



Medical Affairs

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

MEMORANDUM FOR Director, Central North Carolina Market
Director, Coastal Mississippi Market
Director, Jacksonville Market
Director, National Capital Region
Lead, Army Direct Support Organization
Lead, Navy Direct Support Organization
Lead, Air Force Direct Support Organization

SUBJECT: COVID-19 Guidance for Resuming Full Healthcare Operations

This package contains joint COVID-19 access, safety and clinical communities' guidance for the pathway back to the resumption of full healthcare operations for military Medical Treatment Facilities (MTFs) based on Health Protection Condition (HPCON) and will be supplemented with future Department of Defense (DoD) additional guidance on testing and return to work processes. This guidance is consistent with the Centers for Medicare and Medicaid Services (CMS), "Opening up America Again-CMS Recommendation Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare", White House "Guidelines for Opening Up America Again" and JPMPG Health Protection Condition Considerations. While MTF Commanders and Directors may vary in the implementation of the attached guidance based on local conditions, the Defense Health Agency (DHA) will provide oversight to ensure the direct care system has the resources to meet demand across the entire enterprise and may adjust execution plans accordingly.

Please disseminate this guidance to the leadership at each MTF and use this plan to streamline clinical team actions and prepare for a phased approach to resuming full operations. This plan is not inclusive of all necessary actions, but should be used as a guide.

My point of contact is Ms. Regina Julian, who can be reached at (571)-242-4639 or through email at regina.m.julian.civ@mail.mil. As we continue to respond each day to the current pandemic, I thank you for your skill, leadership, and courage during this unique and challenging time to protect our patients, families, communities, and the nation.

MARY RIGGS
RADM, USN, SHCE
Acting Assistant Director,
Healthcare Administration

6 Attachments
As Stated

Attachment 1

Table of Contents

<u>Content:</u>	<u>Page</u>
Attachment 2 - Guidelines for Resuming Full Operations	1
1. Overview	1
2. DHA Priorities	1
3. MTF Healthcare Priorities	1
4. High Risk Populations	1
5. Local Objective Triggers	2
6. Direct Care Objective Triggers and Risk Assessment	2
7. HPCON Phases	3
7.1. HPCON Charlie/Delta	3
7.2. HPCON Charlie-Minus	4
7.3 HPCON Bravo	5
7.4. HPCON Alpha/Zero	6
8. Patient Safety Considerations	7
9. Visitation	7
10. Return to Work	8
11. Patient Experience	9
12. Future Operations as the New Normal by Leveraging Best Practices	9
Attachment 3 – Risk Assessment Checklist	11
Attachment 4 – Patient Safety Checklist	12
Attachment 5 – Clinical Communities Guidance	14
Attachment 6 – Visitation	74

Attachment 2

Guidelines for a Resuming Full Operations in MTFs Based on HPCON Levels

1. Overview: This guidance identifies key criteria and processes to support a controlled, safety-conscious and phased resumption of full operations based on HPCON levels and local risk assessment. Market and Service leaders should ensure a consistent, market-wide approach to implementation and successful execution. It is recognized that MTFs may vary in the implementation of the attached guidance, based on local conditions including: local pandemic conditions and installation guidance; availability of MTF staffing; available capacity for laboratory testing, pharmacy stocks for COVID related medications, Personal Protective Equipment (PPE) stocks; TRICARE network capacity; and force generating and sustaining requirements.

2. DHA Priorities: The DHA is responsible for taking a direct care system-wide view of healthcare operations during the resumption of full operations to ensure all MTFs and markets have sufficient resources in key areas to ensure capabilities are sustained across the enterprise.

3. MTF Healthcare Priorities: MTFs should implement processes to focus on the following priority areas during the phased approach to resuming full operations.

3.1. Ensuring safety of patients and staff;

3.2. Providing medical readiness services to active duty service members or activated reserve/guard members whose deployability and/or ability to return to duty is negatively impacted without healthcare;

3.3. Conducting high-priority surgical procedures in either outpatient or inpatient settings;

3.4. Prioritizing primary and specialty care related to high-complexity chronic disease for high risk populations, defined in Section 4 below;

3.5. Providing elective and preventive care and screening;

3.6. Preventing an access to care backlog by proactively scheduling patients for needed care to fill unused appointments and maximizing the first post-pandemic face-to-face (F2F) visit to meet as many delayed needs as possible including testing, specialty referrals and medication renewals.

4. High Risk Populations: Throughout this pandemic, MTFs should have been identifying their patients, who are high risk populations, reaching out proactively to ensure their healthcare needs are addressed and taking steps to meet healthcare needs either F2F or virtually. As MTFs transition to different HPCONs, MTFs should prioritize the care based on the risk versus benefit analysis discussed in Section 6.10. High risk populations include, but are not limited, to:

4.1. Patients who are 65 years and older;

4.2. Patients who live in a nursing home or long-term care facility;

- 4.3. Patients of any age with underlying medical conditions, which are not well-controlled;
- 4.4. Patients with chronic lung disease or moderate to severe asthma;
- 4.5. Patients who have serious heart conditions;
- 4.6. Patients 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;
- 4.7. Patients with severe obesity with a body mass index or BMI of 40 or higher;
- 4.8. Patients with diabetes;
- 4.9. Patients with chronic kidney disease undergoing dialysis; and
- 4.10. Patients with liver disease.

5. Local Objective Triggers: A MTF's move to the next phase of medical activities should be guided by the local HPCON level and/or guidance from local or state governments and from the Uniformed Military Department or installation commander. In addition, the DHA recommendations based on key centralized healthcare-sustaining areas addressed in Section 6 should be taken into consideration. For reference, MTFs also may consider the CMS-identified triggers in local decision-making, which are:

- 5.1. **Symptoms:** Downward trajectory of influenza like illnesses reported within a 14-day period; and a downward trajectory of COVID-like cases reported within a four-day period.
- 5.1. **Cases:** Downward trajectory of documented cases within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests).
- 5.3. **Healthcare Facilities:** Treatment has shifted from all patients in crisis COVID care to more routine types of needs emerging; and robust testing programs are in place for at-risk healthcare workers, including emerging anti-body testing.

6. Direct Care Objective Triggers and Risk Assessment: DHA has identified key considerations regarding the availability or adequacy of key healthcare-sustaining activities and resources, including, but not limited to, following areas, which also are listed in the Risk Assessment Checklist at Attachment 3.

- 6.1. **PPE:** Assessment of whether the MTF has sufficient PPE to protect patients and staff in inpatient, outpatient and surgical/procedures settings, through the projected date that a reliable supply chain for new PPE will arrive.
- 6.2. **Pharmaceuticals:** Assessment of whether the MTF has sufficient pharmaceuticals for both COVID-19 and non-COVID-19 projected needs, through the projected date that a reliable a supply chain for new pharmaceuticals will arrive. Assessment of a shortage of any widely used and/or critical pharmaceuticals and impact of a current or projected shortage should be conducted prior to expanding services.
- 6.3. **Beds:** Assessment of inpatient bed capacity, if applicable, and whether the MTF has sufficient capacity both to begin inpatient admissions to support full operations and excess capacity to address current and/or future COVID-19 admissions in a protected cohort area.

6.4. Staffing: Assessment, by outpatient product line and inpatient services, of the availability of staff to support resuming full operations.

6.5. Testing: Assessment of whether the MTF has sufficient supply and staff to support COVID-19 infection and related testing, based on Department of Defense (DoD) and DHA guidance and Centers for Disease Control (CDC) guidelines for both patients, staff and operational requirements, as outlined in Section 10.

6.6. Lab: Assessment of whether the MTF has laboratory capability to support testing and other laboratory needs to support the resumption of full operations using either in-house or using civilian capabilities through contracts or other agreements.

6.7. Other Ancillaries: Assessment of whether there is sufficient staffing to support all ancillary services based on expected workload at each phase. This includes nutrition services, housekeeping, plant and equipment and other support staff.

6.8. Safety: Assessment that Clinical Quality Management (CQM) operations per established standards/guidelines are maintained, based on key patient safety considerations in Section 8 to protect both patients and staff.

6.9. Risk Assessment by Product Line: Assessment of whether MTFs may resume in-person inpatient and outpatient activities if a retrospective analysis of activities since 1 March 2020 and resultant COVID-19 outcomes indicate care was safely delivered without infection of patients or staff and if prospective plans support the MTF's resuming additional healthcare and procedures safely. Product Line Leaders (PLLs) in markets and specialty leads at stand-alone MTFs may provide a risk assessment by product line of activities at each HPCON level before recommending transition to the HPCON level, as outlined in the risk assessment checklist in Attachment 3.

6.10. Risk versus Benefit Analysis for Patient Care: MTFs should ensure processes are in place to minimize the risk of exposure. In making the decision to deliver F2F care, MTFs may weigh the benefit of not delaying the care against the risk of exposure.

7. HPCON Phases: MTFs and markets may use the risk assessment checklist in Attachment 3 and coordinate with next level higher headquarters before transitioning to operations at the next HPCON. DHA will provide oversight based on key indicators to ensure an enterprise approach to ensuring direct care has sufficient resources to respond to further COVID-19 outbreaks. Activities at each HPCON level include both planning and execution components. Planning activities are designed to prepare the MTF for the next HPCON level. Markets should take a market approach to evaluating readiness to move through each HPCON level, by product line, through consultation with PLLs. The execution phase includes healthcare activities' resumption, as recommended by PLLs to MTF Commanders or Directors, based on the clinical communities' guidance at Attachment 5.

7.1. HPCON Charlie/Delta: MTF current operations are guided by the DHA Joint Access and Clinical Communities' "Health Protection Condition (HPCON) Guidance in a COVID-19 Environment", released on 8 April 2020. In HPCON Charlie/Delta, MTFs may continue providing medical necessary care, which cannot safely be delayed. As much as possible, most care is provided virtually and is delayed for routine care and elective procedures, based on the

clinical judgement of providers. In addition to continuing to conduct current activities, MTFs may begin preparing for HCPON Charlie-Minus by identifying prior deferred complex care and Service members requiring readiness and preventive care. To prepare for HPCON Charlie-Minus, MTF healthcare teams may:

7.1.1. Begin scrubbing templates to identify patients whose follow-up, routine and preventive care should be conducted within the next 30 days; and schedule high-risk patients who need a F2F appointment within the first 30 days;

7.1.2. Review admissions and emergency room visits for high-risk reasons, which could result in a poor outcome or readmission and proactively schedule the patient for a virtual appointment and a F2F appointment, if needed;

7.1.3. Continue identifying patients who tested positive for COVID-19 and proactively reach out to schedule a virtual or F2F follow-up, as needed;

7.1.4. Retrospectively scrub all cancelled F2F appointments since the start of COVID response operations to identify more immediate F2F care needs and proactively reach out to schedule virtual or F2F care, as clinically indicated;

7.1.5. Retrospectively review any delayed specialty referrals and begin planning activities to project appointing or deferral to network capacity. Proactively reach out to previously-identified patients to schedule a first virtual visit in the specialty care area based on clinical or readiness-related urgency and schedule F2F visits, as needed;

7.1.6. If unable to book, keep track of patients needing F2F care within 30 days to book at earliest opportunity;

7.1.7. MTFs may optimize ordering provider-to-specialty provider consultation processes, as feasible. These processes may reduce the number of specialty referrals needed, reduce network deferrals and increase the ordering provider's knowledge, skills and abilities;

7.1.8. Develop templates for PLL approval for the next phase:

7.1.8.1. Primary Care: Increase the proportion of FTR appointments to address delayed or cancelled routine and non-urgent follow-up needs; however, MTFs still should ensure adequate availability of 24HR appointments to meet acute needs. Continue maximizing the use of virtual appointments by including SPEC*HC appointments in templates or adding the *HC or *TELMED detail code to any appointment type. MTFs may maintain any proportion of virtual and F2F appointments as are needed to address patient needs, to include evaluation of whether a specialty care consult is clinically indicated.

7.1.8.2. Specialty Care: Ensure an adequate mix of both SPEC appointments for new specialty care consults and FTR appointments, to address on-going follow-up or routine care for established patients. MTFs may maintain any proportion of virtual and F2F appointments as are needed to safely and appropriately address patient needs.

7.2. HCPON Charlie-Minus: The focus of HPCON Charlie-Minus is on addressing prior *delayed healthcare for high-risk patients, resuming elective surgery cases, which can be safely accomplished and delivering needed readiness and preventive care.* MTFs may continue safety steps advised in HCPON Charlie/Delta but also may:

- 7.2.1. Continue to proactively reach out to high-risk patients to schedule and deliver deferred, cancelled or other care, which cannot be delayed;
- 7.2.2. Re-start elective surgeries and procedures, by therapeutic specialty area if conditions including safety, PPE, pharmaceuticals, laboratory services, staffing and other resources discussed in Section 6 are available;
- 7.2.3. Identify any known positive and high risk patients that require a F2F visit and schedule into a dedicated time window and/or location to minimize exposure risk;
- 7.2.4. Reinitiate wellness and preventive visits including: well child visits (focus on 4 and 11 year old due to immunizations); well woman exams; annual diabetic visits; mammograms, colonoscopies and other screenings for overdue patients, prioritizing those at higher risk of developing disease;
- 7.2.5. Continue regular telephone or secure messaging outreach to known high-risk but stable patients;
- 7.2.6. Continue addressing routine, follow-up and acute needs virtually and F2F, if virtual care is not feasible;
- 7.2.7. Continue maximizing the use of virtual care to meet any patient needs in all product lines, if clinically appropriate;
- 7.2.8. Continue optimizing provider-to-specialty provider consultation processes, as feasible. These processes may reduce the number of specialty referrals needed, reduce network deferrals and increase the ordering provider's knowledge, skills and abilities;
- 7.2.9. If the MTF has specialty care, begin scheduling the first specialty appointment in virtual SPEC appointment slots using either telephone or video capabilities, as available.
- 7.2.10. Conduct F2F specialty appointments, as clinically required; however, in coordination with PLLs, MTFs may space out appointments and adjust clinical space to accommodate distancing needs to ensure patient and staff safety;
- 7.2.11. Practice active template management and make changes with PLL approval to maximize the MTF's ability to meet patient demand for care;
- 7.2.12. Coordinate with the network to assess ability of the network to provide access to care, by specialty, based on MHS access to care standards;
- 7.2.13. Begin plans to re-start nurse-run clinics/clinical support staff protocols in primary care;
- 7.2.14. Write consults for and begin scheduling non-clinically urgent and emergent specialty care needs, to be addressed in HPCON Bravo;
- 7.2.15. Update booking guidance and protocols for central appointing centers.

7.3. HPCON Bravo: The focus areas of HPCON Bravo are to continue addressing *prior delayed readiness and clinical needs and to prepare to return to full operations*. Based on local and national conditions, MTFs may expect to remain in HPCON Bravo for an extended period of time. As more services open up, it is critical to ensure assessment of testing capabilities, centralized supplies, pharmaceuticals and laboratory services. In addition to continuing the steps in the previous phase, MTFs may:

- 7.3.1. Re-start nurse-run clinics/clinical support staff protocols in primary care;
- 7.3.2. Write consults for and begin scheduling routine specialty care needs as may safely be accomplished in the MTF virtually or F2F;

- 7.3.3.** Ensure appointment templates comply with DHA-Interim Procedures Memorandum 18-001 in terms of the expected number of scheduled appointments per provider, of the appropriate appointment type mix and scheduled on days and at times convenient to beneficiaries to optimize access to care. MTFs should continue planning appointments based on a five-day week schedule, unless not feasible, based on staffing;
- 7.3.4.** MTFs may maintain any proportion of virtual and F2F appointments as are needed to address patient needs;
- 7.3.5.** Appointment lengths may be at the providers' discretion and MTFs may consider staggering appointment times, space and hours to reduce the number of patients in clinic at any given time, as approved by the PLL;
- 7.3.6.** Maximize use of virtual primary and specialty care capabilities, as clinically appropriate, to maximize capture of care to the direct care system;
- 7.3.7.** Continue optimizing ordering provider-to-specialty provider consultation processes. These processes may reduce the number of specialty referrals needed, reduce network deferrals and increase the ordering provider's knowledge, skills and abilities;
- 7.3.8.** Defer care to network, which cannot be delivered in the MTF within MHS access standards if the network has capacity;
- 7.3.9.** Update booking guidance and protocols for central appointing centers to reflect current operations and guidance for patients;
- 7.3.10.** Coordinate with central appointments on when full operations will resume so central appointments can begin planning for the next phase and communicate with patients who call the appointment line;

7.4. HPCON Alpha/Zero: The focus of HPCON Alpha/Zero is to transition back to *pre-pandemic operations including providing routine and elective care* for all patients.

- 7.4.1.** Address urgent and routine needs in primary and specialty care and defer to network per standard processes and if access standards are not met.
- 7.4.2.** Continue cohorting known positive or high risk F2F patients into a dedicated time window and/or location to minimize exposure risk, including for well-child visits.
- 7.4.3.** Continue optimizing ordering provider-to-specialty provider consultation processes, as feasible. These processes may reduce the number of specialty referrals needed, reduce network deferrals and increase the ordering provider's knowledge, skills and abilities.
- 7.4.4.** Ensure all patients identified in Phase 0 have had a scheduled F2F appointment or are scheduled for one at a time of their preference.
- 7.4.5.** Continue practicing active template management and implement changes upon PLL approval. MTFs may maintain any proportion of virtual and F2F appointments as are needed to address patient needs.
- 7.4.5.1. Primary Care:** Re-balance templates from heavily focused on routine and follow-up needs (F2F or virtual FTRs) back to at least a 50:50 split of appointments to address acute conditions or other care needed within 24 hours (F2F and virtual 24HR appointments.) Continue maximizing the use of virtual appointments for acute and routine needs by including SPEC*HC appointments in templates or adding the *HC or *TELMED detail code to any appointment type.

7.4.5.2. Specialty Care: Continue ensuring an adequate balance of both F2F and virtual SPEC appointments for new specialty care consults to reduce deferrals to the network and sufficient FTR appointments, to address on-going follow-up or routine care for established patients.

8. Patient Safety Considerations:

8.1. Risks at Changing HPCON Levels: Changing HPCON levels and transition between levels, either higher or lower, incur heightened risks to the quality and safety of care for our patients. Unique to the COVID-19 pandemic, potential risks accrue not only to the patient, but to our clinical teams as well. Risks to our patients require a re-doubling of attention to established standards/guidelines which are part of CQM operations. Increased risks occur due to many reasons, to include unfamiliar, enhanced Infection Prevention and Control practices; altered staffing ratios on Medical-Surgical wards and Intensive Care Units; staff providing care with limited training and experience; and the stress/fatigue inherent to high risk, uncertain environments. Across all HPCON levels, CQM subject matter experts should actively seek opportunities to lead or participate in cross-functional teams, to pro-actively identify risks, note patterns and trends, and propose strategies for mitigation. Potential risks, near misses, and adverse events should be identified in leadership rounding, huddles and safety reporting systems daily and reported to senior leadership as well as shared in appropriate MTF/market venues, adhering to Privacy/1102 protections, but sharing as close to real time as possible, in order to maximize learning and reduce harm. Providers and staff need to consistently cross-monitor each other for signs of illness or stress. All providers and staff must understand their role in well-being and implement strategies to mitigate stress and promote resiliency throughout the MTF. Though providers and staff have been trained in team skills, some MTFs have not sustained implementation, potentially leading to ineffective communication and preventable patient harm. MTFs should establish a system of coaching to enhance implementation of team skills and to mitigate stress.

