PUBLIC HEALTH AND DISEASE CONCERNS RELATED TO COAST GUARD OPERATIONS

COMDTINST 6220.9B

July 2022

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U.S. Department of Homeland Security
United States Coast Guard

Commandant
United States Coast Guard

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COMDTINST 6220.9B
27 JUL 2022

COMMANDANT INSTRUCTION 6220.9B

Subj: PUBLIC HEALTH AND DISEASE CONCERNS RELATED TO COAST GUARD OPERATIONS

Ref: (a) Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, COMDTINST M6230.4 (series)
(b) Infection Prevention and Control Program for Coast Guard Health Care Facilities and Workers, COMDTINST 6220.4 (series)
(c) Manual of Naval Prevention Medicine, NAVMED P-5010
(d) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
(e) Food Safety and Sanitation Program, CGTTP 4-11.12A (series)
(f) Water Supply and Wastewater Disposal CGTTP 4-11.10 (series)
(g) Safety and Environmental Health Manual, COMDTINST M5100.47 (series)
(h) Vessel Cleaning and Decontamination Procedures (Maintenance Procedure Card R-C-16016)
(i) Personal Protective Equipment (PPE) Decontamination and Disinfection Procedures Maintenance Procedure Card KB0161.0)
(j) Biohazard Decontamination and Cleaning (Maintenance Procedure Card 2002.5 – MH-65)
(k) Biohazardous Decontamination and Cleaning Maintenance Procedure Card 12003.0 – MH-60)
(l) Biohazardous Decontamination Cleaning Mainteance Procedure Card 056009.0 – HC-144)
(m) Biohazardous Decontamination Maintenance Procedure Card 121015.0 – HC-130J)
(n) Biohazardous Decontamination Maintenance Procedure Card 122000.5 – HC-27)
(o) Biohazardous Decontamination Maintenance Procedure Card 122000.5 – HC-130H)

1. PURPOSE. This Instruction provides information about strategies to mitigate the risk of and control possible adverse health effects on active duty service members (ADSM) related to Coast Guard operational missions involving boardings, inspections and Alien Migrant Interdiction Operations (AMIO). The provisions of this Instruction reflect the requirements of Refs (a) through (o).

2. ACTION. All Coast Guard unit commanders, commanding officers, officers-in-charge, deputy/assistant commandants, chief of headquarter directorates must comply with the policies contained.

3. AUTHORIZED RELEASE. Internet release is authorized.

4. DIRECTIVES AFFECTED. Public Health and Disease Concerns Related to Coast Guard Operations, COMDTINST 6220.9A, is hereby cancelled.

5. BACKGROUND. Activities associated with various Coast Guard operations may place ADSMs at increased risk for illness or injury. Inspections, boardings, and AMIO may include direct physical contact with people from regions with endemic communicable diseases. These operations frequently have occupational or environmental conditions and circumstances that expose ADSMs to potential health hazards. Contact with persons with communicable diseases may increase the likelihood of disease transmission. Health risks associated with any of these operations can be controlled and minimized by a combination of awareness of risk factors and implementation of public and environmental health prevention and control measures.

6. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide administrative guidance for Coast Guard personnel and is not intended nor does it impose legally-binding requirements on any party outside the Coast Guard.

7. MAJOR CHANGES. Public Health and Disease Concerns Related to Coast Guard Operations, COMDTINST 6220.9B now refers to a supporting Technical Directive with regard to a provision of health care to personnel in care and custody to the Coast Guard as a result of Alien Migrant Interdiction Operations (AMIO) and detainee operations.

8. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. The Office of Environmental Management, Commandant (CG-47) reviewed this Commandant Instruction and the general policies contained within, and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. This Commandant Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental requirements, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).

9. DISTRIBUTION. No paper distribution will be made of this Instruction. An electronic version will be located in the Coast Guard Directives System Library internally, and if applicable on the Internet at www.dcms.uscg.mil/directives .

10. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with the records retention schedules located on the Records Resource Center SharePoint Online site: https://uscg.sharepoint-mil.us/sites/cg61/CG611/SitePages/Home.aspx .

11. FORMS/REPORTS. The forms referenced in this Instruction are available on the Coast Guard Standard Workstation or on the Internet: www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-

Management-CG- 61/Forms-Management/ .

12. SECTION 508. This Instruction was created to adhere to Accessibility guidelines and standards as promulgated by the U.S. Access Board. If changes are needed, please communicate with the Coast Guard Section 508 Program Management Office at Section.508@uscg.mil.

13. REQUEST FOR CHANGES. Units and individuals may recommend changes via the chain of command to: HQS-DG-lst-CG-112@uscg.mil

/DANA L. THOMAS/
Rear Admiral, U.S. Coast Guard
Director, Health, Safety, and Work-Life

TABLE OF CONTENTS

PUBLIC HEALTH AND DISEASE CONCERNS RELATED TO COAST GUARD OPERATIONS

SECTION 1

INTRODUCTION

A. Integrated Approach.

1. Effective control and prevention efforts require the integrated support of field operators, health personnel, Headquarters' support staff, Health, Safety, and Work-Life Service Center (HSWL SC)-staffs, and Coast Guard ADSMs. Guidelines and standardized procedures are essential but must be flexible enough to accommodate changing conditions.

2. Maximal health and safety efforts involve a multistage approach. The most important and fundamental actions are those taken by individuals. General awareness of, and education about, safety, environmental health, and communicable disease issues are critical factors in the control of illness and injury. Other important factors include completion of recommended immunizations, observance of safety guidelines, utilization of prescribed personal protective equipment (PPE), (see Section (7)) and steadfast practice of personal hygiene.

3. Commanding Officers (COs) / Officers-in-Charge (OICs) shall use the following integrated approach:

   a) Supervisors and field commanders must take necessary measures outlined in this Instruction to mitigate risks to safety and well-being of ADSMs engaged in inspections, boardings and AMIO. Unit COs / OICs are responsible for ensuring the medical readiness of their personnel IAW Ref (d), to include current immunizations for force health protection.

   b) Health Services. The Health Services Technician (HS) is the first level of response for the health and safety needs of personnel during inspections, boardings, and AMIO. If there are no HS's onboard, a Coast Guard member with training as an EMT, First Responder or Preventive MedicineTechnician (PMT), shall be the responsible Health Services Personnel. All Health Services Personnel shall contact the appropriate Designated Medical Officer Advisor with any questions concerning the health related needs of the unit.

   c) Medical Officers at Coast Guard health clinics, designated Flight Surgeons and pre-deployed Immigration and Customs Enforcement Medical Officers must be consulted to solve problems on particular medical issues relating to boardings, inspections, and AMIO.

   d) Safety & Environmental Health Officers (SEHOs), or the supporting Safety and Environmental Health Division, shall be consulted on issues related to sanitation, water quality, chemical exposures, waste management, pest management, and other environmental health issues.

   e) HSWL SC, Commandant (CG-113), and Commandant (CG-1121) can also provide advice on boarding, inspection, and AMIO health-related issues, ranging from specific medical conditions, communicable diseases, or environmental health issues.

