDING THIS REQUIREMENT OR REQUESTS FOR USING AN ALTERNATE METHOD OF REPORTING CAN BE SENT TO: N-NC.PETERSON.N-NCSPECIALSTAFF.LIST.SG-DL@MAIL.MIL. DATA COLLECTION FOR THE MEDSITREP WILL OCCUR UNTIL 2300Z (NOT EARLIER) AND WILL CAPTURE THE PREVIOUS 24 HOURS.

4.B. (U) CONCEPT OF MEDICAL LOGISTICS. USARNORTH IS DESIGNATED AS THE SINGLE INTEGRATED MEDICAL LOGISTICS MANAGER (SIMLM). THE SIMLM WILL COORDINATE WITH USAMEDCOM THEATER LEAD AGENT FOR MEDICAL MATERIAL (TLAMM) FOR ALL MEDICAL MATERIAL FUNCTIONS AND WILL EXECUTE C2 OF ALL MEDICAL LOGISTICS UNITS DEPLOYED ISO USNORTHCOM COVID-19 RESPONSE.

4.B.1. (U) U.S. ARMY MEDICAL COMMAND (MEDCOM) IS USNORTHCOM'S DESIGNATED TLAMM UNTIL RELIEVED, AND WILL COORDINATE WITH DHA, DLA, AIR FORCE MEDICAL READINESS AGENCY (AFMRA), AND ARNORTH FOR MEDICAL MATERIEL REQUISITION FULFILLMENT.

4.B.1.A. (U) TLAMM WILL DESIGNATE PRIMARY AND ALTERNATE MASTER ORDERING FACILITIES (MOF) FOR THE EAST AND WEST SECTIONS OF THE UNITED STATES.

4.B.1.B. (U) DEPLOYED UNITS THAT REQUIRE CLASS VIII (MEDICAL MATERIEL) REPLENISHMENT WILL COORDINATE THROUGH THE SIMLM TO ESTABLISH AN ACCOUNT THROUGH THE TLAMM. ACCOUNT CREATION WILL BE COORDINATED IMMEDIATELY UPON NOTIFICATION OF A DEPLOYMENT IN SUPPORT OF NORAD AND USNORTHCOM.

4.B.1.C. (U) DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT (DMLSS) WILL BE THE PRIMARY PROGRAM USED TO REQUEST CLASS VIII. CUSTOMER UNITS MAY ACCESS THE PROGRAM DIRECTLY THROUGH THE DMLSS SERVER OR THROUGH THE DMLSS CUSTOMER ASSISTANCE MODULE (DCAM). UNITS THAT ARE INCAPABLE OF ACCESSING DMLSS WILL COORDINATE WITH THE AIR FORCE MEDICAL READINESS AGENCY (AFMRA) TO ESTABLISH A CLASS VIII ACCOUNT THROUGH AFMRA'S WEB PORTAL. POC EMAIL TO ESTABLISH A WEB PORTAL ACCOUNT IS: USAF.JBSA.AFMOA.MBX.SGMW-CUSTOMER-SERVICE@MAIL.MIL.

4.B.1.D. (U) TLAMM WILL BPT DESIGNATE A MOF FOR THE ALCOM AOR.

4.B.2. (U) SIMLM RESPONSIBILITIES.

4.B.2.A. (U) DEVELOP THE MEDICAL LOGISTICS CONCEPT OF SUPPORT.

4.B.2.B. (U) COORDINATE BLOOD REQUIREMENTS BETWEEN DEPLOYED CUSTOMERS AND THE ARMED SERVICES BLOOD PROGRAM OFFICE.

4.B.2.C. (U) PLAN AND COORDINATE MEDICAL MATERIEL AND BIOMEDICAL EQUIPMENT MAINTENANCE SUPPORT REQUIREMENTS FOR ALL MEDICAL AND NON-MEDICAL ORGANIZATIONS WITHIN THE JOA (EXCLUSIVE OF SHIPS OPERATING IN REGION).

4.B.2.D. (U) INTERFACE WITH THE DLA, DHA, DEFENSE PERSONNEL SUPPORT CENTER (DPSC), THE AIR FORCE MEDICAL READINESS AGENCY, NAVAL MEDICAL LOGISTICS COMMAND, TLAMM, OFFICE OF THE SURGEON GENERAL (OTSG)/U.S. ARMY MEDICAL COMMAND (MEDCOM), OPERATIONAL-LEVEL SUPPORTED COMMANDS, MLMC, MOF, AND BSIS.

4.B.2.E. (U) AS REQUIRED, UPDATE THE MEDICAL LOGISTICS CONCEPT OF SUPPORT (SEE EXAMPLE DIAGRAM Q-1).

