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COMNAVSURFLANTINST 6000.1J/
COMNAVSURFPACINST 6000.1H
CNSL Code N02M/CNSP Code N01M

**COMNAVSURFLANT INSTRUCTION 6000.1J/COMNAVSURFPAC INSTRUCTION
6000.1H**

Subj: SHIPBOARD MEDICAL PROCEDURES MANUAL

1. **Purpose.** To define shipboard medical procedures for the Naval Surface Forces, U.S. Atlantic and Pacific Fleets.
2. **Cancellation.** COMNAVSURFLANTINST 6000.1H/COMNAVSURFPACINST 6000.1G.
3. **Scope.** While the directives and the information in this instruction are not all encompassing, they address most of the common medical administrative situations and issues encountered by Medical Department Officers and enlisted Medical Department Representatives of the Surface Forces. Medical department personnel will use this instruction as their basic shipboard procedures manual. This joint instruction represents a significant change from previous medical guides and should be reviewed in its entirety.
4. **Changes to the Manual.** Recommendations for changes or suggestions intended to increase the effectiveness and completeness of this instruction are encouraged and should be forwarded through the administrative chain of command. Since medical policy and procedures evolve dynamically, medical instructions change frequently. Each medical department representative is expected to post such changes as they are issued.

5. **Action.** Unit commanders and commanding officers will implement the provisions of this instruction within their commands. It is designed to replace many ship-specific instructions and may be adopted verbatim, with a minimum of additions, to compensate for varied ship types by execution of the letter of promulgation on page i.

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29F2 Guided Missile Destroyer PAC (DDG)
29AA2 Guided Missile Frigate PAC (FFG) 7 Class
31A2 Amphibious Command Ship PAC (LCC)
31G2 Amphibious Transport Dock PAC(LPD)
31H2 Amphibious Assault Ship PAC(LHA/LPH)
31M2 Tank Landing Ship PAC (LST)
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USS _____ **INSTRUCTION 6000.**__

Subj: SHIPBOARD MEDICAL PROCEDURES MANUAL

1. Purpose. To publish the subject manual.
2. Cancellation. USS _____ INST _____
3. Action. COMNAVSURFLANTINST 6000.1J/COMNAVSURFPACINST 6000.1H is adopted and published as a directive of this ship.

RECORD OF CHANGES

CHANGE NUMBER	DATE OF CHANGE	DATE ENTERED	ENTERED BY

LIST OF EFFECTIVE PAGES

The following is a list of pages in effect. "0" is used to indicate this total revision.

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i (Reverse Blank)	0	6-2-1 through 6-2-2	0
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CHAPTER 1 - GENERAL

SECTION 1

Introduction

1101. **Force Medical Officer**. The Force Medical Officer is a staff advisor to the Type Commander (TYCOM) and to subordinate operating units. The Force Medical Officer is available, whenever assistance is required.

1102. **Acronyms**. Appendix A contains a list of acronyms used in this instruction.

1103. **Required References**. This Shipboard Medical Procedures Manual is not intended to be an all-inclusive reference. Each Medical Department must maintain a library of reference materials from a variety of sources to be used as guidance in accomplishing departmental business. A complete list of required references is provided in CINCPACFLT/LANTFLTINST 6820.1, Professional Books, Publications and Instructions. Appendix B provides additional guidance including points of contact for ordering references on CD-ROM. Key categories of references include:

- a. Navy Regulations, 1993
- b. SECNAV/OPNAV Directives
- c. BUPERS Directives - Particularly, the Naval Military Personnel Manual (MILPERSMAN).
- d. CINC Fleet Regulations
- e. TYCOM Directives - Particularly, TYCOM Regulations and the Ship's Organization and Regulations Manual (SORM).
- f. NAVMED Publications - Particularly NAVMED P-117, Manual of the Medical Department and NAVMED P-5010, Manual of Naval Preventive Medicine.
- g. NAVMEDCOM/BUMED Directives
- h. Naval Medical Logistics Command (NAVMEDLOGCOM) Messages/Bulletins
- i. **Senior Officer Present Afloat (SOPA) Instructions**. A copy of SOPA instructions is delivered to each ship upon arrival in most ports-of-call by the boarding party. Pertinent SOAP guidance is often forwarded via message prior to port calls. These instructions contain valuable information for medical department personnel and should be reviewed as soon as possible upon receipt.

