



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE
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COMMANDING GENERAL'S POLICY LETTER 006-20

From: Commanding General
To: Distribution

Subj: MARINE CORPS INSTALLATIONS EAST-MARINE CORPS BASE CAMP LEJEUNE
PROCEDURES FOR INBOUND PERSONNEL UNDER COVID-19 CONDITIONS

Ref: (a) MARADMIN 333/20
(b) MARADMIN 236/20

Encl: (1) Arrival/Return COVID-19 Screening Form

1. Situation. Marine Corps Installations East-Marine Corps Base Camp Lejeune (MCIEAST-MCB CAMLEJ) is facing a particularly challenging Permanent Change of Station season due to the ongoing COVID-19 Pandemic. The risk of widespread introduction of the COVID-19 to the MCB CAMLEJ community will be significantly elevated as MCB CAMLEJ welcomes large numbers of summer movers from across the country.

2. Purpose. This policy letter summarizes procedures for inbound personnel during the COVID-19 Pandemic.

3. Scope. This policy applies to MCB CAMLEJ and all MCIEAST component installations.

4. Guidance. Commands are advised to focus on individual behavior when assessing public health risk and when seeking ways to slow the spread of the virus. Individual protective measures are the public's best defense against a virus that has become prevalent throughout the community. Commands should seek ways to reduce risky behavior and promote the tenants of social distancing, use of Personal Protective Equipment, and recommended hygiene.

5. Action. Receiving units handle inbound personnel to the greatest extent possible. Unit commanders are required to ensure that all inbound personnel are screened, assessed for risk, made aware of the protocols in place here at MCB CAMLEJ, and, if they are sick or assessed as posing a serious threat, placed into an appropriate level of Restriction of Movement (ROM).

a. Procedures

(1) Screening and Risk Assessment. Receiving units screen and perform medical risk assessment on each inbound Service Member and dependent upon their arrival aboard MCB CAMLEJ. Enclosure (1) is provided and can be used as is or expanded to meet the using unit's specific requirements.

(2) Inform. Receiving units inform inbound Service Members and dependents about current protective protocols observed at MCB CAMLEJ/surrounding communities and ensures that they know what to do if they develop symptoms.

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CONDITIONS

(3) Assign. Receiving units assign ROM if indicated during the screening and assessment process. The receiving unit's commander makes this decision (informed by the recommendation of the units' medical officer). The receiving unit is responsible to evaluate the risk and set a ROM protocol that is appropriate to the circumstance and consistent with Department of Defense, Department of the Navy, and U.S. Marine Corps policy.

(4) Support People Assigned to ROM. If a command assigns a Marine or a family to ROM, the assigning unit ensures that they receive the support they need.

b. Division of Labor

(1) Inbounds with Unit Assignments. Commands are responsible for their own inbounds. Receiving units should contact their inbounds ahead of arrival and ensure that they understand and meet the requirement.

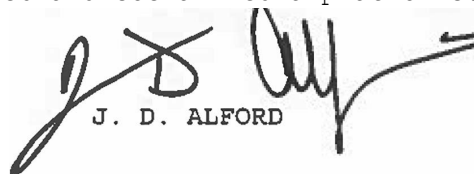
(2) Newly Assessed Marines; Inbounds Without Unit Assignments. Newly assessed Marines report to the Joseph Randy Reichler Reception Center (JRRRC) aboard MCB CAMLEJ. The JRRRC assigns the newly assessed Marines to units and then calls the receiving unit's duty officer to pick them up. Once the newly assessed Marines are under control of the receiving unit, unit medical personnel screen and complete a medical threat assessment and assign appropriate billeting. If the receiving unit determines that ROM is indicated, the Marine is assigned ROM appropriate to their circumstances as determined by the receiving unit's surgeon.

(3) W95. Headquarters and Support Battalion (H&S Bn), MCIEAST-MCB CAMLEJ will assume responsibility for W95s. H&S Bn, MCIEAST-MCB CAMLEJ will screen, inform, billet, and coordinate medical review/care with the Naval Medical Center Camp Lejeune as appropriate.

c. Supporting Effort

(1) Public Health Emergency Officer. Provide broad guidance concerning ROM protocol to tenant commands via medical chain to ensure some consistency across the Base.

(2) Communication Strategy and Operations. Ensure instruction for inbounds is readily available on web and social media platforms.



J. D. ALFORD

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Arrival/Return COVID-19 Screening Form

DEMOGRAPHICS	
Last Name: _____ First Name: _____ MI: ___ Today's Date: _____ Rate: _____ Rank: _____ Age: _____ Sex: M F DOD ID #: _____ If PCSing, Previous Unit: _____ Location: _____ Unit Attaching To: _____ Section (if known): _____	
TRAVEL	
Type of Travel: Leave / TAD / PCS Date(s) of travel: _____ Mode: POV / Mil Air / Comm Air / Other _____ If PCS, date you left your last duty station: _____ Destination and/or stops along the way (include date, locations, duration, interactions): _____ _____ _____	
HISTORY	
Have you ever been tested for COVID-19? Yes No Date of test: _____ Result: Pos Neg Have you been diagnosed with COVID-19 infection? Yes No Date of infection: _____ Date of positive test: _____ Date permitted to return to work: _____ Do you have any work/activity restrictions? Yes No _____ Have you been in close contact with anyone with known or suspected COVID-19 infection in the last 30 days? If yes, complete the following: Date of contact: _____ Were you placed in isolation, quarantine, or ROM? Yes No Dates of ROM: _____ Did you become ill? Yes No	
SYMPTOMS	
DIRECTIONS: Have you had any of the following symptoms in the last 14 days? Check all that apply. <input type="checkbox"/> Fever <input type="checkbox"/> Sore Throat <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Headache <input type="checkbox"/> Chills / Rigors <input type="checkbox"/> Cough <input type="checkbox"/> Diarrhea <input type="checkbox"/> Body Aches <input type="checkbox"/> Fatigue <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Loss of Smell / Taste Other symptoms: _____ Date any symptoms began: _____ List any meds you are taking: _____	
ASSESSMENT	DISPOSITION
<input type="checkbox"/> Low risk travel <input type="checkbox"/> Travel to or through a red / high risk area <input type="checkbox"/> Exposed to COVID-19 infection <input type="checkbox"/> Has symptoms concerning for COVID-19	<input type="checkbox"/> No restriction <input type="checkbox"/> 14 days of ROM recommended <input type="checkbox"/> 14 days quarantine recommended, consider testing <input type="checkbox"/> Refer for medical evaluation

Medical Department Representative Signature

Date