8.2. Responsibilities of MTF Commanders or Directors: MTF Commanders or Directors are encouraged to be deliberate in mitigating identified risks by supporting evidence-based communication and teamwork concepts, tools, and strategies, which are integral to preventing harm and promoting staff resiliency. MTF Commanders or Directors should implement engagement strategies designed to understand the current or potential risks affecting safe care, remove barriers and challenges, and engage staff in the improvement process. As always, protection of our patients and staff is essential in the current uncertain environment, and efforts must be made to bolster our existing frameworks which protect our patients and staff from harm.

8.4. Patient Safety and Quality Checklist: MTF Commander and Directors are strongly encouraged to ensure their staff members review the Patient Safety Checklist at Attachment 4 early and often as they resume normal operations through changing HPCON levels.

9. Visitation: MTF visitation processes at HPCON Charlie/ Delta may remain consistent with local installation guidance and the procedures identified in Attachment 6, which contains guidance released originally on 8 April 2020 on “Health Protection Condition (HPCON)

Guidance in a COVID-19 Environment”. MTF visitation processes at HPCON Bravo and below may be based on the local environment and the MTF Commander’s or Director’s discretion.

10. Return to Work and Testing Guidance: Based on DoD or Health Affairs guidance, DHA will issue testing and return to work guidance in the near future. In the interim, MTFs may use basic return to work guidance provided based on HPCON and other local conditions, at the discretion of the MTF Commander or Director, as follows:

10.1. General Screening and Testing Guidance for all HPCONs:

10.1.1. MTFs will screen all Healthcare Personnel (HCP) for fever and symptoms consistent with COVID-19, at the beginning of each shift, in accordance with Centers for Disease Control (CDC) guidelines.¹ This includes actively taking their temperature and documenting absence of COVID-19 symptoms.

10.1.2. HCP are to regularly monitor themselves for fever or symptoms of COVID-19 throughout the day or shift and, if they become sick, return home immediately.

10.1.3. HCP with suspected COVID-19 will be prioritized for testing; however, routine testing of asymptomatic HCP is not recommended, although CDC guidelines may change as accuracy of the screening and antibody tests, as well as test availability, improves.

10.1.4. MTFs will increase air exchange in the building

10.1.5. MTFs will increase the frequency of cleaning commonly touched surfaces

10.1.6. The DHA Interim Directors Guidance directs MTFs to follow CDC Infection Prevention and Control Guidance.

10.2. HPCON Charlie/Delta:

10.2.1. Continue to encourage telework, whenever possible and feasible with business operations, especially for those staff members who are members of a vulnerable or high risk population;

10.2.2. If possible, return to work in phases;

10.2.3. Close common areas where personnel are likely to congregate and interact, or enforce strict social distancing protocols (e.g., gym, cafeteria);

10.2.4. Minimize non-essential travel and adhere to CDC guidelines regarding isolation following travel;

10.2.5. Strongly consider special accommodations for personnel who are members of a vulnerable or high risk population; and

10.2.6. Minimize gatherings of more than 10 people.

10.3. HPCON Bravo:

10.3.1. Continue to encourage telework, whenever feasible, based on duties.

10.3.2. Close common areas where personnel are likely to congregate and interact, or enforce moderate social distancing protocols;

10.3.3. Non-essential travel can resume;

¹ https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#monitor_manage

10.3.4. Strongly consider special accommodations for personnel who are members of a vulnerable or high risk population; and

10.3.5. Minimize gatherings of more than 50 people.

10.4. HPCON Alpha/Zero:

10.3.1. Resume unrestricted staffing of worksites.

11. Patient Experience: MTFs are encouraged to implement processes to optimize patient experience and reduce patient anxiety about coming to the MTF for needed F2F care by reassuring them of processes in place to provide care safely. These processes will include educating the patient when appointments are made, providing a welcoming atmosphere upon the patient's arrival and educating patients proactively through all current modes:

11.1. Patient Information from Appointing Staff: MTFs may develop processes and standard verbiage for personnel to communicate to patients when making appointments. Information communicated to patients may include, but may not be limited, to: steps the MTF is taking provide care safely; what to expect when the patient arrives including any changes to existing standard processes, including controlled entry points, screening processes, need for masks and other MTF infection control processes.

11.2. Welcoming Atmosphere Upon Arrival: Although customer service and a welcoming atmosphere should be the rule, independent of the pandemic, MTFs may take steps to amplify customer service processes to reduce patient anxiety by reinforcing by voice and demeanor that the MTF values and welcomes the patient, the MTF staff are pleased to provide care and that the MTF processes are for the patient's protection.

11.3. Key Stakeholder Communication: MTFs should ensure all beneficiaries and staff are informed of changes to MTF operations at each HPCON using existing standard channels. Beneficiary channels include signage, outreach to the installation commanders and key line leaders, information on MTF web and social media pages, recordings on information/appointing lines and through secure messaging. MTFs also should update their instructions in the Nurse Advice Line Management System (NALMS), as conditions change to ensure the NAL directs beneficiaries according to MTF processes.

12. Future Operations as the New Normal by Leveraging Best Practices: MTFs are encouraged to continue any new operations implemented during the COVID-19 pandemic, which have resulted in better performance, improved outcomes and higher patient satisfaction. DHA plans to learn from best practices implemented during the COVID-19 pandemic for consideration as future enterprise standard processes to move towards a "*new normal*", which supports the Quadruple Aim by increasing patient and staff engagement and satisfaction, enhancing readiness, reducing costs and improving outcomes. MTFs are encouraged to submit best practices to the DHA Healthcare Optimization Division in the following format via email at: dha.ncr.healthcare-ops.list.covid-19@mail.mil.

12.1. What: A brief description of the MTF's best practice and the impact of the change; please be specific on the improvement in both quantitative and qualitative terms.

12.2. Why: Identify what problem or challenge was the MTF addressing with the new process and how this varied from the MTF's previous process.

12.3. How: Describe how the MTF implemented the best practice (e.g. with a change in process, re-purposing staff, etc.)

12.4. Who: Identify the MTF area implementing the change, any installation or non-MTF support required and the main point of contact to provide further information, if needed.

Attachment 3

MTF Risk Assessment Checklist

Risk Assessment Criteria	Yes	No
PPE: Does the MTF have sufficient PPE to protect patients and staff in inpatient, outpatient and surgical/procedures settings, through the projected date that a reliable supply chain for new PPE will arrive?		
PPE: Does the MTF have a process to distribute masks and/or other PPE to patients, who may present for an appointment without protection rather than turning the patient away?		
Pharmaceuticals: Does the MTF have sufficient pharmaceuticals for both COVID-19 and non-COVID-19 projected needs, through the projected date that a reliable a supply chain for new pharmaceuticals will arrive?		
Pharmaceuticals: Has the MTF conducted an assessment of a shortage of any widely used and/or critical pharmaceuticals and impact of a current or projected shortage prior to expanding services?		
Inpatient Beds (If applicable): Does the MTF have sufficient inpatient capacity both to begin inpatient admissions to support full operations?		
Inpatient Cohorting (if applicable): Does the MTF have the space to address current and/or future COVID-19 admissions in a protected cohort area, should it be required?		
Staffing: Has the MTF completed a staffing assessment and does the MTF have sufficient staffing by outpatient product line and inpatient services, of the availability of staff to support resuming full operations?		
Testing: Does the MTF have sufficient supply and staff to support COVID-19 infection and related testing, based on DoD and DHA guidance?		
Lab: Can the MTF laboratory support both COVID-19 testing requirements and full laboratory testing needs based on the expected workload during the phased resumption of full operations?		
Other Ancillaries: Does the MTF have sufficient staffing to support all ancillary services based on expected workload at each HPCON level?		
a. Nutrition services (if applicable)		
b. Housekeeping - to include required room cleaning after each patient		
c. Physical plant and space		
d. Equipment		
e. Other support staff for full operations		
Safety: Does the MTF conduct Daily Safety Briefs, Unit-Based huddles, and/or Leadership Walk Rounds, tailored to risks unique to COVID-19 operations?		
Risk Assessment by PLLs: Has each MTF PLL completed an assessment of whether the MTF may resume in-person inpatient and outpatient activities, based on a retrospective analysis of activities since 1 March 2020 and resultant COVID-19 outcomes to determine if care was safely delivered without infection of patients or staff at each HPCON level before proceeding to the next HPCON level?		
PLL Recommendation to MTF Commander or Director: Has the MTF Commander or Director taken the PLLs' recommendations into account before proceeding to the next HPCON level?		
Patient Experience: Has the MTF implemented messaging on HPCON process changes to patients?		
a. Through secure messaging		
b. On MTF webpages and social media pages		
c. Via signage		
d. In scripts for appointing clerks		
e. Other existing means		
Patient Experience: Has the MTF Commander or Director educated staff on processes at the next HPCON level?		
Patient Experience: Has the MTF Commander or Director implemented processes for staff members to reduce patient anxiety by making the patients feel welcome, valued and that processes are for their own protection?		
MTF Commander or Director Coordination with Installation Commander: Has the MTF Commander or Director communicated with the Installation Commander on the MTF's recommended transition to the next HPCON level?		
Market Approach: Has the MTF Commander or Director coordinated with the market, if applicable, to ensure that a market approach among MTFs is taken/is consistent?		
Coordination with Next Higher Headquarters: Has the MTF Commander or Director coordinated with the next higher headquarters and reviewed risks and mitigations before moving to the next HPCON level?		

Attachment 4

Patient Safety Assessment Checklist (Page 1)

Quality and Safety Assessment Criteria	Yes	No
Environment of Care: Does the MTF have a plan in place to ensure water safety (e.g. Legionella mitigation) to evaluate areas of disruption of water flow that may have occurred during the pandemic?		
Environment of Care: Has the MTF confirmed operational status of the HVAC system that includes air exchanges of all patient care areas with special attention paid to those locations previously closed or repurposed during the pandemic?		
Environment of Care: Has the MTF assessed the availability of hand hygiene agents for staff and patients?		
Sterilization: Have all sterile packages and instrument trays been inspected for integrity and expiration dates?		
Sterilization: Have the sterilizers, automated endoscope reprocessors, ultrasonic machines, and other sensitive equipment been tested to verify appropriate parameters are met?		
Sterilization: Have the sterilant and disinfection solutions been inspected to confirm stability and date of expiration per manufacturer's instructions for use?		
Sterilization: If endoscopic procedures are performed, have the endoscopes been examined and reprocessed within established policies concerning hang time?		
Sterilization: Has the MTF set aside time for additional infection prevention and control training in regard to disinfection and sterilization practices and competencies?		
Housekeeping: Has housekeeping performed terminal cleaning for all areas closed/repurposed for COVID-19 pandemic prior to assumption of duties in the location?		
Housekeeping: Has infection prevention and control performed walk through after the final cleaning prior to opening?		
Staff Health: Does the MTF have a plan for identifying, tracing, and segregating staff members that start exhibiting signs of infection while on duty?		
Staff Health: Does the MTF have a plan to address staff who rely on public or base transportation to get to work?		
Staff Health: Does the MTF have a plan to address staff family needs (child care, sick care, etc)?		
Screening: Have procedures been established to prescreen for fever, respiratory infections, known exposure to COVID-19 and length of time from exposure for staff, patients and family members in a separate area from the waiting area, or prior to entry into the MTF?		
Immunizations: Does the MTF have a plan to ensure all healthcare workers are current on required immunizations?		
Medication: Are there enough IV Pumps available for all anticipated IV medications?		
Medication: Were the Automated Dispensing Cabinets' (ADC) par levels returned to normal and restocked with appropriate medications for normal operations?		
Medication: Has temperature dependent medication storage been assessed and maintained?		
Medication: Is there enough PPE for pharmacy sterile compounding to operate at USP <797> requirements?		
Leadership: Have leadership re-engaged in proactively managing risks and creating mitigation strategies by conducting daily safety briefs and leadership walkrounds?		
Leadership: Given the impact of the pandemic on staff stress and resilience, can the MTF perform planned procedures without compromising patient safety or staff safety and wellbeing?		

Attachment 4

Patient Safety and Quality Checklist (Page 2)

Quality and Safety Assessment Criteria	Yes	No
Leadership: Has leadership continued or re-engaged in assessing resources to ensure standard of care throughout the MTF and uniform implementation of all safety policies/procedures?		
Leadership: Have leaders evaluated guiding principles for managing and sustaining quality and safety operations across varying HPCON environments- three domains: Education, Planning and Preparedness, and People and Resiliency?		
Safe Practices: Does the MTF have a plan to continue or re-engage in the training, implementation, and sustainment of team-based safe practices (TeamSTEPPS)?		
Huddles: Does the MTF have a plan to continue or reinstate use of planning huddles?		
PS Data: Is a plan in place to review all (open and closed) JPSR events daily for COVID-19 related reports and is there a plan to implement immediate actions as needed?		
PS Data: Has the MTF reviewed and identified strategies to mitigate patient safety related risk based on PS data during the de-escalation process?		
PS Data: Has the MTF communicated with the appropriate departments, clinical communities, and/or leadership in your Market/MTF on addressing safety concerns?		
PPE: Has the MTF coordinated with Medical Logistics to develop a plan for halting extended and reuse of PPE in alignment with CDC transmission-based precautions and management of PPE?		
Training: Does the MTF have a plan to assess lapsed staff competency and training requirements?		
Training: If applicable does the MTF have a plan to reincorporate students and residents into routine operations?		
Training: Does the MTF have a plan in place for identification, development, and implementation of additional training needs based on new guidelines and processes (for example, new masking requirements and social distancing)?		
Planning: Is there an established procedure for social distancing in waiting rooms, common areas, and other locations?		
Planning: Has the MTF and or individual departments developed a pandemic safety plan and a contingency safety plan for possible new outbreak or changes to phased approach?		
Planning: Does the MTF have a plan to address extended hours of operation to manage backlogged routine and preventive care?		
Credentialing and Privileging: Does the MTF have a plan to communicate when to no longer award disaster privileges as the HPCON de-escalates?		
Credentialing and Privileging: Does the MTF have a plan for normal credentialing to resume?		
Credentialing and Privileging: : Does the MTF have a plan to communicate when exceptions to policy and/or external requirements are restored to normal as the HPCON de-escalates?		
Credentialing and Privileging: Is there a plan in place for providers to resume care aligned to the scope of their existing clinical privileges as soon as practicable and conditions allow during de-escalation?		
Accreditation and Compliance: Is the MTF anticipating and preparing for resumption of regular activities and restoration of compliance requirements related to Accreditation and Compliance?		
Risk Management: Does the MTF have a plan to anticipate and prepare for the resumption of routine Healthcare Risk Management activities and a resolution of exceptions to policy?		

Health Protection Condition Levels MHS Behavioral Health Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Behavioral Health (BH) staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Explore alternatives to face-to-face triage and visits and determine available virtual BH capability and capacity.
- Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)
- Facemasks are available at triage for patients with respiratory symptoms
- Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
- Routinely clean and disinfect frequently touched objects and surfaces, to include Behavioral Health Data Portal (BHDP) laptops/iPads/computers. If this is not feasible, consider alternate method of administering hardcopy/paper BHDP survey instruments.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.

Continue all previous actions and:

- Outpatient facilities, BHDP - Stop use of BHDP laptops/iPad/computers. Recommend alternate method of administering hardcopy/paper survey instruments.

- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

- Outpatient facilities, Individual therapy - Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual patients). Review established patients and prioritize continuity of care based on acuity and severity, and refer to virtual BH as available or indicated.
- Outpatient facilities, Group therapy - If social distancing (recommend groups are no larger than 10 patients in a therapeutic space that can accommodate at least 6 feet between individual patients) cannot be supported, recommend reschedule outpatient group visits as necessary.
- Outpatient facilities - Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
- Intensive Outpatient and Partial Hospitalization Programs, Group therapy - If social distancing (recommend groups are no larger than 10 patients in a therapeutic space that can accommodate at least 6 feet between individual patients) cannot be supported, recommend reschedule outpatient group visits as necessary.
- If new or walk-in patients present to the outpatient clinic, recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- If established patients present to the clinic, recommend designating primary and alternate staff who will be responsible providing continuity of care to patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Consider triaging less complex or lower acuity patients amenable to virtual BH to available virtual BH capability and capacity.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. 		<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Inpatient and Residential Treatment Facilities - Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment.

- Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
- Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
- Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.
- Observe local guidance on movement restrictions and access requirements for military installations.
- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.
- Comply with medical orders for self-isolation or quarantine.
- Inpatient and Residential Treatment Facilities, Group therapy - If social distancing (recommend groups are no larger than 10 patients in a therapeutic space that can accommodate at least 6 feet between individual patients) cannot be supported, consider adjusting schedule and milieu to accommodate smaller groups and scheduling that enables social distancing (at least 6 feet between individual patients).
- Inpatient and Residential Treatment Facilities, Visitors - Limit visitors to inpatient and residential treatment facilities and ensure social distancing (at least 6 feet between individuals), and limit visitors to admitted COVID-19 positive patients.
- Plan for a surge of critically ill patients and identify additional space to care for these patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
- Outpatient facilities, Individual therapy - Maintain adequate capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review established patients and prioritize continuity of care based on acuity and severity, and refer to virtual BH as available or indicated.
- Outpatient facilities, Group therapy - If social distancing (recommend groups are no larger than 10 patients in a therapeutic space that can accommodate at least 6 feet between individual patients) cannot be supported, recommend rescheduling or cancelling outpatient group visits as necessary to ensure adequate capacity to triage and treat acute new or walk-in patients.
- Intensive Outpatient and Partial Hospitalization Programs, Group therapy - If social distancing (at least 6 feet between individual patients) cannot be supported, recommend rescheduling or cancelling outpatient group visits as necessary to ensure adequate capacity to triage and treat acute new or walk-in patients.
- Identify available BH space to convert to MED/SURG space to manage known or suspected COVID-19 patients.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- | | |
|--|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel. • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. • Implement remote work procedures as directed by your employer. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure. • Outpatient facilities, Individual therapy - Maintain minimum necessary capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual BH based on acuity and severity. • Outpatient facilities, Group therapy - Recommend rescheduling or cancelling all outpatient group visits as necessary to ensure minimum necessary capacity to triage and treat acute new or walk-in patients. • Intensive Outpatient and Partial Hospitalization Programs, Group therapy - Recommend rescheduling or cancelling all outpatient group visits as necessary to ensure minimum necessary capacity to triage and treat acute new or walk-in patients. |
|--|--|

- If outside the United States, authorized or ordered departure actions may be implemented.

- Inpatient and Residential Treatment Facilities, Visitors - Recommend no visitors to inpatient and residential treatment facilities, and consider use of virtual means to visit or coordinate visitor contact.
- Prepare available BH space to convert to MED/SURG space to manage known or suspected COVID-19 patients.

SEVERE	DELTA	SEVERE
Widespread community transmission.		Widespread community transmission.

- | | |
|---|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Inpatient and Residential Treatment Facilities - Maintain minimum necessary capability and capacity to treat, stabilize, and safely disposition acute BH patients. Recommend development of local protocol and space to manage COVID-19 positive patients that require inpatient or residential BH treatment or follow MTF or Market protocol. |
|---|--|

- | | |
|---|---|
| <p>For more information:
 https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families:
 https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p> | <p>For more information:
 https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities::
 https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p> |
|---|---|

Health Protection Condition Levels MHS Cardiovascular Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Cardiology staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.
- Ensure adequate N95 testing

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Explore alternatives to face-to-face triage and visits and determine available virtual cardiology capability and capacity.
- Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer).
- Facemasks are available at triage for patients with respiratory symptoms.
- Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
- Routinely clean and disinfect frequently touched objects and surfaces, to include laptops/iPads/computers, and other equipment.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.
- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.

