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# UPDATE #1: U.S. MARINE CORPS DISEASE CONTAINMENT PREPAREDNESS PLANNING GUIDANCE FOR 2019 NOVEL CORONAVIRUS (COVID-19); COMMANDERS' RISK-BASED MEASURED RESPONSES

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PLANNING GUIDANCE FOR 2019 NOVEL CORONAVIRUS (COVID-19); COMMANDERS'  
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NARR/REF A IS MARADMIN 082/20, U.S. MARINE CORPS DISEASE CONTAINMENT  
PREPAREDNESS PLANNING GUIDANCE FOR 2019 NOVEL CORONAVIRUS. IT  
INSTRUCTS COMMANDERS AT ALL LEVELS TO TAKE ACTIONS NECESSARY TO  
REVIEW AND VALIDATE DISEASE CONTAINMENT PLANS AND TAKE PREPARATORY  
AND PRECAUTIONARY ACTIONS TO ENSURE THE VIRUS DOES NOT INCAPACITATE  
U.S. MARINE CORPS FORCES WORLDWIDE. REF B IS UNDERSECRETARY OF  
DEFENSE (PERSONNEL AND READINESS) MEMORANDUM ON FORCE HEALTH  
PROTECTION (FHP) SUPPLEMENT 2, DEPARTMENT OF DEFENSE GUIDANCE FOR

MILITARY INSTALLATION COMMANDERS' RISK-BASED MEASURED RESPONSES TO THE NOVEL CORONAVIRUS OUTBREAK. REF C IS DOD INSTRUCTION 6200.03, PUBLIC HEALTH EMERGENCY MANAGEMENT WITHIN THE DOD. IT PROVIDES AMPLIFYING INFORMATION ON PUBLIC HEALTH EMERGENCIES AND FORCE HEALTH PROTECTION CONDITIONS (HPCON). REF D IS MCO 3504.2A, OPERATIONS EVENT INCIDENT REPORT (OPREP-3) REPORTING REF E IS JOINT STAFF MESSAGE FOR DOD COVID-19 PASSENGER SCREENING GUIDELINES FOR OVERSEAS MILITARY TRANSPORTATION TERMINALS.

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GENTEXT/REMARKS/1. This MARADMIN provides supplemental, COVID-19 guidance to reference A, by providing a risk-based framework to guide planning, posture, and actions necessary to protect U.S. Marine Corps personnel. It also contains updated reporting instructions.

#### 1.A. Background.

1.A.1. Per reference B, the continuing spread of COVID-19 is an increasing Force Health Protection (FHP) threat in regions where DoD personnel live and work. As the leading U.S. government Public Health Agency, the U.S. Centers for Disease Control and Prevention (CDC) continues to assess the risk of COVID-19 and to provide guidance for those residing in the United States and traveling abroad. Because CDC guidance is principally tailored for persons residing in the continental United States (CONUS), some CDC COVID-19 guidance may have limited applicability for commanders, particularly those outside the United States, and is not recognized by other sovereign nations. While DoD continues to follow CDC's lead, when needed, additional military specific measures are authorized to mitigate-risk to U.S. forces stationed or deployed around the world, and to protect Service members, DoD civilian Employees, family members, and contractor personnel.

2. Mission. All commands will take specific actions to mitigate the spread of COVID-19 worldwide and adhere to the reporting instructions contained in this MARADMIN.

#### 3. Execution.

##### 3.A. Commander's Intent.

3.A.1. Purpose. Promulgate CMC level guidance to the force in order to reduce the risk of further exposure or spread of COVID-19.

3.A.2. Method. The Commandant has identified COVID-19 as a threat to the health and well-being of the Marine Corps. The Marine Corps will take measured steps to protect all Marines, Sailors, dependents, government civilians, and contract worker personnel. Informed by Office of the Secretary of Defense and Joint Staff guidance and actions, the intent of this message is to protect the force and preserve our capability to accomplish the mission of the Marine Corps. Nothing in this message is intended to supersede guidance

and direction from combatant commanders to their assigned or allocated forces.

3.A.3. End State. The U.S. Marine Corps is postured to mitigate, contain, respond to, and recover from the effects of this public health challenge, and is capable of continued execution of assigned missions.

