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SUBJ/NAVEUR/NAVAF/SIXTHFLT OPORD MOD 06 directing response to outbreak of COVID-19
within the NAVEUR/NAVAF/SIXTHFLT AOR.//
REF/A/GENADMIN/CJCS/042146ZFEB20//
REF/B/ORD/CJCS/202217ZMAR20//
REF/C/ORD/CJCS/242300ZMAR20//
REF/D/ORD/USEUCOM/15APR2019//
REF/E/ORD/USEUCOM/251622ZOCT20//
REF/F/DOC/USAFRICOM/20APR2018//
REF/G/ORD/USAFRICOM/151155ZSEP20//
REF/H/ORD/USAFRICOM/231200ZAPR21//
REF/I/GENADMIN/USEUCOM/171141ZMAY21//
REF/J/NAVADMIN/CNO/291854ZJAN21//
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REF/BF/NAVADMIN/CNO/051532ZAPR21//
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REF/BH/GENADMIN/USTRANSCOM/112233ZJAN21//
REF/BI/DOC/SECDEF/31MAY21//
REF/BJ/NAVADMIN/CNO/021344ZJUN21//
Narr/(U)
REF A is SECDEF-Approved guidance on the Novel Coronavirus.
REF B is REV 01 to SECDEF-Approved DoD Response to Coronavirus EXORD.
REF C is MOD 01 to REV 01 to SECDEF-Approved DoD Response to Coronavirus EXORD.
REF D is the USEUCOM Base Plan 4451-19 for Pandemic Influenza and Infectious Disease.
REF E is USEUCOM MOD 02 to USEUCOM COVID-19 TASKORD.
REF F is the USAFRICOM Base Plan 2351-18 for Pandemic Influenza and Infectious Disease.
REF G is USAFRICOM TASKORD for response to COVID-19.
REF H is USAFRICOM TASKORD for theater entry in a COVID-19 environment.
REF I is USEUCOM GENADMIN for COVID-19 Inter and Intra Theater Travel.
REF J is NAVADMIN 026/21 COVID-19 Testing Prior to Overseas Travel Update 1.
REF K memorializes SECDEF order to restrict Quality of Life port visits for all U.S. Navy ships in order to prevent the spread of COVID-19.
REF L memorializes SECDEF order for all DoD Components to implement Health Protection Condition (HPCON) Charlie.
REF M is SECDEF Guidance for Commanders on Risk-Based Responses and Implementation of the Health Protection Condition Framework During the Coronavirus Disease 2019 Pandemic.
REF N is SECDEF Delegation of Authority for Passenger, Cargo, and Patient Movement.
REF O is SECDEF Supplement and Clarification to Delegation of Authority for Passenger, Cargo, and Patient Movement.
REF P is SECDEF Guidance on Use of Masks and Other Public Health Measures.
REF Q is Updated Mask Guidelines for Vaccinated Persons
REF R is OUSD(P&R) Force Health Protection (FHP) Guidance for the Novel Coronavirus Outbreak.
REF S is OUSD FHP Guidance (Supplement 21).
REF T is OUSD FHP Guidance (Supplement 17).
REF U is OUSD FHP Guidance (Supplement 18).
REF V is OUSD FHP Guidance (Supplement 16) REV 1.
REF W is OUSD FHP Guidance (Supplement 11).
REF X is OUSD FHP Guidance (Supplement 20).
REF Y is OUSD FHP Guidance (Supplement 15) REV 1.
REF Z is USEUCOM Waiver of ROM for Official/Unofficial Travel from Europe to CONUS.
REF AA is OUSD Space-Available Travel Program Limitations Due to Coronavirus Disease 2019.
REF AB is DoDI 6200.03, Public Health Emergency Management.
REF AC is DoDI 6200.04, Force Health Protection.
REF AD is NTRP 4-02.10, Shipboard Quarantine and Isolation.
REF AE is OPNAVINST 3500.41A, Pandemic Influenza and Infectious Disease Policy.
REF AF is USEUCOM Delegation of Travel Waiver Approval Authority - SECDEF Transition to Conditions-based Phased Approach Personnel Movement and Travel Restrictions.
REF AG is USEUCOM Delegation of Authority - Exceptions to Space Available Travel Program Limitations Due to Coronavirus Disease 2019.
REF AH is USEUCOM Travel Waiver Approval Authorities and Service Member Leave.
REF AI is USAFRICOM Delegation of Authorities - Travel Approvals in Response to COVID-19.

REF AJ is USAFRICOM Delegation of Authorities - Patient movement in Response to COVID-19.

REF AK is the Commander, Navy Region Europe, Africa, Central official U.S. Navy website https://www.cnic.navy.mil/regions/cnreurafcent.html.

REF AL is NAVEUR/NAVAF/SIXTHFLT TASKORD directing subordinate commands to execute and report COVID-19 operational risk reduction testing.

REF AM is SECNAV ALNAV 074/11 Command Ashore Authorities.

REF AN is SECNAV(M&RA) Department of the Navy Exemption of Authorized Leave for Service Members from Coronavirus Disease 2019 Personnel Movement and Travel Restrictions.

REF AO is CNO NAVADMIN 113/20 Restriction of Movement Guidance Update.

REF AP is CNO NAVADMIN 115/20 update to Navy COVID-19 reporting requirements.

REF AQ is SECNAV Guidance for Implementation of the Health Protection Condition Framework and Exemption Authority for Workplace Occupancy Limits During the Coronavirus Diseases 2019 Pandemic.

REF AR is CNO Health Protection Condition Occupancy Exemptions.

REF AS is CNO NAVADMIN 086/21 Updated Guidance to Commanders on Adjusting Health Protection Conditions and Base Services During COVID-19 Pandemic.

REF AT is NAVSEA Updated products list for use in large area disinfection of coronavirus.

REF AU is COVID-19: General Guidance for Cleaning and Disinfecting for Non-Health Care Settings.

REF AV is Return to Work Guidelines Coronavirus Disease (COVID-19).

REF AW is Healthcare Provider Guidance COVID-19 Case Definition & Command Notification.

REF AX is DD Form 3112, Personnel Accountability and Assessment Notification for COVID-19 Exposure.

REF AY is CNE-CNA/C6F INST 1050.1 F Leave and Liberty Policy.

REF AZ is NAVADMIN 178/20 for COVID-19 Testing.

REF BA is NAVADMIN 236/20 Updated Procedures for Foreign Visit Requests to U.S. Navy Commands during COVID-19 Pandemic.

REF BB is NAVADMIN 277/20 Update 2 to Navy COVID-19 Reporting Requirements.

REF BC is the Centers for Disease Control and Prevention Order for Requirement for Negative Pre-Departure COVID-19 Test Result of Documentation of Recovery from COVID-19 for all Airline or Other Aircraft Passengers Arriving In to the United States from Any Foreign Country.

REF BD is NAVEUR/NAVAF/SIXTHFLT OPORD MOD 05 directing response to outbreak of COVID-19 within the NAVEUR/NAVAF/SIXTHFLT AOR.

REF BE is SECDEF Update to Conditions-based Approach to Coronavirus Disease 2019 Personnel Movement and Travel Restrictions.

REF BF is NAVADMIN 073/21 Navy Mitigation Measures in Response to Coronavirus Outbreak Update 7.

REF BG is OSD Updated Travel and Foreign Visitor Guidance.

REF BH is USTRANSCOM GENADMIN to the Joint Force Updating COVID-19 Travel Requirements in Response to Force Health Protection Supplement 14.

REF BI is COVID-19 Travel Restrictions Installation Status Update.

REF BJ is U.S. Navy COVID-19 Standing Guidance Update 1//

NARR/(U) This is a combined U.S. Naval Forces Europe and Africa and U.S. SIXTH Fleet (NAVEUR/NAVAF/SIXTHFLT) OPORD Modification (MOD 06), providing updated guidance to all subordinate commands, naval commands, and personnel on U.S. Navy installations in the

USEUCOM and USAFRICOM areas of responsibility (AOR) regarding COVID-19 response. This modification cancels and supersedes the previously published NAVEUR/NAVAF/SIXTHFLT order, REF BD, regarding COVID-19.

1. (U) SITUATION.

1.A. (U) Global Health Pandemic. The impact of the Novel Coronavirus 2019 (COVID-19) global pandemic continues to evolve, threatening the U.S. forces and the broader worldwide community.

1.B. (U) Current Situation.

1.B.1. (U) REFS A through C direct DoD Component response to the COVID-19 outbreak, and direct Combatant Commands (CCMDs) to execute their pandemic response and supporting plans as required in response to COVID-19.

1.B.2. (U) NAVEUR/NAVAF/SIXTHFLT is executing Phase II (Mitigate) of Pandemic Influenza-Infectious Disease (PI-ID) plans.

1.C. (U) Current Risk Assessment and Health Protection Condition (HPCON).

1.C.1. (U) NAVEUR/NAVAF/SIXTHFLT Risk Assessment. Combatting COVID-19 must be viewed as a military operation, not as an administrative drill or exercise. Our perspective will be to comply with restriction of movement (ROM) requirements and social distancing to combat the spread of the virus within our ranks and across our host nations (HN). All engagements, operations, exercises, TAD, leave and liberty will be diligently reviewed considering, but not limited to, the following: mission accomplishment, mission essentiality, risk to mission/risk to force, mission assurance, and warfighting readiness. We must think, act, and operate in this manner to effectively accomplish this mission.

1.C.2. (U) Health Protection Condition (HPCON).

1.C.2.A. (U) General guidelines for HPCON levels are outlined in Table 1 of REF M. Installations are required to continue providing decision briefs to the Regional Operations Center for notification/approval to increase service levels.

1.C.2.B. (U) IAW REFs M, AQ, AR and AS, as HN policies are relaxed and appropriate conditions are met, NAVEUR/NAVAF will coordinate HPCON changes using a metrics-based, risk-informed approach in order to methodically ensure services are restored in a safe and responsible manner when conditions permit.

1.C.2.C. (U) Commander, Navy Region Europe, Africa, Central will approve changes in HPCON based on local community health conditions and criteria to include: (1) trajectory of documented COVID-19 cases or positive tests as a percent of total tests; and (2) capacity of Military Treatment Facility (MTF) and/or local hospitals to treat all patients without situational standards of care with an established COVID-19 testing program in place.

1.C.2.D. Use the following link to guide HPCON actions: https://phc.amedd.army.mil/topics/campaigns/covid19/Pages/HPCON.aspx.

1.D. (U) Current Travel Advisories.

1.D.1. (U) COVID-19 United States Travel Notices and Advisories. Personnel are advised to consult CDC travel health notices at: https://wwwnc.cdc.gov/travel/notices, and DoS travel notices at https://travel.state.gov/content/travel.html before traveling.