Continue all previous actions and:

- Outpatient facilities - Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual patients). Review established patients and prioritize continuity of care based on acuity and severity, and refer to virtual BH as available or indicated.
- Outpatient facilities - Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly,

- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.
- Perform life support training to include familiarization with ventilators

those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current

- If new or walk-in patients present to the outpatient clinic, recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- If established patients present to the clinic, recommend designating primary and alternate staff who will be responsible providing continuity of care to patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Consider triaging less complex or lower acuity patients amenable to virtual appointments to available virtual capability and capacity.
- Consider rescheduling routine appointments and elective surgical cases.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
---	--------------	---

- Continue all previous actions and:**
- Avoid unnecessary contact with others, such as shaking hands and hugging.
 - Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
 - Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
 - Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.
 - Observe local guidance on movement restrictions and access requirements for military installations.
 - Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.

- Continue all previous actions and:**
- Review and reorder stocks and identify funding for resupply of hygiene and sanitation products and personal protective equipment (PPE).
 - Plan for careful management of PPE (e.g., extending shelf-life of expired items, reuse protocols, restricting N-95 use to aerosol-generating procedures) in anticipation of supply chain interruption.
 - Prepare to implement patient isolation and expansion capabilities as needed.
 - Should reschedule routine and elective procedural cases.
 - Clinics (Cardiology, Arrhythmia, Anticoagulation): Review clinic templates through June 2020. Primarily utilize telemedicine initiatives to provide telephone-based care to SPEC and FTR appointments when appropriate. Active duty members who are not suspected of having COVID-19 infection and desire or require in-person appointments for readiness purposes will see their provider as scheduled. Non-active duty patients who do not desire a virtual (i.e., telephone) appointment should be rescheduled.
 - Echocardiogram: Review echocardiogram templates through June 2020. Freeze any open slots. Echo service should triage currently booked echo's to determine which patients to reschedule. Those with a time-sensitive need for an echocardiogram should undergo testing as scheduled. Patients should be contacted in advance to ensure they do not have symptoms before presenting.

- Comply with medical orders for self-isolation or quarantine.
- Echocardiogram: Triage and postpone transesophageal echo (TEE) when possible.
- Echocardiogram: For high-risk patients, (e.g., chemotherapy patients) and low-risk individuals (e.g., Active Duty), screen and schedule for weekend echo templates when able. For facilities with routine weekend echo support, consider this procedure to reduce risk of infection of high-risk individuals.
- Echocardiogram: Distribute necessary outpatient echocardiograms evenly throughout the week to minimize number of patients per day.
- Echocardiogram: Echocardiograms in suspected or confirmed COVID-19 patients should be limited studies to answer the clinical question while minimizing time of exposure to the sonographer. Sonographers should practice PPE techniques in accordance with published ASC guidelines.
- Echocardiogram: Consider dedicating a single ultrasound machine for testing COVID-19 patients to minimize risk of infection to non-COVID-19 patients.
- Echocardiogram: Consider creating a schedule that commits sonographers to either COVID-19 or non-COVID-19 patients to minimize risk of cross-infection.
- CT Imaging: CT imaging templates should be reviewed through June 2020. Continue to support CCTA imaging to support evaluation of Active Duty Service members to maintain readiness. Cath lab nurses should call CT patients to screen them for symptoms of infection the day before the procedure. CT imaging for non-active duty and pre-procedure evaluations should be curtailed.
- Stress testing: Review stress testing templates through June 2020. Continue to support stress testing to include those with imaging modalities to continue timely evaluation of symptomatic patients. Outpatients should be contacted in advance to ensure they do not have symptoms of infection before presenting. Inpatient stress testing should be supported when clinically indicated in absence of suspected or confirmed COVID-19 infection.
 - Recommend pharmacologic over exercise stress testing to reduce patient/provider contact.
- Consider CTA when possible.
- Holter/Event monitors: Review ambulatory monitor templates through June 2020. Support monitoring for Active Duty patients only. Explore home initiation of ambulatory ECG monitoring; if feasible this would be the preferred option.
- Device clinic: Continue to utilize remote monitoring when established.
- Ensure patients are adequately screened for possible COVID symptoms prior to entering into the facility, CPU, and prior to committing to conducting the procedure. If respiratory symptoms are present, strongly consider postponing procedure.
- Cardiovascular Procedure Unit (Cath/EP Lab): Proceed with cardiac catheterization procedures when clinically indicated and when delay poses potential risk to the patient. Make decision at patient and provider level, based upon severity of symptoms and potential benefit gained.
- Cardiovascular Procedure Unit (Cath/EP Lab): Proceed with electrophysiology procedures when clinically indicated and when delay poses potential risk to the patient. Make decision at patient and provider level, based upon severity of symptoms and potential benefit gained.
- Cardiovascular Procedure Unit (Cath/EP Lab): Providers should coordinate with anesthesia board runner to determine availability if anesthesia is required for a necessary procedure.
- Cardiovascular Procedure Unit (Cath/EP Lab): Preferentially defer elective cardiac and electrophysiology procedures until May 2020, unless the clinical presentation requires earlier evaluation.

- List of Prioritized EP Cases:
LEVEL 1: Urgent, within 0-72 hours
 - 3rd degree AV Block
 - 2nd Degree type II AV Block
 - Symptomatic Bradycardia causing hemodynamic effects
 - Incessant VT despite medical therapy
 - Pacemaker gent exchange in dependent patient nearing EOL
 - Cardioversion in unstable patients
 - Secondary Prevention ICD
 - Secondary Prevention ICD Generator Exchange nearing EOL
 - Infected pacer/ICD system for extraction
- List of Prioritized EP Cases:
LEVEL 2: Cases need to be done as resources allow, 1-4 weeks
 - Pacemaker Generator replacement at ERI
 - ICD Generator change at ERI
 - Primary Prevention ICD with risk factors
 - Atrial flutter ablation with RVR
 - SVT with severe symptoms or injury history
 - VT with severe symptoms or injury history
 - Any EP procedure affecting fitness for duty
 - Elective cardioversion for A fib
- List of Prioritized EP Cases:
LEVEL 3: Cases that can be postponed 1-3 months
 - Elective AF ablations
 - Minimally symptomatic SVT ablations
 - Pacemakers for chronotropic incompetence
 - loop recorders
 - CRT upgrades in minimally symptomatic patients
 - LAA Occlusion
- Freeze all templates past June 2020 in order to allow rescheduling backlog of patients once service operations return to normal. Recommend having scheduled templates created for at least 180 days to help facilitate.
- Outpatient cardiology service areas, to include cardiology clinics, cardiac cath lab holding area, echocardiography lab, stress lab, and should be off-limits to any patient with active COVID-19 infection.
- All healthcare workers that interact with patients will wear a serviceable surgical mask and gloves, even if the patient is not known to have COVID-19 infection. This includes providers, nurses, medics, technicians, and administrative staff working in any patient care area in the cardiology service.
- PPE: For patients without, or not suspected to have, COVID-19 infection, sonographers performing a transthoracic echocardiogram should wear a surgical mask and gloves (droplet precautions), compliant with ASE sonographer guidelines.
- PPE: For patients who are persons under investigation (PUI) or with confirmed COVID-19 infection, appropriate PPE (face shield or goggles, surgical mask (N95 if available), and fluid resistant gown) should be worn when performing a transthoracic echocardiogram (airborne precautions). An N95 mask is required under high risk circumstances (e.g., BVM, NIPPV, endotracheal intubation, bronchoscopy, tracheostomy, or CPR), compliant with ASE sonographer guidelines.
- PPE: For transesophageal echocardiograms, airborne precautions should be taken in confirmed cases and persons under investigation. These cases are high risk to providers and should be postponed if possible, and only performed when there is strong clinical indication. Performance should be in accordance with ASE guidelines.
- Other considerations:
 - Identify laptops and tablets capable of allowing for telework
 - Identify individuals who should be teleworking, and switch out machines to ensure individuals have proper equipment
 - Ensure all employees have functioning VPN access
 - Ensure credentials are up to date and remote systems are functioning to allow cross-leveling (i.e., ScImage, Merge, CHC, Merge).

Anticipate hospital resources to be redirected to provision of COVID-19 care.

- For patients who are COVID-19 positive or PUI,
 1. Fibrinolytics should be considered equivalent and/or first line therapy or reperfusion therapy.
 2. Door to Balloon time metrics should be waived to allow for patient and provider safety.
 3. Non-STEMI patients should be treated conservatively.
 4. STEMI patients with advanced disease / MODS should be considered for palliative care
 5. Patients taken to the cath lab should have adequate source control; strong consideration for a definitive airway prior
 6. Cath lab procedures can be performed when the physician discretion favors that the benefits outweigh the risks. Patients for consideration would include but not be limited to patients requiring circulatory support such as an IABP that cannot be performed bedside, STEMI care that is anticipated in a favorable outcome that cannot already be addressed by #1.
 7. Non COVID-19 patients (either confirmed or PUI) will receive usual care.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- | | |
|---|---|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
 • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.
 • Implement remote work procedures as directed by your employer.
 • If outside the United States, authorized or ordered departure actions may be implemented. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.
 • Anticipate hospital resources to be redirected to provision of COVID-19 care. • Routine and elective procedural cases should have been rescheduled or postponed. Virtual appointments may not be sustainable due to need for manpower. • Consider cross-level assets needed to care for severe cases
 • Consider discontinuing non-emergency services and elective procedures • Consider PPE for high-risk or critical needs personnel • Consider triage to conserve critical resources |
|---|---|

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

- | | |
|---|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Cross-level assets needed to care for severe cases.
 • Discontinue non-emergency services and elective procedures.
 • Use PPE for high-risk or critical needs personnel. • Triage to conserve critical resources. |
|---|--|

<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>	<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p>
---	---

Health Protection Condition Levels MHS Pediatrics Complex & Primary Care Pediatrics Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your Pediatric staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water or alcohol-based (>60%) hand sanitizer.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, primary care and subspecialty and inpatient care settings):

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare. Ensure recall roster and channels of communication are updated.
- Explore alternatives to face-to-face triage and visits and determine available virtual health capability and capacity.
- Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility. Prepare to receive and review instructions via DHA channels and review published CPGs.
- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients. Identify website resources that will be monitored for up to date information: CDC, health.mil, other national professional organizations (AAP, etc.).
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer).
- Facemasks are available at triage for patients with respiratory symptoms.
- Create an area for spatially separating patients with respiratory symptoms or consider timing appointments (example - AM for well patients and PM for respiratory patients) to separate them. Ideally patients would be at least 6 feet apart in waiting areas.
- Routinely clean and disinfect frequently touched objects and surfaces, to include waiting rooms, screening rooms, and exam rooms.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.

Continue all previous actions and:

- Outpatient facilities, stop use of communal laptops/iPad/computers. Recommend alternate method of administering hardcopy/paper survey instruments.

- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

- Outpatient facilities, Individual appointments - Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual patients). Review established patients and prioritize continuity of care based on acuity and severity, and refer to virtual BH as available or indicated.
- Outpatient facilities, Group Appointments - If social distancing (recommend groups are no larger than 10 patients in a therapeutic space that can accommodate at least 6 feet between individual patients) cannot be supported, recommend reschedule outpatient group visits as necessary.
- Outpatient facilities - Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., those with medical co-morbidities including immunodeficiency, and potentially other children and adolescents who are at higher risk for complications from respiratory diseases) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
- If new or walk-in patients present to the outpatient clinic, recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- If established patients present to the clinic, recommend designating primary and alternate staff who will be responsible providing continuity of care to patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Consider triaging less complex or lower acuity patients amenable to virtual appointments to available virtual capability and capacity.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- Identify virtual and telemedicine options available, put in place training and IT resources to allow successful implementation.
- If possible, identify staff who can monitor COVID positive patients and patients who are PUI at home with daily "check-ins" using telephone calls, text, patient portals or other means.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

- Continue all previous actions and:**
- Avoid unnecessary contact with others, such as shaking hands and hugging.
 - Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
 - Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
 - Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.

- Continue all previous actions and:**
- Inpatient Treatment Facilities - Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment.
 - Inpatient Facilities, Visitors - Limit visitors to inpatient facilities and ensure social distancing (at least 6 feet between individuals), and limit visitors to admitted COVID-19 positive patients.
 - Plan for a surge of critically ill patients and identify additional space to care for these patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.

- Observe local guidance on movement restrictions and access requirements for military installations.
- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.
- Comply with medical orders for self-isolation or quarantine.

- Outpatient facilities, Maintain adequate capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review established patients and prioritize continuity of care based on acuity and severity. May need to start to consider limiting routine visits during Bravo in addition to implementing virtual opportunities to meet access demands.
- Primary Care and specialists should proactively identify patients who require refills on critical medications and DME. Identify pharmacy options to minimize exposure including MTF pharmacy, local civilian pharmacy and express scripts. Identify DME needs for patients and employee similar strategies to pharmacy plan.
- Implement planned virtual/telemedicine opportunities to minimize patient exposure.
- Identify available clinical space to convert to MED/SURG space to manage known or suspected COVID-19 patients.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- Continue taking all previous actions and:**
- Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
 - Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time.
 - Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.

- Continue taking all previous actions and:**
- Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.
 - Outpatient facilities - Maintain minimum necessary capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients to available virtual telemedicine options based on acuity and severity. When possible consider a clinical space in an alternate location or outside the main facility (example - screening tent) to maintain separate spaces for COVID-19 and PUI pediatric patients.
 - Nursery Care - develop isolation procedures for mothers/infants who are COVID positive or PUI, follow CDC guidelines for breastfeeding for infants of COVID positive mothers. Consider limiting to one post-partum helper/support person at bedside with no additional visitors. When possible that single visitor should be the sole visitor for that patient throughout the hospital stay. Complete infant procedures in room - circumcision, newborn screening, audiology screening, and phototherapy to minimize exposure.
 - Newborn care (2 day and 2 week appointments) - Identify clinical area separate in space or in time to minimize exposure risk to newborns to COVID positive/PUI patients. Only one parent or guardian to accompany newborns to care visits.

- Implement remote work procedures as directed by your employer.
- If outside the United States, authorized or ordered departure actions may be implemented.
- Well Infant Care - Immunizing the youngest children is the priority in the setting of well child care. Consider limiting care to appointments where infants require immunizations (2, 4, 6, 12 month - give 15 month DTaP/HIB at the 12month visit. Consider postponed 2nd Hepatitis A to age 2. Explore options to minimize exposure of healthy children to possible COVID/PUI including providing care in separate areas or different times during the day. Only one parent or guardian and to accompany infant to visit to minimize exposure. Consider drive through/walk through immunizations. Explore virtual options for other well care including virtual visits with developmental screening and anticipatory guidance. If infants are not able to receive immunization develop a mechanism to track patients so once the MTF is able to resume immunizations, patients can be caught up quickly.
- Well Child Care- Consider limiting visits to 4-6 year old immunization booster visit and to visits with significant concerns/urgent medical needs, defer other visits or consider virtual options for developmental screening and anticipatory guidance.
- Inpatient Visitors - Recommend limiting visitors to one immediate adult family member to inpatient and treatment facilities, and consider use of virtual means to visit or coordinate visitor contact. In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility.
Prepare available space to convert to MED/SURG space to manage known or suspected COVID-19 patients.

SEVERE	DELTA	SEVERE
Widespread community transmission.		Widespread community transmission.

- | | |
|---|---|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Inpatient - Maintain necessary capability and capacity to treat, stabilize, and safely disposition pediatric patients with COVID and non-COVID medical conditions. Recommend development of local protocol and space to manage COVID-19 positive patients that require inpatient treatment or follow MTF or Market protocol. Bring in personnel previously identified and trained to augment the inpatient workforce. • For outpatient services only children/adolescents with significant concerns/problems should be brought in for face to face visits. Consider starting all visits with virtual telemedicine / non-face to face options to take medical histories to limit exposure. Identify separate spaces or times to bring in non-ill patients if face to face evaluation is needed. • Newborn care (2 day and 2 week appointments) - Identify clinical area separate in space or in time to minimize exposure risk to newborns to COVID positive/PUI patients. Only one parent or guardian to accompany newborns to care visits. • Well Infant Care - Consider limiting care to appointments where the youngest infants require immunizations (2, 4, and possibly 6 month. Explore options to minimize exposure of healthy children to possible COVID/PUI including providing care in separate areas or different times during the day. Only one parent or guardian and to accompany infant to visit to minimize exposure. Consider drive through/walk through immunizations. Explore virtual options for other well care including virtual visits with developmental screening and anticipatory guidance. In infants are not able to receive immunization ensure a mechanism to track patients so once the MTF is able to resume immunizations, patients can be caught up quickly. |
|---|---|

<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>	<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p>
---	---

Health Protection Condition Levels MHS Critical Care and Trauma Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

To augment physician/staff training and best clinical judgment to screen and treat suspected and confirmed COVID-19 cases during all HPCON levels in direct care MTF settings, providers should reference latest Centers for Disease Control and Prevention (CDC) national guidance. DoD providers should also consult augmenting DoD COVID-19 Practice Management Guide for the Clinical Management of COVID-19, a Tri-Service, clinician-authored guideline published 23 MAR 20. This document is endorsed by DHA and Service Medical leadership and will be updated regularly based on the latest available evidence. It can be accessed at: <https://www.milsuite.mil/book/groups/covid-19-clinical-operations-group/content?filterID=contentstatus%5Bpublished%5D%7Ecategory%5Bdod-guidance%5D>

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Critical Care and Trauma staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare. Distribute DoD COVID-19 Practice Management Guide to leadership and stakeholders. Determine plan for prevention of COVID-19 spread, screening, treatment, discharge planning, and end-of-life care.
- Command should engage stakeholders: Critical Care physicians, Critical Care APPs, Critical Care nurses, Pharmacists, Dieticians, PT/OT, Mental Health Workers, Trauma and Emergency Services, Pediatric/Neonatal/Obstetric Services, Lab and Imaging Services, Facilities Management, Information Technology Services, and Security Personnel to plan for COVID-19.
- In consultation with stakeholders, Command should develop a plan to maintain essential Critical Care and Trauma services for non-COVID-19 patients, and prepare a plan to establish a specific COVID-19 unit, enhance bed capacity, establish a pathway for emergency credentialing of non-intensivists/surgeons/APPs/nurses, utilize Virtual Critical Care assets, determine inventory of ventilators and critical care equipment to include central lines, tubes, etc. and PPE for staff.
- Establish training and protocols so that non-intensivist staff can triage, assess, and manage intensive care patients quickly. Include refresher training on the proper donning and doffing of PPE. Ensure that training efforts conserve PPE as feasible.
- Ensure staff have been fit tested for N95 masks within the last 12 months. This should be streamlined as it will likely have increased volume. Maintain social distancing at you fit center. Consider mobile fit testing to high risk areas to ensure staff contact while avoiding congregation of large numbers of staff.
- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Ensure supplies are available (PPE, tissues, waste receptacles, alcohol-based hand sanitizer).

- Facemasks are available at triage for patients with respiratory symptoms.
- Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
- Routinely clean and disinfect frequently touched objects and surfaces, to include Critical Care and Trauma laptops/iPads/computers.