Click on the link for further guidance: https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant- for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/.

SECTION 2

PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

A. Background. ADSMs engaged in boardings, inspections, and AMIO can be exposed to persons afflicted with various communicable diseases including tuberculosis (TB), bloodborne pathogens, waterand foodborne illnesses, zoonotic and insect and arthropod-related diseases and emerging pathogens. The risk posed by these diseases can be eliminated or reduced to acceptable levels through a combination of education, medical screening, sanitation efforts, immunization or medications and use ofPPE. Disease prevention measures include:

1. Awareness of and adherence to Commandant Instructions and CDC guidance pertinent to public health and communicable disease;
2. Knowledge and use of Coast Guard health and safety systems and external public health agencies;
3. Maintenance of secure food, water, and sanitation systems at Coast Guard vessels or units;and
4. Limiting contact with alien migrants and their possessions.

B. Immunizations.

1. Overview. Immunizations are among the most efficient and cost-effective ways to control the transmission of communicable diseases. The risk of transmission of a highly communicable illness can be virtually eliminated with proper immunizations. Safe and effective vaccines are available formany communicable diseases. The circumstances specific to boardings, inspections, and AMIO do not present increased risks that warrant immunization of Coast Guard ADSMs beyond those recommended or required for all Coast Guard personnel. References (a) and (h) provide medical guidance pertaining to Coast Guard ADSMs making port calls or traveling to areas where communicable diseases are either endemic or the cause of a recent outbreak.
2. Basic Immunizations. Reference (a) provides a broad overview of Coast Guard immunization requirements and procedures. In accordance with the procedures and subject to the exemptions process described in Ref (a), all ADSMs, including those engaged inboardings, inspections, and AMIO, are required to have received the following vaccinations: Hepatitis A and B, Diphtheria, tetanus, polio, and influenza. They should also have documentedprotection against measles, mumps, rubella and any other immunization as directed by Commandant (CG-1121).
3. Influenza. Influenza is spread in respiratory droplets caused by coughing or sneezing. It usually is spread from person-to-person, though sometimes people become infected by touching something with the influenza virus on it and then touching their mouth, eyes, or nose. In accordance with the procedures and subject to the exemptions in Reference (a), all Coast Guard active duty personnel are required to be immunized against influenza each

year.

4. Hepatitis A. Hepatitis A is spread from person-to-person by putting something in the mouth that has been contaminated with the stool of a person who is infected with Hepatitis A. Bringing individuals infected with Hepatitis A on board vessels should not have an adverse effect on shipboard food and water. Maintenance of uncontaminated food and water sources and good personal hygiene will minimize the likelihood of exposure to Hepatitis A. In accordance with the procedures and subject to the exemptions in Reference (a), all Coast Guard active duty are required to be immunized against Hepatitis A.

5. Hepatitis B. Hepatitis B is spread by direct contact with blood or body fluids of an infected person. Standard precautions (as outlined in the "Bloodborne Pathogens" Section below) must be used for protectionagainst Hepatitis B. In accordance with the procedures and subject to the exemptions in Reference (a), all Coast Guard active duty are required to be immunized against Hepatitis B.

6. Post-Exposure Vaccinations. Post-exposure vaccinations may be needed for Coast Guard ADSMs who may have been exposed to an infected individual during boardings, inspections, or AMIO and who either may not have been adequately immunized or have a questionable immunization status. Health Services Personnel seek medical direction via documented e-mail or telephone call to the on-duty Flight Surgeon or the Senior Medical Officer of the supporting Coast Guard health clinic to get advise on the post-exposure vaccine requirements of the exposed individual. Details of the exposure must be documented by the unit CO/OIC as a mishap.

C. Tuberculosis.

1. Overview. Tuberculosis (TB) is a communicable disease; however, it is relatively difficult to become infected with because close and prolonged exposure to persons with active disease is necessary.Detailed guidance on TB prevention and control is outlined in Reference (d). An effective TB control program includes:

   a) Administrative Controls;
   b) Environmental Controls; and
   c) Respiratory Protection Controls.

2. Administrative Controls. Administrative controls are the first and most important level of TB controls. Administrative controls consist of prevention, screening, and case recognition.

   a) Prevention. Recommended actions to decrease TB transmissibility include:

      (1) Minimize close contact with persons suspected of having symptoms of TB (as discussed in Section c);

      (2) Conduct interviews, medical screenings, and other activities requiring close contact withalien migrants in an open air environment; and

(3) Use respiratory protection in select circumstances (e.g., when close contact is required). Ref (g) has additional guidance on the proper use of respiratory protection.

b) Screening. A tuberculin skin test (TST) (formerly known as the Purified Protein Derivative (PPD)) is the primary method used for TB screening. There is no historical increased risk for TBtransmission in boardings, inspections, or AMIO. Alien migrants who have latent TB infection based on a positive TST, but who do not have symptoms of active TB (as discussed in Section chave a low risk of transmitting TB (even if the alien migrant is from aTB endemic area). Therefore, Coast Guard ADSMs engaged in boardings, inspections, or AMIO are not historically at increased risk for TB exposure. The following exposure situationsmay warrant performing a TST on Coast Guard ADSMs.

(1) Prolonged face-to-face contact (without the use of a N-95 respirator) with one or more alienmigrants known or suspected of having active TB disease (as discussed in subsection c); or

(2) Exposure to one or more alien migrants known or suspected of having active TB disease (as discussed in subsection c) in a confined environment (e.g., vesselhold) rather than in an open area (e.g., weather deck). Ref (d) provides additional guidance on TB screening.

c) Case Recognition. In order to limit further spread of TB disease, it is important to know howto recognize individuals with suspected active TB disease. The circumstances common to most boardings, inspections, or AMIO may limit the ability to effectively differentiate individuals withTB disease from individuals with other respiratory disorders. The purpose of identifying individuals with suspected TB disease is to promptly institute measures to minimize the risk of transmission while these individuals are under Coast Guard control, and to ensure access to diagnosis and treatment when possible.

(1) The primary method of identifying individuals with suspected active TB disease in the fieldis by taking a good medical history and physical examination. Individuals with the following reported signs and symptoms should be suspected of having active TB disease:

(a) Excessive coughing;

(b) Coughing up blood (blood tinged sputum);

(c) Apparent weight loss;

(d) Fatigue;

(e) Night sweats; or

(f) Fever.