1.D.2. (U) COVID-19 HN Travel Restrictions. Travelers should consult the Foreign Clearance Guide (FCG) before starting travel at: http://www.fcg.pentagon.mil; CNREURAFCENT website: https://www.cnic.navy.mil/regions/cnreurafcent.html; European Union (EU) travel restrictions are available at: https://reopen.europa.eu/en; and Overseas PCS COVID-19 Testing Fact Sheet via https://www.cnic.navy.mil/regions/cnreurafcent/om/covid19.html.

1.E. (U) Travel Restrictions and Associated ROM and Health Protection Measures. This paragraph and its subparagraphs apply to all personnel subject to NAVEUR/NAVAF/SIXTHFLT

orders. This includes all personnel and command-sponsored dependents of subordinate commands under NAVEUR/NAVAF/SIXTHFLT operational or administrative control (OPCON or ADCON). Tenant commands and visiting personnel are responsible for ensuring the criteria in this paragraph and its subparagraphs are met, with approvals through their chain of command, to maintain access to NAVEUR/NAVAF installations. Failure to abide by these restrictions may result in denial of access to installations or other disciplinary or adverse administrative measures. For all travel within, to, or from the continental United States, REF X provides additional detailed guidance. For all service members in a title 10 or title 32 duty status and DOD civilians deploying within and outside the United States during the COVID-19 pandemic, REF V, REF BJ and REF AL provide additional detailed guidance. For travel wholly within a single Geographic Combatant Command (GCC) AOR, look also to that GCC's guidance. For USEUCOM see REF I and for USAFRICOM see REF H. All deviations require an approved ETP per paragraph 1.E.3.

1.E.1. (U) NAVEUR/NAVAF/SIXTHFLT Travel Restrictions. Personnel shall comply with all applicable DoD (including FCG), CCMD, federal, state, and local travel restrictions and respect host nation (departing, transiting, and arriving HNs) travel restrictions. Different sources of guidance, including the Installation Commanding Officers and Host Nations, may be more restrictive. Personnel shall comply with the most restrictive standards.

1.E.1.A. (U) General Restrictions. Request for travel may not be approved for members who have symptoms of, or exposure to, COVID-19 within the 14-day period prior to the requested departure date unless fully immunized, recommended by medical, and aligned with relevant HN laws. To preserve HN relations, travelers with a known exposure to a COVID-19 positive case are directed to contact their chain of command for guidance on whether to continue travel or ROM in place. In the event of ROM in place, travelers will contact their chain of command to transition out of a leave or liberty status to an appropriate status as determined by the chain of command. Commands who become aware of a positive COVID-19 case must ALWAYS report ALL positive personnel, even if the individual is outside the local area. Approvers and travelers are also advised that should a traveler become COVID-19 positive while outside the HN of their PDS, they may encounter significant delays in return due to HN laws and/or restrictions imposed by commercial travel modes.

1.E.1.B. (U) Unofficial travel. Unofficial travel includes leave and liberty travel that is not funded by DOD. REF X and REF BE are the primary DOD guidance for travel approval. Note, out of area leave must be approved by the unit CO, or first O-5 or GS-14 in the chain.

1.E.1.C. (U) Official Travel. Official travel includes TDY and PCS travel and leave that is funded by DOD. REF BE restricts official travel to locations identified in REF BI, as updated, and provides additional detailed travel guidance. REF BE contains exemptions for several specific travel scenarios. Additionally, waivers may be granted for travel determined to be mission-essential, necessary for humanitarian reasons, or warranted due to extreme hardship. Exemptions and waivers shall be documented per REF BE. Note, travel for medical treatment, including travel by patients, authorized escorts and attendants, and supporting medical providers, is exempted from the travel restrictions of REF BE and shall be documented as such. Medical care will not be delayed based on REF BE requirements. Official Travel from the U.S. into the AOR requires a 10 day ROM without testing upon arrival for non-immunized persons, unless completing a bubble to bubble movement and meeting HN law. Mission essential personnel may submit an ETP to have ROM reduced to 7 days after receiving a negative test result (test must occur on day 5 or later). Prior coordination is required when submitting the ETP due to availability of testing resources at the supporting MTF.

1.E.2. (U) Restriction of Movement (ROM) and Other Health Protection Measures. This paragraph applies to all personnel subject to this order, including civilian employees and command-sponsored dependents. Failure to follow these provisions may result in disciplinary and/or adverse administrative actions against military personnel and civilian employees, denial of access to installations and services, withdrawal of command-sponsorship, and may re-start the ROM clock.

1.E.2.A. (U) Medical ROM. COVID-19 Cases, Patients Under Investigation (PUI), or Close Contacts of COVID-19 Cases. Personnel who test positive for COVID-19 (confirmed cases), or who a healthcare provider designates as a presumed positive or PUI, and persons designated as close contacts will be placed in a ROM status, as determined by healthcare provider following the latest US CDC, DoD guidance, and HN law guidance, including immunization status.

1.E.2.B. (U) Travel ROM. Personnel shall comply with all applicable DoD (including FCG), CCMD, federal, state, and local travel restrictions and respect host nation (departing, transiting, and arriving HNs) travel restrictions. Different sources of guidance, including the Installation Commanding Officers and Host Nations, may be more restrictive. Personnel shall comply with the most restrictive standards. When personnel travel into or outside the AOR, travel approvers will consult REF X and applicable CCMD and Navy Component Command policies to ensure compliance with all other ROM and testing requirements.

1.E.2.B.1 (U) Release from travel ROM. The decision to release an individual from travel ROM status requires clearance by the individual's command or the sponsoring command of a command-sponsored dependent.

1.E.2.C. (U) When hosting family or guests who are required to ROM due to travel, personnel do not need to ROM as long as guests remain asymptomatic.

1.E.2.D. (U) Command Duties during ROM by its Personnel. Commands are responsible for supporting their employees and family members in a ROM status, and will not require personnel in a ROM status to physically report for duty or otherwise disregard ROM. Personnel executing ROM are considered to be in a duty status. Military personnel in a ROM status will not be charged leave. Administrative leave may be granted for civilian employees, if telework is not a viable option.

1.E.2.D.1. (U) ROM is an administrative function that commands will take to protect their workforce and ability to meet the mission. Therefore, commands must issue an order placing individuals into ROM and will notify installation emergency managers of those in ROM. A template is available at: https://www.cnic.navy.mil/regions/cnreurafcent.html.

1.E.2.D.2. (U) Commands will conduct daily wellness checks for non-COVID positive personnel in ROM and provide basic life necessities. If asymptomatic personnel in ROM become symptomatic, commands will connect them with the appropriate medical resource.

1.E.2.E. (U) Individual Duties. Persons conducting ROM outside the NAVEUR/NAVAF/SIXTHFLT AOR in preparation to enter AOR and persons conducting ROM in NAVEUR/NAVAF/SIXTHFLT AOR must comply with the following ROM guidance. This guidance may not cover every situation encountered; however, personnel are required to continue to exercise good judgment and regard for public safety.

1.E.2.E.1. (U) To reduce chances of transmission within your residence if you live with others, take active measures to separate yourself from other people in your home or dwelling, avoid sharing personal items or surfaces such as bathrooms/kitchen, and avoid interaction with pets or other animals to the extent possible; ideally ROM should be conducted in separate lodging from family.

1.E.2.E.2. (U) Do not allow visitors of any kind into your quarters, including cleaning or maintenance staff. If staying in on-base temporary lodging, there will be detailed guidance provided for your specific facility that will address issues such as trash removal and use of laundry facilities. Under emergent situations maintenance personnel can be granted access to your quarters to do required repairs that, if not accomplished, would significantly impact your health and safety or that of your household.

1.E.2.E.3. (U) Exercise and Pet Walking during ROM. Asymptomatic persons in ROM due to upcoming/recent travel, fully immunized close contacts of COVID-19 positive cases, or COVID-19 positive cases meeting DoD Return to Work Criteria may exercise outdoors and walk pets provided the following rules are followed: maintain a minimum of 20 feet from all persons; avoid common-use outdoor equipment such as pull-up bars; and follow the installation policy regarding mask wearing outdoors. Symptomatic persons in ROM, PUIs, COVID-19 positive cases, and unimmunized COVID-19 close contacts not meeting DoD Return to Work Criteria must wear masks outdoors, will not participate in outdoor exercise but may walk pets permitted they stay in the vicinity of their residence, avoid other animals, and prohibited from using dog parks.

1.E.2.E.4. (U) Personnel in a ROM status are prohibited from accessing messing facilities, stores, fitness centers, schools, and other widely used support services. This also includes the NEX, Commissary, Mini-Marts, food courts, and grocery stores; however, if absolutely necessary, you may use a laundry facility in the vicinity of your ROM location while wearing a cloth face covering. Arrange with your command to have someone bring you groceries/food if you cannot have it delivered. If requiring essential items and you are unable to contact your sponsor or your command, exercise good judgment while respecting HN laws.

1.E.2.E.5. (U) Do not travel, use public transportation, or visit common areas (e.g., lobby, lounge, gym, barbeque pit, picnic areas, front desk/reception, or continental breakfast). Do not congregate with friends or others even if they are also in ROM.

1.E.2.E.6. (U) If possible, self-monitor your temperature twice a day for changes (subjective fever or temperature 100.4 degrees F [38.0 degrees C] or greater) and remain alert for the development of COVID-19 symptoms as defined by CDC.

1.E.2.F. (U) Other Health Protection Measures.

1.E.2.F.1. (U) General. All applicable guidance must be followed and HN requirements must be respected. All travelers will take appropriate medical precautions (e.g., frequent handwashing, wearing cloth face coverings, respecting at least 6 feet of physical distance from those not in your travel party, avoiding under-ventilated or crowded public transportation, and minimizing organization/attendance of large gatherings or social events, etc.) as they travel. CNREURAFCENT will ensure these medical precautions are disseminated and easily available to uniformed personnel, civilian employees and family members.

1.E.2.F.2. (U) Testing. Unless specifically exempted by higher U.S. authority and consistent with HN requirements, all personnel conducting international air travel will be tested with a viral test conducted no more than three days before their flight departs and provide proof of the negative results or documentation of having recovered from COVID-19 to the commercial or military carrier before boarding the flight. Check with HN restrictions on the specific timing of testing that may be required. Testing may be coordinated by directly contacting the local MTF.

1.E.2.F.2.A. (U) MTF Testing. Due to resource constraints, persons requesting COVID-19 testing for leave and liberty purposes will only be tested at the MTF if authorized by Tricare. Otherwise, testing will be directed to HN resources.

1.E.2.F.2.B. (U) Fully Immunized Personnel. Unless required by higher U.S. authority or the HN, fully immunized personnel are exempt from testing requirements and travel ROM. Note, this exemption may not apply to travelers into the USAFRICOM AOR in accordance with REF H, and deploying personnel subject to REF V, REF AL, and REF BJ.

1.E.2.G. (U) USAFRICOM Specific Requirements.