Single Integrated Medical Logistics Manager
Concept of Support

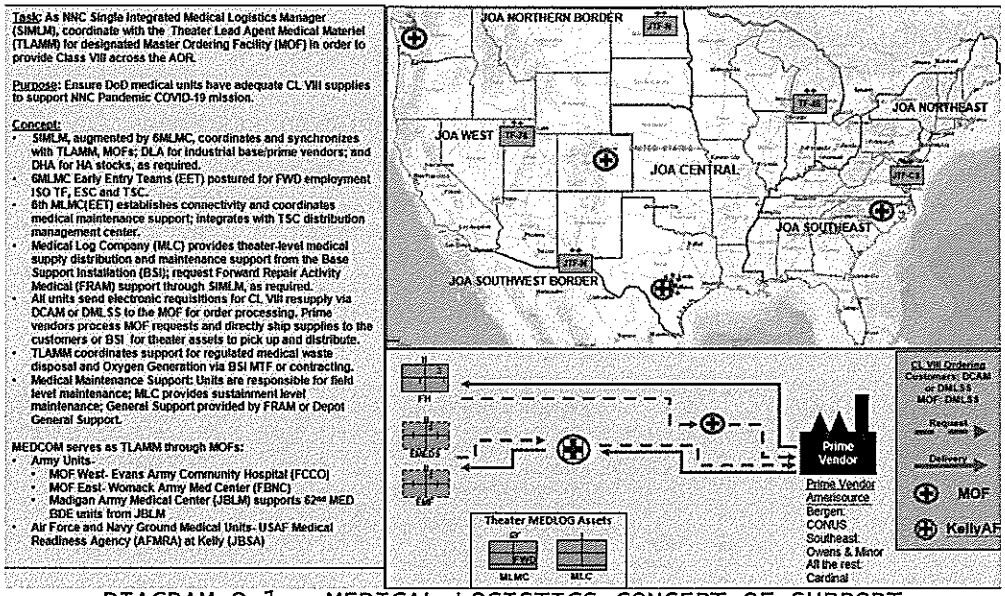


DIAGRAM Q-1 - MEDICAL LOGISTICS CONCEPT OF SUPPORT

5. (U) COMMAND AND CONTROL.

5.A. (U) RESPONSIBILITY AND COMMAND RELATIONSHIPS.

5.A.1. (U) HEALTH AND MEDICAL SERVICES ARE LISTED IN THE NATIONAL RESPONSE FRAMEWORK AS ESF 8, WITH HHS AS THE PRIMARY COORDINATION AGENCY. DOD IS ONE OF SIXTEEN SUPPORT AGENCIES TO ESF 8. OTHER MEDICAL SUPPORTING AGENCIES INCLUDE THE VA, USAID, AND THE AMERICAN RED CROSS.

5.A.2. (U) USNORTHCOM SURGEON SERVES AS THE PRINCIPAL MEDICAL ADVISOR TO CDRUSNORTHCOM AND ESTABLISHES MEDICAL POLICY FOR USNORTHCOM ASSETS.

5.B. (U) COMMUNICATIONS.

5.B.1. (U) THE NORAD AND USNORTHCOM JOINT MEDICAL OPERATIONS CENTER (JMOC) CAN BE REACHED VIA TELEPHONE AT 719-554-4967 OR DSN 692-4967. TO REACH THE JMOC VIA EMAIL USE N-NC.PETERSON.N-NCSPECIALSTAFF.LIST.SG-DL@MAIL.MIL. THE JMOC IS STAFFED TO SUPPORT THE N&NC DIRECTED BATTLE RHYTHM WITH HOURS VARYING DEPENDING ON THE RESPONSE STAGE AND LEVEL OF SUPPORT REQUESTED BY THE LFA. IF UNABLE TO REACH THE JMOC DURING CRISIS SUPPORT HOURS OF OPERATION THE N&NC SG JMOC WATCH OFFICER CAN BE REACHED AT 719-304-1078. PLEASE NOTE THAT THIS NUMBER IS ONLY ACTIVE WHEN THE JMOC STAFF IS NOT PRESENT WITHIN THE N&NC HQ AND THE PRIMARY NUMBER USED DURING NORMAL BUSINESS HOURS OR CRISIS RESPONSE HOURS SHOULD BE THE NUMBER PUBLISHED ABOVE.

USNORTHCOM COMMAND SURGEON OFFICIAL: COL BIRCHFIELD,COMMAND SURGEON//

FORCE HEALTH PROTECTION (FHP) WITHIN A CONTAGIOUS DISEASE/BIOLOGICAL HEALTH THREAT ENVIRONMENT.

(U) REFERENCES: SEE ANNEX Q TO OPORD 01-17.

1. (U) SITUATION. NO CHANGE.

2. (U) MISSION. NO CHANGE.

3. (U) EXECUTION.

3.A. (U) CONCEPT OF OPERATIONS.

3.A.1. (U) FHP IS A FORCE MULTIPLIER ENABLING DEPLOYED PERSONNEL TO EXECUTE THEIR MISSION TASKS. FHP SUBJECT MATTER EXPERTS WITHIN THE COMPONENTS, REGIONS, AND SUBORDINATE COMMANDS WILL DEVELOP AND IMPLEMENT DIRECTIVES AND GUIDANCE TO MINIMIZE COVID-19 INFECTIONS. COMPONENTS, REGIONS, AND SUBORDINATE COMMANDS THAT DEPLOY PERSONNEL IN SUPPORT OF DSCA, FOREIGN DISASER RELIEF, HOMELAND DEFESE, OR DEFENSE SUPPORT OF CIVILIAN LAW ENFORCEMENT AGENCY WILL ADHERE TO THE FHP GUIDANCE FOR PRE-DEPLOYMENT, DEPLOYMENT, AND POST DEPLOYMENT IN ACCORDANCE WITH DIAGRAM Q-5-B(1) OF THIS TAB.