SECTION 2

Organization and Responsibilities

1201. **Medical Department**. The medical department is charged with the responsibility of safeguarding the health of personnel and maintaining emergency medical capability. In order to fulfill this responsibility, the medical department makes recommendations and advises all departments on matters that may affect the health and readiness of all personnel.

a. The medical department is composed of the medical personnel, facilities, and administrative structure allocated to provide comprehensive health care. Its mission is to promote, maintain, and preserve the health of the crew aboard ship. The discharge of this responsibility is effected by contingency planning, delivery of preventive medicine, delivery of primary medical care, maintenance of medical department spaces and equipment, and completion of associated administrative requirements. Medical department members advise the Commanding Officer on how best to accomplish the medical mission in relation to the command's overall mission.

b. All medical records of embarked personnel will be maintained in sickbay. Embarked personnel are included on the ship's medical reports. NOTE: For SURFPAC units, COMNAVSURFPACINST 6010.3A/FMFPACINST 6000.7A provides amplifying information.

c. A medical department organization manual will be maintained for each ship. It will provide detailed and amplified instructions covering all duties and responsibilities within the department. The manual will be kept up to date, submitted by the current Department Head/Senior Medical Department Representative (SMDR), and approved by the commanding officer with annual review.

1202. **Personnel**

a. **Medical Department Personnel Watchstanding**. Due to the requirements for completing shipboard PQS and the expansion of inport duty sections, Commanding Officers often require medical department personnel to stand non-medical shipboard watches. This decision is supported by Navy Regulations, 1990, Article 1063, which prohibits medical department personnel from standing non-medically related watches only while assigned to a combat area during a period of armed conflict. This position is repeated in OPNAVINST 3120.32C (Navy SORM), Article 322.g. Of utmost importance when assigning medical department personnel to non-medical watches, is the ability of the individual to respond in case of an actual medical emergency. Commands that utilize medical department personnel for any shipboard watches must establish procedures for immediate relief of these individuals, if the need arises. The practice of utilizing Hospital Corpsmen for duties that require them to be off the ship, such as pier sentry and duty driver, is strongly discouraged due to their inability to respond to emergencies. Additionally, due to the limited number of Hospital Corpsmen assigned to each

ship, assignment for extended periods to duties such as food service attendant (FSA) is highly discouraged.

b. Off-duty Employment. Medical Department Officers assigned to Force commands will refrain from engaging in professional off-duty employment without prior approval of their Commanding Officer. A copy of the approved request will be submitted to the TYCOM and required reports submitted to the Professional Affairs Coordinator. Medical officers will not perform duties nor stand watch for commands outside the TYCOM without the specific prior approval of the Force Medical Officer.

c. Medical Augmentation. Additional medical personnel may be assigned temporarily to platforms in order to support deployments and contingencies. Guidelines for procurement, use and integration are provided in Article 6102.

1203. **Group/Squadron/RSO/RSG Senior Medical Department Officer**. Senior Medical Department Officers (SMDO) assigned to squadrons or groups will act as agents for the Force Medical Officer in administering established policies. The SMDO will also act as medical Immediate Superior in Command (ISIC) for units assigned. MOs assigned to Regional Support Organizations (RSO), in the PAC operating area, and Regional Support Groups (RSG), in the LANT operating area, act in the same capacities, with the SMDO serving as principal medical advisor to the appropriate Cruiser/Destroyer Squadrons or Groups. SMDO duties include, but are not limited to, the following:

a. Serve as special assistant to the Group/Squadron Commander. Reporting to the Chief of Staff or Chief Staff Officer, the ISIC's SMDO exercises technical supervision over all medical personnel assigned.

b. Provide medical liaison with medical departments, division officers, commanding officers, Group/Squadron Commanders, and other medical/dental departments ashore and afloat.

c. Interface with the Force Medical Officer in maintaining the Group/Squadron assets in a high state of medical readiness.

d. Advise Group/Squadron and unit commanders on matters affecting the health of assigned personnel.

e. Prepare medical annexes to squadron operational orders (OPORD) as required.

f. Collect and disseminate medical intelligence, and submit required reports per current directives.

g. Coordinate all health care support within the Group/Squadron. Although the bulk of consultative services for shipboard medical departments should be provided by shore MTFs,

group staffs should assist with medical consultations, PRT screens and physical examinations to the extent of their ability. Note: Although Group/Squadron administrative spaces may include offices for conducting medical examinations or consultations, maintenance of controlled drugs, conducting laboratory studies, conducting imaging studies, or performing invasive procedures in these spaces is not permitted.