LIMITED Community transmission beginning.	ALPHA	LIMITED Community transmission beginning.
---	--------------	---

<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Routinely clean and disinfect frequently touched objects and surfaces. • If you are sick, call your medical provider for instructions on receiving care before going to the clinic. • Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies. Consider cancelling elective (non-cancer related) surgical cases and other procedures that use sterile techniques that will continue burn rates of PPE that will be needed if further high risk care is anticipated based on public health projections. 	<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Command should ensure that critical care and trauma services are prepared to receive and manage COVID-19 patients. MTFs should support ICU expansion in conjunction with the necessary resources available to support the expansion (PPE, ventilators, tubing, handwashing materials, and beds). • Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual patients). Review established patients and prioritize continuity of care based on acuity and severity. • Determine triage algorithms to identify which patients can be managed by non-intensivists and which patients will need to be managed by intensivists. • Recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment. • Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms. • Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill. • In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility. • Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees. • Improve telehealth capabilities for all critical care physicians by streamlining credentialing and facilitating distribution of home use software and headsets. 	
--	--	--

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission. • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days. • Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare. • Observe local guidance on movement restrictions and access requirements for military installations. • Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events. 	<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment. • Modify protected Code Blue and Rapid Response Team procedures with the intent of minimizing staff exposure. • Limit visitors and ensure social distancing (at least 6 feet between individuals), and limit visitors to admitted COVID-19 positive patients. • Plan for a surge of critically ill patients and ensure that previously designated units are prepared to care for these patients. Verify that alternate and separate spaces in the ER, ICUs, and other patient care areas are prepared to manage known or suspected COVID-19 patients. • Cancel elective surgical cases. Continue to do cases that are likely to end up in patients presenting to the Emergency Department to avoid unnecessary volume in the ED (e.g., severe biliary colick or similar) These cases should be done with the minimal number of providers to minimize burn rates of PPE (i.e. no Students/multiple trainees) • Identify potential non-critical care staff who can assist in staffing for a surge of critically ill patients. 	
--	--	--

- Comply with medical orders for self-isolation or quarantine.

- Ensure just-in-time training of critical care management for non-critical care staff to augment knowledge of ventilators, continuous infusions, and resuscitative care. Encourage buddy shadowing.
- Identify available MED/SURG space to manage known or suspected COVID-19 patients as patient admissions increase.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- | | |
|---|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
<ul style="list-style-type: none"> • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time.
<ul style="list-style-type: none"> • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. <p>Implement remote work procedures as directed by your employer.</p> <ul style="list-style-type: none"> • If outside the United States, authorized or ordered departure actions may be implemented. <p>If outside the United States, authorized or ordered departure actions may be implemented.</p> <ul style="list-style-type: none"> • If outside the United States, authorized or ordered departure actions may be implemented. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure. • Identify a clinical "Czar" and embed them in the MTF incident management team. This individual will be a single point position to maintain situational awareness of all PPE, ventilator use, patient census etc. and is the final arbitrator for triage decisions as resources become limited. This position will be covered by multiple Critical care Specialists and function as a clinical "Incident Commander" who has direct access to facility leadership to bridge the clinical and logistical needs of a health care crisis. • Limit exposure of high risk providers (older, comorbidities etc.) to known COVID patients and have them preferentially care for non-COVID critical patients. Consider establishing "COVID-positive" and "COVID-negative" care teams based on staff willingness/availability. • Consider training of non-medical/support personnel for manpower assistance or in, some cases, clinical care. Possible locations for use of non-medical personnel include initial triage, patient transport, runners, mortuary services. • Identify an ethical framework to guide allocation of scarce resources, including (but not limited to) PPE, ventilators, beds, medications, etc. • Recommend no visitors to inpatient facilities, and consider use of virtual means to visit or coordinate visitor contact. • Prepare available MED/SURG space to manage known or suspected COVID-19 patients. |
|---|--|

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

- | | |
|---|---|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Maintain minimum necessary capability and capacity to treat, stabilize, and safely disposition critically ill patients. Ensure ethics consultations and end-of-life discussions are ongoing with patients and family members. • Establish a clinical team to discuss triage decisions that may require tough ethical decisions about rationing of care/resources. This should be chaired by the "Czar" and have members from a multi-disciplinary group. Resource limitations may vary from site to site and these decisions should be done at the MTF level based on the best available clinical data and current resource allocation data. • Utilize virtual critical care staffed by infected or quarantined providers to be done from home using above provided resources to maximize workforce. • Utilize trained non-medical personnel as appropriate to meet clinical and non-clinical manpower requirements in the hospital. |
|---|---|

For more information:

<https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx> <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Emergency kit checklist for Families:

<https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html>

For more information:

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

Additional CDC and SCCM Guidance for Healthcare Facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

<https://www.sccm.org>

<https://covid19.sccm.org/nonicu.htm>

Health Protection Condition Levels MHS Emergency Services Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

To augment physician/staff training and best clinical judgment to screen and treat suspected and confirmed COVID-19 cases during all HPCON levels in direct care MTF settings, providers should reference latest Centers for Disease Control and Prevention (CDC) national guidance. DoD providers should also consult augmenting DoD COVID-19 Practice Management Guide for the Clinical Management of COVID-19, a Tri-Service, clinician-authored guideline published 23 MAR 20. This document is endorsed by DHA and Service Medical leadership and will be updated regularly based on the latest available evidence. It can be accessed at: <https://www.milsuite.mil/book/groups/covid-19-clinical-operations-group/content?filterID=contentstatus%5Bpublished%5D%7Ecategory%5Bdod-guidance%5D>

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Emergency Services (ER) staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Explore alternatives to face-to-face triage such as a phone in triage for noncritical patients. Determine plan for prevention of COVID-19 spread, screening, treatment, discharge planning, and end-of-life care.
- Command should engage stakeholders: Critical Care physicians, Critical Care APPs, Critical Care nurses, Pharmacists, Dieticians, PT/OT, Mental Health Workers, Trauma and Emergency Services, Pediatric/Neonatal/Obstetric Services, Lab and Imaging Services, Facilities Management, Information Technology Services, and Security Personnel to plan for COVID-19.
- In consultation with stakeholders, explore alternatives to routine Critical Care and Trauma services to include establishing a specific COVID-19 unit, care of the non-COVID-19 intensive care patient, enhancing bed capacity, emergency credentialing of non-intensivists/surgeons/APPs, and nurses, Virtual Critical Care, ventilators and critical care equipment to include central lines, tubes, etc. and PPE for staff.
- Establish training and protocols so that non-emergency services personnel can triage, assess, and manage emergency department patients quickly. Include refresher training on the proper donning and doffing of PPE.
- Ensure staff have been fit tested for N95 masks within the last 12 months.
- Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath. Ensure Nurse Advice Lines do not directly funnel patients to the ER if the patient is well with minimal symptoms.
- Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly. Coordinate with group practice manager (GPM) to ensure Nurse Advice Line and ER staff have similar guidance for phone interactions with patients regarding COVID-19. Consider increasing clerk/4A staffing to handle increased call burden.
- Determine algorithms to identify which patients should self monitor at home or require ER evaluation and work with Public Affairs to disseminate this guidance widely.

- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer).
- Surgical facemasks are available at triage for patients with respiratory symptoms.
- Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas if they have respiratory symptoms.
- Conduct self assessment of personal protective equipment stores and develop plans for additional acquisition.
- Routinely clean and disinfect frequently touched objects and surfaces.

LIMITED Community transmission beginning.	ALPHA	LIMITED Community transmission beginning.
---	--------------	---

<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Routinely clean and disinfect frequently touched objects and surfaces. • If you as a staff member are sick, call your medical provider for instructions on receiving care before going to the emergency department. • Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies. 	<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Restrict computers for charting to the same individual for the entire shift and clean the workstation regularly. Ensure hand hygiene prior to eating, especially after touching the computer/workstation. • Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual respiratory patients). Maintain normal triage protocols for patients with the most dire medical needs but room patients at high risk for COVID preferentially in negative pressure rooms or if unavailable a closed door room prior to noncritical nonrespiratory patients. If space permits, create a distinct waiting area for respiratory patients separate from nonrespiratory chief complaint patients. • Consider patient education at discharge to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill. • Develop triage algorithms to identify which patients can be managed by non-emergency physicians or non-emergency trained APPs. • Consider triaging less complex or lower acuity patients amenable to an EMTALA compliant medical screening exam (MSE) only with referral to PCM in an effort to conserve ER resources and limit potential exposure to COVID positive patients. • Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with non-severe respiratory symptoms. • Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill. • Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees. • Develop plan with other departments of the hospital for how to manage patients requiring high risk of contamination procedures, such as intubation. Determine if additional personnel from outside the ER will be summoned for these procedures, and if so with what personal protective equipment and which department will provide the procedure equipment.
--	---

- Acquire additional personal protective equipment to last an extended duration of illness transmission.
- If possible, identify staff who can monitor those patients at home with daily “check-ins” using telephone calls, text, patient portals or other means.

MODERATE	BRAVO	MODERATE
Increased community transmission.		Increased community transmission.

- | | |
|--|---|
| <p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
<ul style="list-style-type: none"> • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
<ul style="list-style-type: none"> • Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare. • Observe local guidance on movement restrictions and access requirements for military installations. • Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events. • Comply with medical orders for self-isolation or quarantine. | <p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment. • Restrict visitors in ER to one parent for pediatric patients, otherwise no visitors in treatment area. Exceptions for patients with need for constant beside attendance by a care technician from their home facility. Encourage visitors that wish to remain in waiting room area to wait in their vehicle but to provide their contact information to the ER front desk. • In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility. • Plan for a surge of critically ill patients and identify additional space to care for these patients, potentially outside of the traditional designated space for the Emergency Department. As feasible, work with facilities management to install additional temporary negative pressure isolation spaces or other alternate and separate areas to specifically manage known or suspected COVID-19 patients. • Actively seek additional personal protective equipment for all staff including reusable PPE such as reusable respirators with disposable air filters, reusable PAPRs etc. • Enact plan with other departments for high risk of contamination procedures from HPCON Alpha. • In facilities without an ICU or medical ward to admit to, prioritize COVID-19 transfers out of your facility over noncritical patients also requiring hospital transfer. • Identify staff with potential for cancelled childcare that would affect their ability to arrive at work. |
|--|---|

SUBSTANTIAL	CHARLIE	SUBSTANTIAL
Sustained community transmission.		Sustained community transmission.

- | | |
|---|---|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
<ul style="list-style-type: none"> • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. • Implement remote work procedures as directed by your employer. • If outside the United States, authorized or ordered departure actions may be implemented. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure. • Enforce plan to provide an EMTALA compliant medical screening exam only to patients with low acuity complaints and refer to their PCM. Communicate this plan with base legal department as a contingency only plan for disaster/pandemic. • Recommend no visitors to emergency services treatment areas (with exemptions as described above) and consider use of virtual means to visit or coordinate visitor contact. Bar visitors from the waiting room area and restrict waiting room area to patients awaiting triage for an emergency medical complaint. • Coordinate childcare for staff with now cancelled childcare to facilitate their arrival to work. • Regularly check in with deployed members and their families and assess for additional needed support. • Consider training of non-medical/support personnel for manpower assistance or in, some cases, clinical care. Possible locations for use of non-medical personnel include initial triage, patient transport, mortuary services. |
|---|---|

- Identify a clinical "Czar" and embed them in the MTF incident management team. This individual will be a single point position to maintain situational awareness of all PPE, ventilator use, patient census etc. and is the final arbitrator for triage decisions as resources become limited. This position will be covered by multiple Critical care Specialists and function as a clinical "Incident Commander" who has direct access to facility leadership to bridge the clinical and logistical needs of a health care crisis.
- Limit exposure of high risk providers (older, comorbidities etc.) to known COVID patients and have them preferentially care for non-COVID critical patients. Consider establishing "hot" and "cold" care teams based on staff willingness/availability.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. 	<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Maintain minimum necessary capability and capacity to treat, stabilize, and safely disposition acute ER patients. • Access War Reserve Materiel for additional supplies such as personal protective equipment, ventilators, etc. • Work with MDG/CC to reassign staff from other sections of the hospital to the ER, medical wards, ICU, and ambulance services. • Establish a clinical team to discuss triage decisions that may require challenging ethical decisions about rationing of care/resources. This should be chaired by the "Czar" and have members from a multi-disciplinary group. Resource limitations may vary from site to site and these decisions should be done at the MTF level based on the best available clinical data and current resource allocation data. • Permit use of privately acquired personal protective equipment if MDG resources deplete-provided this equipment is deemed acceptable by the CDC guidance.
---	---

<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>	<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p> <p>ACEP COVID-19 national strategic plan https://www.acep.org/globalassets/sites/acep/media/by-medical-focus/covid-19-national-strategic-plan_0320.pdf</p>
---	--

Health Protection Condition Levels MHS Dental Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Dental care may be required to support operational requirements.

****While these guidelines regarding delivery of care should be adhered to when possible, understand that mission requirements particularly related to ensuring deployability of Soldiers, Sailors, Airmen, and Marines may require deviation from the tiered guidelines addressed in this document.****

In accordance with the HA Memorandum dated Mar 24, 2020, MTF and DTF Commanders and Directors may authorize surgeries or procedures that can be safely performed at their facility if required to maintain deployability and readiness of Active Duty Service Members including any Reserve component or National Guard member activated or issued a delayed-effective-date active duty order, as provided in 10 U.S.C. 1074(d). MTF and DTF Commanders and Directors may authorize an elective surgery or procedure if, after consulting with the relevant medical or dental specialist, he or she determines the risk to the patient of delaying the surgery or procedure outweighs safety concerns and logistics considerations (e.g. availability of beds, supplies, equipment, and medical providers). Any patient whose procedure is cancelled will be contacted through a means that confirms receipt and, to the greatest extent possible, by personal phone call.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the safety and well-being of your dental personnel and patients.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.

- Ensure all immunizations are up to date, including your seasonal flu shot.

- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient):

- All DTFs are operational and normally staffed
- DTF leadership remains updated with guidance from local public health authorities and Installation Commanders
- Begin your morning huddles with your staff to inform them on COVID-19 updates, and emphasizing infection control measures.
- Full scope of dental care may be provided (all DRCs); however, recommend curtailment of elective procedures for patients with respiratory symptoms, fever and/or suspected COVID-19 individuals. For emergent dental treatment, suspected COVID-19 patients should be tested at the MTF prior to treatment. If no test available, the dental team should use fit-tested N95 Masks and all appropriate PPE to treat the suspected COVID-19 patient, preferably in an Airborne Infection Isolation Room (AIIR) or negative pressure room if the procedure will produce aerosols.
- Prepare your facility with a process to screen all patients and personnel prior to entering the facility if reports of transmission in the community.
- Inventory of PPE and supplies and order as needed to ensure continuity of operations.
- Prepare for competition of purchasing PPE if transmission is occurring in other regions around the world.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.

- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.

- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

Continue all previous actions and:

- Consider emailing or texting patients through a CDS mechanism to postpone dental treatment if exhibiting symptoms of COVID-19 or other respiratory infection.
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)

- Facemasks are available at triage for patients with respiratory symptoms
- Maintain patient screening with an emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

- Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
 - Routinely clean and disinfect frequently touched objects and surfaces, to include computer keyboards. Cover Hard Copy dental records and hard films to avoid exposure to aerosols.
 - Inform supported units that dental care may soon be limited.
 - Prepare for the potential of limited access to PPE and supplies; consider limiting procedures to emergent/essential/immediate cases to conserve PPE and supplies.
 - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough). Defer treatment to the extent possible in order to prevent potential spread of the virus.
 - Identify additional clinical personnel who will be involved in aerosol-generating procedures and send to Occupational Health for N95 mask fit testing. If treatment must be rendered on a COVID-19 patient, the dental team should use fit-tested N95 masks and all appropriate PPE to treat the suspected COVID-19 patient, preferably in an Airborne Infection Isolation Room (AIIR) or negative pressure room if the procedure will produce aerosols.
 - In addition to all PPE, implement aerosol/spatter control protocols: (1) Perform preoperative rinse with 1% Hydrogen Peroxide or Listerine if Peroxide unavailable; (2) Use rubber dam or Isolite along with High Volume Evacuation (HVE); (3) Irrigation must be performed slowly and with HVE to reduce risk of splash/spatter; (4) Recommend use of a face shield in addition to a surgical mask.
-
- Stabilize patients in complex treatment to prevent dental emergencies.
 - Develop a plan to coordinate with MTFs equipped with negative pressure rooms or Airborne Infection Isolation Rooms (AIIR) for treatment of COVID-19 patients.
 - Consider telephone consultations in place of sick-call to determine the necessity for treatment.
 - Develop a plan to allow prescriptions be entered remotely or by phone.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

<p>Continue all previous actions and: Avoid unnecessary contact with others, such as shaking hands and hugging.</p> <ul style="list-style-type: none"> • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission. • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days. • Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare. • Observe local guidance on movement restrictions and access requirements for military installations. • Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events. 	<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Screen all staff and individuals prior to entering facility. Limit individuals entering the facility to staff, support personnel, and patients. Send all suspected individuals to seek medical evaluation. • DTFs should consider limiting dental services to readiness exams, non-aerosol generating procedures, and emergent/essential/immediate dental care only. This will preserve PPE supplies. The following are examples of routine or non-urgent dental procedures based on ADA guidelines: routine dental cleaning and preventive therapies, orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma), extraction of asymptomatic teeth, restorative dentistry including treatment of asymptomatic carious lesions, aesthetic dental procedures. • Inform supported units that dental care is limited. Make every effort to send out a text or email to all Active Duty Service Members (ADSMs) through CDS mechanism to inform them of reduction of dental services and to remind them to seek medical care if showing signs and symptoms for COVID-19. • Begin communication with the TRICARE Dental Program Section at DHA to assess local network capabilities and capacity. • Make every effort to stop aerosol generating procedures (AGOs) that are NOT emergent/essential/immediate. Individual cases may be treated if required for deployment. If available, utilize isolated rooms versus open bay operatories. • Procedures that are likely to induce coughing (e.g., dental impressions, intraoral radiographs) should be performed cautiously and/or avoided in patients with a gag reflex. Consider Panorex/bitewings/CBCT/pediatric sensors instead of PA films.
---	--

- Comply with medical orders for self-isolation or quarantine.
- Comply with medical orders for self-isolation or quarantine.

- If rendering emergent/essential/immediate dental treatment that will produce aerosols in a known or suspected COVID-19 patient, the dental team should utilize an Airborne Infection Isolation Room (AIIR) or negative pressure room with appropriate PPE and N95. If no aerosols are anticipated, then a closed and isolated room should suffice. Minimize the number of personnel in the room.
- Implement telephone consultations to triage sick-call patients to determine if case is emergent/essential/immediate. Telephone consultations should be considered for post-operative consultations to determine patient's status and if additional treatment is required.
- Maximize telework for administrative staff; Employ the minimal number of clinic staff needed to support Dental Providers; Maintain contractors if needed, otherwise contact the COR to identify options.
- Stabilize patients in complex treatment to prevent dental emergencies.
- Prepare to support medical staff with PPE if MTFs face a critical shortage.
- Prepare to support medical staff in critical need of additional personnel to include administrative, ancillary, and clinical staff.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- Continue taking all previous actions and:**
- Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
 - Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time.