(2) Once identified as potentially having active TB, infected individuals should be isolated from non-infected individuals, if possible, and have limited contact with others to minimize the risk of disease transmission.

(3) Coast Guard personnel can consider placing surgical masks on individuals suspected of having active TB; however, this is often not tolerated by ill persons, may be difficult to enforce for extended periods, and is of unknown efficacy in reducing the probability of TB transmission. Factors that should be considered before issuing surgical masks to patients include surgical mask availability, proper fitting and patient acceptance. Use of surgical masks should be limited to those individuals suspected of having active TB disease(as described in subpart 1 above). Issuance of surgical masks does not negate preventative measures otherwise outlined.

3. Environmental Controls. The second line of defense in TB control is the use of environmental controls to limit the spread and reduce the concentration of infectious droplet nuclei in the air. Primary environmental controls include local exhaust ventilation and general ventilation. Secondary environmental controls include isolation rooms, high efficiency particulate air (HEPA) filtration, and ultraviolet lights. Appropriate environmental controls are difficult to achieve in a maritime environment; nevertheless, whenever possible, the aforementioned environmental controls must be utilized.

4. Respiratory Protection Controls. The third level of protection is respiratory protection. The majority of situations involving boardings, inspections, or contact with alien migrants do not requirerespiratory protection (e.g., N-95 respirators). For most Coast Guard ADSMs, contact with alien migrants is brief or occurs in an open-air environment. Factors that should be considered whenrecommending the use of N-95 respirators include:

   a) Prolonged face-to-face contact with one or more alien migrants known or suspected of having active TB disease (as described in section 2.c above); and

   b) Exposure to one or more alien migrants known or suspected of having active TB disease (as described in section 2.c above) in a confined environment (e.g., vessel hold) rather than in an open area (e.g., weather decks). Reference (e) provides additional guidance onthe use of respiratory protective devices.

5. Sources of Additional Resources. HSWL SC, Commandant (CG-113), and Commandant (CG- 1121) can be contacted regarding TB prevention and control by clicking on the link: https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG- 1/Health-Safety-and-Work-Life-CG-11/.

D. Bloodborne Pathogens.

1. Overview. Blood or other potentially infected material (OPIM) (e.g., semen, vaginal secretions, cerebrospinal fluid, any body fluid contaminated with blood) can be potential sources of bloodborne pathogens (e.g., Hepatitis B virus (HBV), Hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV)). Bloodborne pathogen exposure can occur

through contact of the eye, nose, mouth, or non-intact skin with an infected person's blood or OPIM. In particular, ADSMs engaged in boardings, inspections, and AMIO may be involved in circumstances that expose them to blood (e.g.,needle sticks, bite wounds, sexual contact). Most exposures to bloodborne pathogens, however, do not result in infection. Prevention and control of bloodborne pathogens are discussed in detail in Reference (b).

2. Risk Factors. Personnel at risk for exposure to bloodborne pathogens are those engaged in activities that involve contact with human blood and OPIM (e.g., health care, emergency service, and public- safety workers).

   a) The probability of disease transmission is related to the pathogen involved, the type of exposure, the amount of blood involved in the exposure, and the amount of virus in the infected person's blood or OPIM at the time of the exposure. Individuals are at greater risk of contracting a diseaseif they do not wear appropriate PPE (e.g., masks, gloves and/or eye shields).

   b) Coast Guard ADSMs engaged in boardings, inspections, and AMIO who are at greatest risk for exposure to bloodborne pathogens are HS personnel and emergency medical technicians (EMTs). Other personnel (e.g., boarding crews) may be in situations where there is potential contact with blood / OPIM. However, for the majority of personnel, these situations are infrequent and typically involve exposure to a small amount of blood / OPIM. If an individual is working in a situated that is likely to result in in contact with any amount or blood / OPIM, it is important that theywear proper PPE.

3. Prevention and Control Measures. Essential elements of disease prevention and control for bloodborne pathogens include:

   a) Training and Education. Coast Guard ADSMs will be tested annually on the following by health services personnel: the types of bloodborne pathogens, activities that place them at risk, and how to prevent disease transmission;

   b) Personal Protective Measures. Personal protective measures involve use of appropriate immunizations and standard precautions.

      (1) Immunizations. In accordance with the procedures and subject to the exemptions in Reference (a), all Coast Guard ADSMs shall be vaccinated against HBV.There are no available vaccines for HCV or HIV.

      (2) Standard precautions. The CDC expanded the concept of universal precautions (e.g., all blood / OPIM are considered potentially infectious) and created standard precautions. All personnel must use appropriate barrier precautions (e.g., gloves, mask, gown, goggles, as appropriate) to prevent skin and mucous membrane exposure when anticipating contact with any person's blood or other body fluids. All persons must wash their hands after completing activities likely to expose them to blood / OPIM and remove protective clothing before leaving the work area. The use of standard precautions is the primary strategy to reduce the risk of

transmission of pathogensfrom moist body substances and applies to all individuals regardless of their diagnosisor presumed infection status. Contact with moist body substances can be avoided by the use of personal protective measures, work practices, and environmental controls. Reference (b) provides additional information on standard precautions. Also see Section (3).

4. Sources of Additional Resources. HSWL SC, Commandant (CG-113), and Commandant (CG- 1121) can be contacted regarding bloodborne pathogen prevention and control by clicking on the link: https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human- Resources-CG-1/Health-Safety-and-Work-Life-CG-11/.

E. Waterborne or Foodborne Illness.

1. Overview. The most common waterborne or foodborne organisms include: Campylobacter, Salmonella, E.coli O157:H7, Norwalk virus, Shigella, Hepatitis A virus, Giardia lamblia, E. histolytica (amebiasis) and Cryptosporidia. The primary method of transmission is ingestion of the organism in contaminated food, water, bodily fluids, or stools of infected individuals. Individuals who contract these diseases usually have symptoms of diarrhea, abdominal cramps, nausea,or vomiting. Outbreaks of waterborne or foodborne illnesses can severely affect unit operational readiness.

2. Risk Factors.
   a) Alien migrants who have symptoms of diarrhea, abdominal cramps, nausea,or vomiting should be categorized as having a potential infectious disease. Alien migrantswith overt symptoms should receive adequate hydration and, if possible, should be isolated from persons without manifestations of waterborne or foodborne illnesses.

   b) Coast Guard ADSMs caring for ill alien migrants are at higher risk of contracting an infectious disease and should take appropriate precautions as listed below.