- h. Ensure medical departments maintain the highest state of medical readiness.
- i. Ensure medical departments maintain viable health promotion, preventive medicine, and sanitation programs per current directives.
- j. Conduct/arrange semiannual audit of radiation health protection programs per Radiation Health Protection Manual (NAVMED P-5055).
- k. Coordinate medical Performance Assessment and Improvement (PA&I) program per current directives.
- l. Periodically observe sick call on units, ensuring the appropriate delivery of quality health care to all personnel, including proper documentation.
- m. Coordinate Medical Readiness Assessments (MRA) in accordance with articles 1501 through 1505.
- n. Ensure medical departments understand and comply with the naval supply system in regards to medical material.
- o. Coordinate annual medical equipment budget submission as well as emergency equipment procurement for the Group/Squadron units.
- p. Coordinate/manage continuing medical training for Group/Squadron personnel, conducting an observed Advanced Cardiac Life Support drill for medical personnel at least quarterly per article 2207.
- q. Coordinate/manage health care training for all Group/Squadron personnel, including self-aid, buddy aid, and cardiopulmonary resuscitation (CPR).
- r. Amphibious Group SMOs will coordinate Medical Augmentation Program (MAP) training for CRTS platforms in accordance with article 2207.
- s. Coordinate/manage environmental health and industrial health training for Group/Squadron personnel.
- t. Provide counseling and leadership as required to medical personnel in the Group/Squadron.

u. Arrange and/or provide emergency relief as required for Group/Squadron medical personnel.

v. Coordinate medical evacuations (MEDEVAC) as required.

1204. Group/Squadron/RSO/RSG Senior Medical Enlisted Personnel. When serving independently, without on-site medical officer supervision, the senior medical enlisted staff member is responsible for providing medical guidance to the commander/commodore and ensuring subordinate commands are in a high state of medical readiness. When serving with a CATF Surgeon or group/squadron MO, the senior medical enlisted member assists the MO in the details of medical department administration and in all aspects of medical readiness. The group/squadron/RSO/RSG senior medical enlisted will perform the following duties:

a. Advise and assist the MO on all medical administrative matters, particularly those involving procedures, methodology, and procurement.

b. Serve as an administrative advisor to the MO/SMDRs of subordinate units and monitor all administrative aspects of the medical department.

c. Jointly, with the MO, provide technical supervision of all subordinate enlisted personnel.

d. Coordinate, monitor, and assist each medical department's OPN/centrally managed equipment inventory and annual budget call submissions.

e. Coordinate and monitor shipboard HM required certification and training.

f. Provide counseling and leadership to all subordinate enlisted medical personnel.

g. Assist in coordinating replacement, or serves as a short-term (normally not more than 30 days) TEMADD assist resource, in the event of an un-programmed loss of a shipboard IDC. Also assist in coordinating short term TEMAD for junior HMs.

h. Ensure the most effective, in-rate use of all enlisted medical personnel, equipment, and supplies under his/her purview.

i. Assist with the monitoring and coordination of all group/squadron medical inspections. Coordinate tracking and resolution of any identified discrepancy.

j. Coordinate, monitor, and assist medical departments as needed during routine overhaul (ROH), selected restricted availability (SRA), and similar evolutions.

k. Jointly, with the MO, identify and resolve medical department manning shortages.

- l. Serve as a training observer, evaluator, and training resource as required during shipboard medical training.
- m. Jointly, with the MO, schedule and conduct MRAs as required. Additionally, perform TAV's as requested by the unit's commanding officer.
- n. Assist in all commissioning and decommissioning evolutions involving loading or offloading of medical material and equipment.
- o. Jointly, with the MO, keep unit commanding officers informed as to the status of their respective medical departments.
- p. Coordinate one-time reporting requirements to higher commands.
- q. Coordinate dissemination of information and taskings to subordinate units as assigned by the group/squadron MO.
- r. Senior medical enlisted personnel are expected to visit ships under their cognizance no less than once per quarter; more often as necessary on ships requiring assistance in the implementation of various medical programs.

1205. **Senior Medical Officer (SMO)**. The ship's SMO is designated as the department head for the medical department. In addition to those duties prescribed by Navy Regulations for a head of department, the SMO will be responsible, under the commanding officer, for maintaining the health of all embarked personnel, conducting inspections incident thereto, and advising the commanding officer with respect to matters of health and sanitation affecting the ship. The SMO will be responsible for ensuring that all medical providers attached to the ship are properly credentialed and privileged, and that they exercise only those clinical privileges that can be reasonably supported by the ship's medical capabilities. The SMO will be responsible for all medical department material on board and will be in charge of the sick and injured. The SMO may be required to give medical support to other ships in port or underway, to include training and oversight of all medical department personnel. Specific duties of the SMO are outlined in OPNAVINST 3120.32C.

1206. **Medical Administrative Officer (MAO)**. The MAO assists the SMO with the details of medical department administration. The MAO will serve as medical division ("H" Division) officer and will be assigned as the medical department training officer, ensuring that all medical and non-medical personnel of the ship's company are trained in first aid and other appropriate health matters as outlined in NWP-50(A) and other applicable directives.