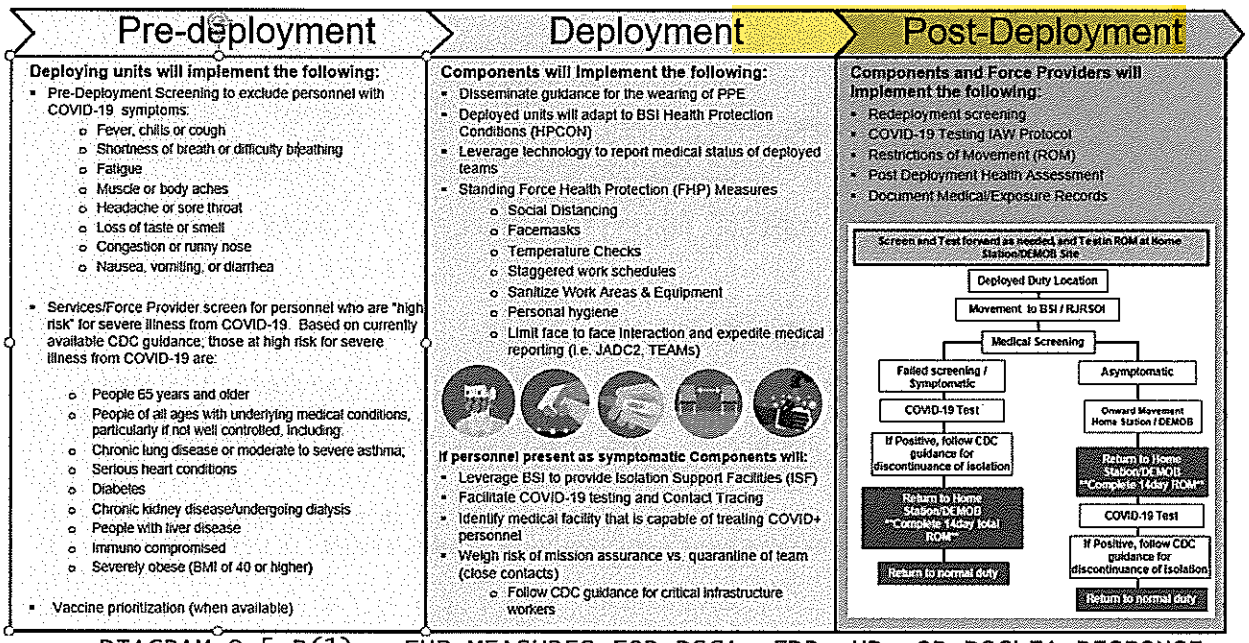


DIAGRAM Q-5-B(1) - FHP MEASURES FOR DSCA, FDR, HD, OR DSCLEA RESPONSE IN A COVID-19 ENVIRONMENT

3.A.2. (U) UNTIL FURTHER NOTICE, USNORTHCOM RECOMMENDS THAT DOD CIVILIAN EMPLOYEES, CONTRACTOR PERSONNEL, AND FAMILY MEMBERS RETURNING FROM ALL OVERSEAS LOCATIONS, FOLLOW EXISTING CDC GUIDANCE. KEY ASPECTS INCLUDE: STAYING AT HOME, LIMITING CLOSE CONTACT WITH PEOPLE OR PETS, LEVERAGING WORK TECHNOLOGY TO ENHANCE SOCIAL DISTANCING, AVOIDING SHARING PERSONAL HOUSEHOLD ITEMS, SELF-MONITORING FOR FEVER OR SYMPTOMS OF COVID-19 INFECTION, AND SEEKING MEDICAL CARE IF SYMPTOMS DEVELOP.

3.A.3. (U) PRE-DEPLOYMENT SCREENING.

3.A.3.A. (U) SCREENING AND INDIVIDUAL MEDICAL READINESS ARE INTEGRAL TO ENSURING THAT HIGH-RISK INDIVIDUALS ARE EXCLUDED FROM DEPLOYING IN SUPPORT OF COVID-19 RESPONSE. COMMANDERS ARE RESPONSIBLE FOR ENSURING DEPLOYING PERSONNEL (MILITARY AND DOD CIVILIAN), REGARDLESS OF ANTICIPATED LENGTH OF STAY, ARE ASSESSED PRIOR TO DEPARTURE, AND DETERMINED TO BE MEDICALLY FIT FOR DEPLOYMENT. DEPENDING ON THE RESPONSE SITUATION, PERSONNEL ASSIGNED TO A DEPLOYABLE BILLET WILL COMPLETE THE DD FORM 2795, PRE-DEPLOYMENT HEALTH ASSESSMENT. HOWEVER, DUE TO TIME CONSTRAINTS DURING AN EMERGENCY RESPONSE, THE DD FORM 2795 CAN BE COMPLETED WHEN A UNIT IS ASSIGNED AS A RESPONSE FORCE. THE DD FORM 2795 WILL BE PERIODICALLY UPDATED AS A PERSON'S MEDICAL STATUS CHANGES. THE DD FORM 2795 WILL BE REVIEWED PRIOR TO DEPLOYMENT BY THE UNIT'S SUPPORTING MEDICAL STAFF, WHICH WILL PROVIDE RECOMMENDATIONS ON THE INDIVIDUAL'S DEPLOYMENT ELIGIBILITY. FOR THOSE UNITS WHO WERE NOT PREVIOUSLY DESIGNATED AS A RESPONSE FORCE, THE ANNUAL PERIODIC HEALTH ASSESSMENT (PHA) MAY SERVE AS A PRE-DEPLOYMENT SCREENING TOOL SHOULD TIME CONSTRAINTS PRECLUDE THE COMPLETION OF A DD FORM 2795.

3.A.3.B. (U) PROVIDERS WILL SCREEN PERSONNEL FOR PREVIOUS EXPOSURE TO COVID-19 AND PERSONNEL WHO ARE IDENTIFIED AS "HIGH RISK" FOR SEVERE ILLNESS FROM COVID-19 (SEE PARAGRAPH 1.A.(4) OF THE BASE ANNEX Q).

3.A.3.B.1. (U) A DOD HEALTHCARE PROVIDER MUST BE AVAILABLE FOR CONSULTATION, IF UNABLE TO DIRECTLY ADMINISTER THE SCREENING. AN EVALUATION BY A HEALTHCARE PROVIDER, INCLUDING COVID-19 DIAGNOSTIC TESTING IF INDICATED, WILL BE CONDUCTED FOR INDIVIDUALS WITH A FEVER OR WHO INDICATE ANY AFFIRMATIVE RESPONSES TO THE SCREENING QUESTIONS.