1.E.2.G.1. (U) IAW Ref H, when required, i.e. non-immunized persons conducting pre-travel ROM, MILAIR travelers must have a ROM certificate endorsed by the first O6 or civilian equivalent in their Chain of command, or contracting officer based on contracting services.

1.E.2.G.2. (U) Commercial Air. Official travelers using commercial air transport must coordinate travel with the gaining unit or HN country team at the U.S. embassy. Travelers must coordinate with the installation or HN to meet all entry requirements for testing, ROM, or vaccination. If the traveler cannot meet or coordinate all entry requirements, an ETP will be required for entry.

1.E.3. (U) Exception to Policy (ETP).

1.E.3.A. (U) FO/SES and Senior-most O-6/GS-15 Exceptions to Policy (ETP). Travel and ROM ETP approval authority and responsibilities are delegated to all FO/SES and Senior-most O-6/GS-15 personnel reporting to a FO/SES under NAVEUR/NAVAF OPCON and ADCON. They may approve, on a case-by-case basis, in coordination and concurrence with the local and/or receiving ICO, ETPs to any of the limitations in paragraphs 1.E.1. through 1.E.2. and their subparagraphs. ETPs must be granted in writing, and only for compelling cases where the travel is: (1) determined to be mission essential; (2) necessary for humanitarian reasons; or (3) warranted due to extreme hardship. ETPs will be limited in number, coordinated between the gaining and losing organizations, and will comply with all applicable CCMD guidance outside the NAVEUR/NAVAF/SIXTHFLT AOR. This includes Space Available travel approval. NAVEUR/NAVAF recognizes ETPs from equivalent FO/SES and O-6/GS-15 from tenant commands and the chains of command for visiting personnel as valid ETPs to the limitations of this order only if they are coordinated and concurred with by the local and/or receiving ICO. ROM ETPs should be completed prior to travel and will only be used in limited circumstances, where the ROM requirement is modified only by the amount necessary to meet mission essential, humanitarian or hardship justifications. An ETP template is located on the CNREURAFCENT COVID Resource Guide: https://www.cnic.navy.mil/regions/cnreurafcent/om/covid19.html, and provides the mitigation measures that must be taken before, during and after travel. All signed ETPs for travel or ROM must be coordinated with the applicable ICO listed in paragraph 5.B.3. for their concurrence before ETP execution; ICO non-concurrence with any ETP will be elevated to NAVEUR/NAVAF for final adjudication.

1.E.3.B. (U) USAFRICOM ETP. ETP authority for any USAFRICOM imposed COVID-19 requirement is the USAFRICOM Deputy J3. The requesting agency will send (via SIPR email) a memorandum with justification for the request and impact to mission if not approved. Below the request, included in the same memorandum, should be an endorsement/approval paragraph for deputy signature. The memorandum will be sent to AFRICOM J33 for routing to the USAFRICOM Deputy J3 as soon as practicable, but no later than 72 hours prior to the movement requiring the ETP.

1.E.3.C. (U) Medical Care ETP to ROM Requirements. Approval authority for waiver or modified/working ROM for travel by medical personnel to treat DoD personnel and their families is delegated to the MTF CO or PHEO.

1.E.3.D. (U) For all intra- and inter-theater unit/equipment under NAVEUR/NAVAF OPCON, not constituting Global Force Management (GFM) activities and movements, travel exception

approval authority and responsibilities are delegated to the following positions: Deputy Commander, NAVEUR/NAVAF; Executive Director, NAVEUR/NAVAF; Chief of Staff, NAVEUR/NAVAF; and Director Maritime Operations (DMO/N3), NAVEUR/NAVAF. Exceptions are to be granted on a case by case basis, will be limited in number, and will be coordinated between the gaining and losing organizations order only if they are coordinated and concurred with by the local and/or receiving ICO.

1.E.3.E. (U) Travel orders will contain the exemption/ETP basis required in 1.E.3. under which travel is authorized.

1.E.4. (U) Bubbles and Bubble to Bubble Transfer (B2BT).

1.E.4.A. (U) Definitions. The following terms apply to Bubbles and B2BT.

1.E.4.A.1. (U) Bubble. Term for individuals, units or installations that have established low probability of COVID-19 infection due to crew immunization level and/or completion of 10 day ROM-S with test out for non-immunized individuals.

1.E.4.A.2. (U) Clean Air Transport for bubble to bubble to NAVEUR. Clean air transport for bubble to bubble consideration is defined as having all passengers on board the aircraft immunized and non-immunized persons completing a 10 day pre-travel ROM with test out and wearing Cloth Face Coverings for the entire duration of the flight. MILAIR aircraft does not guarantee a clean flight. Completing a 7 day ROM with negative PCR/molecular test within 48 hours of end of ROM, may be considered under limited circumstances.

1.E.4.B. (U) B2BT.

1.E.4.B.1. (U) B2BT. B2BT is achieved when cleared units or personnel are transferred from one local area to another using clean vehicles, where all passengers on the clean vehicles are cleared themselves. When units or personnel execute B2BT, it serves as the equivalent of a FO/SES or senior-most O-6/GS-15 ETP to U.S. official travel restrictions in paragraph 1.E.1. and to ROM requirements in paragraph 1.E.2.; however, B2BT does not exempt units or personnel from HN requirements, which still require a FO/SES or senior-most O-6/GS-15 ETP, with ICO coordination and concurrence.

1.E.4.B.2. (U) ICOs retain the authority to implement more stringent B2BT guidance for their installation based on mission, risk, and HN policy considerations. All B2BT plans will be coordinated between the traveling unit(s), gaining installation, and CNREURAFCENT ROC.

1.E.5. (U) Patient Movement.

1.E.5.A. (U) The movement of patients with COVID-19 should be limited. For personnel who require medical treatment, all efforts should be made to treat COVID-19 cases and PUIs at the nearest appropriate medical facility.

1.E.5.B. (U) See the Attachment to REF S for DoD guidance on air movement of COVID-19 patients and COVID-19 exposed persons on DoD aircraft, decontamination procedures, and post-mission crew monitoring.

1.E.5.C. (U) See REF S for DoD guidance on ground movement of COVID-19 patients, PUIs with signs/symptoms of respiratory illness, and COVID-19 exposed persons on DoD ground vehicles, vehicle decontamination procedures, and crew monitoring procedures.

1.E.5.D. (U) Per REF N, authority to approve transport of COVID-19 contaminated, contagious, and potentially exposed patients within the DoD Global Patient Movement system is held by CDR, USTRANSCOM. Per REFS P and AL, authority to approve COVID patient movement at the tactical level on aircraft assigned, allocated or under contract to a GCC, as well as patient movement by surface means, is delegated to the GCC for their AOR, and within USAFRICOM, this has been delegated to Commander, NAVEUR/NAVAF.

1.F. (U) Screening, Testing, Operational Risk Mitigation and Medical Reporting.

1.F.1. (U) Aircraft units will screen personnel prior to embarking on flights to airfields in different countries. For aircraft that visit multiple airfields in multiple countries in a flight profile, mission commanders will screen personnel prior to embark at each airfield.

1.F.2. (U) Isolation Patients under medical evaluation for COVID-19 will remain isolated until they meet Navy Return to Work Criteria. Members left ashore will be assisted by active duty forces ashore as coordinated by their host command. Member will remain in isolation until cleared by a competent medical authority and meet Navy Return to Work Criteria. If underway and medical situation is determined to be life-threatening use existing MEDEVAC procedures at earliest opportunity.

1.F.3. (U) Pre-Deployment and Deployment Operational Risk Management. All personnel, ships and aircraft deploying in the NAVEUR/NAVAF/SIXTHFLT AOR will comply with the most recent U.S. Navy Standing Guidance, and the following amplifying guidance IAW with NAVEUR Operational Risk Reduction TASKORD, REF AL.

1.F.3.A. (U) Pre-Deployment Requirements.

1.F.3.A.1. (U) Pre-Deployment ROM-Sequester (ROM-S) for ships, submarines, and organic squadrons. For immunized individuals ROM-S and pre-deployment testing is not required. For non-immunized individuals, conduct a minimum 14-day ROM-S with test-in and test-out no earlier than day 10 of ROM, prior to deployment.

1.F.3.A.3. (U) Pre-Deployment Testing. Requests for pre-deployment testing will be coordinated as soon as known with supporting local MTF, ideally 60 days in advance.

1.F.3.A.4. (U) A negative test is not required for personnel who have recovered from COVID-19, within the past 90 days as long as they remain asymptomatic.

1.F.3.A.5. (U) If at any time a complete ROM-sequester and or test cannot be completed, the cognizant CTF (or subordinate unit) will develop a COVID-19 mitigation plan and submit to Deputy Commander, SIXTHFLT and NAVEUR/NAVAF/SIXTHFLT Force Medical for medical recommendation.

1.F.3.B. (U) Deployment Requirements.

1.F.3.B.2. (U) Ship Riders. Ship riders, will follow mitigations outlined in most recent U.S. Navy Standing Guidance and NAVEUR Operational Risk Reduction TASKORD. Compelling operational requirements may require penetrating a bubble without ROM or test for non-immunized persons, but only per a Fleet-approved CONOPS per paragraph 1.F.4.C.

1.F.3.B.3. (U) Port Calls. Immunized individuals or units making port calls in overseas safe haven ports where there is U.S. presence and base facilities may take advantage of base services. Immunized persons may follow host nation law in overseas ports.

1.F.3.C. (U) Fleet-approved CONOPS. It is an operational imperative for deployment units to achieve a bubble and maintain bubble integrity throughout deployment. Anything that would require penetration of the bubble must be approved by Deputy Commander, SIXTHFLT in a Fleet-approved CONOPS via the cognizant CTF. Additionally, off-ship liberty for non-immunized individuals during port calls requires a Fleet-approved CONOPS to ensure sufficient risk mitigation measures are in place to maintain bubble integrity.

1.F.4. (U) Isolation Underway. If a member is required to be isolated underway, member will be isolated in a designated area IAW NTRP 4-02.10.

1.F.5. (U) COVID-19 Reporting Requirements.

1.F.5.A. (U) IAW REF BL, COVID-19 reporting has shifted to the OPNAV SharePoint site.

1.F.5.B. (U) Medical treatment facilities (MTF) ICW installation emergency managers will consolidate and submit required reports for service members, civilians, dependents, and contractors in the NAVEUR/NAVAF/SIXTHFLT AOR.

1.F.5.C. (U) NAVEUR/NAVAF/SIXTHFLT and CNREURAFCENT joint COVID-19 Crisis Action Team will retain OPNAV SharePoint input responsibility until further delegated.

1.G. (U) Definitions. In this OPORD, the following definitions apply:

1.G.1. (U) NAVEUR/NAVAF/SIXTHFLT Personnel. NAVEUR/NAVAF/SIXTHFLT service members, civilians (including U.S. and foreign nationals), contractors, dependents, and other persons associated with activities or services provided to service members, civilians, contractors, and dependents.

