



UNITED STATES MARINE CORPS  
COMMAND ELEMENT  
II MARINE EXPEDITIONARY FORCE  
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II MEFO 6000.2  
HSS/047

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II MARINE EXPEDITIONARY FORCE ORDER 6000.2

From: Commanding General, II Marine Expeditionary Force  
To: Distribution List

Subj: COVID-19 MEDICAL SUPPORT SERVICES ORDER

Ref: (a) SECDEF Supplement #1 to Force Health Protection Guidance for the Novel Coronavirus Outbreak dtd 26 Feb 20  
(b) (U) MARADMIN 150/20 U.S. Marine Corps Disease Containment Preparedness Planning Guidance for COVID-19; Commanders' Risk-Based Measured Responses dtd 7 Mar 20  
(c) SECDEF Supplement #3 to Force Health Protection Guidance for the Novel Coronavirus Outbreak dtd 10 Mar 20  
(d) SECDEF Supplement #4 to Force Health Protection Guidance for the Novel Coronavirus Outbreak dtd 11 Mar 20  
(e) ALNAV 025/20 Force Health Protection Guidance dtd 12 Mar 20  
(f) ALNAV 026/20 CONUS Travel Guidance dtd 13 Mar 20  
(g) MARADMIN 170/20 U.S. Marine Corps Enterprise Network Remote Access Preparedness Planning Guidance dtd 17 Mar 20  
(h) MARADMIN 192/20 COVID-19 Supplemental Personnel Guidance for Commanders dtd 26 Mar 20  
(i) SECDEF Supplement #8 to Force Health Protection Guidance for the Novel Coronavirus Outbreak dtd 13 Apr 20  
(j) MARADMIN 236/20 Update #6 to U.S. Marine Corps Disease Containment Preparedness Planning Guidance for COVID-19; Protecting Personnel in Workplaces dtd 15 Apr 20  
(k) MARADMIN 254/20 #7 U.S. Marine Corps Disease Containment Preparedness Planning Guidance for 2019 Novel COVID-19; Modification and Reissuance of DOD Response to Coronavirus Disease 2019-Travel Restrictions  
(l) NAVADMIN 083/20 CNO Restriction of Movement (ROM) Guidance 231957Z MAR 20  
(m) U.S. Navy COVID-19 Prevention Framework dtd 14 Apr 20  
(n) U.S. Navy COVID-19 Mitigation Framework dtd 14 Apr 20  
(o) FMFLANT Guidance for COVID-19 Mitigation During Naval Force Training and Operations DRAFT dtd 17 Apr 20  
(p) SECDEF Modification and Reissuance of DoD Response to Coronavirus Disease 2019 - Travel Restrictions dtd 20 Apr 20  
(q) NAVADMIN 113/20 Restriction of Movement (ROM) Update 171541Z APR 20  
(r) II MEF Daily Intentions Messages  
(s) FRAGO 2 HQMC Coronavirus response EXORD: Reporting 012251Z MAY 20

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited

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## 1. Situation

### a. General

(1) Purpose. To provide a concept of medical operations, assign tasks, provide guidance, and coordinate actions required to ensure an effective comprehensive medical system to support COVID-19 response.

(2) COVID-19 is a newly identified viral respiratory disease similar to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV). In December 2019, Chinese health authorities identified 2019-nCoV now known as COVID-19 as the cause of a large pneumonia outbreak in Wuhan, China. The outbreak is thought to have originated at a large seafood and animal market in Wuhan, suggesting spread from animals to humans. Due to rapid spread of infection throughout Wuhan City, the surrounding province of Hubei, and throughout mainland China, on 30 January 2020, the World Health Organization (WHO) declared the global outbreak of COVID-19 a Public Health Emergency of International Concern (PHEIC). On 31 January 2020, in an effort to reduce the spread of disease and mobilize resources within the United States, the Department of Health and Human Services (HHS) Secretary declared a Public Health Emergency (PHE) and the President signed a proclamation defining quarantine and screening rules to be implemented. On 11 March 2020, the World Health Organization declared COVID-19 a global pandemic. As of 20 April 2020, COVID-19 has spread to 169 countries worldwide, resulting in more than 2.3 million confirmed cases and 150,000 deaths.