3.B. Concept of operations. Commanders will institute guidance per this MARADMIN, per reference A, and as updated herein. Commanders will conduct prudent planning and take appropriate action for mitigation activities in the risk-based framework in reference B. Responses to COVID-19 will need to be flexible, tailored, and incremental. Commanders outside the United States must act in accordance with relevant host nation (HN) and allied forces standards, as applicable. Commanders must seek the cooperation of HN authorities to exercise certain public health emergency authorities granted in reference C within the terms of existing international agreements.

3.C. Tasks. Commanders will:

3.C.1. Review and comply with tasks outlined in reference A.

3.C.2. Official Travel. Effective immediately, all official travel to OCONUS locations that have declared a public health emergency, or for which a travel advisory has been issued by the CDC, shall be reviewed and approved by a Deputy Commandant, a Marine Force Commander or a Commanding General, Marine Expeditionary Force.

3.C.3. Review leave and liberty plans to ensure personnel are not traveling to locations that have declared a public health emergency. Leave requests to areas with a declared public health emergency, or for which a travel advisory has been issued by the CDC, will be reviewed and approved by the first general officer in the chain of command.

3.C.4. Maximize the conduct of virtual conferences, meetings, and classes to the fullest extent. Conference and other gatherings of personnel from disparate locations must be approved by a Deputy Commandant, a Marine Force Commander, or a Commanding General, Marine Expeditionary Force charged with hosting the conference.

3.C.5. Plan and implement telework options to minimize workforce footprint and exposure as required.

3.C.6. Identify all Marines returning/redeploying from countries under a CDC travel advisory of level 2 or higher, or who have had close contact with an infected person, and ensure they are screened and monitored for symptoms of COVID-19. Be prepared to place service members under a 14-day restriction of movement (ROM).

3.C.6.A. MARFORRES personnel/units impacted by COVID-19 require special considerations when dealing with global force employment, exercise participation, and annual training timelines. ROM for Reserve Component Marines returning from deployments will be planned in conjunction with Marine Forces Command, Marine Forces Reserve and Plans, Policies and Operations Department, HQMC.

3.C.7. Be prepared to implement subsequent guidance pertaining to international military student/unit training events, resident school participation, and foreign delegations. Foreign liaison and exchange personnel should adhere to the guidance for official and Marine Corps

personal travel contained in this MARADMIN.

3.C.8. Overseas Screening: Commanders will adhere to DOD guidance for COVID-19 screening at overseas military transportation terminals per ref E.

3.C.9. Review the supplemental risk-based measures outlined in reference B and observe the following operational risk level mitigation actions for COVID-19 outlined below. The risk-based framework for all geographic areas with COVID-19 transmission is organized by the following characteristics: (a) community transmission beginning, (b) increased community transmission, (c) sustained community transmission, and (d) widespread community transmission.

3.C.9.A. Low risk level - no transmission: imported or no cases. Generally aligns with:

3.C.9.A.1. Department of State (DoS) Travel Advisory Level 1.

3.C.9.A.2. Centers for Disease Control and Prevention (CDC) Travel Advisory Level 1.

3.C.9.A.3. Public Health Emergency (PHEM) Health Condition (HPCON) 0/A.

3.C.9.A.4. Public health recommendations.

3.C.9.A.4.A. Usual precautions:

3.C.9.A.4.B. Maintain normal operational posture.

3.C.9.A.4.C. Standard hygiene and precautions.

3.C.9.A.4.D. Avoid contact with sick people or individuals suspected of virus exposure.

3.C.9.B. Moderate risk level – focal transmission: cases occurring amongst close contacts.

Generally aligns with:

3.C.9.B.1. DoS Travel Advisory Level 2.

3.C.9.B.2. CDC Travel Advisory Level 2.

3.C.9.B.3. PHEM HPCON B.

3.C.9.B.4. Public health recommendations:

3.C.9.B.4.A. Enhanced precautions, include usual precautions per para

3.C.9.A.4.A., plus:

3.C.9.B.4.B. FHP brief prior to deploying.

3.C.9.B.4.C. Strict handwashing: soap and water for at least 20 seconds (or alcohol based hand sanitizer if soap/water not available).