1207. **Radiation Health Officer (RHO)**. The RHO is normally a Medical Service Corps (MSC) officer and is assigned to the medical department to supervise the personnel dosimetry program, radiation training, radiation monitoring, and radiation related inspections and surveys

and to advise ship's company and supported units on matters relating to radiation health. The RHO may be assigned other medical administrative duties as well. The RHO assists the engineering and weapons departments in carrying out primary duties. For those ships without an MSC RHO, the SMDR is normally designated as the RHO.

1208. **Physician Assistant (PA)**

a. **Duties and Responsibilities.** Physician's assistants (PAs) serving on ships under the direct supervision of an assigned ship's medical officer will function as physician extenders. PAs serving in the absence of an afloat medical officer as the SMDR afloat shall assume the technical medical responsibilities appropriate to an SMDR. The PA SMDR shall be responsible to the commanding officer for the care of the sick and injured, sanitation and hygiene of the command, health of personnel, preparation of medical reports, and maintenance of medical supplies and equipment. All other assigned medical personnel, including IDC HM-8425 ratings, will be subordinate to the PA SMDR.

(1) A PA, acting under the authority of an assigned supervising/precepting MO who may be remote to the site if so dictated by operational constraints, may write treatment or examination orders to be carried out by members of the medical department.

(2) A PA is authorized to perform examinations to determine fitness for confinement and may perform preliminary screenings for those sailors referred for exceeding body composition standards or for positive responses on the PRT questionnaire at the option of the commanding officer. Specialized physical examinations such as aviation physicals or diving physicals, as well as routine physicals, may be done by the PA provided the findings of such exams are countersigned by appropriately qualified physicians.

(3) All SFs 88, 93 and/or NAVMED Form 6120/2s prepared by a PA shall be reviewed and countersigned by a physician.

(4) Prescriptions for medications not included in the ship's AMMAL may be written by a PA only after written authorization from the supervising physician for the use of such medications has been received. Prescriptions for controlled medications must be countersigned by the CO/XO in the absence of the supervising physician. Such prescriptions shall normally be written only for ship's company; exceptions are documented in section 3205.d.(6).

(5) A PA assigned afloat may, at the commanding officer's discretion and with the precepting physician's concurrence, apply for clinical privileges at a shore-based naval medical facility via that facility's credentials review process.

(6) A PA shall sign the medical record entry of each patient examined, treated, or referred for treatment and shall print or stamp his/her name, rank, title, and social security number beneath the signature.

(7) Each PA shall undergo formal credentialing by the type commander in accordance with the provisions of BUMEDINST 6320.66A. The TYCOM shall forward approval of privileges requested to the PA's commanding officer, who shall formally apprise the PA of his/her duties and responsibilities in writing. A PA may serve TAD aboard a COMNAVSURFPAC ship after receipt of an Interfacility Credentials Transfer File ("Appendix N") submitted by the sponsoring credentialing authority to the receiving commanding officer, copy to the TYCOM Professional Affairs Coordinator.

b. Supervision. A PA serving on a ship with a medical officer assigned will be supervised by, and have the patient care he/she renders, formally reviewed by the ship's medical officer. In all cases where a PA admits a patient to the ward, the ship's MO must examine that patient at the time of admission to the ward or as soon thereafter as is practicable.

(1) In the case of PA SMDRs, COMNAVSURFPAC will assign a supervising/ precepting physician in writing. The precepting physician should be available by telephone, radio, or message. Continuity of supervision must be ensured; whenever the physician assigned is absent for more than 30 days, another physician, designated by the primary precepting physician, is to be assigned.

(2) A deployed PA SMDR may utilize a more proximate squadron MO, ARG MO, or battle group MO as an alternate physician preceptor with the concurrence of the formally appointed, regular physician preceptor. Such an alternate physician preceptor must be an MO credentialed and privileged by the same TYCOM that the PA is assigned to. The TYCOM must be informed of such an arrangement. In any event, there must be no ambiguity to either the PA or the involved physician preceptors concerning the supervisory arrangement in place at any given time.

(3) As required by OPNAVINST 6320.4A, the supervising physician shall perform and document by signature formal reviews of a PA's health care delivery. At a minimum, these reviews will be conducted quarterly except when the PA is assigned to a ship on deployment, when such reviews may be deferred until the ship is back in homeport or the alternate supervising physician is available for said reviews. Reviews will include a sufficient number of health records to assess the adequacy of diagnostic techniques and procedures, therapeutic practices, and medical documentation. Information from these reviews will be incorporated into periodic PA&I program reports to the TYCOM.