3.A.3.B.2. (U) SYMPTOMATIC INDIVIDUALS WILL CONSULT WITH A HEALTHCARE PROVIDER FOR FURTHER ASSESSMENT AND/OR TESTING. INDIVIDUALS WHO MEET THE CLINICAL CASE DEFINITION OF A "PROBABLE" INFECTION (ABSENT A DIAGNOSTIC TEST RESULT) OR WHO ARE CONFIRMED COVID-19 POSITIVE DURING SCREENING WILL NOT BE DEPLOYED.

3.A.3.C. (U) IMMUNIZATIONS. DEPLOYING INDIVIDUALS MUST HAVE COMPLETED ALL IMMUNIZATIONS LISTED IN NORAD AND USNORTHCOM INSTRUCTION 44-163, INDIVIDUAL MEDICAL READINESS WITH THE EXCEPTION OF THE FOLLOWING WAIVED REQUIREMENTS: SMALLPOX VACCINE, ANTHRAX VACCINE, TYPHOID VACCINE. POC FOR THIS ACTION IS CDR LAM AT 719-554-0042, EMAIL ALAN.S.LAM.MIL@MAIL.MIL.

3.A.4. (U) POST-DEPLOYMENT SCREENING PROCEDURES.

3.A.4.A. (U) PERSONNEL WILL COMPLETE DD FORM 2796 POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA) THAT INCLUDES INTERACTION WITH A PRIMARY CARE MANAGER (PCM), AFTER ANY DURATION DEPLOYMENT, WITHIN 5 DAYS AFTER REDEPLOYMENT. INDIVIDUALS WILL BE BRIEFED ON POST-DEPLOYMENT HEALTH CONCERNS AND RESPONSES, INCLUDING POST-TRAUMATIC STRESS DISORDER (PTSD).

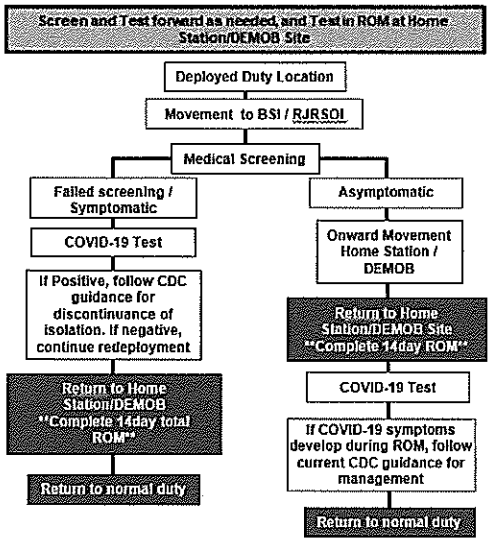
3.A.4.B. (U) DD FORM 2900, POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA), WILL BE COMPLETED AFTER RE-DEPLOYMENT, BETWEEN 90 TO 180 DAYS.

3.A.4.C. (U) UPON MISSION COMPLETION, SERVICE MEMBERS THAT DEPLOYED IN SUPPORT OF OPERATIONS IN A COVID-19 ENVIRONMENT WILL ADHERE TO USNORTHCOM RETROGRADE AND TESTING GUIDANCE (DIAGRAM Q-5-B(2)). COMMANDERS WILL ENSURE THE RECOMMENDED PRECAUTIONS FOR EXPOSURE FROM A TRAVEL LOCATION THAT

EXPERIENCED "WIDESPREAD ONGOING TRANSMISSION," ARE FOLLOWED.

UNCLASSIFIED//FOUO

USNORTHCOM Retrograde and Testing



CCDR's Guidance:

- Obligation to the fielded force to test them for their own knowledge and well-being after serving in a harsh COVID-19 environment; delivers highest confidence that deployers are returning to work, families and communities COVID-19 free
- For providers going directly to another hospital location, testing protocol raises confidence before entering new medical community and limits potential for asymptomatic positives that could infect other providers and patients in their new hospital assignment

	COA: Test Forward and Test in ROM at Home Station / DEMOB site
CONCEPT / NARRATIVE	Conduct medical screening in deployed location / in conjunction with R-JRSOI. Redeploy forces to conduct ROM / post ROM testing at home station / DEMOB site.
REQUIREMENT	• CCDR: Manages initial screening, R-JRSOI and onward transportation • Service: Manages all home station testing and ROM/isolation
Advantages	• Reduced lodging requirement at any one location • Increases likelihood of identifying asymptomatic positives prior to return to hospitals, work, families, and communities. • Gives deployers confidence in health after serving in high-COVID-19 risk environment
Disadvantages	• Throughput for retrograde - Abbot testing not widely deployed (15min; 4/hr); Biofire (1hr; 8/hr) • Increased demand on logistics for test distribution in large quantities forward and in the rear
RISK TO COMMUNITY	• Responsibility (risk) shared between CCDR and services

UNCLASSIFIED//FOUO

DIAGRAM Q-5-B(2) - USNORTHCOM RETROGRADE AND TESTING

3.A.5. (U) INDIVIDUAL FHP MEASURES.

3.A.5.A. (U) SOCIAL DISTANCING. REMAIN OUT OF CONGREGATE SETTINGS, AVOIDING LOCAL PUBLIC TRANSPORTATION (E.G. BUS, SUBWAY, TAXI, RIDE SHARE), AND MAINTAINING DISTANCE (APPROXIMATELY 6 FEET) FROM OTHERS. IF SOCIAL DISTANCING IS RECOMMENDED, PRESENCE IN CONGREGATE SETTINGS OR USE OF LOCAL PUBLIC TRANSPORTATION SHOULD ONLY OCCUR WITH APPROVAL OF LOCAL OR STATE HEALTH AUTHORITIES.