- Continue taking all previous actions and:**
- Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.
 - Consider provision of only emergency/essential/immediate treatment to patients not suspected of COVID-19 and to prevent them from going to the MTF Emergency Department. These include but not limited to the following:
 - (1) uncontrolled bleeding;
 - (2) cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway;
 - (3) trauma involving facial bones that can potentially compromise the patient's airway;
 - (4) trauma involving facial bones compromising the patient's airway;
 - (5) severe dental pain from pulpal inflammation;
 - (6) pericoronitis or third-molar pain;
 - (7) surgical post-operative osteitis;
 - (8) dry socket dressing changes;
 - (9) abscess, or localized bacterial infection resulting in localized pain and swelling;
 - (10) tooth fracture resulting in pain or causing soft tissue trauma;
 - (11) dental trauma with avulsion/luxation;
 - (12) dental treatment required prior to critical medical procedures;
 - (13) final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation;
 - (14) extensive dental caries or defective restorations causing pain (manage with interim restorative techniques when possible such as silver diamine fluoride, glass ionomers);
 - (15) suture removal;
 - (16) denture adjustment on radiation/oncology patients;
 - (17) denture adjustments or repairs when function impeded;
 - (18) replacing temporary filling on endo access openings in patients experiencing pain;
 - (19) and snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa.

*Continue predeployment exams on members deploying within 60 days with mandatory MTF/Medical Group/Public Health coordination.
 - Consider provision of serious emergency/essential/immediate treatment to patients suspected of COVID-19 with mandatory MTF/Medical Group/Public Health coordination and PPE/Treatment location recommendations.

- Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.
- Implement remote work procedures as directed by your employer.
- If outside the United States, authorized or ordered departure actions may be implemented.

- Inform supported units and ADSMs that dental services are limited to emergency/essential/immediate treatment only.
- Contact United Concordia and/or TRICARE Dental Program Section at DHA to determine if the local network is capable of handling additional ADDP referrals.
- Mission-essential personnel only. Anticipate the need for dental personnel (i.e., Military and GS Personnel) to support medical departments in the MTFs if critical assistance is required. Consider split shifts to reduce number of personnel in the workspace and closure of some DTFs in the installation to consolidate efforts.
- Expect critical shortages of PPE and supplies to both the MTFs and DTFs. Expect to cross-level and support critical medical needs by providing additional PPE to healthcare personnel in critical areas.
- Dental providers with fit-tested N95 masks should be prepared to provide emergency/essential/immediate dental treatment that is aerosol-generating in an AIIR or negative pressure room and non-aerosol generating in an isolated room.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. 	DELTA	<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • If there is a critical shortage of PPE, supplies, and inadequate number of available dental personnel to provide care, DTF leadership may need to consider closure of DTF. • Plan for an increase in dental emergencies at the MTF Emergency Departments. • Consider treatment for severe dental emergencies with mandatory MTF/Medical Group/Public Health coordination and PPE/Treatment location recommendations.
<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>		<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p>

Health Protection Condition Levels MHS Military-Specific Care Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Please refer to the *DoD COVID-19 Practice Management Guide: Clinical Management of COVID-19* for comprehensive clinical practice guidance, including resource planning, staffing, and preparation for Levels Charlie and Delta.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Explore alternatives to face-to-face visits and determine available virtual encounter capability and capacity.
- Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer).
- Facemasks are available at triage for patients with respiratory symptoms.
- Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
- Routinely clean and disinfect frequently touched objects and surfaces, to include laptops/iPads/computers. If this is not feasible, consider alternate method of administering hardcopy/paper forms.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.
- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

Continue all previous actions and:

- Establish restricted entry points to MTFs so staff can screen those with COVID-19 symptoms. Those symptomatic to include staff, will be redirected to a screening tent/area to test for COVID-19 and get receive further recommendations.
- Outpatient facilities, **MAXIMIZE USE OF VIRTUAL HEALTH CAPABILITIES** to reduce traffic through the MTF/Clinic.
- Outpatient facilities, Individual Medical Readiness (IMR) items: follow service-specific guidance.

- Outpatient facilities, Periodic Health Assessments (PHA): follow service-specific guidance, consider increasing the number of person-to-person PHA encounters to limit face-to-face encounters within the MTF/clinic.
- Outpatient facilities, Deployment Related Health Assessments (DRHAs): follow service-specific guidance, consider, where possible, complete DRHA2 (DD FORM 2796) in theater, prior to return to home station.
- Outpatient facilities, Separations History & Physical Exams (SHPE); follow service-specific guidance.
- Outpatient facilities, Occupational Health; follow service specific guidance.
- Outpatient facilities, Specialty Examinations/Certifications (Aviation, Dive, etc.), follow service-specific guidance.
- Outpatient facilities, deployment waivers; follow service-specific guidance.
- Medical Evaluation Board (MEB)/Disability Evaluation System (DES) process; follow service-specific guidance.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
- Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.

MODERATE	BRAVO	MODERATE
Increased community transmission.		Increased community transmission.

<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission. • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days. • Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare. • Observe local guidance on movement restrictions and access requirements for military installations. 	<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Establish restricted entry points to MTFs so staff can screen those with COVID-19 symptoms. Those symptomatic to include staff, will be redirected to a screening tent/area to test for COVID-19 and get receive further recommendations. • Outpatient facilities, IMR items: follow service-specific guidance, consider delaying IMR items except for those within 60 days of a deployment. • Outpatient facilities, PHA: follow service-specific guidance, consider: <ul style="list-style-type: none"> -suspending face-to-face encounters -flexibility at local level to suspend PHAs except within 60 days of deployment • Outpatient facilities, Deployment Related Health Assessments (DRHA): follow service-specific guidance, consider: <ul style="list-style-type: none"> -where possible, complete DRHA 2 (DD FORM 2796) in theater -flexibility at local level to utilize virtual (P2P) DRHA 1 & 2 -flexibility at local level to suspend DRHA 2-5 • Outpatient facilities, separations history/physical exams (SHPE): follow service-specific guidance, consider: <ul style="list-style-type: none"> -flexibility at local level to utilize virtual SHPE -flexibility at local level to suspend SHPE to focus on acute care
---	---

- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.

- Comply with medical orders for self-isolation or quarantine.

- Outpatient facilities, Occupational Health; follow service specific guidance; consider:
 - limiting/delaying routine/non-emergent exams/procedures
 - maintain safety-related exams (Return to Duty, Occupational Injury)
 - maintain initial N-95 fit tests, suspend N-95 annual fit test unless driven by facial changes (conserve masks)
 - audiology exams, suspend with small risk of OSHA non-comply
 - regulatory exams should include standardized wording such as:

"This exam was delayed outside of the normal regulatory guidance secondary to the COVID-19 Pandemic."

- Outpatient facilities, Specialty Examinations/Certifications (Aviation, Dive, etc.); follow service specific guidance; consider:
 - flexibility to convert face-to-face exam to virtual annual recert w/ req'd face-to-face components completed after conclusion of pandemic & return to normal operations
 - short-term extension for expiring specialty waivers, where safe/reasonable
 - flexibility at local level to suspend Certifying Exams to focus on acute care
- Outpatient facilities, MEB/DES process: follow Service-specific guidance.
- Plan for a surge of critically ill patients and identify additional space to care for these patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
- Identify available space to convert to MED/SURG space to manage known or suspected COVID-19 patients.
- All Navy and Marine Corps personnel requiring a Special Duty Medical Examination for dive, flight, landing craft air cushion, Naval special warfare and special operations, nuclear field duty, radiation, and submarine duty status in the months of March 2020 through June 2020 are authorized an extension of four months from date of current exam expiration.
- Refer to the DoD COVID-19 Practice Management Guide: Clinical Management of COVID-19 for comprehensive clinical practice guidance, including resource planning, staffing, and preparation for Levels Charlie and Delta.

SUBSTANTIAL	CHARLIE	SUBSTANTIAL
Sustained community transmission.		Sustained community transmission.

Continue taking all previous actions and:

- Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.

- Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time.

- Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.

Continue taking all previous actions and:

- Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.

- Outpatient facilities - Primary Care Clinics: Maintain staff in order to provide sustainable acute non-emergency care to active duty and dependents. Implement procedures for virtual appointments for established patients with non-urgent routine care needs. Ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19.

- As needed, postpone all routine and general medical care and referrals, including preventive care, annual Periodic Health Assessments, well-woman appointments, and dental cleanings. Pre- and post-deployment-related health assessments, Disability Evaluation System examinations, and other statutorily required examinations, are expected to continue, and Separation Health Physical Exams (SHPE) that cannot be delayed may be documented on DD Form 2807-1, Report of Medical History, without accompanying DD Form 2808, Report of Medical Exam.

- Implement remote work procedures as directed by your employer.
- If outside the United States, authorized or ordered departure actions may be implemented.
- MTF and DTF Commanders and Directors may authorize care at their facility if required to maintain deployability and readiness of Service members, to include care directly supporting immediate deployment or force replenishment. Military Departments may have medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness.
- Maximize virtual encounters, to the greatest extent possible, for all exams and assessments. Decisions to cancel general and routine care should be informed by the relevant medical specialists to determine the risk to the patients of delaying scheduled procedures. Provider and community safety and well-being, along with logistical considerations (e.g., availability of appropriate supplies, beds, and equipment), also need to be considered.
- Specialty Clinics - Maintain minimum necessary capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual appointments, based on acuity and severity.
- Inpatient Facilities - Assess requirements to provide sustainable capability and capacity to treat, stabilize, and safely disposition acute patients. Develop local protocols and designate spaces to manage COVID-19 positive patients that require inpatient treatment. Follow established MTF or Market protocols.
- Continue to refer to the DoD COVID-19 Practice Management Guide: Clinical Management of COVID-19 for comprehensive clinical practice guidance, including resource planning, staffing, and preparation/implementation for Levels Charlie and Delta.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

- | | |
|---|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Inpatient Facilities - Maintain sustainable capability and capacity to treat, stabilize, and safely disposition emergent and urgent patients. Implement local protocols, facility and resource management to isolate and treat COVID-19 positive patients that require inpatient treatment. Follow established MTF or Market protocols. • Continue to refer to the DoD COVID-19 Practice Management Guide: Clinical Management of COVID-19 for comprehensive clinical practice guidance, including resource planning, staffing, and implementation for Level Delta. |
|---|--|

<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>	<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p>
---	---

LEGEND	
Term/Acronym	Definition
COVID-19	Coronavirus Disease 2019
CDC	Centers for Disease Control and Prevention
DES	Disability Evaluation System
DRHA	Deployment Related Health Assessment
ER	emergency room
ICU	intensive care unit
IMR	Individual Medical Readiness

MEB	Medical Evaluation Board
MTF	military medical treatment facility
PHA	Periodic Health Assessment
SHPE	Separation History & Physical Examination

Health Protection Condition Levels

MHS Neuromusculoskeletal Recommended Actions

in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your Clinical staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Inform Staff. Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Explore Alternative Healthcare Delivery (or Telehealth). Determine available virtual visit/telehealth capability and capacity to minimize face-to-face triage and visits.
- Instruct Patients. Provide information on available Nurse Advice Lines, TRICARE On-Line, and secure messaging patient portals. Encourage patients to call and speak to office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Maximize Telework. Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Triage Care. Determine algorithms to identify which patients can: 1) be managed by telephone and advised to stay home, 2) be sent for emergency care or 3) come to your facility for care. Consider patients that are high risk including over the age of 60, pregnant, and/ or immunocompromised.
- Inform Patients. Instruct patients that if they have respiratory symptoms they should call the clinic BEFORE they leave home. The staff needs time to prepare a treatment area to protect the patient, staff and other patients PRIOR to an infected patients arrival or divert the patient to more appropriate level of care.
- Prepare The Facility. Organize facility and clinic entry spaces to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Post Visual Alerts. Place signs, posters, public health information, etc. at entrances and in strategic places to inform all patients and staff-on hand hygiene, respiratory hygiene, and cough etiquette.
- Stock Supplies. Ensure tissues, waste receptacles and alcohol-based hand sanitizers are available and ready for use.
- Facemasks. Ensure facemasks are available at triage for patients with respiratory symptoms.
- Social Distancing. Create a waiting area to spatially separate patients. Guidelines recommend 6 foot distance between person to person interaction in waiting rooms and clinic.
- Clean and Disinfect. Clean and disinfect frequently touched objects and surfaces, to include laptops/iPads/computers hourly. Clean pens/pencils between use if sharing. If this is not feasible, consider alternate method of administering hardcopy/ paper survey instruments.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.
- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

- Inpatient Facilities - Ensure frequent disinfection of Communal Technology. Ensure all shared technology including computer and carts utilized for charting are cleaned between use.
- Outpatient facilities - Stop Communal Use of Technology. End patient use of sign-in tools. End all patient use of laptops/iPad/computers to collect patient outcome data. Recommend alternate method of administering hardcopy/paper survey instruments.
- Outpatient facilities - Social Distancing. Maintain social distancing in waiting areas as feasible. Recommend no more than 10 patients in a waiting room space and hold group classes in a space that can accommodate at least 6 feet between individual patients. Review established patients and prioritize continuity of care based on acuity and severity, and refer to virtual appointments as available or indicated.
- Outpatient facilities - High Risk Patients. Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
- Triage. If new or walk-in patients present to the outpatient clinic, recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Assign Staffing. If established patients present to the clinic, recommend designating primary and alternate staff who will be responsible for providing continuity of care to patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Explore Alternative Healthcare Delivery (or Telehealth). Examine existing virtual capability and capacity to include contracts and systems in place to enable virtual appointments for continued care.
- Triage. Consider triaging less complex or lower acuity patients amenable to virtual therapy to available virtual capability and capacity.
- Patient Cancellations. Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
- Staff Sick Leave. Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- Triage. In settings of widespread transmission, recommend your facility screen staff and patients for fever or respiratory symptoms before entering the facility.
- Contingency Plans. Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

- Continue all previous actions and:**
- Avoid unnecessary contact with others, such as shaking hands and hugging.

- Continue all previous actions and:**
- Inpatient Facilities. Staff Preparation. Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment.

- Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
- Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
- Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.
- Observe local guidance on movement restrictions and access requirements for military installations.
- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.
- Comply with medical orders for self-isolation or quarantine.

- Outpatient facilities, Individual therapy. Triage. - Maintain adequate capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review established patients and prioritize continuity of care based on acuity and severity, and refer to virtual appointments as available or indicated.
- Prepare Patient Care Areas. Identify available offices and evaluations space to convert to MED/SURG space to manage known or suspected COVID-19 patients.
- Identify Patient Hold Areas. Plan for a surge of critically ill patients and identify additional space to hold patient who report or demonstrate symptoms upon arrival to MTF.
- Outpatient facilities, Group therapy. Cancel Group Treatment. Cancel all group visits to ensure minimum necessary capacity to triage and treat acute new or walk-in patients.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- | | |
|--|--|
| <p>Continue taking all previous actions and:
Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.</p> <ul style="list-style-type: none"> • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. • Implement remote work procedures as directed by your employer. • If outside the United States, authorized or ordered departure actions may be implemented. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure. • Inpatient. Minimize Patient Care. Determine capacity to treat, stabilize, and safely disposition acute patients. Recommend development of local protocol and space to manage COVID-19 positive patients or follow MTF or Market protocol. • Outpatient facilities. Triage. Maintain minimum necessary capability and capacity for new acute or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual methods based on acuity and severity. <p>Prepare Patient Hold Areas. Prepare available offices and evaluation space to hold patients that report or demonstrate symptoms.</p> |
|--|--|

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

- | | |
|---|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Inpatient. Minimize Patient Care. Maintain services as needed. • Outpatient. Minimize Patient Care. Discontinue outpatient services to only the most critical cases |
|---|--|

<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>	<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p>
---	---

Health Protection Condition Levels MHS Oncology Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Cancer Patients: (A) Patients under observation and/or in remission and (B) patients undergoing treatment (neoadjuvant or adjuvant curative treatment or treatment for metastatic disease). Treatment includes patients eligible for surgery, chemotherapy and/or radiotherapy, biological therapy, endocrine therapy, and immunotherapy (either in the adjuvant or in the metastatic setting). Oncology patients on active therapy and new cancer cases are considered essential care.

Please refer to the DoD COVID-19 Practice Management Guide: Clinical Management of COVID-19 for comprehensive clinical practice guidance.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Oncology staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Preventing COVID-19 in Oncology Population - Provide additional training for office/clinic staff on use of PPE. Obtain/source additional PPE.
- Infusion Centers, Inpatient - Review the plan to spatially separate patients with respiratory symptoms into isolation rooms or at least separate patients 6+ feet apart in the inpatient units. Have a plan to transfer patients to turn wards into COVID-19 patient wards.
- Staff: Educate staff on COVID-19, what they may need to do to prepare, and what they need to tell patients.
- Clinical Operations - Explore alternatives to face-to-face triage and visits, and determine available virtual health capability and capacity.
- Clinical Operations - Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath. Maximize the use of secure messaging portal by specialists.
- Clinical Operations - Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Clinical Operations - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
- Clinical Operations - Facemasks are available at triage for patients with respiratory symptoms. Patient suspected to have COVID-19 patients need to wear masks.
- Facility preparedness - Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Facility preparedness - Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Supplies - Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer) and designate personnel to monitor the supply level.

- Cleaning - Routinely clean and disinfect frequently touched objects and surfaces. Review procedures to disinfect rooms with COVID-19 patients.

<p style="text-align: center;">LIMITED Community transmission beginning.</p>	ALPHA	<p style="text-align: center;">LIMITED Community transmission beginning.</p>
<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Routinely clean and disinfect frequently touched objects and surfaces. • If you are sick, call your medical provider for instructions on receiving care before going to the clinic. • Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies. 		<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Outpatient, Infusion Centers - If patient is undergoing active treatment and has COVID-19 symptoms, go directly to ER. Treatment care team to call ER to notify them. • Clinical Operations - Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive. Patients with respiratory symptoms need to put on their masks upon arrival to your medical facility. • Clinical Operations - Review appointments and invasive procedures, and postpone elective ones that do not worsen patients' conditions with postponement. • Clinical Operations (Outpatient) - Plan for triaging of patients amenable to virtual health to available virtual capability and capacity. • Clinical Operations (Outpatient and Procedures) - Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual patients). Review established patients and prioritize continuity of care based on acuity and severity, and utilize virtual care as available or indicated. Protection of patients and staff against COVID-19 during procedures. • Business Operations - Consider eliminating patient penalties for cancellations and missed appointments.
<p style="text-align: center;">MODERATE Increased community transmission.</p>	BRAVO	<p style="text-align: center;">MODERATE Increased community transmission.</p>
<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission. • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days. • Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare. • Observe local guidance on movement restrictions and access requirements for military installations. • Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events. • Comply with medical orders for self-isolation or quarantine. 		<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Outpatient - If oral therapy is needed, consider providing drug supply for 2-3 courses, with home monitoring. • Outpatient - All non-essential care to be rescheduled or completed virtually. • Outpatient - All new cancer care diagnoses should continue with appointments, unless virtual assessment is an option, in which case appointment should be conducted virtually. • Infusion Centers - Consider whether home infusion of chemotherapy drugs is medically and logistically feasible for the patient, medical team, and caregivers. • Inpatient - Maintain minimum necessary capability and capacity to treat and stabilize acute cancer patients. Recommend development of local protocol and space to manage COVID-19 positive patients that require inpatient cancer treatment or follow MTF or Market protocol. • Outpatient, Infusion Centers - If patient presents with fever, cough, shortness of breath, or any other COVID-19-related symptoms, patients will be rescheduled. Patients receiving therapy will be screened 24 hours prior to their appointment by telephone to confirm they have none of the aforementioned symptoms prior to presentation. • Outpatient, Infusion Centers - If patient is undergoing active treatment and has COVID-19 symptoms, go directly to ER. Treatment care team to call ER to notify them. • Outpatient, Infusion Centers - Attempt to rearrange waiting room to ensure social distancing, maintain no more than 10 people in a waiting room and at least 6 feet between individual patients. • Outpatient, Infusion Centers, Inpatient - No visitors. • Outpatient, Infusion Centers, Inpatient - Ensure staff are prepared to receive patients using appropriate infection control practices and PPE.