(4) The supervising physician will participate in any subsequent reappraisal of a supervised PA's clinical privileges. He/she will be advised of credentialing action taken in the case of the supervised PA and will communicate promptly through the chain of command to the credentials committee any concerns regarding credentials granted. The supervising physician may recommend additions to a PA's scope of privileges to the TYCOM credentialing and privileging authority, provided the PA has received adequate training and has demonstrated competency to the physician preceptor.

c. Continuing Medical Education (CME) and Certification. PAs are expected to participate in a program of CME through such means as inservice training, correspondence course programs, and primary care conferences in the command or local community. If personnel and funding resources permit, he/she should be encouraged to attend at least one national professional meeting annually. Active membership in appropriate professional organizations is always encouraged.

(1) PAs will pursue certification by the National Commission on Certification of Physician Assistants, Inc. (NCCPA) when the examination is first offered after completion of training and regularly thereafter with such periodicity (currently every six years) as required to maintain certification. PA CME credits will be documented with the NCCPA in such numbers and at such periodicity (currently one hundred hours every two years) as required to maintain certification.

(2) Should any certifying examination result in failure, the examination will be repeated within one year of the failure. In the event of two consecutive failures (repeat failure to obtain initial certification or loss of certificate in excess of one year), the PA's clinical privileges will be withdrawn until he/she receives certification or recertification.

(3) CME credits and currency of NCCPA certification will be formally documented in credentialing applications.

1209. **Senior Medical Department Representative (SMDR).** A senior HM on independent duty, and serving afloat in the absence of a MO, is designated the ship's SMDR and will function as the ship's Primary Care Provider. As such, he/she will assume the technical medical responsibilities of a ship's MO as defined in Article 120 insofar as qualifications of the individual concerned allow. The SMDR is responsible to the commanding officer for the care of the sick and injured, the sanitation and hygiene of the command, the health of personnel, the preparation of medical reports and records, the maintenance of medical supplies and equipment, and the training of medical and non-medical personnel.

a. The SMDR will at all times have direct access, and in fact report to, the CO in matters relating to the health of members of the command.

b. In all other matters, the SMDR will report directly to the Executive Officer (XO). In the case of deployed staffs without a medical department officer assigned, the SMDR will report to the Chief of Staff or Chief Staff Officer, as appropriate.

c. For organizational purposes, the SMDR and any other hospital corpsmen will be assigned to Medical Division or to the cognizant department in accordance with the ship's organization.

d. The performance evaluation of the SMDR will not be delegated below the XO.

e. SMDRs will seek MO advice whenever they are in doubt about a patient's condition or when any of the following conditions exist:

(1) Return visit to sick call before assigned follow-up because of lack of improvement or condition has worsened.

(2) Member cannot be returned to full duty after 72 hours duration because of unresolved illness.

(3) Fever (oral temperature) equal to or greater than 103 degrees Fahrenheit, unresponsive to treatment after 12 hours.

(4) Undetermined fever of 102 degrees Fahrenheit persistent for 48 hours.

(5) Unexplained pulse rate above 120 per minute.

(6) Unexplained respiratory rate above 28 per minute or less than 12 per minute.

1210. **Commander, Amphibious Task Force (CATF) Surgeon.** In addition to the duties defined in MANMED, Chapter 2, Section IV, responsibilities of the CATF Surgeon will include, but are not limited to, the following:

a. Ensure, as Officer in Charge of the Fleet Surgical Team (FST), that all members of the FST meet professional currency requirements through ongoing training and that all delegated FST tasking in support of the Fleet are carried out.

b. As senior medical authority afloat, serve as medical advisor to the CATF, the staff, and the ships of the task force. Also serve as *de facto* medical director of the task force, ensuring that all medical administrative requirements are met.

c. Maximize the medical readiness of all units in the task force. Regular exercise of shipboard medical facilities, including the provision of specialty medical and surgical services both afloat and pierside, is encouraged in support of this readiness goal.

d. Collaborate with the Landing Force Surgeon and/or senior landing force staff medical planner in preparing the medical annex to OPORDS.

e. Implement and coordinate a medical PA&I program in the Task Force.

f. Exercise the oversight necessary to ensure that all medical personnel of the task force, including civilian, foreign national, and TAD military providers, are properly credentialed and privileged to exercise only those clinical privileges that can be supported by the platforms upon which they are embarked.