3. Prevention and Control Measures. ADSMs engaged in boardings, inspections, AMIO, and other Coast Guard operations can reduce the risk of contracting a waterborne or foodborne illness by knowing how these diseases are transmitted, maintaining uncontaminated food and water sources, paying meticulousattention to personal hygiene, and handling human waste in a proper manner. Additionally, Coast Guard vessels have extensive and integrated systems, which, if not compromised, will ensure safe foodand water. The following actions are part of an effective program to reduce and control waterborne and foodborne illness:

   a) Dispose of any food or water provided by alien migrants;

   b) Wash hands thoroughly before eating, drinking or handling food;

   c) Use disposable gloves and thoroughly wash hands with soap and clean water after any contact with persons suspected of having waterborne or foodborne illnesses or with their belongings;

d) Always keep hands away from the face and eyes;

e) Launder clothing, disinfect surfaces (see Section(6)), and clean eating utensils that comein contact with infected persons or are otherwise thought soiled with an infected person's oral or fecal secretions. Handling of such items should be minimized and waterproof gloves should be worn. When possible, disposable plates, drinking containers and eating utensils should beused when serving meals to alien migrants;

f) Prepare and deliver food in accordance with basic sanitation provisions as outlined in Reference (e);

g) Secure uncontaminated potable water and maintain effective sanitation systems for human wastes, as outlined in References (c) and (g);

h) Exclude individuals with communicable waterborne or foodborne illnesses from the preparation and delivery of food and water;

i) Coast Guard ADSMs caring for ill alien migrants should avoid preparing or delivery of food or water. ADSMs should make certain they properly dispose of humanwaste, observe a strict hand washing regimen, and utilize disposable gloves (if available) when they contact an ill individual; and

j) Wash hands before touching one's face or eyes after contact with alien migrants.

4. Sources of Additional Resources. HSWL SC, Commandant (CG-113), and Commandant (CG- 1121) can be contacted regarding waterborne and foodborne illness prevention and control by clicking on the link: https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for- Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/.

F. Zoonotic and Insect and Arthropod-Related diseases.

1. Overview. A variety of zoonotic diseases may be present in animals brought on board by alien migrants. Zoonotic diseases are diseases caused by infectious agents that can be transmitted between animals and humans. Zoonotic diseases include rabies, hantavirus pulmonary syndrome, and Lyme disease. Additionally, alien migrants may have insect and arthropod related diseases. These diseases include: scabies, lice infestation, arboviral encephalitides, dengue fever, malaria, yellow fever, and plague. Zoonotic and insect and arthropod-related diseases are generally not spread from person-to-person. They can be transmitted to humans by certain vectors (e.g., mites, fleas, lice, mosquitoes, and ticks). Most Coast Guard ADSMs involved in boardings, inspections, and AMIO are at negligible risk of contracting these diseases.

2. Risk Factors.

a) Zoonotic diseases. Rabies is a preventable viral disease of mammals most often transmitted through the bite of a rabid animal. Hantavirus pulmonary syndrome is a potentially deadly disease transmitted by infected rodents through urine, droppings, or saliva. Humans can contract the disease when they breathe in aerosolized virus. Lyme

disease is caused by a bacteria (Borrelia burgdorferi) and is transmitted to humans by the bite of infected blacklegged ticks.

b) Scabies. Scabies is an infestation of the skin by a microscopic mite (Sarcoptes scabei). Scabies spreads rapidly under crowded conditions where there is frequent skin-to-skin contact between people. To contract scabies, contact must be prolonged (a quick handshake or hug will usually not spread infestation). Infestation may also occur by sharing towels, clothing, and bedding.

c) Lice infestation. Lice infestation spreads rapidly under crowded conditions where hygiene is poor and there is frequent contact among people. Lice are found on the body, clothing, or bedding of infested individuals. Lice can cause typhus and louse-borne relapsing fever.

d) Arboviral encephalitides. There are several types of arboviral encephalitides (e.g., Eastern equine encephalitides, Japanese encephalitides, La Cross encephalitides, St. Louis encephalitides, West Nile virus and Western equine encephalitides). Most of these encephalitides are caused by infected mosquitoes.

e) Dengue fever. Dengue fever and dengue hemorrhagic fever (DHF) involve the Aedes aegypti mosquito. Dengue fever and DHF are primarily diseases of tropical and sub-tropical regions.

f) Malaria. Malaria sometimes is a fatal disease caused by a parasite. Four kinds of parasites can infect humans: Plasmodium falciparum, P. vivax, P. ovale, and P. malariae. Malaria is typically found in warmer regions around the world. Individuals get malaria by being bitten by an infected Anopheles mosquito. Malaria, however, is not passed directly from person- to-person and the circumstances of most boardings, inspections, and AMIO situations make the risk of malaria remote. Coast Guard ADSMs engaged in Coast Guard operations may make port visits or travel to land regions where Malaria is endemic. These situations are not specific to boardings, inspections, and AMIO . Additional References on Malaria can be foundhere: https://www.cdc.gov/parasites/malaria/index.html

g) Yellow fever. Yellow fever is a viral disease transmitted between humans by a mosquito. Yellow fever is endemic to Africa and South America.

h) Plague. Plague is transmitted by fleas infected with bacteria (Yersinis pestis). Fleas transmit the plague bacteria to humans. Individuals can spread plague (plague pneumonia) to other individuals by coughing droplets containing the bacteria.

3. Prevention and Control Measures. The transmission of various zoonotic and insect and arthropod- related diseases to Coast Guard ADSMs can be prevented. Personal protective measures outlined in Reference (b) are applicable to the prevention of zoonotic and insect and arthropod-related diseases. Additionally, adherence to shipboard preventive medicine programs helps greatly reduce the risk of Coast Guard vessels harboring disease-bearing insects or animals. Some policies to help prevent infection are:

a) Direct physical contact with alien migrants (or their effects) should be limited and purposeful;

b) Vessels used by alien migrants should be viewed as potential carriers of undesirable insects, rodents, and other disease bearing vectors. Contact between Coast Guard ADSMs and alien vessels should be minimized to that essential for operational need;

c) Primary protective measures include use of disposable gloves and hand washing. Waterproof footwear, bibs, and goggles are generally unnecessary and offer little absolute protection beyond that of disposable gloves and hand washing. Used protective clothing and equipment must be properly decontaminated, discarded, or otherwise appropriately handled;

d) All clothing, bedding, and other objects used by alien migrants should undergo laundering, decontamination, or proper disposal;

e) ADSMs must not exchange physical items (e.g., combs) with alien migrants;

f) Alien migrants should remain restricted to topside areas at all times and only allowed below decks when required by operational circumstances; and

g) It is strongly recommended that animals, alive or dead, and their body parts (e.g., hides, fur, horns) not be brought aboard Coast Guard vessels. The decision of whether or not to bring animals on board lies solely with the unit Commanding Officer. If the decision is made to bring an animal into the U.S., the Department of Agriculture must be notified and the animal will be turned over to the American Society for the Prevention of Cruelty to Animals (ASPCA) for a quarantine period or to be destroyed. Under no conditions should animals obtained from alien sources be brought into the U.S. without adherence to U.S. importation and quarantine laws.