- Outpatient, Infusion Centers, Inpatient - Encourage social distancing (recommend groups are no larger than 10 patients in a therapeutic space that can accommodate at least 6 feet between individual patients). If this cannot be supported, consider adjusting schedule and milieu to accommodate smaller groups and scheduling that enables social distancing (at least 6 feet between individual patients).
- Outpatient, Infusion Centers, Inpatient - Current information suggests that cancer patients have higher risk of infection and serious complications from COVID-19 than other patients. For patients without known COVID-19 infection, in most circumstances it is likely more important to initiate or continue systemic cancer treatment than to delay or interrupt treatment due to concerns about potential COVID-19 infection. However, decisions should be individualized after considering the overall goals of treatment, the patient's current oncologic status and treatment tolerance as well as their general medical condition.
- Outpatient, Infusion Centers, Inpatient - In some cases of patients at high-risk for COVID-19, delaying a planned allogeneic stem cell transplantation may be reasonable, particularly if the patient's malignancy is controlled with conventional treatment. It may be prudent to test potential donors for COVID-19 even in an absence of evidence on transmission by blood transfusion.
- Surgical Oncology - All cancer cases are at least 'Tier 2' procedures.
- Surgical Oncology - High risk cancer and cancer cases with associated urgent/emergent surgical pathology (i.e., bowel obstruction) are Tier 3.
- Surgical Oncology - All cancer operations will be considered per patient's cancer care needs in the context of each hospital's readiness and/or trauma missions under COVID-19 mitigation strategies.
- Surgical Oncology - All cancer cases that require nuclear medicine, intra-operative imaging, and/or laboratory/pathology intra-op evaluations will be performed in the hospital's main operating rooms unless an available ambulatory surgery center (ASC) in the network also has the requisite capabilities needed specific to each unique case, in which case they should preferentially be done in the ASC.
- Surgical Oncology - Tier 3 cancer operations (e.g., cystectomy, pancreatectomy, hepatectomy, colectomy, others) should NOT be postponed unless they directly conflict with the hospital's COVID-19 and/or trauma mission.
- Clinical Operations - Tumor boards should still take place, but with minimal staffing: 1-2 surgeons, 1-2 med onc, 1-2 rad onc, 1-2 pathologist, 1-2 radiologist (no more than 10 individuals). Non-required members should not be present. Virtual tumor-boards (e.g. through the use of ADOBE Connect) are preferentially recommended and in that circumstance, only require one or two people to be present in the conference room.
- Screening for COVID-19 in Oncology Population -
 - Provide additional training for office/clinic staff to screen and test for COVID-19 infection.
 - Provide additional training on how to obtain COVID-19 testing.
 - Call scheduled patients 1-day in advance of clinic visit to screen for COVID-19.
 - Patients scheduled for immunosuppressive therapy and at risk for exposure per local public health guidance should be screened, where possible, for COVID-19 prior to the initiation of therapy in order to guide decision-making.
 - Each clinic should have a dedicated isolation room equipped with masks and gloves for anyone who presents with positive screening. Isolation room should be in close proximity of screening area.

- Treating COVID-19 in Oncology Population -
 - Update procedures for isolating potentially infected patients.
 - For patients with fever or other symptoms of infection, a comprehensive evaluation should be performed as per usual medical practice.
 - For patient with diagnosed COVID-19 on active anti-cancer treatment, follow standard clinical management plans for delay or modification of cancer treatment.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel. • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. • Implement remote work procedures as directed by your employer. • If outside the United States, authorized or ordered departure actions may be implemented. 		<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Same as Bravo, except immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.
---	--	--

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. 		<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Same as Bravo • Infusion Centers - Patients on active therapy should be given the option of rescheduling treatment. • Inpatient - Consider having discussions with cancer patients in the ICU who may not be recovering, metastatic patients on ventilators, etc. regarding the way ahead if/when resources become scarce.
---	--	--

<p>For more information: https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html</p>	<p>For more information: https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html</p>
---	---

Health Protection Condition Levels

MHS Primary Care Service Line Recommended Actions

in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Primary Case Service Line staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs

- Training - Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Operations - Explore alternatives to face-to-face triage and visits and determine available virtual PCSL capability and capacity.
- Operations - Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- Operations - Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Operations - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
- Operations - Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
- Training - Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
- Protection - Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Protection - Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer).
- Protection - Facemasks are available at triage for patients with respiratory symptoms.
- Routinely clean and disinfect frequently touched objects and surfaces, laptops/iPads/computers.
- Review DHA Guidance: Response Plan for COVID-19 Patient/Staff Education, Triage, and Appointing and the DoD Practice Management Guide for COVID-19.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.

Continue all previous actions and:

- Operations/Protection - Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
- Operations/Protection - Modify prescription processing to reduce patient dwell time in the pharmacy (i.e., prioritize/segregate prescriptions for febrile patients, drop off only).

- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Routinely clean and disinfect frequently touched objects and surfaces.
- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.
- Protection - Modify patient care and waiting areas to reduce vulnerability. (i.e., spacing of chairs, processing of patients, masks-hand sanitizer). Maximize social distancing in waiting to groups are no larger than 10 patients with least 6 feet between individual patients. Review established patients and prioritize continuity of care based on acuity and severity, and use virtual care where possible.
- Training - Train staff members in the following areas:
 - PPE conservation, CDC procedures for proper use and disposal of PPE.
 - CDC procedures for donning and doffing PPE.
 - Screening of patients for COVID-19.
 - Preventing the spread of respiratory diseases including COVID-19 within the facility
 - Procedures to promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities
- Operations - Care teams will review panels to identify high risk beneficiaries who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have a 90 day supply of the necessary medications and appropriate follow-up and provide instructions to notify their provider by phone or secure message if they become ill.
- Operations - Scrub elective procedures such as vasectomies, IUDs, benign skin procedures or possible postponement while allowing procedures for Active Duty Service members required to maintain readiness.
- Operations - Consider limiting routine care for wellness will be limited to necessary readiness and preventive care such as prenatal and well child visits (newborns and infants /younger children) who require immunizations.
- If new or walk-in patients present to the outpatient clinic, recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Operations - Anticipate critical shortages of PPE and supplies and triage to conserve critical resources.
- Protection - Ensure PPE postured near isolation rooms.
- Operations - Increase 24HR and 24HR (HC) to at least 50% of templates.
- Operations - Review Phone tree and appointment line process. Consider adding option for "worried well" and engage with public health staff or other non-primary care medical staff to help field these sorts of calls, direct patients to cdc.gov website for self-help and education. Consider adding option for instructions about Drive through testing, and update recording with procedures for picking up prescriptions, appointments etc. based on local protocol.
- Protection - Increase frequency of anti-septic cleansing of high risk areas such as pharmacy and waiting areas.
- Operations - Providers to use individual discretion in refilling meds (including opioids) without face to face visits for up to 90 days.
- Protection - Establish a pre-facility screening process to minimize risk of COVID-19 transmission to other patients and staff.
- Protection - Monitor and closely manage any healthcare personnel who may be exposed to COVID-19. Utilize CDC website for guidance and conduct risk assessment to balance mission requirements

- Operations/Protection - If established patients present to the clinic, recommend designating primary and alternate staff who will be responsible providing continuity of care to patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Protection - Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.
- Protection - Identify and label with appropriate signage, Patient Isolation Rooms and patient flow in and out of those rooms.
- Protection - Prepare / expand number of isolation rooms for patients with respiratory symptoms.
- Protection - Allow quarantined providers/nurses to do virtual visits from home (provide computer, cell phone).
- Training - Review protocols for COVID 19 related EMS calls and coordinate with downtown EMS on appropriate response and process to ensure Ambulances are not contaminated and remain available for emergency response.
- Operations/Training - Communicate with local units to ensure leaders understand their ability to use discretion to allow quarters without sick slips from providers when necessary.
- Training - Develop a plan to cross-train or retrain personnel to work in areas of need, such as inpatient services, triage, emergency services, basic ventilator management, telehealth.
- Protection - Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Protection - Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
- Protection - In settings of widespread transmission, recommend your facility screen staff for fever or respiratory symptoms before entering the facility.
- Operations - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- Operations - If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.
- Review actions at next HPCON and BPT Execute.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

Continue all previous actions and:

Avoid unnecessary contact with others, such as shaking hands and hugging.
 Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.

Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
 Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.
 Observe local guidance on movement restrictions and access requirements for military installations.

Continue all previous actions and:

- Operations - Reduce patient exposure by maximizing SMS, Telehealth and VH with F2F as last resort.
- Operations - Immediately postpone all elective procedures that are not time-sensitive. Limit F2F well-child visits to newborn, 2wk, 2/4/6/12month visits.
- Ensure at least 50-60% of all planned appointments in PCMH are templated as 24HR and SPEC HC; scrub scheduled and enable conversion of F2F appointments to "HC" appointments. Establish protocol for Appointment Clerks to offer and create Tcons or virtual appointments for conditions or questions that can be managed virtually.
- Operations - Establish outpatient prescription pick up locations outside the MTF (i.e., parking lots, PX, Commissary, etc.)
- Operations/Protection - Ensure KIOSKs and items used by patients for check-in tickets are properly cleaned frequently.
- Operations - Establish external facility screening process to minimize of potentially exposed patients.

Seek guidance from employers and leaders about changes to work practices (e.g., telework) and training events.
Comply with medical orders for self-isolation or quarantine.

- Operations - Ensure separate entrances for healthy patients and screen positive patients.
- Operations - Consider staggered hours of operations, splitting staff locations, segregating locations for higher risk patients, to minimize community spread among staff that can cause self quarantine of entire staff sections.
- Protection - Establish and enforce social distancing measures and telework to the maximum extent possible, placing high risk staff in roles to minimize exposure.
- Operations/Protection - Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment. Implement appointing protocols to identify patients with potential COVID-19 infection before they arrive, and greet outside.
- Review actions at next HPCON and BPT Execute.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

Continue taking all previous actions and:

- Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
- Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time.
- Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.
- Implement remote work procedures as directed by your employer.
- If outside the United States, authorized or ordered departure actions may be implemented.

Continue all previous actions and:

- Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.
- Operations - Maintain minimum necessary capability and capacity for new or walk-in patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual primary care based on acuity and severity.
- Operations - Identify all patients at risk for hospitalization / readmission and assign to your Nurse Case Manager for monitoring and providing enhanced ability to be connected virtually or with a F2F appointment.
- Operations - If demand for visits associated with COVID-19 exceeds supply of appointments, MTFs may change all templates to 24HR and SPEC HC only. Review patient appointments that are already booked and change to "HC" (virtual) to the greatest extent possible that is medically reasonable. Defer routine care and wellness visits as medically appropriate, to a later date. Transition all military medical readiness appointments, as able, to virtual appointments and ensure Active Duty are seen F2F only as medically necessary or for medical readiness.
- Protection - Only patients and immediate care givers enter PCMH.
- Operations - Plan and prepare primary medical home space to convert to MED/SURG space to manage known or suspected COVID-19 patients.
- Operations - Ensure mission essential staff are able to access the installation in the event of base access restrictions.
- Review actions at next HPCON and BPT Execute.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
---	--------------	---

Continue taking all previous actions and:

Continue all previous actions and:

- Operations - Establish rapid screening capability for clinical staff, first responders, and mission essential personnel to maximize retaining key staff safely remain on duty.

- Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed.

- Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family.

- Operations - Maintain minimum necessary capability and capacity to treat, stabilize, and safely disposition emergent and urgent patients. Expect staff to be reallocated to inpatient and ED duties. Expect consolidation of PCMH locations and cross leveling of remaining primary care staff for consolidated operations.

- Operations - Be prepared to staff identified quarantine or MED/Surg overflow patients in your designated area.

For more information:

<https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx> <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Emergency kit checklist for Families:

<https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html>

For more information:

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

Additional CDC Guidance for Healthcare Facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Health Protection Condition Levels MHS Surgical Services Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Surgical Services Clinical Community (SSCC) staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Facility Preparedness - Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.
 - Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
 - Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)
 - Ensure facemasks are available at triage for patients with respiratory symptoms
 - Routinely clean and disinfect frequently touched objects and surfaces.
- Personnel - Designate a time to meet with your staff to educate them on COVID-19, what they may need to do to prepare, and review available and applicable guidance and resources for that preparation. Personnel education and training should focus on the relevant issues of the specific care areas (Ex. Outpatient clinic, Pre-op holding, PACU, OR, etc.).
- Supplies - Identify critical supply requirements, baseline of material, and risks to supply chain. Ensure possession of appropriate viral filters for use with anesthesia circuits.
- Clinical Ops - Develop a plan to limit risks of exposure of outpatient personnel, patients, and areas while sustaining capability to provide effective care of established and new patients.
- Clinical Ops - Outpatient. Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
 - Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
 - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
 - Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
 - Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be at least 6 feet apart in waiting areas.

- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

- Clinical Ops - Perioperative. Develop a plan for screening and management of preoperative patients with signs/symptoms of respiratory illness or otherwise determined to be at risk of infection.
- Clinical Ops - Anesthesia.
- Clinical Ops - Surgical. - Identify engineering controls available in the perioperative and procedural areas (Ex. negative pressure, ability to manipulate air exchange, etc.) to limit risk of exposure and transmission.

LIMITED Community transmission beginning.	ALPHA	LIMITED Community transmission beginning.
--	-------	--

- Continue all previous actions and:**
- Routinely clean and disinfect frequently touched objects and surfaces.
 - If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
 - Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

- Continue all previous actions and:**
- Facility Preparedness - Identify airborne isolation and negative pressure rooms suitable for conduct of high risk procedures and care.
 - Personnel - Ensure personnel are educated and trained on the appropriate use of PPE and leading practices to limit exposure, contamination, and risks of transmission.
 - Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
 - Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
 - Supplies -Determine usage rate of critical supplies and impact of changes in practice pattern to this usage rate.
 - Communicate additional resourcing requirements to support personnel/offices.
 - Determine impact and develop mitigation strategies for depletion or loss of critical supply items.
 - Clinical Ops - Outpatient. Consider contacting patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
 - Clinical Ops - Perioperative. Implement plan for screening and management of preoperative patients with signs/symptoms of respiratory illness or otherwise determined to be at risk of infection.
 - Establish plans for the management of COVID-19 patients in the post-operative area to limit risk of exposure of personnel, patients, and care areas while sustaining capability to provide safe and effective care (Ex. limiting the use of airway adjuncts such as nasal trumpets).
 - Establish plans for optimal use of PPE and negative pressure or airway isolation rooms, if available.
 - Clinical Ops - Anesthesia. Establish plans for the conduct of high risk procedures on COVID-19 patients to include perioperative endotracheal intubation/extubation and patient transport. Consider designation and training of teams to support surgical and/or critical care of COVID-19 patients.
 - Clinical Ops - Surgical. Prepare surgical care areas to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients. Develop plan/process for perioperative and intraoperative management of COVID-19 suspected and infected patients.
 - Establish process for daily assessment and reporting of availability of personnel & supplies critical to surgical operations that may be impacted by higher than normal usage (PPE, certain medications) and disrupted supply chains (blood products).

-Establish process for triage of surgical care, including identification of subject matter experts (SMEs) to provide assessments of internal and external capability, patient/condition risk assessments, and impact of treatment or deferral of treatment. Capability assessments should include the internal capability to provide surgical care as well as an evaluation of alternative sources or options for surgical care that currently exist and the predicted availability of both during changes in local and regional HPCON status. Patient condition and risk assessment should include an estimate of risk of progression and/or deterioration of condition that may require urgent or emergent surgical intervention. Mission impact of the surgical care must also be considered.

-Establish process for identification of high risk surgical services & procedures (aerosol generating procedures, sinus surgery, etc.) and patient populations (elderly, comorbid conditions, etc.) for incorporation into surgical triage.

-Consider surgical services (i.e. refractive surgery, joint replacement) and patient populations (mission essential personnel) that may require special consideration during triage deliberations.

-Identify and designate surgical care areas, personnel, and supply requirements for those emergent, urgent and otherwise required surgical procedures to limit risk of COVID-19 exposure to patients and staff and optimize the preservation of surgical and medical capabilities. Ambulatory surgery centers and hospital outpatient surgery departments should ideally be utilized for time-sensitive, but otherwise low-risk surgical interventions. Dedicated COVID-19 surgical and perioperative spaces should be identified and designated.

-Review electively scheduled surgical cases to determine suitability for indefinite deferral or rescheduling to an alternative location or time.

-Establish procedures for surveillance of those patients whose surgical treatment is cancelled, deferred and/or delayed.

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission. • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days. 	<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Facility Preparedness - Identify available surgical services and perioperative care space to convert to MED/SURG to manage known or suspected COVID-19 patients as necessary. Identify community resources for potential transfer or referral of urgent and/or time-sensitive surgical care. • Personnel - Identify available surgical services personnel and capability to support the management of known or suspected COVID-19 patients as necessary. Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment. Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees. • Supplies - Minimize personnel and resource (PPE) utilization during required surgical operations. Communicate usage rate of critical supply items. Plan for the prioritized use and alternatives to standard PPE used during required surgical operations. This includes the use of N95 respirators and facemasks by activity type.
--	---

- Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare.

- Clinical Ops - Outpatient. - Maintain adequate capability and capacity for new, walk-in, or consultation patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review established patients and prioritize continuity of care based on acuity and severity, and utilize virtual health as available or indicated. [Note: Adhere to ASD-HA 24-Mar-2020 guidance on Elective Surgical, Invasive, and Dental Procedures in the Military Treatment Facilities. See link to policy in reference section, below]
 - Limit visitors and ensure social distancing (at least 6 feet between individuals), and limit visitors to admitted COVID-19 positive patients.
 - Initiate surveillance of those patients whose surgical treatment is cancelled, deferred and/or delayed.
 - Identify community resources for potential transfer or referral of urgent and/or time-sensitive surgical care.
 - Plan for a surge of critically ill patients and identify optimal means to evaluate and manage surgical patients while limiting the impact to emergency and critical care services. Plan for space to care for both surgical patients and COVID-19 patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage both patient populations.

- Observe local guidance on movement restrictions and access requirements for military installations.

- Clinical Ops - Perioperative. Sustain screening and management of preoperative patients with signs/symptoms of respiratory illness or otherwise determined to be at risk of infection. Implement plan for optimal use of PPE and care of COVID-19 patients as necessary.

- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.

- Clinical Ops - Anesthesia. Identify personnel and capability to support the management of known or suspected COVID-19 patients as necessary. Implement plans as necessary

- Comply with medical orders for self-isolation or quarantine.

- Clinical Ops - Surgical. Initiate triage of surgical care based on risk-benefit, local/regional capability, logistics (resource availability, supply chain, etc.) analysis, and mission impact. Identify personnel and capability to support the management of known or suspected COVID-19 patients as necessary.

SUBSTANTIAL	CHARLIE	SUBSTANTIAL
Sustained community transmission.		Sustained community transmission.