- g. Ensure medical personnel of the landing force augment the ship's medical departments in which they are embarked.
- h. Request any required medical augmentation.
- i. Ensure the use of task force medical departments and supplies to provide appropriate medical support to all embarked personnel, reserving landing force supplies for ultimate use ashore.
- j. Establish standards of medical policy, practice and triage within the task force.
- k. Ensure most effective use of all embarked medical personnel, equipment, and supplies throughout the task force.
- l. Ensure all personnel are properly trained in self and buddy first aid.
- m. Ensure the practice of health promotion and preventive medicine throughout the task force.
- n. Coordinate with the Landing Force Surgeon and/or the senior landing force staff medical planner and other staff officers in the planning of transportation of casualties to the CRTS.
- o. Coordinate medical mass casualty evacuation from shore, using dedicated communications whenever feasible.
- p. Coordinate medical support among ships.
- q. Coordinate medical supply/resupply systems.
- r. Coordinate medical evacuation of casualties from the amphibious objective area (AOA).
- s. Establish a blood bank for the task force and acts as the task force blood bank director.
- t. Keep the CATF, the Fleet Surgeon, and the Force Medical Officer informed concerning the medical status of the task force.
- u. Submit a post deployment report to appropriate CINC via the CATF, ISIC, and TYCOM.

1211. **Dental.** In the absence of a dental department, it is the responsibility of the medical department to promote and arrange for any necessary dental care and to provide emergency dental care per CINCPACFLT/LANTFLTINST 6600.2 Shipboard Dental Procedures Manual.

SECTION 3

Medical Department Administration

1301. **Medical Emergencies at Sea.** Medical emergencies, hospitalizations, transfers of patients, and procedures for obtaining consultations are discussed in CINCPACFLTINST 5440.3H Pacific Fleet Regulations and CINCLANTFLTINST 5400.2M Atlantic Fleet Regulations. Messages requesting emergency medical advice or emergency medical evacuation (MEDEVAC) will include appropriate CINC and TYCOM as information addressees in addition to the appropriate chain of command. Include information regarding clinical status of patients and circumstances surrounding injuries to keep the chain of command fully informed and able to respond to inquiries or to coordinate or direct appropriate action.

1302. **Correspondence and Related Procedures**

a. **Correspondence.** Official correspondence originates from the commanding officer and will be prepared as specified in SECNAVINST 5216.5D Navy Correspondence Manual. Official correspondence will be clear, concise, complete, correct, and courteous. Medical officers, dental officers, and other medical department personnel are authorized to correspond formally with the Force Medical Officer on professional matters. Such correspondence should normally be routed via the administrative chain of command. Direct correspondence with the Force Medical Officer, with chain of command intermediaries as information addressees, is authorized for time-sensitive matters in which the well being of a patient might be placed at risk by using routine channels.

b. **Filing and Records Retirement.** Files will be complete, orderly, and in compliance with SECNAVINST 5210.11D. Records, logs and correspondence will be disposed of per SECNAVINST 5212.5C.

c. **Watch, Quarter, and Station Bill.** Complete watch, quarter, and station bills will be kept current and posted in sick bay on the regular watch, quarter, and station bill form. The bill will include non-medical phone talkers assigned to battle dressing stations and litter bearers by name, indicating repair party assignment. A minimum of four litter bearers will be assigned to each repair party and one non-medical phone talker to each battle dressing station.

1303. **Reports.** MOs and SMDRs will become familiar with the reporting requirements outlined in MANMED Chapter 23, COMNAVSURFPAC/COMNAVSURFLANT NOTE 5214 and with situational reports required by higher authority. The TYCOM will be included as an information addressee on all messages concerning medical problems requiring assistance from any activity outside the ship. A reports tickler file will be established to ensure compliance with these requirements. The nature of the problem and underlying circumstances will be fully explained.

1304. **Periodic Reports and Requirements.** The following are representative of the periodic requirements for conducting business in the medical department. Requirements should be accomplished and reported as discussed in pertinent articles.

a. Daily

- (1) Potable water halogen residual.
- (2) Medical Department Journal.
- (3) Sick call log (Modified SAMS); submit daily to CO for endorsement.
- (4) Special examinations.
- (5) Routine examinations.
- (6) Immunizations.
- (7) Health record maintenance.
- (8) Inspection of cooks and food service attendants.
- (9) Walk through of messing and berthing spaces.
- (10) SAMS computer system re-indexing and backup.

b. Weekly (Periodicity - once each week)

- (1) Safety/Sanitation inspection (including habitability and berthing) – no formal weekly report required.
- (2) Safety/Sanitation inspection of collection, holding, and transfer (CHT) / marine sanitation devices (MSD) systems with formal report submitted by engineering to the CO via the medical department.
- (3) Bacteriological testing of potable water.
- (4) Conduct medical training in accordance with the long range training plan (LRTP).
- (5) SAMS backup to tape/disk.
- (6) Update weekly 3-M boards.
- (7) Submit Immunization Report to NMIMC.

c. Bimonthly (Periodicity - approximately every two weeks)

(1) Food Service Sanitation Inspection Report (NAVMED 6240/1).

(2) Pest control survey/spray.

d. Monthly (Periodicity - every thirty days)

(1) Update immunization requirements.

(2) Verify sexually transmitted disease (STD) and tuberculosis (TB) follow-up.