4. Sources of Additional Resources. HSWL SC, Commandant (CG-113), and Commandant (CG-1121) can be contacted regarding zoonotic and insect and arthropod-related disease prevention andcontrol.

G. Emerging Pathogens.

1. Overview. New diseases, such as those caused by coronaviruses (e.g. Severe Acute Respiratory Syndrome (SARS COV-1), Middle East Respiratory Syndrome Related Coronavirus(MERS-COV2), SARS-COV-2 (the cause of the COVID-19 pandemic)), avian influenza, andZika virus have emerged or will emerge as global threats despite technological advances. Awareness of these emerging diseases will provide additional protection to Coast Guard ADSMs.

2. Risk Factors. Risk factors for emerging diseases will depend upon multiple factors. Coronaviruses, for example, are thought to spread most commonly via a respiratory droplets produced when an infected person coughs or sneezes. The virus also can spread when a persontouches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is possible that SARS might be

spread more broadly through the air (airborne spread) or by other ways that are not now known.

a) Avian Influenza remains a consistent concern given new Influenza A viruses against which human populations do not have pre-existing immunity. These viruses can emerge in bird populations and may infect humans which have had close contact with infected birds. Humans infected with avian influenza A (H5N1) have had direct and prolonged contact with infected birds. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population.

3. Prevention and Control Measures.

a) Preventive measures for SARs include minimizing close contact with alien migrants, interacting with alien migrants in an open air environment, using disposable gloves if physical contact is required, and using N-95 respirators, as indicated for TB, if close contact is required. Additionally, instituting proper personal hygiene (e.g., handwashing) can reducedisease transmission. For the SARS-COV-2 / COVID-19 pandemic, Coast Guard ADSMshave specific preventive measures described in PLANORD Enclosures 2 and 6 (COVID-19 Risk Mitigation Framework and Implementation Guide)

b) The Low Transmission Risk Tolerance Framework (Framework)(described in Section2), which is intended to provide increased protection against the spread of COVID-19, is the preferredframework for situations involving Coast Guard detainees. This Framework is provided as Annex 1.

c) Operational Commanders should use Sections 2 and 6 as part of a holistic contagious disease mitigation strategy which includes appropriate consultations with local medical leadership, HSWL SC, or Commadant (CG-112). Strategic approaches should be tailored to fit unique local environment and mission constraints, including operational environments involving Coast Guard detainees, IAW the Command's AMIO SOP.

d) Alcohol-based hand cleansers are effective and should be used if hand washing facilities are not available.

e) Preventive measures for avian influenza A (H5N1) include avoiding direct physical contact with birds and any other animal found onboard migrant vessels. If ADSMs will have direct and prolonged contact with potentially infected animals, they shall use N-95 respirators, as indicated above for TB, and follow proper handwashing or decontamination procedures. If there is a pandemic influenza outbreak, Coast Guard ADSMs will be given specific preventive measures via an ALCOAST or other appropriate means.

f) Emerging infectious pathogen information will be updated on the https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Health-Services-CG-112/Operational-Medicine-and-Quality-Improvement-Division/.

4. Sources of Additional Resources. HSWL SC, Commandant (CG-113), and Commandant (CG-112) can be contacted regarding emerging pathogens prevention and control by using the following link: https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for- Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/.

SECTION 3

FOOD, WATER, AND SANITATION

A. Background. Outbreaks of waterborne and foodborne illness can rapidly degrade the ability of Coast Guard crews to perform their missions. Coast Guard vessels have extensive and integrated systems to prevent illness related to food, water, and sanitation. Strict adherence to prescribed food practices, water purification, cleanliness, and waste disposal will minimize the risk of waterborne and foodborne illness to ADSMs engaged in Coast Guard operations.

B. Safe Food Practices.

1. Food must be prepared and stored in accordance with Ref (e). Foodstuffs from alien migrant sources should not be brought aboard Coast Guard vessels. Foods from alien migrant sources must not be served to Coast Guard ADSMs.

2. Meals should be prepared and served separately for Coast Guard ADSMs and alien migrants. Attention is required to ensure meals reach the intended persons and that cross-mixing or contamination of foods does not occur. Once food has left controlled areas to be served to alien migrants, it must not be returned for storage or reuse. Food should be delivered first to a neutral area by food service staff or mess attendants away from the holding area, then to the holding area and served by non-food service ADSMs. Basically, food service ADSMs and mess attendants should not be in the vicinity of migrants.

3. Individuals who prepare foods must be healthy and free of communicable diseases. To minimize risk of inadvertent disease transmission, food service ADSMs should not come into close contact with alien migrants. Alien migrants must not enter areas where food is prepared, served, or stored for Coast Guard ADSMs.

C. Potable Water.

1. Coast Guard vessels have extensive and integrated systems that are designed to ensure safe potable water. Guidance provided in Refs (c), (f) and (g) will safeguard the integrity of shipboard water supplies. Water for human consumption should be readily accessible and available in amplesupplies. Drinking water requirements are affected by several variables, including climatic factors, presence of injuries or medical conditions, general state of health, gender and age. A rule of thumb is 2.5 to 3 liters of drinking water per person per day. Additional requirements of water are needed for food preparation, personal hygiene, sanitation and laundering. Total water requirements for all purposes are typically 7.5 to 15 liters per person per day.

2. Water used for human consumption, personal hygiene, or food preparation must be potable (maintain a free chlorine residual of 0.2 parts per million (ppm) at all times) and free of contamination. Water used for sanitation (e.g., sewage disposal) need not be potable, provided there are safeguards prohibiting its use for human consumption.

3. Commands must ensure water is safe for human consumption and can only be obtained

from sources for which the safety is certain. If emergency purification of water is required, Section(5) outlines several methods to produce potable water for emergency use.

4. The Command must ensure adequate drainage, cleaning, and prevention of safety hazards (e.g., slippery surfaces, etc) for showers installed for alien migrant use. A privacy area for dressing near the showers is recommended, if feasible.

D. Sewage and Infectious Waste Disposal.

1. Sewage Disposal. Coast Guard vessels have integrated sanitation systems that are designed to efficiently contain human waste where appropriately operated. Large numbers of alien migrants, however, can overwhelm shipboard systems. The Command must ensure the use of sanitation facilities and sewage disposal for alien migrants be separated from that of the vessel. Sanitation facilities established for alien migrants should be located for easy access and physically separated from eating and living areas. IAW Ref (b), handwashing facilities must be provided. Alcohol-based hand cleansers are effective and must be provided if handwashing facilities are not available.