3.C.9.B.4.D. Proper coughing/sneezing etiquette.

3.C.9.B.4.E. Social distancing measures (e.g. 6 feet).

3.C.9.B.4.F. Avoidance of animals (alive or dead) / animal markets.

3.C.9.C. Significant risk level – sustained community transmission: cases occurring outside of close contacts. Generally aligns with:

3.C.9.C.1. DoS Travel Advisory Level 3.

3.C.9.C.2. CDC Travel Advisory Level 2/3.

3.C.9.C.3. PHEM HPCON C.

3.C.9.C.4. Public health recommendations:

3.C.9.C.4.A. Enhanced surveillance/screening, include enhanced precautions per para

3.C.9.B.3, plus:

3.C.9.C.4.B. Enhanced screening protocol for all visitors. Daily medical screenings (e.g., temperature, symptoms) for 14 days for returning personnel. If exhibiting fever, cough, or shortness of breath, then mask, isolate and evaluate further with appropriate PPE. Be prepared to place sick individuals into cohorts and evaluate potential close contacts.

3.C.9.C.4.C. Enhanced surveillance to include monitoring sick call logs daily for increased influenza-like illness.

3.C.9.C.4.D. Enhanced sanitation including disinfecting high contact areas (e.g. common areas, berthing, heads, handrails, door handles) at least daily with approved cleaning/disinfectant agents.

3.C.9.C.4.E. Consider non-punitive normal liberty limitations.

3.C.9.D. High risk level - widespread community transmission: sustained disease transmission despite public health control measures. Generally aligns with:

3.C.9.D.1. DoS Travel Advisory Level 4.

3.C.9.D.2. CDC Travel Advisory Level 3.

3.C.9.D.3. PHEM HPCON D.

3.C.9.D.4. Public health recommendation.

3.C.9.D.4.A. Appropriate restriction of movement:

3.C.9.D.4.B. Cancel non-mission essential travel.

3.C.9.D.4.C. Essential personnel travel only with appropriate PPE.

3.C.9.D.4.D. Personnel should not return to home station without 14-day quarantine.

3.C.9.D.4.E. Consider non-punitive normal liberty restrictions.

3.D. Coordinating instructions.

3.D.1. Reporting Instructions. All commands shall submit reports as directed in the most current Service FragO to the MCO 6220.2 issued by HQMC PP&O, Operations Division, in accordance with reference D. Commands requiring clarification of reporting requirements shall contact the Marine Corps Operations Center.

3.D.2. MARFORs will continue to meet Geographical Combatant Commander reporting requirements and will provide an info copy to the Marine Corps Operations Center.

3.D.3. Guidance contained in reference B can be retrieved from the DOD Coronavirus Response website at: <https://media.defense.gov/2020/FEB/26/2002255006/-1/-1/1/force-health-protection-supplement-2.pdf>.

3.D.4. CDC travel health notices and geographic region information can be retrieved from: <https://wwwnc.cdc.gov/travel/notices#travel-notice-definitions>.

3.D.5. DoS regional travel advisory levels and descriptions can be retrieved from: <https://travel.state.gov/content/travel/entraveladvisories/traveladvisories.html/>.

3.D.6. Definitions.

3.D.6.A. Quarantine: Separates and restricts the movement of people who were exposed to a contagious disease to prevent transmission to others.

3.D.6.B. Isolation: Separates sick people with a contagious disease from people who are

3.D.6.B. Isolation: Separates sick people with a contagious disease from people who are

not sick.

3.D.6.C. COVID-19 outbreak: Location(s) where the cognizant military commander has implemented Health Protection Condition (HPCON) B, C, or D and other locations where moderate health protection measures have been implemented because of an increased community transmission.

4. Administration and Logistics. This MARADMIN has been coordinated with HQMC, Health Services – Preventive Medicine, HQMC Judge Advocate Division, HQMC Operations Division, and HQMC Security Division.

5. Command and Signal.

5.A. Command. This MARADMIN applies to the Total Force.

5.B. Signal. This MARADMIN is effective upon release.

6. This message is approved for release by LtGen G. W. Smith, Jr. Deputy Commandant, Plans, Policies, and Operations.//