(3) Verify outstanding supply requisitions.

(4) Sterilize cloth/paper wrapped packs not sealed in plastic.

(5) Submit inspection discrepancy follow-up report to ISIC.

e. Quarterly (Periodicity - every three months)

(1) Quarterly dental classification report.

(2) Quarterly training report to training officer; report will include completed training for the previous quarter and proposed training schedule for the next quarter.

(3) OPTAR funding requirement to supply officer.

(4) Conduct appropriate cardiac life support training.

(5) Sanitation inspections (i.e. laundry, barber shop, vending machines, etc.).

(6) Controlled Substances Inventory and Report. Note: Required monthly if a transaction has occurred.

f. Semiannual (Periodicity - every six months)

(1) Deratting/deratting exemption certification.

(2) Operational and safety checks performed by BMET on all medical department equipment.

(3) Conduct Mass Casualty Drill.

(4) Inventory of all emergency gear and equipment.

(5) Health and Dental Record Audit.

g. Annual (Periodicity - every 12 months)

(1) Submit long range training plan (based on training cycle) to the chairman of the PBFT or the training officer.

(2) Exposure to Ionizing Radiation (NAVMED 6470/1) (NAVMED P-5055) as required.

(3) External (out-of-house) radiation health audit.

(4) Annual medical/dental centrally managed equipment budget.

(5) Bulkhead-to-Bulkhead inventory of medical storerooms.

(6) Annual calibration of x-ray equipment as required.

(7) Sterilize plastic covered autoclaved surgical packs.

(8) Retire files per current Navy directives.

(9) Verify medical/dental records per current Navy directives.

(10) Annual tuberculosis report to cognizant EPMU by 28 FEB.

(11) Annual calibration of audiometers and audiometric booths as required.

h. Biennial (Periodicity - every two years)

(1) Radiation health survey of x-ray equipment.

i. Situational

(1) Medical Event Reports (MER).

(2) Letter/ message report of TB contact.

(3) Letter/ message report of malaria control and prevention.

(4) Maritime public health declaration.

(5) Report of heat/cold injury (NAVMED 6500/1); copy to TYCOM - IH.

(6) Inpatient disposition record.

- (7) Accident/Injury report (safety officer).
 - (8) Medical Joining report.
 - (9) Mass prophylaxis for infectious hepatitis.
 - (10) Special epidemiological report.
 - (11) Medical assistance request.
 - (12) Appointment letters for Controlled Substances Inventory Board senior member, members, working stock custodian, bulk stock custodian, and authority to countersign prescriptions (if authority is delegated by commanding officer).
 - (13) Exposure to ionizing radiation (NAVMED 6470/1) (NAVMED P-5505(5-3)).
 - (14) Personnel casualty report.
 - (15) Report of hospitalization at non-federal facilities.
 - (16) Diving accidents.
 - (17) Competence for duty exam (MO only).
 - (18) Venereal disease contact report.
 - (19) Death report.
 - (20) Aviation Accident Report.
 - (21) Heat stress survey.
 - (22) Post deployment critique to appropriate CINC (Medical) via chain of command.
1305. **Personnel Medical Tickler File**. A personnel medical tickler will be maintained utilizing the Master Tickler module of SAMS. The information must be updated continually and backed-up as recommended.
1306. **Health Records**. Health records will be maintained in accordance with the MANMED, Chapter 16, and will be verified annually, at physical exam, and on receipt or transfer of the individual. Each record will contain a current summary of care form/problem summary list meeting the requirements of MANMED Article 16-63.

1307. **Health and Dental Records Audit.** A semi-annual health and dental record audit will be conducted using a ship's personnel roster to ensure all records are accounted for.

1308. **Fleet Liaison Office.** Fleet liaison offices are centrally located shore based coordinating activities which assist medical and dental personnel assigned to units of the operating forces. They may be used as sources of professional medical and dental advice and to enhance communications between medical and dental departments of the operating forces and shore establishments. All fixed medical facilities are required to establish a fleet liaison office. Rosters of current fleet liaison personnel are included in Fleet predeployment briefing packages. Specific examples of the types of assistance available are as follows:

a. Referral of patients for consultation, dental care, physical examinations, emergency care, or admission.

b. Assistance with decedent affairs and disposition of remains.

c. Environmental sanitation, industrial hygiene, and shipboard pest control services.

d. Supply assistance - ships and units of the operating forces are normally able to obtain emergency requirements and vaccines that must be kept refrigerated on a pickup basis from the nearest Navy medical activity, using requisitioning procedures and reimbursement procedures prescribed by the supplying activity.

e. Assistance with laboratory procedures and instruction in the use of diagnostic equipment and newer disease detection methods.

f. Technical support for Controlled Substances Inventory Boards as outlined in OPNAVINST 3120.32C.

g. Assistance in quality assurance testing of laboratory and radiological equipment and procedures.