2. Infectious Waste. The disposal of medical or biological waste is regulated by various local laws. Units must be aware of all local laws or ordinances in their area of responsibility and must conform to these regulations. There is no scientific evidence to suggest that most medical waste is any more infectious than residential waste. But the public concern about the risk of medical waste must not be ignored. Identifying waste for which special precautions are indicated is necessary.

   a) Biohazard warning labels must be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material, and other containers used to store, transport, or ship blood or OPIM with the following exceptions:

      (1) Red bags may be substituted for labels on bags or containers of regulated waste; and

      (2) Individual containers of blood or OPIM may be placed in a labeled container during storage, transport, shipment, or disposal. Handling suspected waste must be done in accordance with Infection Prevention and Control Program for Coast Guard Health Care Facilities and Workers, COMDTINST 6220.4 (series).

   b) The most practical approach to the management of infectious waste is to identify waste with the potential for causing infection during handling and disposal, and for which special precautions appear prudent.

      (1) IAW Reference (b), medical wastes for which special precautions are prudent include, without limitation, sharps, microbiological laboratory waste, pathology waste, and blood specimens or bloodproducts; and

(2) Properly label and store all infectious waste in a secure area until transported to a designated infectious waste deposal site.

c) Although any item having contact with blood or OPIM may be infectious, it is not usuallypractical or necessary to treat all such waste as infectious. Materials containing smallamounts of blood, saliva, or other secretions (e.g., tainted gauze pads, sanitary napkin,s or facial tissues) are not considered infectious waste.

3. Decontamination Point. Consistent and conscientious use of personal hygiene is an essential part of prevention and control of many communicable diseases measures. This is particularly important for ADSMs of vessel boarding teams or those who have physical contact with alien migrants or the belongings of alien migrants. A decontamination point is a clearly identifiable and centralized stationthat highlights attention to, and focuses efforts for, personal hygiene. COs/ OICs must consider establishing a decontamination point when the following conditions exist:

a) Operational circumstances may involve contact with a vessel suspected of carrying alien migrants;

b) Coast Guard ADSMs will physically board the suspect vessel, or, alien migrants will be staged on board the Coast Guard vessel; and

c) The number of migrants, duration of migrant presence, or other operational circumstances raise the likelihood that decontamination of ADSMs will not be consistently met without a decontamination point.

4. Elements of a Decontamination Point. The fundamental purpose of a decontamination point is the control of communicable disease transmission through the effective and consistent use of personal hygiene. Elements of a decontamination point include:

a) Handwashing station. Handwashing stations include wash basins with warm soapy water, a sanitizing rinse, and disposable towels. Alcohol-based hand cleansers are effective and must be provided if handwashing facilities are not available. Alcohol pads are not to be used as a substitute for hand washing;

b) Foot-wear cleaning station. A foot-wear cleaning station must include scrub brushes, warm soapy water, a mild bleach solution (one capful of bleach per gallon of water), and rinse water. Ensure foot-wear are unlaced and that they are fully immersed in the bleach solution for at least one minute before rinsing;

c) Shower facility. Shower facilities require plastic bags for clothing, soap, shampoo, towels, andadequate drainage;

d) Clothing exchange point. All contaminated clothing shall be bagged, sealed, and laundered daily. If clothing is grossly contaminated with blood, body fluids, or human waste, treat as infectious waste and delivered to unit Health Services Technician for proper disposal, IAW Reference (b); and

e) Other equipment. Periodically scrub (with mild detergent), rinse, and air dry web gear,

jackets, and other articles which are exposed but not launderable. This must be done monthly; however, if articles are known to be contaminated, the cleaning must be performed daily.

SECTION 4

HEALTH ISSUES OF ALIEN MIGRANTS

A. Background. Persons displaced by war, natural disaster, famine, and other factors are frequently dependent on others for their basic human needs. Large numbers of alien migrants can rapidly overwhelmthe resources of those providing assistance, unless there has been careful planning and adequate preparations. A systematic and organized response will greatly assist in making structure out of apparent chaos. Issues associated with AMIO cover a spectrum of concerns ranging from international law, security, and humanitarian needs. Planning will help ensure that AMIO will be conducted in an appropriately safe and efficient manner. The content of this Chapter focuses on the public health and humanitarian needs of displaced populations (e.g., those related to AMIO).

B. Planning. Public health and communicable disease issues of alien migrants are primarily focused on disease control, suitable berthing, adequate water and nutrition, sanitation, and medical care of sick or injured. Planning for probable contingencies involves awareness of the factors and circumstances pertinent to AMIO, such as:

1. The country of migrant origin;
2. Estimated numbers of persons;
3. Population characteristics of alien migrants (race, gender, and age distributions);
4. Presenting symptoms of health and mental status;
5. General environmental conditions;
6. Length of stay; and
7. Unique issues (e.g., security concerns, etc).

C. Specific Issues.

1. Assessment of Health Status. Upon arrival, the migrants' health status must be rapidly assessed. This must be done by an HS; or if none are available, this role should be filled by the next most medically-qualified person (e.g.; EMT, First Responder). Standard triage techniques will differentiate those who require immediate, urgent, or delayed medical attention. Persons who have life or limb threatening conditions should be prioritized for receipt of care and referred for more definitive care, if needed. Health care problems of a less threatening nature should be addressedsecondarily, dependent on available resources and health care expertise. Resources should not be diverted for chronic conditions which are generally best remedied in more stable circumstances. If possible:

   a) Record information on the Chronological Record of Medical Care (SF-600), IAW Reference (d), for health careassessment and interventions for individual persons. A sample form has been provided in Section (4) and also on the https://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-Human-Resources-CG-1/Health-Safety-and-Work-Life-CG-11/Office-of-Health-Services-CG-112/Operational-Medicine-and-Quality-Improvement-Division/.

b) Summarize health information on the Chronological Record of Medical Care (SF-600), IAW Reference (d), for the entire population treated. Summary information should include total number of persons treated, distribution of patients by gender and age, and the number and types of diseases encountered.

2. Nutrition. Health status assessment provides an initial idea of the nutritional state of alien migrants. Persons who appear emaciated or gaunt or who have a distended abdomen or swollen ankles may be in severe nutritional deficiency and require rapid and specialized intervention. Separate these people from the other migrants and contact a Designated Medical Officer Advisor (DMOA) for further guidance. Food best suited for alien migrants are those which are part of their normal diet. Caution must be taken to prevent issuing food to alien migrants when there is a known physical intolerance. Meals served twice a day, in generous quantities, are usually sufficient to meet the nutritional needs of most persons. Individuals who are ill, suffer chronic nutritional deficiencies, are under 6 years of age, or are pregnant, have nutritional needs that require more frequent and specialized meals. Additional basic principles of alien migrant nutrition include:

   a) Rule-of-thumb on daily caloric need is a minimum 1,900 calories per person per day. At least 10 percent of the calories should be from fats and 12 percent from proteins;

   b) Food distribution should be controlled to ensure that all alien migrants are fed;

   c) Avoid use of dried milk or other milk products unless these foods are normally consumed by the recipient;

   d) Generally safest are simple foods (e.g., rice, beans and cooked vegetables); and

   e) Encourage breast feeding infants when such situations exist & where approriate.

