



**DEPARTMENT OF THE NAVY  
JOINT BASE PEARL HARBOR-HICKAM  
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PEARL HARBOR HI 96860-5102**

10 Jul 20

**MEMORANDUM FOR DISTRIBUTION**

**Subj: EMERGENCY OPERATIONS CENTER (EOC) DIRECTIVE 20-004B: TRACING  
KNOWN OR SUSPECTED COVID-19 VIRUS CASE**

**Ref: (a) JBPHH EOC Directive 20-001(Series)  
(b) JBPHH EOC Directive 20-002(Series)  
(c) NAVADMIN 173/20**

**Encl: (1) Centers for Disease Control and Prevention (CDC) Symptoms of Coronavirus  
(2) JBPHH Space Access Warning Sign  
(3) CDC Contact Tracing Form**

1. Cancellation of Emergency Operations Center Directive 20-004A.

2. An individual who is confirmed positive for Novel Coronavirus (COVID-19) can spread the illness to coworkers and family members. Therefore, it is critical that inquiries are initiated as soon as an individual is confirmed positive for a COVID-19 infection. Commands are directed to establish identification teams known as "Team Trace," who are to be activated as soon as practicably possible after an individual's positive test results are confirmed by medical personnel. The primary intention of Team Trace is to mitigate risk of exposure by identifying principal contacts for isolation and/or building(s) requiring cleaning/sanitation. Principal contacts include anyone who has come into close physical contact (within six feet) with the COVID-19-positive individual for a prolonged period of time (fifteen minutes or greater). Team Trace should be led by leadership (E-7 or above, or civilian equivalent) who are thoroughly knowledgeable about COVID-19 terms and definitions listed in reference (c). Team Trace personnel should possess familiarity with COVID-19 common symptoms and emergency warning signs, as provided in enclosure (1). Team Trace personnel shall ensure the investigative reports focus on confirming:

(a) Firsthand knowledge that a medical provider has provided the individual a COVID-19 test, and the results were confirmed positive. This is not to be confused with the flu test.

(b) Those who may have been in close contact with the individual while showing symptoms, which usually includes household members, roommates, close work contacts, or those who were directly coughed or sneezed on. "Close contact" is further defined in reference (c). If any persons meet the definition of a close contact, they are to be placed in a 14-day Restriction of Movement (ROM) status per reference (a).

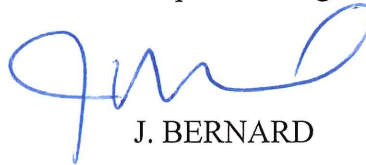
(c) Locations individual traveled, time periods, activities performed while symptomatic.

(d) Areas requiring cleaning/sanitation.

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3. When positive COVID-19 test results are confirmed, Air Force tenant commands are to immediately notify the Command Post at 808-448-6900 and Navy or other service tenant commands are to immediately notify the Joint Base Pearl Harbor-Hickam (JBPHH) Command Duty Officer (CDO) at 808-864-2460. Once CDO or Command Post is notified, all commands are also required to notify the JBPHH EOC at 808-448-3262 and provide details on potential facility impacts utilizing enclosure (3) as a guide. As soon as positive results are attained, the command of the COVID-19 affected individual are to completely fill out the entire questionnaire with the positive individual immediately. Provide summary of CDC Contact Tracing to JBPHH EOC within 24 hours of receiving positive results. In the event that positive COVID-19 test results are confirmed outside a DoD Source, i.e. local hospital or clinic, tenant commands are to immediately notify the JBPHH EOC or JBPHH CDO and provide details on potential facility impacts. Enclosure (2) shall be posted on the door of the room to be cleaned. Tenant commands will be responsible for immediately isolating, cleaning, and disinfecting the areas identified by the identification report. Tenant commands will report completion of cleaning/sanitation to JBPHH EOC at 808-448-3262. Cleaning/sanitation must follow procedures set out in reference (b).

4. Base-wide efforts to control and mitigate the COVID-19 pandemic will likely last for several weeks to months, and Commands should develop standard guidelines for long-term use.