1.G.2. (U) NAVEUR/NAVAF/SIXTHFLT COVID-19 Event. NAVEUR/NAVAF/SIXTHFLT personnel placed on restriction of movement, classified as persons under investigation, COVID-19 cases, or any COVID-19 related impact to a unit or installation's personnel, equipment, or infrastructure.

1.G.3. (U) Restriction of Movement (ROM). General DOD term for limiting personal interaction to reduce risk to the health, safety and welfare of a broader cohort. ROM includes isolation, quarantine and ROM-sequester. See REF BJ for definitions of isolation, quarantine, and ROM-sequester.

1.G.4. (U) Close Contact. As defined by most current CDC guidance. HN may be more restrictive.

1.G.5. (U) Social Distancing. Maintain a minimum of two meters between all personnel, implement shift work, limit size of in person meetings, limit group activities, limit persons in high traffic areas (e.g., Commissary), and minimize organization/attendance at large gatherings and social events.

1.G.6. (U) Deployment. For purposes of this order, deployments include operational deployments as defined by OPNAVINST 3000.13.D, Service DEPORD movement for inter-fleet transfer, any underway period away from homeport scheduled for 30 days or greater, any underway period away from homeport where the unit does not have the ability to return to a U.S. Navy port within 72 hours, and any underway period for Military Sealift Command ships (to include time charters) in theater on operational missions.

1.G.7. (U) Vaccinated. While not used in the traditional medical context, the term vaccinated will be used to describe an individual who has received the first shot in a series of two shots or received the one shot in a single dose series of COVID-19, and in either case has not achieved two weeks after final dose of vaccine, per REF (BN) and section 1.G.10.

1.G.8. (U) Immunized. An individual who has completed the vaccine series is considered immune (to the level of efficacy of the vaccine) "≥2 two weeks after the final dose of vaccine.. Any exposure to COVID-19 prior to 2 weeks after the final dose of the vaccine will not managed as though the individual was not immunized.

1.H. (U) Assumptions.

1.H.1. (U) All regions in NAVEUR/NAVAF/SIXTHFLT AOR will not be affected by COVID-19 simultaneously or to the same degree. NAVEUR/NAVAF/SIXTHFLT may be executing multiple phases concurrently depending on local COVID-19 events of varying severity.

1.H.2. (U) In a severe outbreak, U.S. Navy MTFs may be overwhelmed by DoD beneficiaries. Civilian hospitals may also be overwhelmed. If outsourcing of patient care to civilian hospitals is not possible, MTFs will need to prioritize treatment of military personnel and other beneficiaries and plan for use of alternate care facilities.

1.H.3. (U) Procedures implemented to respond to COVID-19 events on ships and installations will not require MEDEVAC unless complications arise that present risk to life, limb, or eyesight.

2. (U) MISSION. (U) NAVEUR/NAVAF/SIXTHFLT executes a coordinated response to COVID-19 in order to delay transmission of COVID-19 across the force (sailors, civilians, families, and

contractors), protect the civilian population at the US homeland and abroad, and ensure the continuity of mission essential functions.

3. (U) EXECUTION.

3.A. (U) Commander's Intent.

3.A.1. (U) Purpose. NAVEUR/NAVAF/SIXTHFLT will support efforts to prevent, contain, and aid in the recovery from a COVID-19 event to maintain mission assurance, operational readiness, and force health protection (FHP).

3.A.2. (U) Method.

3.A.2.A. (U) Identify preparation procedures and supervise the rehearsal of procedures at the unit level.

3.A.2.B. (U) Develop and execute procedures that enable rapid response to COVID-19 on installations, ships, or remote locations with NAVEUR/NAVAF/SIXTHFLT personnel.

3.A.2.C. (U) Monitor progress of the virus within the USEUCOM/USAFRICOM AOR via DoD and the Interagency.

3.A.3. (U) End State. NAVEUR/NAVAF/SIXTHFLT maintains operational continuity and is postured to respond to a COVID-19 event.

3.B. (U) Concept of Operations.

3.B.1. (U) NAVEUR/NAVAF/SIXTHFLT will prepare for and conduct actions to mitigate impacts to operations in a COVID-19 environment. The priority of effort is surveillance of virus outbreaks and activities to assure and solidify collaborative relationships. These efforts will ensure freedom of action of assigned forces, continuity of assigned missions, and assurance of base and installation infrastructure and support services. The six phases of PI-ID response are Prepare, Protect, Mitigate, Respond, Stabilize, and Transition/Recover. NAVEUR/NAVAF/SIXTHFLT may direct execution of tasking from different phases based on considerations specific to PI-ID events occurring in the AOR. Depending on local conditions, subordinate commands are authorized to execute FHP measures that exceed, but do not fall below, the designated NAVEUR/NAVAF/SIXTHFLT phase level.

3.B.2. (U) Phase Narratives.

3.B.2.A. (U) Phase 0 Prepare.

3.B.2.A.1. (U) Commander's Intent. Prepare NAVEUR/NAVAF/SIXTHFLT for continued operations in the event of a PI-ID event. The priority of effort is FHP and surveillance of virus outbreaks. Phase 0 activities are ongoing throughout all phases.

3.B.2.A.2. (U) Objectives and Effects. NAVEUR/NAVAF/SIXTHFLT is prepared for a PI-ID outbreak. PI-ID threats are identified. Desired effects are: DoD, NAVEUR/NAVAF/SXTHFLT, Interagency, and international partners synchronize planning, response, and communications.

3.B.2.A.3. (U) Execution. Actions taken in this phase may be required during all phases. NAVEUR/NAVAF/SIXTHFLT develops estimates, strategies, and plans and acquires resources to protect the NAVEUR/NAVAF/SIXTHFLT community and to accomplish the mission in a PI-ID environment.

3.B.2.A.4. (U) Tasks. Key tasks during Phase 0 include routine surveillance, continued PI-ID planning efforts, acquisition of PI-ID protection kits, and education of NAVEUR/NAVAF/SIXTHFLT personnel.

3.B.2.A.5. (U) Phase Transition Criteria. NAVEUR/NAVAF/SIXTHFLT shifts from Phase 0 to Phase I as directed, when conditions indicate a general disease threat of operational significance that requires enhanced prevention and protection measures.

3.B.2.B. (U) Phase I Protect.

3.B.2.B.1. (U) Commander's Intent. Prepare our personnel, facilities, and equipment for a COVID-19 event, educate our personnel on proper FHP and other measures, and work to identify potential and active cases early.

3.B.2.B.2. (U) Objectives and Effects. The health of NAVEUR/NAVAF/SIXTHFLT personnel is protected and freedom of action is maintained to conduct assigned missions. Desired effects are: NAVEUR/NAVAF/SIXTHFLT personnel understand and implement appropriate FHP measures and adhere to designated restrictions, potential COVID-19 cases are identified in a timely manner, and NAVEUR/NAVAF/SIXTHFLT personnel and subordinate commands are postured to mitigate impacts of a COVID-19 event.

3.B.2.B.3. (U) Execution. Actions taken in this phase include continued situational awareness of COVID-19, limiting the spread of the disease geographically, enhanced education and training of the population, refinement of plans, coordination with HN, Interagency, and international partners, and strategic communications. Success in Phase I is achieved by sufficient education of NAVEUR/NAVAF/SIXTHFLT personnel and implementation of heightened FHP measures to prevent COVID-19 events.

3.B.2.B.4. (U) Tasks. Key tasks during Phase I include education of NAVEUR/NAVAF/SIXTHFLT personnel on COVID-19, enhanced situational awareness, refining and exercising emergency response plans, supporting mitigation measures, enhanced Interagency and international partner coordination, and prepositioning of key capabilities to ensure mission continuity.

3.B.2.B.5. (U) Phase Transition Criteria. NAVEUR/NAVAF/SIXTHFLT transitions to Phase II Mitigate when a specific disease threat with epidemic or pandemic potential is spreading efficiently and impact on forces is likely.

3.B.2.C. (U) Phase II Mitigate.

3.B.2.C.1. (U) Commander's Intent. Mitigate the impacts of COVID-19 without significantly impacting mission execution; localized Phase II implementation may not require blanket actions or restrictions across the theater. We will address the COVID-19 event by containing the virus within the smallest group of personnel possible, leveraging command expertise to support the affected unit, ship, and/or facility, and informing leadership and higher headquarters to allow for prompt preventive actions and synchronized messaging across the theater.

3.B.2.C.2. (U) Objectives and Effects. NAVEUR/NAVAF/SIXTHFLT COVID-19 events are effectively contained. Mitigation actions do not significantly affect mission accomplishment. Desired effects: Operational requirements are fulfilled, virus spread is limited to the initially identified contact population, and equipment and facilities are cleaned and returned to service in a timely manner.

3.B.2.C.3. (U) Execution. Actions taken in this phase include continued situational awareness of COVID-19, execution of containment plans to limit the spread of the disease geographically, ongoing refinement of plans, continued coordination with HN, Interagency, and international partners, and strategic communications. Success in Phase II is achieved by the effective containment of a COVID-19 event without significant impact on mission.

3.B.2.C.4. (U) Tasks. Key tasks during Phase II include dissemination of current intelligence and analysis to commanders and decision makers, coordination to mitigate potential disruptions to operations and supply channels, and prioritization and distribution of PPE stocks to medical personnel and first responders to ensure FHP.

3.B.2.C.5. (U) Phase Transition Criteria. NAVEUR/NAVAF/SIXTHFLT transitions back to Phase I when sustained community transmission is contained and mitigated. NAVEUR/NAVAF/SIXTHFLT transitions to Phase III, Respond when a COVID-19 event reaches high transmissibility, high severity, and is spreading efficiently signaling a breach of

containment with impact on mission assurance or if regional restrictions begin to limit freedom of movement of mission essential personnel, presenting risk to mission assurance.

3.B.2.D. (U) Phase III Respond.

3.B.2.D.1. (U) Commander's Intent. Protect the health of NAVEUR/NAVAF/SIXTHFLT personnel in order to maintain mission assurance. The peak of the outbreak is anticipated to occur during this phase, therefore broader measures will be taken in Phase III to contain the spread of COVID-19 and mitigate widespread community transmission.

3.B.2.D.2. (U) Objectives and Effects. NAVEUR/NAVAF/SIXTHFLT COVID-19 events are effectively contained and stabilized and mitigation actions do not significantly affect mission accomplishment. Desired effects: Operational requirements are fulfilled, virus spread is stabilized, and affected equipment and facilities are returned to service in a timely manner.

3.B.2.D.3. (U) Execution. Actions taken during this phase will include broader measures to protect NAVEUR/NAVAF/SIXTHFLT personnel while maintaining freedom of action to conduct assigned missions. Success in Phase III is achieved by effective FHP, delay or halt of COVID-19 infection spread, and continued mission assurance.