3. Space. Operational and environmental circumstances are important determinants in space needs. Space requirements for alien migrants include those needed for sleeping, eating, personal hygiene and medical care. Additional factors are the numbers of persons involved and anticipated length of stay. Large numbers of migrants can quickly crowd available holding areas. What may be acceptable for short term stays may be unacceptable for long term stays.

4. Communicable Disease Control. Crowding, over-tasked resources, nutritional deficiencies, poor sanitation and apparent chaos are common circumstances affecting displaced populations. Acute communicable diseases frequently accompany alien migrants, the most common of which are diarrhea and respiratory infection. Prevention and control measures should be implemented among migrants to minimize communicable disease occurrence. Some measures and safeguards are:

   a) Attain and maintain safe food and potable water sources (if available Meals Ready to Eat (MREs) may be provided);

   b) Install and ensure the availability of sanitary disposal systems for human wastes;

   c) Eradicate or control insects and animal vectors;

d) Decontaminate or otherwise effectively process eating utensils, clothing, bedding, and personal effects which serve as sources of disease transmission;

e) Appropriately handle alien migrants identified with communicable diseases to control transmission, as discussed in this Instruction; and

f) Minimize contact between alien migrants and Coast Guard ADSMs.

5. Miscellaneous Factors. Alien migrant situations involve psychological, physical, social, physiologic, and other stressors. Capabilities to address these concerns are frequently limited in the typical migrant environment, but can have an important payoff in terms of effective and humanitarian management. Factors that should receive consideration include:

a) Establish lines of communication with alien migrants;

b) Allow family units to cluster and associate;

c) Create the impression that the caretakers are clearly in control of the situation yet interested in migrant concerns;

d) Be aware of important religious, cultural and ethnic customs and practices;

e) Encourage self-help;

f) Treat alien migrants with understanding and compassion while following the recommendations of this Instruction; and

g) Minimize actions which convey the perception that fears of communicable disease are of higher concern than assisting human beings.

6. The following is a template (Encl: (4-A)) which should be used to document migrant health care:

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	
	Purpose: to help frontline providers triage to emergent off-site care, basic provision of care appropriate for the temporary on- board setting, or observation. Note: setting and relatively brief duration of stay on-board does not lend itself to immediate care for conditions requiring higher levels of care or management of chronic medical conditions best managed longitudinally by a consistent healthcare provider. Document also allows for triage decisions to limit exposure of crew and other individuals to potentially communicable diseases. The goals being: identify, isolate, and inform next steps.
Females:	**AMIO SCREENING OVERPRINT**
D not pregnant	**SUBJECTIVE**: year old male / female (circle) with a day history of:
D pregnant	
D unknown	Respiratory: ( ) **fever** (or individual reports subjectively feeling hot) or ( ) **cough, ( ) shortness of breath, or ( ) sore throat** or ( ) **rash, ( ) red eyes, ( ) runny nose** If yes to one or more of the above, mask the individual and move away from other individuals (at least 6 feet, in an open area or separate room) GI: ( ) nausea or ( ) vomiting or ( ) diarrhea; If yes to one or more of the above, don gloves if provider is not already doing so, and move the individual away from others (at least 6 feet, in an open area or separate room) Other review of systems: ( ) Altered mental status, ( ) headache or ( ) neck stiffness? Lightheadedness, fainting spells ( ) Chest pain? ( ) blood in stools ( ) abdominal pain\ ( ) Open sores/cuts If so, provider should don gloves if not already doing so and follow appropriate standard precautions
	D other symptoms_____ D no symptoms
	Other family members ill:
	Recent travel/point of origin:
	Current medications:
	Any medication allergies:
Provide VS or check appropriate signs	**OBJECTIVE: Vital signs ( ) Temperature ( ) BP ( ) pulse ( ) RR (based on available resources)** ( ) well nourished, well hydrated ( ) moderately ill appearing, mildly dehydrated ( ) non-combative, alert and oriented ( ) combative, or non-alert not oriented Y/N : ( ) Stiff neck ( ) rash ( ) red eyes ( ) wheezing or lung exam abnormalities ( ) rigid abdomen ( ) focal neurologic deficits other:
	General: D D
	D
	ASSESSMENT / PLAN: 1. Unstable or exceeds local care capacity – contact medical personnel for assistance
	() Individual is stable,: requires care commensurate with onboard capability (NOTE what that is) or ( ) Individuals is stable and expectant management; no intervention needed
	D Individual is not stable, medical attention required. Contact medical personnel for assistance.
	Additional isolation or precautions as per triage or medical personnel
	SIGNATURE

AMIO ID Number # AMIO SCREENING OVERPRINT

SECTION 5

PREPARATION OF EMERGENCY SOURCES OF POTABLE WATER

A. Overview. All water must be treated before using it for drinking, food preparation, cleaning, or personal hygiene unless its safety is absolutely certain. These measures will kill most microbes, but will not remove other contaminants such as heavy metals, salts, and most chemicals. Before treating water, allow suspended particles to settle to the bottom or strain them through a clean cloth.

1. Boiling. Boiling is the safest method of treating water, but is best used for relatively small quantities of water. Boil water for at least 10 minutes. Some water will evaporate during this process. Ensure water is cool prior to using.

2. Chlorination using household bleach. Use only regular bleach that contains 5.25% sodium hypochlorite. Do not use scented, color safe, or bleaches with added cleaners. Add 8 drops of bleach per gallon of water. If the water is cloudy, add 16 drops per gallon. Allow the water to stand for 30 minutes. A slight, but distinct chlorine smell should be detected after 30 minutes. If not, repeat the dosage and allow the water to stand for another 30 minutes.

3. Chlorination by Calcium Hypochlorite. Powdered calcium hypochlorite can be used to purify large quantities of water. Detailed instructions on using calcium hypochlorite can be found in References (c) and (f).

SECTION 6

CLEANING AND DECONTAMINATION GUIDANCE

A. Recommended Surface Disinfectants. The safety procedures in this Section are fully discussed in References (h)-(o).

1. Phenolic Compounds. In high concentrations, phenolics are protoplasmic poisons. In low concentrations, they inactivate essential enzyme systems. As disinfectants, phenolics are usually combined with a detergent. They do not damage treated surfaces. Disinfection can be achieved after 10 - 20 minutes of contact.