b. Medical Threats. As of 20 April 2020, there have been over 700,000 confirmed cases in the United States; specifically in the State of North Carolina there have been 6,700 confirmed cases. The threat comes not only from within the United States but also from Marines and Sailors returning from both CDC-designated level 3 high risk countries and from high risk areas of the United States. Epidemiologic models indicate the possibility of a rapid increase in COVID-19 cases ("spike") across North Carolina as early as the week of 20 April.

c. II MEF Medical Capability. While II MEF has a robust unit level medical capability, II MEF requires support from Naval Medical Center Camp Lejeune (NMCCCL) to provide the full range of in-garrison care. A portion of NMCCCL's medical staff has been mobilized in support of COVID-19 support operations across the nation and will likely continue to be tasked with additional requirements. If properly managed, II MEF's organic medical capability can meet the requirements set forth in this concept of operations without augmentation from NMCCCL.

### d. Definitions

(1) Restriction of movement (ROM). Limiting movement of an individual or group to prevent or diminish the transmission of a communicable disease, including limiting ingress and egress to, or on a military installation. The three types of ROM are, in increasing levels of restriction: conditional release, quarantine, and isolation.

(2) Conditional release. Temporary supervision and monitoring of an individual or group, who may have been exposed to a communicable disease to determine the risk of disease spread. Supervision is accomplished through in-person visits, telephone, or through electronic or Internet-based monitoring. In order to keep nomenclature consistent with current DoD and

HQMC guidance, for COVID-19 outbreak related purposes, conditional release will be referred to as ROM.

(3) Quarantine. The separation of an individual or group that has been exposed to a communicable disease, but is not yet ill, from others who have not been so exposed, in such manner and place to prevent the possible spread of the communicable disease.

(4) Isolation. The separation of an individual or group known or reasonably believed to be infected with a communicable disease from those who are healthy in such a place and manner to prevent the spread of the communicable disease.

(5) Unit Sequester. Term used to describe isolating forces to remove or reduce risk of infection degrading a unit. This may be used to ensure units are disease-free when making final preparations for a deployment or at-sea period. This will occur on a military installation and monitored by unit leadership.

e. Assumptions

(1) II MEF will provide funding for Class VIII material.

(2) II MEF MSC/E's will continue to have sufficient organic medical personnel resources needed to execute the concept of operations.

(3) NMCCCL could reach a point where there will be more patients than hospital beds, and alternate care sites will need to be established.

(4) NMCCCL could reach a point with DSCA mobilization of their staff that personnel augmentation from II MEF, primarily 2d Medical Battalion, medical staff will be necessary.

f. Limitations. II MEF will rely heavily on local base tenant commands, DoD, Head Quarters Marine Corps, and state authorities to obtain intelligence reports, logistics, and special medical capabilities to execute this plan.

2. Mission. II MEF will implement procedures and set guidelines IOT mitigate the immediate and long term risk that COVID-19 imposes on the force.

3. Execution

a. Concept of Operations

(1) Command Relationships. The II MEF Surgeon is responsible for the overall delivery of health services and health services support activities for all II MEF forces that are being treated, monitored, and under a restriction of movement order during the COVID-19 outbreak. II MEF Major Subordinate Command (MSC) Surgeons will retain medical staff while providing direct support to the tasking outlined to the ACS. Further, the MSC Surgeons are responsible for the delivery of health services to their assigned forces. Surgeons will adhere to all policies and directives of the II MEF Surgeon throughout the period of the COVID-19 outbreak.

(2) Responsibility. II MEF MSC/E's are responsible for the planning and provision of sufficient organic Role 1 capabilities to provide treatment for and medically sustain their assigned forces during the COVID-19 outbreak.