<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel. <ul style="list-style-type: none"> • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. <ul style="list-style-type: none"> • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. 	<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure. <ul style="list-style-type: none"> • Facility Preparedness - Prepare available surgical and perioperative space to convert to MED/SURG space to manage known or suspected COVID-19 patients. <ul style="list-style-type: none"> • Personnel - In settings of widespread transmission, consider screening staff for fever or respiratory symptoms before entering the facility. Plan for asymptomatic exposed HCP or resolved COVID-19 infected HCPs to work in designated areas with appropriate precautions. (Ex. Areas designated for care of exposed and/or infected patients, wearing a facemask, etc.). Identify available surgical services personnel and capability to support the management of known or suspected COVID-19 patients as necessary.
--	---

- Implement remote work procedures as directed by your employer.
- If outside the United States, authorized or ordered departure actions may be implemented.

- Supplies - Minimize personnel and resource (PPE) utilization during required surgical operations. Communicate usage rate of critical supply items. Implement plan for the prioritized use and alternatives to standard PPE used during required surgical operations as necessary.
- Clinical Ops - Outpatient. Maintain minimum necessary capability and capacity for new, walk-in, or consultation patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual health care based on acuity and severity. [Note: Adhere to ASD-HA 24-Mar-2020 guidance on Elective Surgical, Invasive, and Dental Procedures in the Military Treatment Facilities. See link to policy in reference section, below] Implement plan for a surge of critically ill patients and identify optimal means to evaluate and manage surgical patients while limiting the impact to emergency and critical care services. Plan for space to care for both surgical patients and COVID-19 patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage both patient populations.
- Clinical Ops - Perioperative. Sustain screening and management of preoperative patients with signs/symptoms of respiratory illness or otherwise determined to be at risk of infection. Implement plan for optimal use of PPE and care of COVID-19 patients
- Clinical Ops - Anesthesia. Implement plans as necessary.
- Clinical Ops - Surgical. Sustain triage of surgical care based on risk-benefit, local/regional capability, logistics (resource availability, supply chain, etc.) analysis, and mission impact.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. 	DELTA	<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Facility Preparedness - Convert available surgical and perioperative space to MED/SURG space to manage known or suspected COVID-19 patients as necessary. • Personnel - Implement plan for asymptomatic exposed HCP or resolved COVID-19 infected HCPs to work in designated areas with appropriate precautions. (Ex. Areas designated for care of exposed and/or infected patients, wearing a facemask, etc.) as necessary. Utilize available surgical services personnel and capability to support the management of known or suspected COVID-19 patients as necessary. • Clinical Ops - Outpatient. Maintain minimum necessary capability and capacity for new, walk-in, or consultation patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual health care based on acuity and severity. [Note: Adhere to ASD-HA 24-Mar-2020 guidance on Elective Surgical, Invasive, and Dental Procedures in the Military Treatment Facilities. See link to policy in reference section, below] Implement plan for a surge of critically ill patients and identify optimal means to evaluate and manage surgical patients while limiting the impact to emergency and critical care services. • Clinical Ops - Perioperative. Sustain screening and management of preoperative patients with signs/symptoms of respiratory illness or otherwise determined to be at risk of infection. Sustain optimal use of PPE and care of COVID-19 patients • Clinical Ops - Anesthesia. Implement plans as necessary. • Clinical Ops - Surgical. Sustain triage of surgical care based on risk-benefit, local/regional capability, logistics (resource availability, supply chain, etc.) analysis, and mission impact.

CDC Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Specialty Society Recommendations:

ENT - <https://www.entnet.org/content/otolaryngologists-and-covid-19-pandemic>

Laparoscopy - <https://www.sages.org/recommendations-surgical-response-covid-19/>

Ophthalmology - <https://www.aao.org/headline/alert-important-coronavirus-context>

ASA - <https://www.asahq.org/about-asa/governance-and-committees/asa-committees/committee-on-occupational-health/coronavirus>

Anesthesia Patient Safety Foundation - <https://www.apsf.org/news-updates/perioperative-considerations-for-the-2019-novel-coronavirus-covid-19/>

<https://www.apsf.org/faq-on-anesthesia-machine-use-protection-and-decontamination-during-the-covid-19-pandemic/#>

-

Triage of Surgical Care:

American College of Surgeons COVID-19 Guidance for Triage of Non-Emergent Surgical Procedures, 17 Mar 2020.

<https://www.facs.org/covid-19/clinical-guidance/triage>

ASA/PSF Joint Statement on Non-Urgent Care During the COVID-19 Outbreak, 17 Mar 2020.

<https://www.asahq.org/about-asa/newsroom/news-releases/2020/03/asa-apsf-joint-statement-on-non-urgent-care-during-the-covid-19-outbreak>

PPE Utilization:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

<https://www.asahq.org/about-asa/newsroom/news-releases/2020/03/the-use-of-personal-protective-equipment-by-anesthesia-professionals-during-the-covid-19-pandemic>

ASD-HA 24-Mar-2020 guidance on Elective Surgical, Invasive, and Dental Procedures in the Military Treatment Facilities

<https://www.health.mil/Reference-Center/Policies?refVector=000000000100000&refSrc=137>

Health Protection Condition Levels MHS Women and Infant Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

The American College of Obstetricians and Gynecologists (ACOG) issued a statement that “pregnant women may be at higher risk of severe illness, morbidity, or mortality compared with the general population,” likely due to physiologic changes that happen during pregnancy, and because pregnancy constitutes a state of relative immunosuppression as compared to non-pregnancy. Currently, however, utilization of telemedicine for pregnancy-related services is minimal.

The following guidance is for all patients and staff. For patients, visitors, and staff who are COVID-19 positive or suspected positive, additional guidance is provided where applicable. This is a guideline only, and not a substitute of clinical judgement.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Women and Infant Clinical Community (WICC) related staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

Take everyday actions to stop the spread of germs:

- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water or alcohol-based (>60%) hand sanitizer.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

Take everyday actions to support community efforts to stop the spread of germs (all outpatient, intensive outpatient, partial hospitalization, inpatient/residential care settings):

- Healthy staff - Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
- Routine appointments - Explore alternatives to face-to-face triage and visits and determine available virtual capability and capacity.
- Nurse Advice Line (NAL) - Instruct patients to use available NAL, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath. *Follow ACOG/SMFM algorithm.
- Personal protective - Know and use the proper PPE.
- Pediatrics patients - Refer to MHS Primary Care Clinical Community (CC) and Complex Pediatrics CC Recommended Actions for further guidance.
- Surgical patients - Refer to MHS Surgical Services CC Recommended Actions for further guidance.

LIMITED
Community transmission beginning.

ALPHA

LIMITED
Community transmission beginning.

Continue all previous actions and:

- Routinely clean and disinfect frequently touched objects and surfaces.
- If you are sick, call your medical provider for instructions on receiving care before going to the clinic.
- Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies.

Continue all previous actions and:

- Healthy Staff - Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
- Healthy Staff - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- Healthy Staff - Pregnant, elderly and medically complex staff are at high risk. Keep them 'back' not doing initial screening to decrease their exposure to illness.
- Healthy Staff - Do wellness checks with each other, to check on how folks are handling the differences in their home and work life.
- Healthy Staff - Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.

- Healthy Staff - Keep students and new staff away from triaging of patients, to ensure senior staff make the most informed decision on next steps or risks.
- Routine Appointments - Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
- PPE - Follow CDC Guidelines (Surgical Mask, face shield or eye protection, gown/glove).

MODERATE Increased community transmission.	BRAVO	MODERATE Increased community transmission.
--	--------------	--

- | | |
|--|--|
| <p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Avoid unnecessary contact with others, such as shaking hands and hugging. • Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
<ul style="list-style-type: none"> • Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days. • Prepare for travel restrictions and cancellation of public gatherings, such as school, religious, and other community activities; make alternative arrangements for childcare. • Observe local guidance on movement restrictions and access requirements for military installations.
<ul style="list-style-type: none"> • Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.
<ul style="list-style-type: none"> • Comply with medical orders for self-isolation or quarantine. | <p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Healthy Staff - Educate/PPE usage clarified (surgical mask and shield for contact/droplet/N95 for aerosolizing procedures). • Routine Appointments - Explore alternatives to face-to-face triage and visits and determine available virtual capability and capacity. Continue to provide necessary prenatal care, ultrasounds and antepartum testing. • Sick Advice - Instruct patients to call and speak to an office/clinic if they become ill with symptoms such as fever, cough, or shortness of breath; follow ACOG/SMFM algorithm for triage. • Facility Screening - Signs/reminders.
<ul style="list-style-type: none"> • Waiting Rooms/Visitors - Separate those with URI or travel positive; six feet apart.
<ul style="list-style-type: none"> • Aerosol Generating Procedures - Define for clinical area what procedures are aerosol generating when N-95 or CAPR/ PAPR are required. For infants requiring aerosolizing procedures, or using CPAP, SIPAP (open systems) use of N95 mask is recommended.
<ul style="list-style-type: none"> • Aerosol Generating Procedures/ventilation - COVID PUI/+ infants should be in negative pressure isolation when using CPAP, SIPAP (open systems) N95 mask required for performing and assisting in aerosolized procedures such as intubation or using CPAP, SIPAP (open systems). • Obstetrics (OB) - Established Patient - Optimize virtual health. Continue to provide necessary prenatal care, ultrasounds and antepartum testing. Combine appointments where possible. • OB - New Patient - Virtual/telephone for history, then targeted visit, combine with dating Ultrasounds (US)/Nuchal Translucency (NT) screening. • Well Women - Cancel and reschedule at later date. Phone contact if there are ongoing issues. • Colposcopy - Continue. • Contraception/ Emergency contraception access - Virtual/Telephonic visits; consider SARC. • Sexually Transmitted Infection (STI) - Virtual/Telephonic visits or targeted visit. • Prescription Refills - Virtual/Telephonic visits. • Companion/visitor Screening (URI sx or travel) - Patient and visitor upon presentation to clinic. • Groups/Classes - Social distancing/6 feet. • Reproductive Endocrinology/ Infertility (REI) - No new cycles. Virtual/Tcon consults. • Urogynecology (URO GYN) - Virtual/Tcon. Follow up on symptomatic patients as needed. • Gynecology/Oncology (GYN/ONC) - Continue. • Consultation and Elective surgeries - Evaluate for curtailment of visits, procedures, surgeries, laboratory testing. Consultation should be virtual/T con. For surgical procedures, refer to HPCONs from Surgical Services Clinical Community for further guidance.
<ul style="list-style-type: none"> • ER consults - Review and assess need for provider to complete in person evaluation. • Social Media - Work with MTF on WIFI access or obtain hot spots to support patient with limited visitors. • Inpatient GYN - Use Med Surg Guidelines. |
|--|--|

- Inpatient OB - If cared for outside of formal obstetrical units with central fetal monitoring, and infant security, require RN staffing and resources for labor, and postpartum emergencies. If postpartum care is done on a Med Surg unit, just in time review of maternal assessment and risk factors, with equipment available for postpartum emergencies will be available on the unit.
- Inpatient OB Visitors - Verbally screen.
- Inpatient OB Groups/Classes - Social distancing.
- Inpatient OB Cohorting - If COVID-19 (+) PUI/POI, use CDC guidelines recommending separation; if mother refuses separation with infant, cohort according to CDC Guidelines.
- Inpatient OB Breastfeeding - Initiate within one hour of birth. Use CDC Guidance for COVID19 (+) POI/PUI. Pump and healthy caregiver and feed infant expressed colostrum/breast milk if separated.
- Labor Pre-hospital Screening - Patients should be called the day before their procedure to screen for COVID symptoms. Screening of support person and notification of visitor policy should also be included.
- Labor - Minimize the use of face mask supplemental oxygen (aerosolization). Consider using nasal cannula with surgical mask over mouth and nose.
- Labor Fetal monitoring - Central fetal monitoring display or 1:1 RN staffing.
- Labor Staffing - Continued utilization of Guidelines for Perinatal Care (7th edition). RN staff with fetal monitoring expertise to manage labor and pregnant patient care. Provider OB staff immediately available with staff to perform Neonatal resus. may require additional RN staff due to mother/infant isolation.
- Surgical Delivery - Plan for possible aerosolization of COVID-19 (if Positive pressure OR maintained, create a safe circuit to minimize cross contamination and spread of aerosolized particles). Refer to HPCONs from Surgical Services Clinical Community for additional guidance.
- Post Delivery Care - Routine maternal care; if COVID-19 (+) PUI/POI, in cases of severe maternal infection with a term infant, care team may consider avoiding delayed cord clamping and skin to skin.
- Vaginal Delivery - if COVID 19 (+) PUI/POI, plan for negative pressure rooms for delivery, neonatal isolation and NRP.
- ICU Care - Determine location of room for COVID 19 (+) PUI/POI patient/may be in ICU or PACU- Negative pressure room if possible.
- Anesthesia Emergent C/S - Increase risk of COVID 19 spread with use of general Anesthesia. Proactive communication to decrease need for emergency intubation should be discussed frequently between anesthesia, providers and nursing teams.
- Anesthesia-Neuraxial analgesia - Early epidural may reduce the need for general anesthesia for emergent cesarean delivery. A COVID-19 diagnosis itself is NOT a contraindication for neuraxial analgesia.
- Single room care - Based on maternal status_Mother can choose to follow CDC recommendation to isolate mother from infant or she can choose to cohort the infant in her room. If infant is isolated, it is clinically feasible to cohort +PUI infant with a staff person with Neonatal resuscitation.
- Infant Cohorts - Infants can cohort in an open nursery with babies six feet apart as need.
- Resuscitation - Available in all areas where infants are cared for. To include self-inflating bags with TP, ET tubes, laryngoscope and medications.
- Infant Security - Adapt if infants are cared for off the mother baby unit.
- Constant surveillance - Infants are under constant surveillance of family or staff; they are not to be left unattended.

- Lactation/ Feeding - Initiate within one hour of life, after immediate bath. Infants will be fed based on mothers choice, unless there is a medical contraindication. Follow CDC guidelines if the mom is COVID 19 (+) or PUI/POI. Recommend separation of mother and infant; encourages breastmilk expression and feeding by healthy family member or mother in surgical mask. COVID 19 (+) mom may be an appropriate referral for use of donor breast milk based on medical recommendations for infant nutrition.
- Lactation/ Feeding Support - Lactation support should facilitate adequate latch, and nutritive suck. With assistance at feeding, without regard to patient status (appropriate PPE needed).
- Skin-to-skin - Immediately after birth unless unstable mother or infant; Follow CDC guidelines if the mom is a PUI or COVID positive, separate rooms until transmission based precautions are discontinued.
- Newborn Procedures - Single room care-all procedures including IV starts, and Circumcisions are done in the room; Newborns who are PUIs are not eligible for elective circumcision.
- Newborn Screening - All newborn screening will be done in room, to include but not be limited to Bilirubin (serum or TcB), hearing, Congenital Cyanotic Cardiac Disease, metabolic screening.
- Newborn Therapies and Medications - Single room care-all therapies, including bili lights/blankets and all meds given in the room.
- Infant Care after discharge - Newborn care (2 day and 2 week appointments) - Identify clinical area separate in space or in time to minimize exposure risk to newborns to COVID positive/PUI patients. Refer to HPCONs for Primary Care Clinical Community (Pediatrics) and Complex Pediatric Clinical Community for further and more specific guidance.
- Newborn with need for increased surveillance/care/procedures - If care cannot be delivered in mothers room or in a room isolated from other infants, the infant could be considered for transferred to higher level of care as defined by the MTF. Examples Transient Tachypnea of the Newborn, hypothermia and or Hypoglycemia may be monitored at maternal bedside or may required higher level of care. Cohorting of PUI infants in a nursery setting pending testing results/discharge may be a clinical alternative. Infants can cohort in an open nursery with babies six feet apart as needed.
- NICU - Cohort infants/Screen all visitor-limited to adults and family members with a number limit per MTF.
- Delayed Cord Clamping - In all cases of COVID+ or PUI moms, NP testing x2 separated by 24hrs and starting at 24 hrs of life (test#1 at 24 hrs and test#2 at 48 hrs).

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- | | |
|--|--|
| <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel. • Plan activities for Family members, especially children, in case you are restricted to your home for prolonged periods of time. • Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations. • Implement remote work procedures as directed by your employer. | <p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure. • Healthy Staff - Limit exposure of pregnant, elderly, medically complex staff from initial triage (CDC). • Routine Appointments - All care to be done in exam room (vital signs, weights any other screening); Optimize virtual health for histories. Continue to provide necessary prenatal care, ultrasounds and antepartum testing. • Facility Screening - Remote screening prior to facility entry. |
|--|--|

- If outside the United States, authorized or ordered departure actions may be implemented.

- Waiting Rooms/Visitors - limited waiting; consider putting patient directly in exam room.
- Aerosol Generating Procedures - Update clinical area what procedures are aerosol generating when N-95 or CAPR/ PAPR are required.
- Prescription Refills - Virtual/Telephonic visits; Patients do NOT need a current Pap test for birth control refills. Hypertension should be well controlled if on COC - see Medical Eligibility Criteria (MEC) for additional details. If needed initiate a virtual/telephonic visit for status update.
- Companion/visitor Screening (URI sx or travel) - Recommend limiting or ONE support person-use technology/face time.
- Groups/Classes - Virtual classes/use of technology (Adobe Connect) or in person 1:1 with social distancing.
- Reproductive Endocrinology/ Infertility (REI) - No frozen embryo transfers. T cons as required. May assist in other care settings.
- Gynecology/Oncology (GYN/ONC) - Virtual/telephonic /prioritize high risk and indicated therapies.
- Consultation and Elective surgeries - Consultation virtual/T con. No elective surgeries. For surgical procedures, refer to HPCONs from Surgical Services Clinical Community for further guidance.
- Social Media - Use of Wi-Fi to allow patient to share birth process. Allow 'virtual' birthing participation- face time (or audio only) delivery for family.
- Inpatient OB Visitors - Remotely screened visitors (prior to arrival on clinical unit) Limit One screened visitor per day.
- Inpatient OB Groups/Classes - in person classes cancelled. Use virtual or one on one educational setting (with social distancing).
- Labor Pre-hospital Screening - Patients should be screened at 39 weeks for COVID symptoms. Induction may be considered if > 39 weeks or other medical indication. Timing of delivery in most cases should not be dictated by maternal COVID-19 infection. Individualize decision based on risk benefit assessment and shared decision making.
- Labor Staffing - Continued utilization of Guidelines for Perinatal Care (7th edition). RN staff with fetal monitoring expertise to manage labor and pregnant patient care. Provider OB staff immediately available with staff to perform Neonatal resus. may require additional RN staff due to mother/infant isolation. Consider workplace segregation in obstetric units to ensure service continuity, social distancing of healthcare workers, infection control and facilities contact tracing.
- ICU Care - Have ready clinical space to manage critically ill patients with known or suspected COVID-19 (+) PUI/POI. A critically ill pregnant patient laboring in ICU require an RN at the bedside, and OB provider immediately available, and access 24/7 to a dedicated OB operating room set up with equipment for C/S and newborn resuscitation.
- Analgesia/Anesthesia Nitrous Oxide - Suspend nitrous oxide programs on L&D due to possible aerosolization.
- NICU - A single screened visitor that is usually the mother and no one else. If another visitor is allowed it is usually the father/partner and will not change for the duration of the NICU stay.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. 	<p>DELTA</p>	<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Facility Screening - Limited entry points, pre-screening prior to entry. • Waiting Rooms/Visitors - No waiting room, Six feet apart. • Companion/visitor Screening (URI sx or travel) - No support person-use technology/face time (May allow one support person per facility protocol). • Reproductive Endocrinology/ Infertility (REI) - T cons as required. May assist in other care settings. • Inpatient OB Visitors - Consider virtual technology for visitation.