3.A.5.B. (U) PERSONAL HYGIENE. PREVENTIVE MEDICINE SUBJECT MATTER EXPERTS WILL DEVELOP APPROPRIATE PERSONAL HYGIENE MEASURES TO REDUCE THE SPREAD OF INFECTION. PERSONAL HYGIENE MEASURE SHOULD INCLUDE WASHING HANDS, KEEPING WORKPLACES CLEAN, REMINDING EMPLOYEES TO COVER UP COUGHS AND SNEEZES, AND AVOIDING TOUCHING EYES, NOSE, OR MOUTH. A LIST OF APPROVED DISINFECTANTS AND THEIR USES CAN BE FOUND AT HTTP://WWW.EPA.GOV/.

3.A.5.C. (U) SELF-MONITORING. POST COVID-19 EXPOSURE; PERSONNEL SHOULD MONITOR THEMSELVES FOR FEVER BY TAKING THEIR TEMPERATURES TWICE A DAY AND REMAIN ALERT FOR COUGH OR DIFFICULTY BREATHING. IF THEY FEEL FEVERISH OR DEVELOP MEASURED FEVER, COUGH, OR DIFFICULTY BREATHING OR ANY OTHER SYMPTOMS THAT MAY BE INDICATIVE OF COVID-19 INFECTION AS DESCRIBED IN PARAGRAPH 1.(A).3. (A-K) 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 MEDICAL EVALUATION IS NEEDED.

3.A.6. (U) UNIT FHP COUNTERMEASURES.

3.A.6.A. (U) CANCEL EXERCISES, NON MISSION-ESSENTIAL OPERATIONS, TRAVEL AND ACTIVITIES.

3.A.6.B. (U) INSTITUTE MANDATORY SICK-LEAVE FOR THOSE WITH COVID-19 SYMPTOMS OR CLOSE CONTACTS HAVING COVID-19 SYMPTOMS.

3.A.6.C. (U) SCREEN PERSONNEL FOR SIGNS/SYMPTOMS OF CONTAGIOUS ILLNESS, ESPECIALLY BEFORE AND AFTER TRAVEL.

3.A.6.D. (U) ENSURE AVAILABILITY OF SUFFICIENT PPE FOR SECURITY, MEDICAL, MORTUARY, AND MEDICAL PERSONNEL (THESE SPECIALTIES WILL HAVE THE GREATEST PPE DEMAND).

3.A.6.E. (U) INTERFACE WITH THE INSTALLATION PUBLIC HEALTH EMERGENCY OFFICER (PHEO).

3.A.6.F. (U) IMPLEMENT SOCIAL DISTANCING PROCEDURES TO SEPARATE PERSONNEL BY LOCATION AND/OR TIME, E.G. MAXIMIZE TELEWORK, USE MULTIPLE SHIFTS, AVOID IN PERSON MEETINGS, CANCEL SOCIAL GATHERINGS AND WEAR FACEMASKS WHEN SOCIAL DISTANCING IS NOT POSSIBLE.

3.A.6.G. (U) WHEN APPROPRIATE SEQUESTER UNITS FOR 14-DAYS AHEAD OF MISSION OR RESTRICT UNITS TO A MILITARY INSTALLATION

3.A.6.H. (U) EXECUTE DISTRIBUTED OPERATIONS FOR COMMAND NODES TO MITIGATE EXPOSURE.

3.A.6.I. (U) MINIMIZE IN-PERSON MEETINGS; MAXIMIZING USE OF VTC AND TELECON

3.A.6.J. (U) RESTRICT COMMON AREA USE SUCH AS BREAKROOMS, CAFETERIAS, ELEVATORS, ETC.

3.A.6.K. (U) RESTRICT MOVEMENT OF PERSONNEL TO LOCATIONS WHERE COMMUNITY TRANSFER IS MORE LIKELY AND ADVISE FAMILY MEMBERS OF THE RISK (E.G. GYMS, RESTAURANTS, OR OTHER LARGE GATHERINGS).

3.A.6.L. (U) RE-EMPHASIZE IMPERATIVES:

3.A.6.L.1. (U) BASIC HYGIENE AND SANITATION MEASURES, E.G. AVOIDING CONTACT WITH SICK PEOPLE, STAYING HOME WHEN SICK, PRACTICING PROPER HAND HYGIENE, COUGH/SNEEZE ETIQUETTE, AND SANITIZING WORK SPACES BETWEEN USERS.

3.A.6.L.2. (U) PRUDENT HYGIENE MEASURES (NO HANDSHAKING, WIPE COMMON USE ITEMS).

3.A.6.L.3. (U) PROVIDE INFORMATION TO PERSONNEL ON COVID-19 TO INCLUDE SIGNS AND SYMPTOMS, HOW AND WHEN TO REPORT ILLNESS, HOW AND WHEN TO SEEK MEDICAL CARE, AND HOME AND FAMILY PREPAREDNESS MEASURES.

3.A.6.L.4. (U) INSTITUTE MEDICAL SCREENING AT CERTAIN INTERVALS OUTSIDE COMMAND NODES OR DESIGNATED UNITS TO ENSURE NO SYMPTOMS PRESENT.

3.A.6.L.5. (U) BPT SEQUESTER LOW DENSITY MISSION CRITICAL PERSONNEL.

3.A.6.L.6. (U) BPT TRANSITION TO USE OF ONLY MISSION CRITICAL PERSONNEL FOR MISSION CRITICAL OPERATIONS.

3.A.6.M. (U) PREPARE TO EXECUTE SPECIFIC FHP TASKS WRT EMERGENCY HEALTH POWERS AND A PUBLIC HEALTH EMERGENCY IAW DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DEPARTMENT OF DEFENSE [REF 2.C.(50)].

3.A.6.M.1. (U) BE PREPARED TO IMPLEMENT RESTRICTION OF MOVEMENT.

3.A.6.M.2. (U) PERSONNEL WITH CONFIRMED OR SUSPECTED DISEASE OF CONCERN MUST BE ISOLATED WITH ACCESS TO APPROPRIATE MEDICAL CARE.