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(3) Patient Movement. Patients known to be infected with COVID-19 or designated as person under investigation (PUI) will wear a surgical or cloth mask and maintain 6 feet separation from other people whenever out of their barracks or room. This is also required when they are being transported for evaluation and/or treatment by units. Use of a 15-passenger van or 997 tactical ambulance are some examples of ways to provide this distance when traveling by vehicle.

(4) Medical Support Operations Cell (MSOC). II MEF HSS will establish a MSOC consisting of a MSOC OIC, II MEF COC LNO, and Call Center.

(a) The MSOC OIC is responsible for COVID-19 planning and oversight of Health Service Support operations throughout the MEF.

(b) The II MEF COC LNO is the focal point for all COVID-19 medical reports submitted by MSC Surgeons. The LNO will also answer or forward medical RFI's as received. This LNO will be located on the COC watch floor.

(c) The call center will be established in a location with sufficient desk space and phone lines for five (5) staff members, and will have access to NMCCCL's computer network. Representatives from each MSC will be assigned to the Call Center. Call center staff will screen patients via telephone and recommend evaluations based on a provided algorithm to determine where the patient should seek care. They will have II MEF Surgeon authority to deploy MSC Transportation or Contact Teams to patient locations as necessary. Additionally, call center staff will serve as the II MEF liaison cell to MSCs, NMCCCL testing centers, clinics, and the emergency department for COVID-19 related patients.

(5) Contact Teams. On order, will consist of a medical provider and a Hospital Corpsman. If the medical provider is an Independent Duty Corpsman, he/she must have at least 1 year of clinical experience. The contact team will primarily be utilized to further discuss symptoms with a patient to determine the acuity of his or her clinical care needs.

(6) Transportation Team. On order, will consist of a driver and an assistant driver with proper PPE. Transportation teams will be made available to transport patients, labs, and supplies as needed. The vehicle supplied will be able to adhere to social distancing requirements. Additionally, the vehicle's surfaces will be cleaned with antiseptic wipes or antiseptic cleaning solution after transporting a patient in under investigation for COVID-19, or in a ROM, quarantine, or isolation status.

(7) Alternate Care Site. On order, consolidate II MEF COVID medical response to a Combined Respiratory Aid Station (CRAS) and prepare to execute an Alternate Care Site (ACS). The CRAS will be the primary acute respiratory illness aid station with a capability to screen and test both for flu and COVID and to provide care for respiratory illnesses. The ACS will host and isolate patients that have a lab positive test result for COVID who require closer observation but are not so ill they need to be hospitalized. This will be executed in a phased approach.

(a) Phase 1: Combined Respiratory Aid Station. Combine all outlying II MEF medical respiratory care tents on Camp Lejeune to a single location at BLDG H24. The CRAS will be open to all II MEF Marines and Sailors assigned on Camp Lejeune for:

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- (1) Evaluation of respiratory infections
- (2) COVID-19 screening and testing
- (3) Influenza screening and testing

(b) Phase 2: Combined Respiratory Aid Station expanded operations. Will be set on order when daily throughput exceeds the capacity of a single provider, anticipate approximately 30 patients. The CRAS will be reinforced with an additional two (2) providers and five (5) Hospital Corpsman. Also during this phase, depending on patient load at the NMCCCL emergency department, the CRAS will switch from normal business hours to 24-hour operations.

(c) Phase 3: Alternate Care Site. Will be set on order when the inpatient ward capacity of NMCCCL is at or near capacity. The CRAS will continue operations as dictated in Phase 2. The Alternate Care Site will open a 100 max bed medical holding facility within the gymnasium of Wallace Creek Fitness Center. Patients will be put in an isolation status. Medical staff will wear appropriate PPE while on duty within the facility. Medical staff will conduct assessments and obtain vital signs a minimum of twice daily and will conduct treatment as needed. In the event a patient's condition deteriorates, NMCCCL will be notified and the patient will be transferred, either via Transportation Team or base EMS as appropriate.

(8) II MEF Personnel not assigned to Camp Lejeune. MSC and MSE commands that are located outside of Camp Lejeune will coordinate with their local base emergency managers and/or base medical to obtain local alternate care site guidance.