2. Sodium Hypochlorite. Sodium hypochlorite is thought to oxidize microbial enzymes and cell wall components. A 1:10 dilution of 5.25 percent sodium hypochlorite in water yields a solution which can provide an intermediate level of disinfection in 10 minutes. Since sodium hypochlorite solution tends to be unstable, a fresh solution must be prepared daily. It possesses a strong odor and can be harmful to eyes, skin, clothing, upholstery and metals (especially aluminum).

B. Chemical Disinfectants Not Recommended.

1. Alcohol. Alcohol is bactericidal against vegetative forms of bacteria through the denaturation of cellular proteins. A 70 - 90 percent solution (diluted with water) is more effective than a more concentrated solution. The disadvantages of alcohol use are (a) rapid evaporation, (b) lack of sporicidal or viricidal activity, and (c) rapid inactivation by organic material. Alcohol alone must not be used for disinfection.

2. Quaternary Ammonium Compounds. In the past, benzalkonium chlorides and other "quats" have been used as disinfectants because they were thought to be safe, inexpensive and to have low surface tension. Their biocidal activity results in a breakdown of the bacterial cell membrane producing an altered cellular permeability. As a group, these compounds have several serious deficiencies. Being positively charged, they are attracted not only to bacteria but also to glass, cotton, and proteins. This decreases their biocidal activity. The negatively charged ions of common cleaners, soaps, and other compounds will also neutralize "quats." Some "quats" have been shown to support the growth of gram-negative organisms. They are ineffective against most spore formers, the Hepatitis B virus and the Tubercle Bacillus.

SECTION 7

EQUIPMENT AND SUPPLY CHECKLIST FOR AMIO & PREVENTION OF COMMUNICABLE DISEASE

A. Introduction. Many of these supplies and equipment should already be available onboarda vessel for use in berthing and galley sanitation, and as part of the unit's Bloodborne Pathogen Instruction. It is recommended that units set aside these supplies and equipment for use in boardings, inspections, and AMIO . The allowances below are based on encountering 50 migrants in a 10-day period.

1. Checklist:

   a) #1 gallon Household Bleach

   b) #1 Box Large Size Nitrile Gloves

   c) #1 Box Medium Size Nitrile Gloves

   d) #1 Box Small Size Nitrile Gloves

   e) #1 Box Large Disposable or 3 Large Half-Face Respirators with N-95, P-95, R-95 cartridges

   f) #1 Box Medium Disposable or 3 Large Half-Face Respirators with N-95, P-95, R-95 cartridges

   g) #1 Box Small Disposable or 3 Large Half-Face Respirators with N-95, P-95, R-95 cartridges

   h) #2 Pairs Chemical Goggles (for HS/EMT ADSMs medically treating migrants)

   i) #3 5-gallon buckets for Decontamination of boots and equipment.

   j) #3 Scrub Brushes, Hand-held

2. Handwashing Station consisting of:

   a) Liquid Soap

   b) Potable Water

   c) Disposable Hand Towels

SECTION 8

COVID-19 RISK MITIGATION FRAMEWORK – LOW TRANSMISSION RISK TOLERANCE

This guidance is for situations were maximum protection from COVID infection is desired; e.g. Predeparture major cutter deployments to remote areas, clinical settings, etc.

	Quarantine for at least 10 days	After Quarantine	Take precautions until day 10
Asymptomatic member exposed to COVID-19 and has NOT completed a primary series of a COVID-19 vaccine	Stay home/quarantine. Wear a well-fitting mask if member must be around others during quarantine.	Watch for symptoms: watch for symptoms until 10 days after member last had close contact with someone with COVID-19.	Wear a mask: Require member to wear a well-fitting mask for 10 full days anytime around others.
	Get tested if possible: Even if member does not develop symptoms, get member tested at least 5 days after they last had close contact with COVID-19.	If member develops symptoms: Isolate immediately and get tested. Continue to isolate until test results are known. Wear a well fitting mask around others.	Avoid travel.
	Report member's status in CGPAAS: Quarantined. Do not use Isolated until diagnosed COVID-19 positive. Member and/or contact tracing team must record quarantine status in CGECTA.	**COs/OICs may always recall members from quarantine due to urgent staffing requirements. Members recalled from quarantine shall wear a well-fitting mask at all times and physically distance themselves (at least 6 feet) from others whenever possible	Avoid being around high risk individuals.

	No Quarantine	Watch for symptoms	Take precautions until day 10
Asymptomatic member was exposed to COVID-19 and has completed a primary series of a COVID-19 vaccine and/or had confirmed COVID-19 within the past 90 days	Wear a well-fitted mask if member must be around others for the first 5 days after close contact.	Watch for symptoms until 10 days after member last had close contact with someone with COVID-19	Wear a mask: Require member to wear a well-fitting mask for 10 full days anytime around others.
	Get tested if possible: Even if member does not develop symptoms, get tested at least 5 days after they last had close contact with COVID-19. **EXCEPTION:** Members who have tested positive in the last 90 days should not be retested without the concurrence of COMDT (CG-1121), unless symptoms develop. If testing is required, use antigen testing.	If member develops symptoms: Isolate immediately and get tested. Continue to isolate until test results are known. Wear a well fitting mask around others.	Avoid travel.
			Avoid being around high risk individuals.

	Isolate for at least 10 days if symptomatic	Ending Isolation	Take precautions until day 10
If a member tests positive for COVID-19, *regardless* of vaccination status	Stay home/isolate for 10 days; avoid contact with any other person if possible. Member shall wear a well-fitting mask if member must be around others during isolation.	Ending isolation if member had symptoms: end isolation after 10 full days if member is fever-free for at least 24 hours (without the use of fever-reducing medications) and symptoms are resolving in the judgment of a health care provider. Do not retest to exit isolation without the concurrence of COMDT (CG-1121). Use antigen test if retesting.	Wear a mask: Require member to wear a well-fitting mask for 10 full days anytime around others.
		Ending isolation if member did NOT have symptoms: End isolation after at least 5 full days after the positive test. Do not retest to exit isolation without the concurrence of COMDT (CG-1121). Use antigen test if retesting.	Avoid travel.
	Report member's status in CGPAAS: Isolated, Hospitalized, Released, or Deceased, as applicable. Member and/or contact tracing team must record positive test result and vaccination status in CGECTA.	If member is seriously ill with COVID-19: Member must isolate for at least 10 days. Medical officer consult required before ending isolation.	Avoid being around high risk individuals.

http://www.uscg.mil/coronavirus/ COVID-19 PLANORD (V9) FRAGO (V4) Enclosure (2) Version 11.0