- Post delivery care - if COVID 19 (+) PUI/POI, plan for negative pressure rooms for delivery, neonatal isolation and NRP.
- ICU Care - Set up clinical space to manage critically ill patients with known or suspected COVID-19 (+) PUI/POI to include supplies and equipment for vaginal or surgical delivery, and management of the newborn. A critically ill pregnant patient laboring in ICU require an RN at the bedside, and OB provider immediately available. Delivery may be done in the same room or designated access (24/7) to a dedicated OB operating room set up with equipment for C/S and newborn resuscitation.
- NICU - Only mother (or designee) ONE person only allowed to visit or possibility of no visitation based on MTF guidance.

For more information:

<https://phc.amedd.army.mil/topics/discond/diseases/Pages/2019-nCoVChina.aspx>
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Emergency kit checklist for Families:

<https://www.cdc.gov/childrenindisasters/checklists/kids-and-families.html>

For more information:

<https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectious-disease-outbreaks-response>

Additional CDC Guidance for Healthcare Facilities::

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Health Protection Condition Levels

Military Health System (MHS) Medical Specialty Care Services Recommended Actions in Support of MTF Responses to Coronavirus Disease 2019 (COVID-19)

Department of Defense Public Health Emergency Management policy assigns health protection condition (HPCON) levels to disease outbreaks, such as the spread of COVID-19, based on the severity of the disease and the level of transmission occurring in the local community.

Follow the Centers of Disease Prevention and Control (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>), the Military Health System guidance, the professional medical society guidelines, and other applicable guidelines.

HPCON levels outline specific actions you can take in response to a health threat. While it's always important to prevent the spread of germs, there are additional steps you can take if COVID-19 transmission becomes more widespread in your community. Regardless of the current HPCON level, always follow the guidance from your installation and local public health agencies.

Take the following actions to protect the health and safety of your Family and your community.

Take the following actions to protect the health and safety of our Patients and your MTF Surgical Services staff.

ROUTINE
No community transmission.

0

ROUTINE
No community transmission.

- **Take everyday actions to stop the spread of germs:**
- Avoid close contact with people who are sick.
- Wash your hands often and for at least 20 seconds with soap and water.
- Cover your cough/sneeze with a tissue, then throw it in the trash; cough/sneeze into your elbow if tissues are unavailable.
- Avoid touching your eyes, nose, and mouth.
- Ensure all immunizations are up to date, including your seasonal flu shot.
- Stay home if you are sick and avoid close contact with Family members and pets.
- Create an emergency preparedness kit.

- **Take everyday actions to support community efforts to stop the spread of germs (all outpatient, inpatient, procedural room settings):**
- Staff: Educate staff on COVID-19, what they may need to do to prepare, and what they need to tell patients.
- Staff: Ensure Family Care Plan UTD; all staff projected to telework have updated HIPAA and Cyber Security training/certificates; send telework package to those planning to telework; staff who plan to telework need to ensure their telework agreements have been approved.
- Facility preparedness: Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients. Establish separate entry control points for staff and patients/visitors. Prioritize readiness, urgent and emergent care needs; increase central appointment centers and nurse advice line (NAL) capabilities; prepare telework plan to cover extended hours.
- Facility preparedness: Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Supplies: Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer) and designate personnel to monitor the supply level.
- Clinical Operations: Explore alternatives to face-to-face triage and visits and determine available virtual health capability and capacity.
- Clinical Operations: Instruct patients to use available Nurse Advice Lines, TRICARE On-Line, available secure messaging patient portals, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath. Maximize the use of secure messaging portal by specialists.
- Clinical Operations: Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
- Clinical Operations: Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
- Clinical Operations: Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive. Patients with respiratory symptoms need to put on their masks upon arrival to your medical facility.
- Clinical Operations: Facemasks are available at triage for patients with respiratory symptoms. COVID-suspected patients need to wear masks and follow MTF procedures.

- Clinical Operations: Plan an area for spatially separating patients with respiratory symptoms in the outpatient clinic and visiting areas. Ideally patients would be at least 6 feet apart in waiting areas. Have a plan to separate COVID from non-COVID patients either spatially or by time (i.e., ill visits at end of day; well visits early in the day)
- Clinical Operations: Review appointments and procedures and postpone elective ones that do not worsen patients' conditions with postponement. Medical Readiness: Consider the medical readiness impact when you decide whether to postpone or continue w/ certain appointments or procedures to maintain medical readiness.
- Inpatient: Review the plan to spatially separate patients with respiratory symptoms into isolation rooms or at least separate patients at least 6 feet apart in the inpatient units. Have a plan to transfer patients in order to turn wards into COVID-19 patient wards.
- Procedural room: Review or develop plan/process for peri-procedural and intra-procedural management of COVID-19 suspected and infected patients. Have a plan to perform emergency non-invasive and invasive procedures on patients with COVID-19 and a plan to re-purpose the procedural rooms into intensive care units if it is applicable.
- Cleaning: Routinely clean and disinfect frequently touched objects and surfaces. Review procedures to disinfect rooms with COVID-19 patients.

LIMITED	ALPHA	LIMITED
Community transmission beginning.		Community transmission beginning.

<p>Continue all previous actions and:</p> <ul style="list-style-type: none"> • Routinely clean and disinfect frequently touched objects and surfaces. • If you are sick, call your medical provider for instructions on receiving care before going to the clinic. • Stay informed by routinely checking reliable sources of information such as the Centers for Disease Control and Prevention (CDC) and your local public health agencies. 	<p>Continue all previous applicable actions and:</p> <ul style="list-style-type: none"> • Staff: Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms. • Staff: Be aware of recommended work restrictions, monitor based on staff exposure to COVID-19 patients, and advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill. • Staff: Recommend your facility screen staff for fever or respiratory symptoms before entering the facility. • Staff: Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees. • Staff: Review and ensure contingency plan for inpatient expansion is communicated; prepare staff for this probability. • Facility Preparedness: Establish separate entry control points for staff and patients/visitors. Screen all who enter using COVID screener. • Clinical Operations: Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill. • Clinical Operations (Outpatient): Plan for triaging of patients amenable to virtual health to available virtual capability and capacity. • Clinical Operations (Outpatient and Procedures): Maintain social distancing in waiting areas as feasible (recommend groups are no larger than 10 patients in a waiting room space that can accommodate at least 6 feet between individual patients). Review established patients and prioritize continuity of care based on acuity and severity, and utilize virtual care as available or indicated. Protection of patients and staff against COVID-19 during procedures. 	
--	---	--

- Clinical Operations (outpatient): If new or walk-in patients present to the outpatient clinic, recommend designating staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Clinical Operations (outpatient): If established patients present to the clinic, recommend designating primary and alternate staff who will be responsible providing continuity of care to patients that may be suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
- Clinical Operations: Prepare inpatient and procedural areas to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients. Develop plan/process for management of COVID-19 suspected and infected patients.
- Clinical Operations: Establish process for triage of care, including identification of SMEs to provide assessments of internal and external capability, patient/condition risk assessments, and impact of treatment on patient outcomes and medical readiness. Capability assessments should include the internal capability to provide outpatient, inpatient, and procedural care as well as an evaluation of alternative sources or options for care that currently exist and the predicted availability of both during changes in local and regional HPCON status. Patient condition and risk assessment should include an estimate of risk of progression and/or deterioration of condition that may require urgent or emergent intervention. Mission readiness impact of the medical care must also be considered. Review scheduled elective procedures to determine suitability for indefinite deferral or rescheduling to an alternative location or time.
- Clinical Operations: Review appointments and electively scheduled procedures to determine suitability for indefinite deferral or rescheduling to an alternative location or time or to proceed due to condition, patient current health status, or medical readiness requirement .
- Clinical Operations: Establish procedures for surveillance of those patients whose appointments and/or procedures are cancelled, deferred and/or delayed.
- Clinical Operations: If possible, identify staff who can monitor those patients at home that require monitoring using telephone calls, text, patient portals, video conference, or other means.
- Procedures: Ensure personnel are educated and trained to limit exposure and the appropriate use of PPE. Plan to support procedures with essential personnel and avoidance of traffic and/or turnover of personnel in procedural areas that increase risk of exposure or results in additional use of disposal equipment (PPE).
- Procedures: Establish patient instructions and process for virtual care in the post-procedural period.
- Anesthesia and Perioperative Care: Establish plans for the conduct of procedures on COVID-19 patients to include conscious sedation and other aerosol generating procedures. Ensure personnel are educated and trained on the appropriate use of PPE and leading practices to limit exposure, contamination, and risks of transmission. Identify negative pressure rooms for conduct of all aerosol generating procedures.
- Business Ops: Consider eliminating patient penalties for cancellations and missed appointments.
- Supplies: Establish process for daily assessment and reporting of availability of supplies critical to surgical operations that may be impacted by higher than normal usage (PPE, certain medications) and disrupted supply chains.

MODERATE

Increased community transmission.

BRAVO

MODERATE

Increased community transmission.

Continue all previous actions and:

Continue all previous actions and:

- Avoid unnecessary contact with others, such as shaking hands and hugging.
- Avoid unnecessary travel, especially to areas known to be experiencing active disease transmission.
- Ensure supplies of food, medication, and other items needed for babies and pets are available to last at least 14 days.
- Observe local guidance on movement restrictions and access requirements for military installations.
- Seek guidance from employers and unit leaders about changes to work practices (e.g., telework) and training events.

- Staff: Ensure staff are prepared to receive patients using appropriate infection control practices and personal protective equipment.
- Staff: Identify available medical personnel and capability to support the management of known or suspected COVID-19 patients as necessary.
- Visitors: Limit visitors and ensure social distancing (at least 6 feet between individuals), and limit visitors to admitted COVID-19 positive patients.
- Clinical Operations: Initiate triage of medical and procedural care based on risk-benefit, local/regional capability, and logistic analysis.
- Clinical Operations: Initiate surveillance of those patients whose medical and procedural treatment is cancelled, deferred and/or delayed.
- Clinical Operations: Minimize personnel and resources (PPE) supporting required medical or procedural care.
- Clinical Operations: Utilize specialists to support other needed areas; facilitate referrals between primary care and specialist, and specialist to specialist.
- Clinical Operations: Plan for a surge of critically ill patients and identify optimal means to evaluate and manage patients while limiting the impact to emergency and critical care services. Shift staff to inpatient care as necessary. Plan for space to care for COVID-19 patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage this patient population.
- Clinical Operations: Implement the contingency plan for inpatient expansion if needed.
- Clinical Operations: Plan for the prioritized use and alternatives to standard PPE used during required medical care. This includes the use of N95 respirators and facemasks by activity type.
- Clinical Operations: Postpone all routine or elective appointments and procedures. MTF Commander or Director may authorize routine/elective appointments and procedures if he or she determines the risks to the patients and medical readiness outweigh other concerns after consultation with SMEs.
- Procedures: Plan for the prioritized use and alternatives to standard PPE used during required procedures. This includes the use of surgical or procedural gowns, masks, and N95 respirators and facemasks by activity type.

SUBSTANTIAL Sustained community transmission.	CHARLIE	SUBSTANTIAL Sustained community transmission.
---	----------------	---

- Continue taking all previous actions and:**
- Expect cancellation of in-person gatherings (e.g., schools, daycare, all community activities) and restricted ability to travel.
 - Plan activities for family members, especially children, in case you are restricted to your home for prolonged periods of time.
 - Prepare for the potential of limited access to supplies and services, including severely restricted access to military installations.
 - Implement remote work procedures as directed by your employer.
 - If outside the United States, authorized or ordered departure actions may be implemented.

- Continue taking all previous actions and:**
- Immediately postpone all routine and general medical care and referrals performed on beneficiaries of the MTFs unless deemed by MTF and DTF Commanders and Directors as necessary to maintain deployability and readiness of Service members, or to complete medical assessments that are deemed mission essential, or required by statute, to preserve Force Medical Readiness. MTF and DTF leadership are fully empowered to authorize electively scheduled procedures if those procedures can be safely performed and are needed to maintain readiness, or if a provider determines there is significant risk to the patient of delaying the procedure.
 - Staff: Plan for asymptomatic health care personnel (HCP) or HCP with resolved COVID-19 symptoms to return to work earlier based on the manning need.
 - Staff: Plan for asymptomatic exposed HCP to work in designated areas with appropriate precautions. (Ex. Areas designated for care of exposed and/or infected patients, wearing a facemask, etc.)
 - Visitors: No visitors allowed except for certain situations (i.e. pediatrics, NICU, adults with cognitive impairment, end of life/hospice) with approval of MTF Commander/Director.
 - Facility: Prepare available medical and procedural spaces to convert to MED/SURG space to manage known or suspected COVID-19 patients.

- Clinical Operations: Sustain triage of routine appointments to be seen based on daily risk-benefit, local/regional capability, and logistic analysis. Maximize the use of telehealth/virtual health.
- Clinical Operations: Cancel all routine or elective appointments and procedures. MTF Commander or Director may authorize routine/elective appointments and procedures if he or she determines the risks to the patients and medical readiness outweigh other concerns after consultation with SMEs.
- Clinical Operations: Maintain the minimum necessary capability and capacity for new, walk-in, or consultation patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual health care based on acuity and severity.
- Clinical Operations: Implement full telework measures with rotation of staff. Ex: 10% in clinic for F2F care; 10% in clinic for ONLY Virtual Care, 80% teleworking from home with 2 shifts to cover 0730-2300 daily. Rotate every 7 days.
- Clinical Operations: Implement plan for a surge of critically ill patients and identify optimal means to evaluate and manage patients while limiting the impact to emergency and critical care services. Implement plan for space to care for both medical patients and COVID-19 patients, and prepare alternate and separate spaces in the ER, ICUs, and other patient care areas to manage both patient populations.

SEVERE Widespread community transmission.	DELTA	SEVERE Widespread community transmission.
<p>Continue taking all previous actions and:</p> <ul style="list-style-type: none"> • Expect to remain at home for extended periods of time as movement in the community may be restricted and at-home isolation or quarantine may be directed. <ul style="list-style-type: none"> • Follow all directives and guidance from local, state and federal authorities; these actions are to protect the health and safety of you and your Family. 	<p>DELTA</p>	<p>Continue taking all previous applicable actions and:</p> <ul style="list-style-type: none"> • Clinic Operations: Cancel all outpatient routine/follow up/wellness visits. Cross-level staff to maintain capacity to care for COVID-19 patients. Maintain minimum necessary capability and capacity for consultation of urgent and emergency patients (ensure designated staff who will be responsible for triaging patients that may be suspected or known COVID-19 patients are trained on the infection prevention and control recommendations for COVID-19), review and refer established patients for continuity of care to available virtual health care based on acuity and severity. <ul style="list-style-type: none"> • Procedures: Cancel all routine and elective procedures to include endoscopic and minor office based procedures. Only provide urgent/emergent care.

<p>For more information: https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Emergency kit checklist for Families: https://www.cdc.gov/childrenindisasters/checklists/kids-and-</p>	<p>For more information: https://www.cdc.gov/coronavirus/2019-ncov/index.html Medical professional society websites</p> <p>MHS information: https://health.mil/News/In-the-Spotlight/Coronavirus</p> <p>Additional CDC Guidance for Healthcare Facilities:: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-</p>
---	--

Attachment 6

MTF VISITATION

1. Overview: The goal of visitation guidance is to protect medical staff and beneficiaries from unnecessary exposure to COVID-19. Visitation guidance applies to patients presenting to the MTF for in-person visits and to visitors accompanying patients for inpatient or outpatient care. MTF Commanders and Directors are authorized to implement more restrictive processes when medical necessity dictates such measures using best medical judgment or based on guidance from Installation Commanders. MTF Commanders and Directors are authorized to make exceptions to guidance below on a case-by-case basis.

2. HPCON Charlie: SUBSTANTIAL Sustained Community Transition; MTFs will:

- 2.1.** Limit inpatient visiting hours based on local needs.
- 2.2.** Screen all visitors and patients for illness prior to entry per current CDC guidelines.
- 2.3.** Screening will include asking all visitors if they are visiting a COVID-19 patient or a patient under investigation for COVID-19. If patients answer affirmatively to screening questions, the MTF will not authorize entry and will provide the visitor with instructions on how to communicate with the inpatient via telephone or other electronic modes, if available.
- 2.4.** Provide patients and visitors who are over age 65 or who declare they are ill or at high risk or who appear to be ill with a face mask to wear during the visit, based on answers to screening questions.
- 2.5.** Prohibit visitors from seeing patients with or under investigation for COVID-19; however, they may drop-off items from home (i.e. clothing, phone, chargers, etc.); the MTF will establish processes to take items to the designated patient.
- 2.6.** Permit authorized representatives, as recognized by the governing law in the relevant jurisdiction, to make EOL decisions, in accordance with the prevailing laws and regulations.
- 2.7.** Discourage visitors over the age of 65 from entering the hospital facility for visitation unless visiting EOL care patients, due to increased risk of severe infection with COVID-19.
- 2.8.** Verify scheduled appointments for visitors arriving for outpatient visits at the entry screening point(s).
- 2.9.** Not permit visitors, under the age of 18, including infants and siblings, in the outpatient clinics or inpatient units to visit or accompany a patient unless they have a verified, scheduled appointment or are to be admitted as an inpatient.
- 2.10.** Permit one visitor per inpatient Labor and Delivery patient to have 24/7 access.
- 2.11.** Permit inpatient obstetric patients to have one visitor
- 2.12.** Permit pediatric patients to have one visitor.
- 2.13.** Establish processes for all visitors to inpatient units to check in at the nursing stations of the unit they are visiting.
- 2.14.** Permit nursery and Neonatal Intensive Care Unit (NICU) patients to have one parent visitor.
- 2.15.** Ensure guests receive instructions that they may visit the patient's room only and are prohibited from going to other locations in the facility.

2.16. Establish a process to verify in-person appointments in the MTF's electronic health record at the facility screening entry point.

2.17. Not permit visitors to accompany patients with verified outpatient visits, with the following exceptions: obstetric patients, pediatric patients and patients with conditions such as altered mental status, developmental delays, special communication needs or those who have designated a spokesperson, where a caregiver and/or care companion provides safety and enhances the ability to communicate effectively with the care team each may have one visitor.

3. HPCON Delta: WIDESPREAD Sustained Community Transition; MTFs will continue taking all previous actions and will:

3.1. Not permit visitors to the facility with the exception of the EOL patients or patients in grave/severe/critical condition, the birth of a child or pediatric patients; visitors will be arranged in advance with the facility, unless approved on a case-by-case basis by the MTF Commander or Director or his/her designee.

3.2. Screen visitors for illness prior to entry per current CDC guidelines. Screening will include asking all visitors if they are visiting a COVID-19 patient or a patient under investigation for COVID-19. If patients answer affirmatively to screening questions, the MTF will not authorize entry and will provide the visitor with instructions on how to communicate with the inpatient via telephone or other electronic modes, if available.

3.3. Provide approved visitors with a face mask to wear during the visit for those visitors who are over age 65 or who declare they are ill, or are at high risk per CDC guidelines based on answers to screening questions or who appear to be ill.

3.4. Outpatient care will be provided in the Urgent Care Centers or emergency room (ER), if the facility has an ER. All other care besides care in the ER, if applicable, will be provided virtually. One visitor per ER patient will be allowed if the patient has a physical or cognitive impairment or is a minor, unless approved on a case-by-case basis by the MTF Commander or Director or his/her designee.