(9) ROM Status. Uniformed members will be identified under the above mentioned categories for ease of understanding.

(a) ROM. In order to keep nomenclature consistent with current DoD and HQMC guidance, for COVID-19 outbreak related purposes, "conditional release" as defined above will be referred to as ROM. This applies to individuals who have returned after travel from or through a high risk area within or outside of the United States. These areas within the United States are changing daily; leaders will consult their unit Medical Officer to determine whether an individual returning from outside the local areas should be put into ROM status. Once initiated, ROM continues for 14 days and may not be terminated early.

(b) Quarantine. Applies to individuals who live with, or have had prolonged close contact (defined as within 6 feet for more than 10 consecutive minutes, or lives in the same house, apartment, or barracks room) with someone who is known to be positive or is currently a Person Under Investigation for COVID-19 infection. Quarantine continues until: (1) the close contact is determined not to have had COVID-19 infection; (2) 14 days after the contact is determined to have been cleared of the infection; or (3) 14 days after the quarantined individual's last contact with the patient.

(c) Isolation. An individual who is suspected to have COVID-19 infection and has been referred to lab testing is a Person Under Investigation (PUI). He or she will be placed in isolation until the result is back. If negative, the individual will return to whatever restriction of

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movement status (ROM vs quarantine) he or she had previously been in, if applicable. If confirmed to be infected with COVID-19, the individual will remain in isolation until BUMED-established Return to Work criteria have been met.

(10) Status Limitations

(a) Living Arrangements. Individuals in any restriction of movement categories require a single room and may not share a bathroom with anyone. Individuals completing ROM, quarantine, or isolation in base housing or in an off-base domicile must be able to isolate themselves from other non-infected personnel within the home as noted in this paragraph.

(b) ROM. Personnel on ROM may PT outside but must maintain at least 6 feet from others while running or performing exercise and may not use any gym / HIT box equipment, pull up bars, or other commonly touched exercise items. Units are responsible for ensuring availability of meals, either by delivery from or pickup from chow halls. Any movement outside of the ROM area or delivery of food or other supplies must adhere to the requirement to maintain at least 6 feet of space between individuals and to avoid cross-contamination of surfaces (ROM and non-ROM personnel touching the same surface or item). Personnel under ROM may order food through delivery services onboard base but cannot break the 6-foot social distancing requirement and will not hand cash or any other items to the person making the delivery. This includes signing receipts or paying with cash, debit card, or "Apple pay" methods in person. Marines/Sailors assigned to this status can take out their own trash and use a "smoke pit" designated by the command away from the main smoke area and away from others. A laundry room must be designated for use ROM use. Marines/Sailors are NOT to utilize the MCX, commissary, Minimarts, or any other public venue.

(c) II MEF Marines and Sailors who are returning from international travel will be placed in a 14-day ROM status. The first 7 days will be completed in the barracks. Commanders are authorized to allow their Marines and Sailors who have on-base or off-base housing to complete the remainder of their ROM period in their homes, provided the following criteria are met:

1. Must have a private room and private bathroom that no one else uses.
2. Must avoid common areas of the home.
3. Must maintain at least 6 feet from others they may come in contact with. This includes when obtaining meals and during physical training
4. Must not prepare food if the kitchen area is used by other people.
5. Must avoid public places and crowds, will NOT utilize MCX, commissary, or any other public venue.
6. Continue to practice frequent handwashing / sanitizing.
7. Must clean their own laundry while in ROM status.

(d) For any II MEF Marines or Sailors who live with anyone at high risk of complications from COVID infections, completion of the full 14 days of ROM in barracks is recommended. High risk individuals:

1. Are age 65 or older
2. Have moderate-to-severe asthma or chronic lung disease
3. Have serious heart conditions

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4. Have kidney failure, liver failure, or poorly controlled diabetes

5. Have a compromised immune system, such as bone marrow or organ transplant recipients, immune deficiency conditions (e.g. HIV or AIDS), or prolonged use of corticosteroids or other immune weakening medications

(e) Individuals who are on ROM at private residence will continue to monitor health and will have daily (telephone-preferred) contact with medical to discuss any signs/symptoms.