3.A.6.M.3. (U) IT MAY BE NECESSARY TO ISOLATE CREWS AND, POSSIBLY, THE AIRCRAFT/VESSEL IF AIR CREW OR SHIP PERSONNEL BECOME INFECTED. CONSIDER RECOMMENDING CANCELLATION OF FLIGHTS TO/FROM HEAVILY IMPACTED AREAS. IF OPERATIONALLY FEASIBLE, SHIPS THAT ARE SPARED OUTBREAKS DURING A PANDEMIC SHOULD CONSIDER REMAINING AT SEA OR SEEK ALTERNATIVE PORTS UNTIL THE ON-SHORE EPIDEMIC HAS SUBSIDED.

3.A.6.N. (U) RECOMMEND TRAVEL RESTRICTIONS FOR INDIVIDUALS AND UNITS AS RELATED TO MISSION REQUIREMENTS.

3.A.6.N.A. (U) PERSONNEL PREPARING TO DEPLOY MAY BE RESTRICTED TO BASE OR A SPECIFIC AREA TO ENSURE UNITS ARE INFECTION-FREE. THE TIME OF RESTRICTION SHOULD BE DEPENDENT UPON THE INCUBATION PERIOD OF THE DISEASE STRAIN.

3.A.6.M. (U) PERSONNEL RETURNING FROM DEPLOYMENT MAY BE RESTRICTED TO BASE OR A SPECIFIC AREA TO ENSURE THEY ARE INFECTION-FREE, PROTECTING THEIR FAMILIES AND THE LOCAL POPULATION. THE TIME OF RESTRICTION SHOULD BE DEPENDENT UPON THE INCUBATION PERIOD OF THE DISEASE STRAIN. (REFER TO - DIAGRAM Q-5-B(2) USNORTHCOM RETROGRADE AND TESTING GUIDANCE).

3.A.6.N. (U) ASSESS BASE/UNIT RESOURCES. AVAILABILITY OF ADEQUATE FOOD AND POTABLE WATER, WATER TREATMENT, SEWAGE TREATMENT, POWER, TRANSPORTATION, AND OTHER RESOURCES MAY BE IMPACTED BY AN EPIDEMIC/PANDEMIC.

3.A.6.O. (U) PERSONNEL DEPLOYED IN SUPPORT OF DSCA MAY COME INTO CONTACT WITH CIVILIANS DURING VARIOUS OPERATIONS. PERSONNEL WILL BE PROVIDED WITH A SURPLUS OF MASKS OR CLOTH FACE COVERINGS TO PROVIDE TO CIVILIANS THEY ARE IN CLOSE CONTACT WITH.

3.A.7. (U) DOD MISSION ESSENTIAL PERSONNEL AND THOSE IN CRITICAL OPERATIONAL OR INFRASTRUCTURE POSITIONS MAY BE PERMITTED TO CONTINUE WORK FOLLOWING POTENTIAL EXPOSURE TO THE VIRUS, PROVIDED THEY REMAIN ASYMPTOMATIC, WEAR A FACE COVERING, PRACTICE SOCIAL DISTANCING, AND AN EXCEPTION TO CONTINUE WORK IS GRANTED IN ACCORDANCE WITH UNDER SECRETARY OF DEFENSE FOR PERSONNEL AND READINESS (USD(P&R)) MEMORANDUM, "FORCE HEALTH PROTECTION GUIDANCE (SUPPLEMENT 8) -DEPARTMENT OF DEFENSE GUIDANCE FOR PROTECTING PERSONNEL IN WORKPLACES DURING THE RESPONSE TO THE CORONA VIRUS DISEASE 2019 PANDEMIC," APRIL 13, 2020.

3.A.9. (U) PPE FOR HEALTHCARE PROVIDERS AND MORTUARY AFFAIRS PERSONNEL IAW CDC GUIDELINES (SEE TABLE Q-5-B(3)). UNITS WILL COMPLY WITH APPLICABLE REGULATIONS/REQUIREMENTS REGARDING RESPIRATOR MEDICAL CLEARANCE, FIT TESTING AND TRAINING WHEN TIGHT FITTING RESPIRATORS (E.G. N95) ARE EXPECTED TO BE UTILIZED.

3.A.10. (U) PPE GUIDANCE FOR NON-HEALTHCARE PROVIDERS WILL BE IAW DOD FORCE HEALTH PROTECTION (SUPPLEMENT 7) - DOD GUIDANCE FOR THE USE OF CLOTH FACE COVERINGS, PPE, AND NON-PHARMACUTICAL INTERVENTIONS. OF NOTE, THIS GUIDANCE SUPERSEDES THE PPE GUIDANCE ISSUED IN DOD FHP SUPPLEMENT 3.

3.A.11. (U) CONSERVATION OF PERSONAL PROTECTIVE EQUIPMENT (PPE) IS A SIGNIFICANT CONCERN DURING THIS GLOBAL PANDEMIC. UNITS WILL ADHERE TO THE PPE DISTRIBUTION GUIDANCE INCLUDED IN TABLE Q-5-B(3).