J. BERNARD

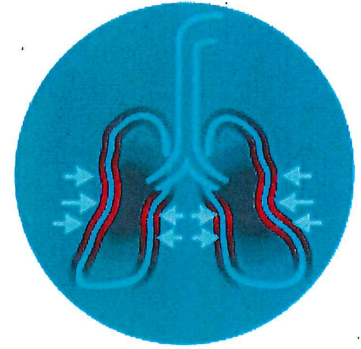
# Symptoms of Coronavirus

## Watch for symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

These symptoms may appear 2-14 days after exposure (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath



### When to Seek Medical Attention

If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs include\*:

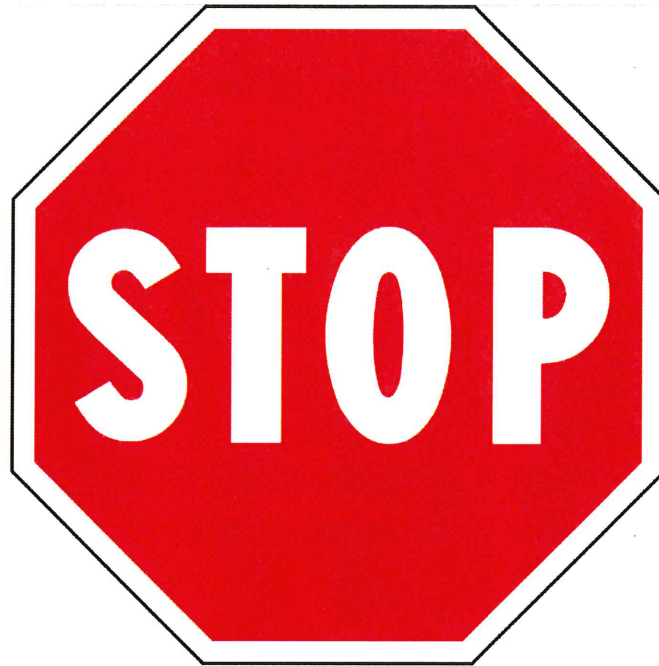
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Source: Center for Disease Control

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

# JBPHH SPACE ACCESS WARNING



## AUTHORIZED PERSONNEL ONLY

Per JBPHH Emergency Operations Center Directive 20-004B, starting this day \_\_\_\_\_, this room requires cleaning and disinfecting prior to re-entry.

For any questions or concerns contact:

Responsible Command Team Trace Lead: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

THIS WARNING SHALL NOT BE REMOVED UNTIL AUTHORIZED BY  
POC: \_\_\_\_\_



## Human Infection with Novel Coronavirus (SARS-CoV-2) Tool to Identify Close Contacts of a Confirmed Case

nCoV ID: \_\_\_\_\_

### I. Interview Information

Confirmed Case Name Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of interview: MM / DD / YYYY

Interviewer Name Last: \_\_\_\_\_ First: \_\_\_\_\_

State/Local Health Department: \_\_\_\_\_

Who is providing information for this form?

☐ Confirmed case

☐ Other, specify person (Last, First): \_\_\_\_\_

Relationship to confirmed case: \_\_\_\_\_

### II. ACTIVITY HISTORY BEGINNING ON THE DAY OF SYMPTOM ONSET

**Please list all activities, places visited, and travel you participated in starting the day of your first symptom**  
**FROM: MM / DD / YYYY THROUGH: today's date : MM / DD / YYYY.**

	AM Events/Locations	PM Events/Locations	Notes
Date of illness onset: MM / DD / YYYY			
1 day after illness onset MM / DD / YYYY			
2 days after illness onset MM / DD / YYYY			
3 days after illness onset MM / DD / YYYY			



## Human Infection with Novel Coronavirus (SARS-CoV-2) Tool to Identify Close Contacts of a Confirmed Case

nCoV ID: \_\_\_\_\_

	AM Events/Locations	PM Events/Locations	Notes
4 days after illness onset MM / DD / YYYY			
5 days after illness onset MM / DD / YYYY			
6 days after illness onset MM / DD / YYYY			
7 days after illness onset MM / DD / YYYY			
8 days after illness onset MM / DD / YYYY			
9 days after illness onset MM / DD / YYYY			
10 days after illness onset MM / DD / YYYY			
11 days after illness onset MM / DD / YYYY			



## Human Infection with Novel Coronavirus (SARS-CoV-2) Tool to Identify Close Contacts of a Confirmed Case

nCoV ID: \_\_\_\_\_

	AM Events/Locations	PM Events/Locations	Notes
12 days after illness onset MM / DD / YYYY			
13 days after illness onset MM / DD / YYYY			
14 days after illness onset* MM / DD / YYYY			

\* If today is >14 days after symptom onset, please add additional rows to assess case's activities for entirety of symptomatic period.



### III. Household Contacts

*Please complete the questions below for all household contacts from the date of illness onset through today's date. A household contact is anyone who stayed overnight for at least one night in a household with the confirmed case during the period of exposure.*

[illegible]



Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).