(f) Quarantine. Individuals under quarantine are subject to the same restrictions as those in ROM, above.

(g) Isolation. An individual under isolation is secured to his/her room with the exception of coming out to obtain food or walk on the balcony, is limited to the vicinity of his /her doorway, and must wear a mask when outside or interacting with others. Social distancing must be maintained when outside of his/her room. If member is assigned to a barracks room that does not have a balcony, he/she may not leave the room. PT is not authorized outside of the barracks room. Food and other required deliveries need to be made to the room; the member in isolation must wear a mask when deliveries are being made. When receiving deliveries, the 6-foot social distancing requirement must be maintained and the individual in isolation will not hand cash or any other items to the person making the delivery. This includes signing receipts or paying with cash, debit card, or "Apple pay" methods in person. Additionally, if any face-to-face contact occurs, personnel making the delivery must wear at least a cloth mask. All trash and Laundry will be coordinated through unit chain of command. Gloves are the only PPE required when touching trash or laundry.

b. Tasks

(1) II MEF Surgeon

(a) Exercise directive authority for all II MEF health service support activities during the COVID-19 outbreak response.

(b) Advise CG, II MEF on all medically related activities and issues to include: quality of patient care, Class VIII A status, status of the medical force, medical status of the force, and force health protection requirements and countermeasures.

(c) Establish procedures for tracking patients throughout the continuum of care and provide timely reports to CG II MEF.

(d) Establish a COVID Medical Support Operations Cell (MSOC).

(e) Coordinate with II MEF G6 for communication requirements.

(2) 2D MLG

(a) Provide four (4) person detail to II MEF MSOC call center

(1) Two (2) Dental Corps officers

(2) Two (2) L03A (E4-E6) Hospital Corpsman

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(b) Provide Transportation team (does not have to be Hospital Corpsmen) that consists of a driver, assistant driver, and M997 ambulance to CRAS during Phase 2 medical operations.

(c) Provide 16-person detail to Alternate Care Site during Phase 3 medical operations:

(1) Four (4) 2900 (O1-O4) Nurse Corps officers

(2) Ten (10) L03A (E1-E5) Hospital Corpsman

(d) BPT provide ancillary services to Alternate Care Site during Phase 3 medical operations:

(1) Two (2) L17A (E3-E6) Hospital Corpsman

(2) Two (2) L31A (E3-E6) Hospital Corpsman

(e) BPT provide Class VIIIA supplies ISO of COVID-19 requirement.

(f) Submit MEDSITREP by 1200 daily to the II MEF COC LNO utilizing the patient tracker provided via SEPCOR.

(g) Coordinate with G4 and S4s to establish barracks rooms and provide identified services for unit personnel that are assigned to a ROM status.

(h) Coordinate with G4 to coordinate chow for all Marines and Sailors in Alternate Care Site during phase 3 operations.

(3) 2D MARDIV

(a) Provide nine (9) person detail to Alternate Care Site during Phase 2 through 3 Medical Operations:

(1) One (1) 2100/2300 (O2-O3) medical provider

(2) One (1) L10A (E6) Independent Duty Corpsman

(3) Five (5) L03A (E1-E5) Hospital Corpsman

(b) Provide two (2) person detail to II MEF MSOC call center

(1) Two (2) L03A (E3-E6) Hospital Corpsman

(c) Submit MEDSITREP by 1200 daily to the II MEF COC LNO utilizing the patient tracker provided via SEPCOR.

(d) Coordinate with G4 and S4s to establish barracks rooms and provide identified services for unit personnel that are assigned to a ROM status.

(4) 2D MAW

(a) Submit MEDSITREP by 1200 daily to the II MEF COC LNO utilizing the patient tracker provided via SEPCOR.



(b) Coordinate with MCI-East via local Air Station Commanders to identify 2d MAW Alternate Care Sites for Phase 2 and 3 operations.

(c) Coordinate with G4 and S4s to establish barracks rooms and provide identified services for unit personnel that are assigned to a ROM status.