Support Elements	High Risk	Medium Risk	Low Risk
	PPE Required		
Healthcare Provider (HPC) or Mortuary Affairs (MA)	• Personal Hygiene • Maintain 6ft distance • Gloves (WN) • Surgical Mask (WN) • EyePro (WN) • N95 respirator (IT) • Gown (IT)	• Personal Hygiene • Maintain 6ft distance • Gloves (WN) • Surgical Mask (WN) • EyePro (WN) • N95 respirator (IT) • Gown (IT)	• Personal Hygiene • Maintain 6ft distance • Gloves (OH) • Surgical Mask (OH) • EyePro (OH) • N95 respirator (OH) • Gown (OH)
Support missions with likely civilian interaction (e.g. SAR)	• Personal Hygiene • Maintain 6ft distance • Gloves (WN) • EyePro (WN) • Surgical Mask (WN/OH-FP)	• Personal Hygiene • Maintain 6ft distance • Gloves (WN) • EyePro (OH) • Surgical Mask (OH-FP) Mask • Mask (non-medical) (WN)	• Personal Hygiene • Maintain 6ft distance • Gloves (OH) • EyePro (OH) • Surgical Mask (OH-FP) • Mask (non-medical) (WN)
General Forces with no civilian interaction	• Personal Hygiene • Maintain 6ft distance • Gloves (non-medical) (WN) • Mask (non-medical) (WN)	• Personal Hygiene • Maintain 6ft distance • Gloves (non-medical) (WN) • Mask (non-medical) (WN)	• Personal Hygiene • Maintain 6ft distance • Gloves (non medical) (WN) • Mask (non-medical) (OH)

KEY

WN: Worn **OH: On Hand** **OH-FP: Readily Available for Patient Use** **IT: In Treatment**

TABLE Q-5-B(3) - PPE DISTRIBUTION GUIDANCE

3.A.11.A. (U) ESTIMATED PPE REQUIREMENT BY DUTY POSITION. THE FOLLOWING PPE REQUIREMENTS ARE AN ESTIMATION BASED ON COVID-19 RESPONSE USAGE DATA PROVIDED BY ARNORTH.

3.A.11.B. (U) MEDICAL AND MORTUARY AFFAIRS PERSONNEL THAT ARE ACTIVELY TREATING PATIENTS OR PROCESSING HUMAN REMAINS:

3.A.11.B.1. (U) MEDICAL GLOVES: 24 (PAIRS)/DAY.

3.A.11.B.2. (U) SURGICAL MASK: 10/DAY.

3.A.11.B.3. (U) N95 RESPIRATOR: 4/DAY.

3.A.11.B.4. (U) GOWNS: 8/DAY.

3.A.11.B.5. (U) BOUFFANT: 8/DAY.

3.A.11.B.6. (U) BOOTIES: 8/DAY.

3.A.11.B.7. (U) EYE PROTECTION - MILITARY STANDARD ISSUE (REUSABLE) AND FACE SHIELD (REUSABLE).

3.A.11.C. (U) PERSONNEL IN CONTACT WITH THE GENERAL POPULATION (E.G. SEARCH & RESCUE):

3.A.11.C.1. (U) GLOVES - NON-MEDICAL MILITARY STANDARD ISSUE (WASHABLE AND RESUABLE).

3.A.11.C.2. (U) EYE PROTECTION - MILITARY STANDARD ISSUE (REUSABLE).

3.A.11.C.3. (U) SURGICAL/MEDICAL PROCEDURAL MASK: 2/DAY.

3.A.11.C.4. (U) NON MEDICAL CLOTH FACE COVERING (WASHABLE AND REUSABLE): 1/WEEK (WASHED DAILY).

3.A.11.D. (U) GENERAL FORCES WITH NO ANTICIPATED CIVILIAN CONTACT:

3.A.11.D.1. (U) GLOVES - NON-MEDICAL MILITARY STANDARD ISSUE (WASHABLE AND RESUABLE).

3.A.11.D.2. (U) NON MEDICAL CLOTH FACE COVERING (WASHABLE AND REUSABLE).

3.A.12. (U) UNITS WILL DEPLOY WITH PPE QUANTITIES FOR MISSION ACCOMPLISHMENT IN ACCORDANCE WITH THE GUIDANCE PROMULGATED IN THE 2020 BASE PLAN FOR DEFENSE SUPPORT OF CIVIL AUTHORITIES OPERATIONS IN A COVID-19 ENVIRONMENT.

3.A.13. (U) INDIVIDUAL AUGMENTATION PERSONNEL WILL DEPLOY WITH ALL INDIVIDUAL PPE REQUIREMENTS CONSISTENT WITH "GENERAL FORCES" TO MINIMIZE EXPOSURE RISK.

3.A.14. (U) EQUIPMENT/SURFACE DISINFECTION GUIDANCE.

3.A.14.A. (U) VEHICLES USED TO TRANSPORT SUSPECTED OR CONFIRMED COVID-19 INFECTIOUS PERSONNEL WILL STRIVE TO DISINFECT ALL SURFACES AT THE COMPLETION OF THE SHIFT OR AS SOON AS POSSIBLE FOLLOWING THE END OF MISSION. REFER TO FORCE HEALTH PROTECTION GUIDANCE (SUPPLEMENT 5) FOR ADDITIONAL DETAILS REGARDING THE DISINFECTING PROCESS FOR SOLID SURFACES. GUIDANCE LOCATED AT THE FOLLOWING LINK: HTTPS://HEALTH.MIL/MILITARY-HEALTH-TOPICS/COMBAT-SUPPORT/PUBLIC-HEALTH/CORONAVIRUS.

3.A.14.B. (U) ALL OTHER VEHICLES, EQUIPMENT, AND WORK SPACES THAT ARE NOT INVOLVED IN COVID-19 PERSONNEL TRANSPORT WILL PERFORM A MINIMUM OF DAILY DISINFECTING PROCEDURES AS OUTLINED IN THE CDC GUIDANCE FOR CLEANING AND DISINFECTING WORKPLACES. GUIDANCE LOCATED AT THE FOLLOWING LINK:HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/COMMUNITY/ORGANIZATIONS/CLEANING-DISINFECTION.HTML .

3.A.14.C. (U) DOD FACILITIES THAT ARE USED TO HOUSE PERSONNEL THAT ARE SUSPECTED OR CONFIRMED COVID-19 CASES WILL FOLLOW DISINFECTION PROCEDURES AS HIGHLIGHTED ON CDC'S HEALTHCARE SETTINGS INFECTION PREVENTION AND CONTROL WEBSITE LOCATED AT THE FOLLOWING LINK: WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/HCP/INFECTION-CONTROL-FAQ.HTML.