3.B.2.D.4. (U) Tasks. Key tasks during Phase III include dissemination of current information to decision makers, coordination for disruptions to force rotations, operations, and supply channels, and distribution of PPE stocks to medical personnel and first responders to ensure FHP. Forces will prepare to execute COOP as required.

3.B.2.D.5. (U) Phase Transition Criteria. NAVEUR/NAVAF/SIXTHFLT transitions to Phase IV Stabilize, when COVID-19 epidemiology indicates that case incidence is no longer increasing, an appropriate authority has declared the peak of the COVID-19 event, and operational conditions require stabilization of NAVEUR/NAVAF/SIXTHFLT efforts to address the remainder of the event.

3.B.2.E. (U) Phase IV Stabilize.

3.B.2.E.1. (U) Commander's Intent. Maintain NAVEUR/NAVAF/SIXTHFLT continuity of operations (COOP). Priority of effort is protecting NAVEUR/NAVAF/SIXTHFLT personnel while ensuring forces are capable of performing missions vital to national interests. Secondary effort is to support USG efforts to respond to and stabilize the environment following the peak of COVID-19 outbreak.

3.B.2.E.2. (U) Objectives and Effects. FHP and operational readiness is maintained to include essential functions and services. Desired effects: COVID-19 does not impair key population or operations, and critical capabilities and infrastructure is not degraded.

3.B.2.E.3. (U) Execution. Actions taken during this phase include protection of NAVEUR/NAVAF/SIXTHFLT personnel, maintenance of freedom of action to conduct assigned missions, and support in mitigating the follow-on effects of COVID-19.

3.B.2.E.4. (U) Tasks. Key tasks during Phase IV include the COOP of mission essential personnel IOT maintain operational readiness, shelter and sustainment of non-essential personnel in place IOT ensure continued community recovery, and contracting for contingency support IOT sustain operational functions and installations.

3.B.2.E.5. (U) Phase Transition Criteria. NAVEUR/NAVAF/SIXTHFLT transitions to Phase V Transition and Recover when case incidence is declining, epidemiology indicates that the COVID-19 outbreak is approaching termination, and conditions allow reestablishment of steady-state operations.

3.B.2.F. (U) Phase V Transition and Recover.

3.B.2.F.1. (U) Commander's Intent. Reconstitute the force and return to steady-state operations. Priority of effort is redeployment and reconstitution of the force. Secondary effort is support to USG efforts to re-establish steady state conditions.

3.B.2.F.2. (U) Objectives and Effects. NAVEUR/NAVAF/SIXTHFLT forces are redeployed/reconstituted. Desired effects: COVID-19 does not impair key population or impair operations, critical capabilities and infrastructure is not degraded.

3.B.2.F.3. (U) Execution. During this phase NAVEUR/NAVAF/SIXTHFLT conducts force recovery operations and will support efforts to re-establish normal support conditions with key partners. Success in this phase is achieved when NAVEUR/NAVAF/SIXTHFLT forces and assets have been returned to steady-state operations.

3.B.2.F.4. (U) Tasks. Key tasks during Phase V include redeployment of response forces, continued situational awareness, and tasks associated with returning to normal operations.

3.B.2.F.5. (U) Phase Transition Criteria. NAVEUR/NAVAF/SIXTHFLT transitions to Phase 0 operations when conditions indicate that COVID-19 event(s) have subsided. NAVEUR/NAVAF/SIXTHFLT COVID-19 support to USEUCOM/USAFRICOM, DoD, Interagency, and partners is no longer required, and the disease is no longer an operational concern. NAVEUR/NAVAF/SIXTHFLT will transition to an earlier phase, as required, if there are indications of a resurgence of COVID-19 events in the AOR.

3.C. (U) Tasks.

3.C.1. (U) Tasks to NAVEUR/NAVAF/SIXTHFLT.

3.C.1.A. (U) Make required reports to USEUCOM and USAFRICOM IOT maximize theater situational awareness and support informed decision making.

3.C.1.B. (U) ICW Force Medical, PHEO, and Public Affairs (PA) conduct information sharing for education, community awareness, and reporting protocols to COVID-19 for all NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.1.C. (U) ICW Force Medical and PHEO, ensure proper dissemination of current intelligence and analysis to key decision makers.

3.C.1.D. (U) Define and delineate reporting requirements and criteria to subordinates for COVID-19 events IOT align with USEUCOM and USAFRICOM requirements.

3.C.1.E. (U) Ensure subordinate and tenant command emergency action plans (EAPs) are reviewed and updated, to include mission essential functions and personnel (by billet), and identify anticipated requests for support (RFS).

3.C.1.F. (U) Stand up Crisis Action Team (CAT) IOT coordinate COVID-19 response and conduct follow-on branch planning.

3.C.1.G. (U) Support USAFRICOM and USEUCOM planning efforts IOT ensure a coordinated response across the AOR.

3.C.1.H. (U) Identify and implement social distancing strategies to include shift work, telework, limiting community events, and limiting number of personnel in support facilities IOT mitigate spread of COVID-19.

3.C.1.I. (U) ICW N1, identify uniformed manpower IOT ensure continued facility support to include cleaning and other basic maintenance requirements.

3.C.1.J. (U) Coordinate to determine and validate personnel movement requirements and enter movement data into JOPES for visibility and sourcing.

3.C.1.K. (U) Conduct early return of portions of the civilian and dependent population that is assessed to be at higher risk of a poor health outcome if exposed to a COVID-19 infection.

3.C.1.L. (U) BPT execute COOP of mission essential personnel to USS MOUNT WHITNEY (MTW) or alternate HQ locations IOT maintain mission assurance.

3.C.1.M. (U) BPT mobilize portions of the reserve component IOT mitigate the impact of a severe outbreak of COVID-19.

3.C.1.O. (U) Use taskable air assets or alternate means as appropriate to craft a regional logistics network connecting military sites within France, Spain, Portugal or Southern Italy as

required to deliver medical equipment or COVID test samples to/from regional hubs or NAS Rota, NAS Souda Bay, Aviano AB, or directly to Ramstein AB.

3.C.1.P. (U) Participate in daily synchs as scheduled by USAFE or USEUCOM Deployment Distribution Operations Center (DDOC).

3.C.1.Q. (U) Lead on-site coordination at nodes where NAVEUR/NAVAF has requested support. This includes but is not limited to: material handling equipment, coordinating movement of passengers/ cargo to from airfield and aircraft, and safe haven actions for aircrew.

3.C.1.R. (U) Maintain database of ETP memorandums for all passenger movements.

3.C.1.S. (U) BPT support COVID related theater-wide movements to and from Ramstein AB.

3.C.1.T. (U) Submit daily COVID-19 reports to OPNAV as required by most recent Navy guidance.

3.C.1.U. (U) All commands will report COVID positive cases IAW Region EURAFCENT CCIR guidance.

3.C.1.V. (U) IAW REF E, Responsible medical authorities will consult with NAVEUR/NAVAF respecting the application of international agreements to medical reporting. Such consultation is required before a responsible medical authority rejects, in whole or in part, a HN public health authority's request for information.

3.C.1.W. (U) ICW CNREURAFCENT, IAW REF E, within 24 hours of determining a passenger transported via USTRANSCOM airlift is COVID-19 positive, NAVEUR/NAVAF/SIXTHFLT will report passenger details to the USEUCOM JOC or USAFRICOM JOC, as appropriate. Passenger details will include: mission number, seat number, reason for travel/rank, and number of potential close contacts exposed, origin of passenger/losing organization, and a receiving organization point of contact.

3.C.1.X. (U) IAW REF H, inform force providers to screen passengers for completion of minimum 10 day pre-travel ROM and test requirements by verifying completion of enclosure (1) of REF H, USAFRICOM Certificate of Mandatory COVID-19 ROM, and denying transportation for non-compliance.

3.C.2. (U) Tasks to NAVEUR/NAVAF/SIXTHFLT staff directorates.

3.C.2.A. (U) Tasks to N1.

3.C.2.A.1. (U) ICW Comptroller, consolidate and report data on NAVEUR/NAVAF/SIXTHFLT personnel meeting travel history or health status reporting criteria IAW current travel advisories and restrictions.

3.C.2.A.2. (U) Identify and report mission essential personnel required to sustain critical command activities IOT maintain mission assurance.

3.C.2.A.3. (U) ICW Comptroller, implement a central repository to capture the TDY and LV travel of all assigned service members, DoD civilians, and U.S. contractor personnel that captures the following information: Name, EDIPI, from/to travel dates, city, and country.

3.C.2.A.4. (U) Support order modifications (ORDMOD) for incoming and outgoing personnel IOT comply with policy changes and alleviate financial burden related to travel restrictions.

3.C.2.A.5. (U) Disseminate mission essential personnel lists IOT ensure preparation for COOP.

3.C.2.A.6. (U) Ensure TDY and PCS itineraries are not in violation of active travel restrictions IOT mitigate impacts to incoming and outgoing personnel.

3.C.2.A.7. (U) As required, alter or halt force rotations, to include PCS, IOT mitigate the spread of COVID-19.

3.C.2.A.8. (U) ICW other staff codes, collate shift work and telework schedules IOT ensure accountability of all NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.2.A.9. (U) ICW other staff codes, identify personnel qualified to operate equipment required to sustain installation support operations (Commissary) and notify those personnel to BPT perform these responsibilities as directed.

3.C.2.A.10. (U) Coordinate early return of portions of the dependent population that is assessed to be at higher risk of a poor health outcome if exposed to a COVID-19 infection.

3.C.2.A.11. (U) Identify potential quarantine CONUS locations for dependents returning due to early return.

3.C.2.B. (U) Tasks to N2.

3.C.2.B.1. (U) Coordinate with USEUCOM/J2 and USAFRICOM/J2 IOT ensure synchronization between USEUCOM BPLAN 4451 and USAFRICOM CONPLAN 2351, and cover operational seams to minimize dual-tasking of DoD intelligence for COVID-19 intelligence requirements.

3.C.2.B.2. (U) Identify and report any adversarial activities that appear to take advantage of ongoing PI-ID response.

3.C.2.B.3. (U) Identify and report risk to ongoing operations based on current travel restrictions and develop contingency plans IOT reduce impact to mission.

3.C.2.C. (U) Tasks to N3.

3.C.2.C.1. (U) Submit Commander's Assessment (OPREP-3) requesting localized or theater-wide phase change as required.

3.C.2.C.2. (U) Track the status and completion of specified tasks of USEUCOM and USAFRICOM TASKORDs and FRAGORDs IOT ensure NAVEUR/NAVAF/SIXTHFLT compliance.

3.C.2.C.3. (U) Utilize information provided in N1 collated reports to meet daily reporting requirements to USEUCOM and USAFRICOM.

3.C.2.C.4. (U) ICW all staff codes, identify critical operations, activities, and investments (OAIs) that must be supported through later phases and develop contingency support plans IOT ensure mission accomplishment.