(5) II MEF Information Group (MIG)

(a) Provide seven (7) person detail to Alternate Care Site during Phase 1 through 3 Medical Operations:

- (1) One (1) 2100/2300 (O2-O3) medical provider
- (2) One (1) L10A (E6) Independent Duty Corpsman
- (3) Five (5) L03A (E1-E5) Hospital Corpsman

(b) BPT provide one (1) Medical Director during Phase 3 Medical Operations.

- (1) One (1) 2100 (04-05) Medical Officer

(c) Submit MEDSITREP by 1200 daily to the II MEF COC LNO utilizing the Patient tracker provided via SEPCOR.

(d) Coordinate with G4 and S4s to establish barracks rooms and provide identified services for unit personnel that are assigned to a ROM status.

(e) Upon disestablishment of the ACS, coordinate cleaning and return of site to MCI-East/MCCS.

c. Coordinating Instructions.

(1) Personnel designated for Phase 2 and Phase 3 operations must be prepared to report 24 hours from notification. Notification will be transmitted from the Force Surgeon via the MSOC to MSC MSOTs.

(2) Timeline: the Phase 1 CRAS will become operational 27 April. The II MEF Surgeon and G-4 will coordinate material and supplies to enable transition to Phase 2 operations no later than 20 April and Phase 3 operations no later than 23 April (actual transitions will be conditions based and on order).

(3) Direct Liaison Authority is granted between MSC Surgeons and the II MEF Surgeon for future medical tasking during COVID-19 outbreak response.

(4) The MEF Surgeon will direct a downgrade in status when anticipated COVID-19 case levels do not rise to a level that exceeds capacity or when the COVID-19 outbreak has receded locally. Status will be transmitted via the MSOC to subordinate MSOTs.

4. Administration and Logistics

a. Administration

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(1) Provide Medical SITREP and Class VIIIA supply requests to MEF MSOC by noon daily.

(2) Required PPE:

(a) All Personnel: must have a cloth facemask or covering available at all times for use when 6 feet separation cannot be maintained.

(b) Individuals under ROM, Quarantine, or Isolation: surgical mask if being transported to and from medical care appointments and as directed by medical personnel during appointments.

(c) Patient Screening and Evaluation of individuals under ROM, Quarantine, or Isolation: Isolation gown (change is required if in contact with PUI or known COVID-19 infected patient), gloves, and surgical mask with shield or surgical mask with enclosed eye protection. Note: N95 mask is not required except for specific high-risk medical procedures ("aerosolizing procedures," such as intubation or dental work).

(d) Contact with Identified Individuals' personal materials: Disposable gloves (these do not necessarily need to be medical examination gloves). Examples of this level of contact include trash or laundry. Hands will be washed after removing the gloves.

b. Concept of Logistics

(1) Sourcing. Initial Class VIII COVID-19 supply will be sourced from 2d Medical Logistics Company through supplemental requests by MSCs through the II MEF Surgeon's office.

(2) Sustainment. Units will request Class VIII supplies via the MSC HSSE (Health Service Support Element) through the II MEF MSOC. MSOC will source Class VIII.

(a) Primary method of supply is NMCCCL (or supporting base hospital).

(b) Secondary method is 2d MEDLOG Company.

(c) Third method is through regular mandatory procurement process.

(3) II MEF units (with the exception of MEDLOG) are not authorized to directly purchase the below listed supplies without written approval from the II MEF MSOC. Units must request items from their individual medical sections: masks, surgical, caviocide disinfectant wipes, patient exam gloves, sphygmomanometers, stethoscopes, thermometers, thermometer probe covers, and isolation gowns.

(4) Food services will be directed via SEPCOR through the II MEF G4 or MCI-East.

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5. Command and Signal

- a. Command. This Order is applicable to II Marine Expeditionary Force.
- b. Signal. This Order is effective the date signed.



B. D. BEAUDREULT

Distribution List:

II MEF Staff Sections  
2d Marine Expeditionary Brigade  
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