3.A.14.D. (U) A LIST OF PRODUCTS THAT ARE EPA-APPROVED FOR USE AGAINST THE VIRUS THAT CAUSES COVID-19 IS AVAILABLE AT THE FOLLOWING LINK: HTTPS://WWW.EPA.GOV/PESTICIDE-REGISTRATION/LIST-N-DISINFECTANTS-USE-AGAINST-SARS-COV-2-COVID-19. FOLLOW THE MANUFACTURER'S INSTRUCTIONS FOR ALL CLEANING AND DISINFECTION PRODUCTS FOR CONCENTRATION, APPLICATION METHOD AND CONTACT TIME, ETC.

3.B. (U) COORDINATING INSTRUCTIONS. NO CHANGE.

4. (U) ADMIN AND LOGISTICS. SEE BASE ANNEX Q.

5. (U) COMMAND AND CONTROL. SEE BASE ORDER.

USNORTHCOM COMMAND SURGEON OFFICIAL: COL BIRCHFIELD, COMMAND SURGEON//

TAB E TO APPENDIX 5 TO ANNEX Q TO FRAGO 142.000

HEALTH PROTECTION CONDITIONS (HPCON)

REFERENCES: DODI 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT (PHEM) WITHIN THE DOD, 28 MAR 2019

GUIDANCE: ACCORDING TO DODI 6200.03, IT IS THE INSTALLATION COMMANDER'S RESPONSIBILITY TO ESTABLISH HEALTH PROTECTION CONDITIONS. THE FOLLOWING TABLE PROVIDES AN EXAMPLE OF AN INSTALLATION-LEVEL HPCON FRAMEWORK.

HPCON 0 Normal baseline	HPCON A Report of unusual health risk or disease	HPCON B Outbreak or heightened exposure risk	HPCON C High morbidity epidemic or contamination	HPCON D High mortality epidemic or contamination
Prior to local community transmission	Community transmission beginning	Increased community transmission	Sustained community transmission	Widespread community transmission
1.1. Inspect pre-positioned Medical Countermeasure (MCM) PPE.	2.1. Re-emphasize avoiding contact with sick people, practicing proper hand hygiene, and cough/sneeze etiquette.	3.1 Restrict Service Members travel to affected communities and advise DoD civilian employees and contractor personnel, and family members of risk.	4.1. Consider declaring a local Public Health Emergency for your installation.	5.1. Declare a local Public Health Emergency for your installation.
1.2. Develop duty via telework plans for installation organizations.	2.2. Develop contact tracking plan.	3.2. Issue instructions for limitation or cancellation of meetings, training events, formation, etc.	4.2. Cancel unit/installation sponsored events.	5.2. Distribute PPE as appropriate.
1.3. Identify mission essential personnel who must report to duty during an outbreak.	2.3. Identify Quarantine/ Isolation facilities on US installations.	3.3. Monitor areas adjacent to installation and infected cities.	4.3. Issue instructions on reduced personnel at public institutions (essential personnel).	5.3. Cancel non-mission essential activities.
1.4. Test telework plans and minimal manning operations.	2.4. Develop support plan for quarantined individuals.	3.4. Issue guidance on area restrictions and limitations on travel	4.4. Limit access to the installation for non-mission essential personnel	5.4. Maximize telework.
1.5. Review plans with local and state public health officials for reporting/caring for people during outbreak.	2.5. Communicate how and when to report illness and communicate how to seek care for potential influenza-like illness.	3.5. Place bulk order for MCM shortages: masks, gloves, eye pro, alcohol, hand gel, sanitation, wipes for area decon, bleach, towels.	4.5. Conduct medical screenings, to include taking temperatures, at installation entry control points.	5.5. Cancel all non-essential leave and travel to this area.
	2.6. Enhance public education about measures to reduce risk of spreading or contracting COVID-19.	3.6. Cancel Community Youth Services, MWR, and Child Development Center (CDC) activities.	4.6. Restrict access/movement on/off installation.	5.6. Implement quarantine, or self-monitoring, consistent with applicable state and local procedures, for persons/units returning from high risk to low risk areas
	2.7. Increase personal hygiene practices (frequent hand washing, sneezing into tissue or elbow, interpersonal preventive measures which will limit contact with all people (no hand shaking, no hugging, don't borrow pens or pencils, clean contact surfaces often).	3.7. Institute clearly defined PPE posture for high risk personnel (installation gate guards, first responder, health care providers, etc) IAW OSD/ guidance.	4.7. Implement telework plans.	5.7. Distribute Class I & VIII on and off post
		3.8. Review and execute as needed plans to prepare for increased outpatient medical utilization as people seek evaluation and treatment; request additional military medical support as needed.	4.8. Cancel large public gathering events on the installation.	5.8. Decontamination plan for installation access and other movement.
		3.9. Assess options to reduce risk to the local population from military personnel who conduct mission essential travel to areas with active outbreaks.	4.9. Re-scope, modify, or cancel exercises.	5.9. Restrictions of movement for person critical to national security formations.
		3.10. Review travel history of inbound personnel and consider restriction of movement (ROM).	4.10. Approve leave and travel to and from area on a case-by-case basis.	
		3.11. Establish non-medical patient isolation and care facilities including Field Hospitals, barracks/gyms with clinical support and monitoring.	4.11. Coordinate with state and local authorities to synchronize in-garrison self-monitoring guidance for personnel/units returning from this area to a lower risk area (e.g. quarantine).	
			4.12. Assess ill travelers on arrival and distribute educational material to travelers from other affected areas on local monitoring and movement expectations.	

Source: DoDI 6200.03, Public Health Emergency Managements, Dtd: 20190328