3.C.2.C.5. (U) Identify and report any mission impacts in relation to COVID-19 events or restrictions imposed due to COVID-19.

3.C.2.C.6. (U) BPT implement COOP plans utilizing USS MOUNT WHITNEY or alternate HQ locations IOT reduce impact to mission and ensure protection of essential personnel.

3.C.2.C.7. (U) ICW CTF-68, BPT provide security for the implementation of a COOP at an alternate HQ location ISO CNE DET MAST.

3.C.2.C.8. (U) Determine and validate personnel and equipment movement requirements and enter movement data into JOPES for visibility and sourcing.

3.C.2.C.9. (U) ICW CTF-63, BPT employ organic air assets to transport patient samples to approved testing locations IOT expedite testing on NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.2.C.10. (U) ICW Comptroller, provide travel restriction oversight through N35 ATFP for official travel IOT prevent service members from traveling through restricted locations.

3.C.2.D. (U) Tasks to N4.

3.C.2.D.1. (U) Coordinate with USEUCOM/USAFRICOM DDOC, CTF-63, CNREURAFCENT, and FLC SIGONELLA IOT mitigate transportation disruptions as a result of HN restrictions.

3.C.2.D.2. (U) Coordinate with USEUCOM/USAFRICOM DDOC and respective J4 staffs for additional support IOT mitigate impacts of HN imposed restrictions of individual movement which may affect mobility and support operations.

3.C.2.D.3. (U) ICW NAVMEDLOGCOM, Force Medical, CNREURAFCENT, and NMRTCs, report status of theater PPE supplies, and identify procurement channels IOT address shortfalls and support anticipated mission requirements.

3.C.2.D.4. (U) BPT coordinate with Force Medical, CNREURAFCENT, NMRTCs, and FLC SIGONELLA for the procurement of medical supplies and PPE IOT support medical personnel and first responders.

3.C.2.D.5. (U) BPT coordinate logistical support augmentation to in-theater agencies IOT mitigate impact on DoD community sustainment.

3.C.2.D.6. (U) BPT coordinate actions with DeCA, NEXCOM, and AAFES to ensure sustained replenishment of food and other critical stores IOT minimize impact to DoD communities.

3.C.2.D.7. (U) BPT coordinate rapid intra-theater movement of medical PPE and other critical supplies.

3.C.2.D.8. (U) BPT coordinate contracting, transportation, and lodging for SIXTHFLT and NAVEUR DET MAST at COOP location.

3.C.2.D.9 (U) For Approved COVID-19 related support requests that require Acquisition Cross Service Agreement (ACSA) orders, NAVEUR/NAVAF must inform the appropriate Office of Defense Cooperation (ODC) and the USEUCOM J45 ACSA office of any ACSA order requests for logistics support, supplies, and serviced related to COVID-19 support. POC email: anthony.r.munson.civ@mail.mil.

3.C.2.D.10. (U) Coordinate with N01-F to document all support provided pursuant to REF E and submit incremental costs incurred to the USEUCOM Comptroller. Report the estimated costs of all reimbursable support provided to Italy's COVID-19 response to USEUCOM on a weekly basis.

3.C.2.E. (U) Tasks to N51.

3.C.2.E.1. (U) Coordinate with USEUCOM and USDAOs in the USEUCOM AOR in order to facilitate official travel, reduce impact to ongoing operations, and communicate with HNs.

3.C.2.E.2. (U) Support N4 Liaison with U.S. embassies IOT coordinate the lift and transfer of COVID-19 affected personnel and mitigate the effect of travel restrictions on NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.2.E.3. (U) Identify key engagements required to support missions in later phases that may be impacted by travel restrictions.

3.C.2.E.4. (U) As determined by CCMD, BPT cancel/postpone engagements with partner nations IOT mitigate the spread of COVID-19 and reduce risk to international relationships.

3.C.2.E.5. (U) Track requests for support from partner nations and/or embassies in the AOR.

3.C.2.F. (U) Tasks to N52.

3.C.2.F.1. (U) Coordinate with USAFRICOM and USDAOs in the USAFRICOM AOR in order to facilitate official travel, reduce impact to ongoing operations, and communicate with HNs.

3.C.2.F.2. (U) Liaise with U.S. embassies IOT coordinate the lift and transfer of COVID-19 affected personnel and mitigate the effect of travel restrictions on NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.2.F.3. (U) Identify key engagements required to support missions in later phases that may be impacted by travel restrictions.

3.C.2.F.4. (U) As determined by CCMD, BPT cancel/postpone engagements with partner nations IOT mitigate the spread of COVID-19 and reduce risk to international relationships.

3.C.2.F.5. (U) Track requests for support from partner nations and/or embassies in the AOR.

3.C.2.G. (U) Tasks to N53.

3.C.2.G.1. (U) Advise and support COVID-19 planning and response efforts utilizing existing PI-ID deliberate plans.

3.C.2.G.2. (U) BPT support USEUCOM and USAFRICOM PI-ID deliberate planning efforts IOT synchronize theater responses to future PI-ID outbreaks.

3.C.2.H. (U) Tasks to N6.

3.C.2.H.1. (U) Identify and report critical communications requirements, procedures, and systems IOT support increased FHP requirements (social distancing, video and teleconferencing, and telework).

3.C.2.H.2. (U) Identify and report assets available to support telework operations and disseminate appropriate telework procedures IOT mitigate social distancing impacts to operations.

3.C.2.H.3. (U) Distribute and maintain telework assets to authorized personnel IOT support social distancing strategies.

3.C.2.H.4. (U) Determine and establish procedures to maintain critical communications infrastructure that could be disrupted or degraded due to increase FHP posture.

3.C.2.H.5. (U) Report to NAVEUR/NAVAF/SIXTHFLT the status of deployable communications systems (NAVEUR DET MAST) IOT support COOP options.

3.C.2.H.6. (U) Identify and report locations capable of supporting NAVEUR DET MAST operations IOT support COOP options.

3.C.2.H.7. (U) BPT establish COOP communications ISO NAVEUR/NAVAF/SIXTHFLT operations IOT mitigate mission impacts.

3.C.2.H.8. (U) BPT deploy NAVEUR DET MAST equipment and personnel IOT support COOP operations and ensure continuity of mission essential functions.

3.C.2.H.9. (U) BPT redeploy, repair, inventory, and store telework assets IOT posture for future operations.

3.C.2.H.10. (U) BPT redeploy NAVEUR DET MAST equipment and personnel and posture forces for future operations.

3.C.2.I. (U) Tasks to N7.

3.C.2.I.1. (U) Coordinate with partner nations IOT mitigate exercise impact due to NAVEUR/NAVAF/SIXTHFLT and partner nation COVID-19 response efforts.

3.C.2.I.2. (U) ICW CNREURAFCENT, ICOs, and Force Medical, conduct assessment of exercises occurring in the next 120 days IOT determine and identify mitigations to COVID-19 impacts.

3.C.2.I.3. (U) As required, consult N51 and N52 for guidance WRT cancellation of engagements and exercises IOT mitigate the spread of COVID-19 and reduce risk to international relationships.

3.C.2.I.4. (U) BPT cancel or postpone exercises IOT ensure FHP and reduce the spread of COVID-19.

3.C.2.I.5. (U) BPT reengage with partner nations and establish new planning efforts to continue exercises in support of USEUCOM and USAFRICOM lines of effort (LOE).

3.C.2.J. (U) Tasks to N8.

3.C.2.J.1. (U) Identify funding lines and resources to ensure ships can order appropriate PPE or additional supply acquisitions are in place IOT mitigate the effects of COVID-19.

3.C.2.J.2. (U) Identify funding lines and resources for activation of reserve forces IOT ensure augmentation of NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.2.J.3. (U) BPT identify and reallocate funding IOT support COVID-19 mitigation actions.

3.C.2.J.4. (U) Identify exceptions to policy or BPT fund order extensions of activated reservists required to make intermediate stops, quarantine, or self-isolate IOT support force redeployment.

3.C.2.K. (U) Tasks to N9.

3.C.2.K.1. (U) Collate and provide analysis of COVID-19 trends within NAVEUR/NAVAF/SIXTHFLT AOR IOT assess operational impact.

3.C.2.K.2. (U) ICW Force Medical, collate lessons learned from epidemiology of previous PI-ID events (H1N1, SARS) IOT inform response options.

3.C.2.K.3. (U) Collect data and analyze COVID-19 transmission IOT provide lessons learned for future pandemics.

3.C.2.K.4. (U) IAW REF E, report reduction of task critical asset operational readiness as a result of COVID-19 induced manpower reduction.

3.C.2.K.5. (U) Submit any Final or After Action Reports (AARs) to the USEUCOM LL Inbox at <eucom.stuttgart.ecj7.mbx.ll@mail.smil.mil> with Subject Line: "COVID-19 AAR" for analysis and inclusion in the USEUCOM comprehensive AAR. Final reports or AARs will be published in a timely manner, with the goal of 60 days post return to normal operations. Reference ECI 3103.01B, dated: 1 June 2019, for additional Lessons Learned responsibilities.

3.C.2.L. (U) Tasks to Public Affairs (PA).

3.C.2.L.1.(U) Coordinate with USEUCOM and USAFRICOM IOT ensure consistent messaging.

3.C.2.L.2. (U) Coordinate Navy component public information efforts to inform and educate NAVEUR/NAVAF/SIXTHFLT personnel and dependents.

3.C.2.L.3. (U) Coordinate with NAVEUR and REGION PAOs with guidance from PHEO for the release of all PA announcements related to COVID-19 IOT ensure a cohesive message from medical, regional, and relevant CCMDs.

3.C.2.L.4. (U) Disseminate informational products from Force Medical and Region PHEO.

3.C.2.L.5.(U) Create, update, and maintain NAVEUR/NAVAF/SIXTHFLT public affairs guidance (PAG) and NAVEUR/NAVAF/SIXTHFLT content plan IOT ensure consistent messaging.

3.C.2.L.6. (U) Disseminate guidance to lower echelon commands and PAOs IOT ensure comprehensive distribution of information to internal and external audiences for COVID-19.

3.C.2.L.7. (U) Dependent on delegated release authority, provide CCMD PA updates for approval, detailing all executed and planned PA products that address COVID-19 and the distribution of the vaccine. These updates should include but are not limited to AFN TV and radio public service announcements, social media, other traditional or digital media content.

3.C.2.M. (U) Tasks to Force Medical.

3.C.2.M.1. (U) Prepare and disseminate information on virus characteristics and force health protection measures.

3.C.2.M.2. (U) ICW CNREURAFCENT, recommend FHP measures during each phase.

3.C.2.M.3. (U) Maintain situational awareness on supplies of vaccines and potential procurement shortfalls.

3.C.2.M.4. (U) ICW CNREURAFCENT, report NAVEUR/NAVAF/SIXTHFLT supply levels to USEUCOM and USAFRICOM surgeon. Reports will include population at risk, pre-positioned and general stocks of medical supplies including vaccine and PPE quantity on hand.

3.C.2.M.5. (U) ICW N3, revise and release SIXTHFLT FHP guidance to operating forces. Ensure reporting of medical status of suspected and confirmed COVID-19 cases by SIXTHFLT forces to SIXTHFLT and CNREURAFCENT watch floors.

3.C.2.M.6. (U) Coordinate with CNREURAFCENT, USEUCOM, and USAFRICOM to ensure synchronized infectious disease planning.

3.C.2.M.7. (U) Disseminate DoD guidance on clinical practice guidelines.

3.C.2.M.9. (U) Develop basic medical threat assessment criteria for exercises and engagements.

3.C.2.M.10. (U) Coordinate with Installation and Region PHEOs to identify vulnerabilities in HN medical care system that could impact Fleet readiness.

3.C.2.M.11. (U) Advise commander and CTFs on mitigation strategies in order to maintain readiness and operational continuity.

3.C.2.M.12. (U) ICW NEPMU-7, BPT request outbreak investigation team IOT assess outbreaks on afloat units, bases, or other installations.

3.C.2.M.13. (U) BPT coordinate with ISOS for transfer of personnel from hospitals in foreign ports if conditions warrant.

3.C.2.M.14. (U) Monitor the Medical Situational Awareness Tool in Medical Situational Awareness in the Theater Portal to ensure unit compliance in reporting their daily medical situation report.

3.C.2.M.15. (U) IAW REF AE, ICW N4 and CNREURAFCENT, make daily reports by installation, the medical PPE requirement, current on-hand medical PPE, swab viral transportation kits, viral transportation swabs, nasopharyngeal swabs, percentage filled, any received orders, pending orders, and the delta from the previous week. This report should include both bench-stock and contingency stock.

3.C.3. (U) Tasks to SIXTHFLT.

3.C.3.A. (U) Ensure all units in theater or entering the SIXTHFLT AOR review this OPORD and understand all requirements outlined.

3.C.3.B. (U) ICW CNREURAFCENT, consolidate required report results for follow on reporting to USEUCOM and USAFRICOM IAW paragraph 5.B.

3.C.3.C. (U) ICW Force Medical and N1, prioritize requirements for anti-virals or prophylaxis, if indicated for treatment, IOT ensure readiness of mission essential personnel.

3.C.3.D. (U) All commands will ensure high contact areas are cleaned IAW CDC guidelines, at a minimum, to avoid spread of disease using appropriate disinfectant solutions.

3.C.3.E. (U) Ships medical departments will evaluate stock of medical supplies per TYCOM guidance.

3.C.3.F. (U) ICW CNREURAFCENT ensure tenant and subordinate emergency action plans (EAP) are up to date and exercised.

3.C.3.G. (U) ICW CTF commanders, ensure ship and port visit medical response plans are up to date.

3.C.3.H. (U) ICW Force Medical, Installation PHEOs as needed, and N7, conduct assessment of engagements, operations, and exercises occurring in the next 120 days IOT determine and implement appropriate mitigations to COVID-19 impacts.

3.C.3.I. (U) All units provide CDC and FHP training to all hands IOT ensure recognition of symptoms and reporting procedures are understood.

3.C.3.J. (U) ICW Force Medical and PHEOs, develop medical response plans for contingency APODs/SPODs.

3.C.3.K. (U) All units develop courses of action (to include quarantine, sortie, and fast cruise) to respond to COVID-19 events IOT maintain mission assurance.

3.C.3.L. (U) All units ensure possession of NTRP 4-02.10, if not in possession, it will be requested from Fleet Forces.

3.C.3.L.1. (U) All afloat command triads and department heads will review and exercise NTRP 4-02.10, shipboard isolation and quarantine, and BPT to execute the TTPs in this instruction.

3.C.3.N. (U) ICW CTF Commanders, upon identification of a COVID-19 event, execute emergency medical response plans and other containment actions IOT mitigate the spread of COVID-19 and ensure mission assurance.

3.C.3.O. (U) All units BPT coordinate for the resupply of vessels at extended at sea or sequestered in port IOT mitigate operational impact due to extenuating circumstances.

3.C.3.P. (U) All units BPT coordinate with Interagency, DoS, CNREURAFCENT, and HN IOT respond to COVID-19 events.

3.C.3.Q. (U) BPT move a ship off assigned mission if unable to meet mission with current manning or if an outbreak is occurring onboard. Outbreak criteria are included in the Navy and Marine Corps Public Health Center's Guidance.

3.C.3.R. (U) ICW CTF-63, BPT employ organic air assets to transport patient samples to approved testing locations IOT expedite testing on NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.3.S. (U) BPT conduct COOP to MTW or alternate HQ location IOT reduce impact to mission and ensure protection of essential personnel.

3.C.3.T. (U) Ensure operational units are implementing U.S. Navy frameworks and guidance in preventing, mitigating, responding to, and recovering from COVID19 outbreaks per REFs AF, H, and BA to BF.

3.C.3.U. (U) IAW REF E, comply with NATO Rapid Air Mobility (RAM) Crisis Response Measures (CRM).

3.C.3.U.1. (U) Execute NATO Rapid Air Mobility Crisis Response Measure (NATO RAM/CRM) process when executing airlift missions ISO COVID-19 response to/from NATO nations when practical and does not significantly alter mission parameters or mission accomplishment.

3.C.3.U.2. (U) Coordinate with USAFE for use of NATO RAM/CRM callsigns, flight routing, and other applicable procedures.

3.C.3.U.3. (U) Provide a daily situation report (SITREP) of NATO RAM/CRM sorties flown to USAFE.

3.C.4. (U) Tasks to CNREURAFCENT.

3.C.4.A. (U) All commanders will review TAD, TDY, and LV and approve on a case by case basis IOT mitigate risk to personnel and maintain mission assurance.

3.C.4.B. (U) ICW NAVEUR/NAVAF/SIXTHFLT PAO, execute communications plans specific to infectious disease and COVID-19.

3.C.4.C. (U) Monitor regional HN infectious disease activities and related shortfalls in existing HN and other agreements to ensure future negotiations address these shortfalls.

3.C.4.D. (U) Coordinate and de-conflict PI-ID planning affecting installations with Commander Naval Installations Command (CNIC).

3.C.4.E. (U) Assist NAVEUR/NAVAF/SIXTHFLT with national and regional HN coordination, as directed.

3.C.4.F. (U) In the event of a lack of guidance, establish protocols for APOD/SPOD screening and sanitization of U.S. assets that support operations.

3.C.4.G. (U) Collate unit and tenant reports on medical status; pass information on COVID-19 cases to the ROC.

3.C.4.H. (U) ICW Region PHEO and NEPMU-7, recommend FHP measures for every installation during each phase.

3.C.4.I. (U) Prepare and disseminate information on virus characteristics and FHP measures.

3.C.4.J. (U) ICOs ensure adherence to CDC and HN quarantine guidance, as required.

3.C.4.K. (U) Monitor developments and availability of COVID-19 medications (including vaccines) IOT posture for rapid procurement and distribution.

3.C.4.L. (U) Develop strategy and implement family support programs to support deploying or infected service members and family members.

3.C.4.M. (U) Ensure funding is available for forces IOT to enable response options for COVID-19 mitigation and management.

3.C.4.N. (U) Identify incident command and response structure ICW NAVEUR/NAVAF/SIXTHFLT, as required.

3.C.4.O. (U) Conduct outreach and education programs with target populations including USEUCOM and USAFRICOM forces, civilian components, DoD beneficiaries, sponsored dependents, contractors and local national employees in accordance with guidance and information found at www.cdc.gov.

3.C.4.P. (U) Ensure installation services provide continued support of mission essential services as requested through tenant command EAPs in support of fleet operations as well as the protected population.

3.C.4.Q. (U) Plan for U.S. imposed (internal) and HN imposed (external) ROM, quarantine, and isolation procedures to include security, communications, sustainment, coordination with local HN officials and organizations.

3.C.4.R. (U) Region PHEO ICW with MTFs and Force Medical will identify medical supply shortfalls in support of the NAVEUR/NAVAF/SIXTHFLT and CNREURAFCENT plan.

3.C.4.S. (U) Conduct infectious disease exercises and encourage HN participation where possible.

3.C.4.T. (U) Ensure proper supplies are identified and supported.

3.C.4.U. (U) Review, update, and execute installation infectious disease plans.

3.C.4.V. (U) ICW Force Medical, NEMPU-7, and N7, conduct assessment of operations and exercises occurring in the next 120 days IOT determine and implement appropriate mitigations to COVID-19 impacts.

3.C.4.W. (U) Confirm MTFs have identified local HN medical facilities and coordinated infectious disease reporting and treatment activities.

3.C.4.X. (U) Implement social distancing strategies for staff and tenant commands to include ad hoc telework, shift work, limiting community events, limiting number of personnel in support facilities.

3.C.4.Y. (U) As required, initiate COOP plan IOT ensure mission continuity.

3.C.4.Z. (U) As required, mobilize response assets IOT address emerging public health concerns as a result of COVID-19.

3.C.4.AA. (U) As directed, support HA/DR IOT reduce human suffering and strengthen international relationships in the NAVEUR/NAVAF/SIXTHFLT AOR.

3.C.4.AB. (U) As required, support mortuary affairs.

3.C.4.AC. (U) Enforce restriction of movement, sequester, quarantine, and isolation IOT align with CDC and HN guidelines and mitigate the spread of COVID-19.

3.C.4.AD. (U) Close/Sustain bases as directed IOT mitigate the operational impacts of COVID-19 and ensure FHP.

3.C.4.AE. (U) BPT support the implementation of DoD or HN directed passenger screening protocols at APODS/SPODS under U.S. control.

3.C.4.AF. (U) BPT provide support to sponsored pets of individuals identified for ROM, PUI, or COVID-19 case.

3.C.4.AG. (U) ICOs BPT execute town hall meetings IOT inform and direct NAVEUR/NAVAF/SIXTHFLT personnel.

3.C.4.AH. (U) ICW TRANSCOM/N41, BPT coordinate rerouting of flights IOT adhere to emerging HN requirements.

3.C.4.AI. (U) BPT coordinate with MTFs IOT establish a hotline to address infectious disease related questions from the community.

3.C.4.AJ. (U) BPT liaise with DoS and MTFs concerning HN government health care delivery systems in order to align infectious disease response plans.

3.C.4.AK. (U) BPT facilitate additional sick-call hours to support increased patient load.

3.C.4.AL. (U) BPT provide detail count of anti-virals or prophylaxis, if any are approved for use against COVID-19 infections IOT support accurate pill count.

3.C.4.AM. (U) BPT recommend NFAAS needs assessment IOT support affected families.

3.C.4.AN. (U) BPT provide sustainment for personnel designated as medically required to be in quarantine, located in personal lodging or on base.

3.C.4.AO. (U) BPT provide ECP support to units affected by an outbreak (with installation personnel or HN supporting depending on location).

3.C.4.A.P. (U) BPT Conduct personnel and materiel replacement as required in order to aid in the recovery from COVID-19 outbreak.

3.C.4.AQ. (U) IAW REF E, ICW NAVEUR/NAVAF/SIXTHFLT N4 and Force Medical, make daily reports by installation, the medical PPE requirement, current on-hand medical PPE, swab viral transportation kits, viral transportation swabs, nasopharyngeal swabs, percentage filled, any received orders, pending orders, and the delta from the previous week. This report should include both bench-stock and contingency stock.

3.C.4.AR. (U) ICW NAVEUR/NAVAF/SIXTHFLT, IAW REFS E and H, within 24 hours of determining a passenger transported via USTRANSCOM airlift is COVID-19 positive, NAVEUR/NAVAF/SIXTHFLT will report passenger details to the USEUCOM JOC or USAFRICOM JOC, as appropriate. Passenger details will include: mission number, seat number, reason for travel/rank, and number of potential close contacts exposed, origin of passenger/losing organization, and a receiving organization point of contact.

3.C.5. (U) Tasks to all.

3.C.5.A. (U) Communicate to all personnel the importance of compliance with appropriate personal protective measures.

3.C.5.B. (U) Alter official travel IAW travel restrictions IOT reduce risk of spread of COVID-19.

3.C.5.C. (U) Ensure subordinate units and tenant commands report COVID-19 cases, persons under investigation, or restrictions of movement IAW paragraph 5.B.

3.C.5.D. (U) In addition to required reports in REF E and S, all units with PUI, ROM, or COVID-19 cases will submit reports to the Military Health System (MHS) via the Disease Reporting System Internet (DRSI) and submit follow on email to dha.ncr.health-surv.list.ib-alert-response@mail.mil.

3.C.5.E. (U) Provide support to NAVEUR/NAVAF/SIXTHFLT Crisis Action Team (CAT) as directed.

3.C.6.F. (U) Review current contracts IOT ensure continued support of services in a COVID-19 environment.

3.C.5.G. (U) ICW N1, identify key personnel required to sustain minimum operational command and control capability.

3.C.5.H. (U) Review need for contingency contracting IOT ensure COOP.

3.C.5.I. (U) Implement social distancing strategies IOT reduce the spread of COVID-19.

3.C.5.J. (U) Commands will ensure 100 percent flu vaccination requirements have been met.

3.C.5.K. (U) BPT establish clean corridor routes and implement decontamination procedures IOT mitigate spread due to outbreaks.

3.C.5.L. (U) BPT identify and order all non-essential personnel to shelter in place IOT further mitigate the spread of COVID-19.

3.C.5.M. (U) Supervisors determine non-essential civilian employees and BPT place them on administrative leave or telework IOT mitigate the spread of COVID-19 and support social distancing strategies.

3.C.5.N. (U) All commands will ensure all leave currently in NSIPS is reviewed under the latest COVID-19 guidelines and travel restrictions.

3.C.5.O. (U) OPSEC pertains to critical but unclassified information that requires additional protection and deliberate measures to safeguard due to the sensitivity and possible impact to operations. OPSEC implementation must be considered in all phases of planning and execution to protect critical information. Commanders will ensure all members are aware of

potential vulnerabilities of using social media sites, open communication systems, geo-location devices, and informal social gatherings.

3.C.5.P. (U) In light of new security concerns, IAW REF E, effective immediately, use of the commercial version of ZOOM software is not authorized for the conduct of official business. The use of "ZOOM for Government" purchased through FedRamp is authorized for use up to Non-FOUO (Impact Level 2-Non-Critical Mission Information) on USEUCOM networks and devices. The use of Microsoft Teams Commercial Virtual Remote (CVR) is also authorized and recommended for use to enable collaboration and telework opportunities while minimizing the need for in person meetings. Ensure proper security precautions are taken to prevent unauthorized disclosure when using collaboration tools in secure spaces.

3.C.5.Q. (U) Provide a Command ROM Recommendation Point of Contact (POC) to their Supporting U.S. Navy MTF. The POC will include an individual name and/or position (e.g., CPO Jane Smith or Command Duty Officer) as well as a phone number and an e-mail address for that name/position. The Command ROM Recommendation POC will receive notification of individual ROM recommendations from Supporting MTFs.

3.C.5.R. (U) Following POC receipt of an individual ROM recommendation from a Supporting MTF, each command will issue an individualized ROM letter to the individual recommended for ROM by the Supporting MTF. The ROM letter template is available for download at REF AK.

3.C.5.S. (U) Submit all lessons to the NAVEUR/NAVAF/SIXTHFLT Lessons Learned Manager IAW paragraph 4.C.

3.C.5.T. (U) Add. Designate personnel as contact tracers and report completion of training IAW REF BL.

3.C.6. (U) Tasks to Supporting U.S. Navy MTFs and EMF.

3.C.6.A. (U) Provide daily medical situation report NLT 1300Z via Medical Situational Awareness in the Theater Portal as required by USEUCOM/USAFRICOM IOT provide a medical common operating picture and inform the Combatant Commanders, Service Commanders, and their staff of regional medical capabilities and shortfalls.

3.C.6.D. (U) Notify Command ROM Recommendation POCs of any individual ROM recommendations for service members and civilian employees attached to a POC's command or for dependents sponsored by a POC's command.

4. (U) ADMINISTRATION AND LOGISTICS.

4.A. (U) Force Health Protection (FHP). FHP requirements for deployment health surveillance apply. Ensure all deployment health requirements are performed IAW DoDI, 6490.03, Deployment Health, 19 June 2019. Ensure all personnel deploying in support of this mission comply with Service Component specific FHP requirements and associated country-specific guidance. Reference the National Center for Medical Intelligence (NCMI) classified website at https: //www.ncmi.dia.smil.mil; the NCMI unclassified website at https://www.ncmi.detrick.army.mil; and the TRAVAX unclassified website at https://www.travax.com for the most current health threat information.

4.B. (U) The NAVEUR/NAVAF/SIXTHFLT Public Affairs (PA) Posture for this COVID-19 response is active. NAVEUR/NAVAF/SIXTHFLT will assume PA lead for media queries as delegated by higher headquarters.

4.B.1 (U) Per REF E, only OSD or the services will release numbers of COVID-19 cases that are aggregated at DoD/Service levels. Numbers of people in isolation, quarantine or possibly infected will not be released. Any inquiries requesting numbers of infected within the NAVEUR/NAVAF AOR will be referred to OSD.

4.C. (U) Lessons Learned

4.C.1. (U) Directorates and Subordinate Commands/Task Forces will collect and submit lessons generated from planning and execution of action to sustain operational readiness during COVID-19. Lessons should address doctrine, organization, training, material, leadership and education, personnel, facilities and policy (DOTMLPF-P) gaps to improve future capabilities, along with capturing best practices, tools, and techniques on how to handle future pandemic and emerging infectious disease events.

4.C.2. (U) Lessons will be submitted IAW Appendix 31 to Annex C of OPORD 4000 to SIXTHFLT Lessons Learned Manager (C6F-Lessons@eu.navy.(smil.)mil). Lessons will follow the JLLIS format (observation, discussion, and recommendation) and be classified at the lowest possible level.

4.C.3. (U) Lessons on maintaining operational readiness during previous pandemics and similar events are made available through the SIXTHFLT Lessons Learned Program. Resources include the following:

4.C.3.A (U) https://www.jllis./apps/?do=cops.view&copid=3381

4.C.3.B (U) https://www.jllis.smil.mil/apps/?do=cops.view&copid=864

4.C.3.C. (U) Mr. Tristan Merrill, DSN 314-626-8010, C6F-Lessons@eu.navy.(smil.)mil.

4.D. (U) Cloth Face Coverings. NAVEUR/NAVAF commands are authorized, but not required, to use Operation & Maintenance (O&M) funds to procure cloth face coverings for service members, civilian employees, as well as other individuals who spend significant time in proximity to those service members and civilian employees (such as dependents, roommates, and other co-habitants). Guidance for wear of cloth face coverings during COVID-19 is at REFS W and AU.

5. (U) COMMAND AND SIGNAL.

5.A. (U) Command Relationships

5.A.1. (U) USNORTHCOM is the supported commander for pandemic preparation and planning and is coordinating the global response to COVID-19. All other GCC, including USEUCOM and USAFRICOM, are supporting.

5.A.2. (U) NAVEUR/NAVAF is the supported operational commander in the NAVEUR/NAVAF AOR. All subordinate commanders, including SIXTHFLT and CNREURAFCENT, are supporting.

5.B. (U) Signal.

5.B.1. (U) All required reports will be reported via appropriate operational and administrative channels to the NAVEUR/NAVAF/SIXTHFLT Fleet Command Center (FCC) via the Battle Watch Captain (BWC) and CNREURAFCENT Region Operation Center (ROC) IAW REFs E, S, AW, BR, and any applicable subsequent guidance on reporting.

5.B.2. (U) The FCC and ROC will consolidate and forward reports to the Joint Operations Center (JOC) and Navy Operations Center (NOC), respectively.

5.B.3 (U) Points of Contact.

5.B.3.A. (U) NAVEUR/NAVAF/SIXTHFLT FCC BWC 24/7: COMM: 011-39-081-568-4551/52 or DSN: 314-626-4551/52, BWC@eu.navy.mil.

5.B.3.B. (U) CNR EURAFCENT ROC Watch 24/7, COMM: 011-39-081-568-1982/89 or DSN: 314-626-1982/89, fct.na.cnreROC@u.navy.mil.

5.B.3.C. (U) NAVEUR/NAVAF/SIXTHFLT Surgeon's Office: USN, COMM: 011-39-081-568-4690, DSN 314-626-4690, cne-c6f_hss1@eu.navy.mil.

5.B.3.D. (U) NAVEUR/NAVAF/SIXTHFLT N1: COMM: 011-39-081-568-1264, DSN: 314-626-1264, elizabeth.smith@eu.navy.mil.

5.B.3.E. (U) NSA Naples ICO: CAPT James Stewart, James.Stewart@eu.navy.mil.

5.B.3.F. (U) NS Rota ICO: CAPT David Baird, David.Baird@eu.navy.mil.

5.B.3.G. (U) NAS Sigonella: CAPT Kevin Pickard, Kevin.Pickard@eu.navy.mil.

5.B.3.H. (U) NSA Souda Bay: CAPT Rafael Facundo, Rafael.Facundo@eu.navy.mil.
6. (U) APPROVAL.
6.A. (U) This Message is approved for release and immediate execution by Chief of Staff, Naval Forces Europe and Africa.
6.B. (U) NAVEUR/NAVAF/SIXTHFLT staff sections and subordinate commands acknowledge receipt.
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NNNN