1309. **Preparation for Extended Deployment.** The medical department shall prepare for extended deployment by complying with the requirements set forth in the applicable Fleet/TYCOM Predeployment Guide.

1310. **Routine Overhaul (ROH) Planning.** See Appendix C for guidance.

1311. **Emergency Bills.** The MO or SMDR is responsible for establishing and maintaining bills for handling emergency situations in accordance with ship's doctrine. At a minimum, each department will maintain the bills listed below. The MO or SMDR will ensure that all assigned medical personnel are familiar with their responsibilities under each bill. All bills will be kept current, and circulated throughout the medical department. These bills may be included in the

ship's SORM or medical department organization manual or, they may also be published as separate instructions in accordance with each ship's preference. Bills required:

a. Mass Casualty Bill. Outlines the responsibilities of medical department and other ship's personnel in the case of severe casualties that over-tax the ship's medical resources. A sample bill is provided as Appendix D.

b. Battle Bill. Outlines the responsibilities of medical department personnel under hostile and non-hostile emergency conditions. A sample bill is provided as Appendix E.

1312. **CBR Defense Medical Responsibility**. The MO/SMDR must be knowledgeable of the requirements of NAVMEDCOMINST 6470.10, BUMEDINST 3400.1, and NAVMED P-5041 as they relate to medical responsibilities in CBR defense. The ship's CBR bill will include the responsibilities of medical department personnel in case of CBR contamination. Appendix E contains required elements for this bill. It may be published as part of the ship's SORM, the medical department organizational manual, or as a separate instruction.

1313. **Procedures for Relief**

a. Responsibilities upon Assuming Duty. An MO/SMDR reporting to a ship for duty will, in company with the person being relieved, be assured of the status of medical department management, staffing, equipment, and supply prior to assuming duty. It is recommended that a group/squadron medical representative be present during turnover, if available, to assist the relieving MO or SMDR. A medical technical assist visit (TAV) is most helpful in this regard and can be provided by Group or Squadron medical personnel. At a minimum, turnover will include:

(1) Ensuring all supplies and equipment required by AMMAL are on board and in good operating condition.

(2) Ensuring ongoing actions affecting the status of medical material (e.g., outstanding requisitions, outstanding surveys, outstanding repair orders, etc.) are properly documented and understood by the relieving MO/SMDR; specifically, review major equipment required for forthcoming fiscal year.

(3) Ensuring administrative requirements are being met as required by this directive and other applicable guidance; specifically, ensure all required reports are current and properly submitted.

(4) Ensuring health surveillance programs are in place and current (e.g. immunizations, hearing conservation, physical examinations, etc.).

(5) Ensuring required training is being properly conducted and documented.

(6) Reviewing SAMS for completeness and accuracy of data as well as verifying serial numbers on all component parts.

(7) Complete the Medical Readiness Assessment checklist and attach it to the Letter of Relief.

b. Letter of Relief. Upon completion of procedures outlined above, the relieving MO/SMDR will advise the commanding officer in writing as follows:

(1) I have this date relieved as Medical Officer/Senior Medical Department Representative.

(2) I have, in company with [departing individual], assured myself that the management and accountability of the medical department on board this ship is in accordance with current directives. Item discrepancies noted: [State "None," or list specific discrepancies in health records, supplies, medical equipment, administration, etc. If an inventory cannot be conducted jointly, follow the procedures outlined in OPNAVINST 3120.32C.]

c. Adjudication of Discrepancies Noted Upon Relief. Adjudication of discrepancies noted upon relief will be handled as a matter of individual command prerogative, consistent with determining responsibility, taking any disciplinary/administrative action necessary, adjusting accounting records, and initiating action to replace missing material.

1314. **Post-Deployment After Action Critique**. All ships/units returning from deployment are required to submit a written, post-deployment, after-action critique (letter format) concerning medical aspects of the deployment up the chain of command to appropriate CINC (Medical). Each echelon in the chain of command will forward this report with appropriate endorsements within two weeks of receipt. This critique need not be lengthy nor should it necessarily provide chronological histories of all medical department events. It should, rather, succinctly pinpoint problem areas, unusual medical problems, unexpected diseases, major injuries/accidents, medical intelligence, lessons learned, recommended changes to current publications (e.g. port directory), supply support/problems, and other areas of concern or interest. The purpose of the critique is to assist other commands who are to deploy in the future to properly prepare for their deployments and to inform cognizant shore facilities of important events/problems in deployed areas. The critique is to be submitted within 30 days of the end of the deployment. Time sensitive medical matters which need speedy reporting should not be held for this post-deployment after action critique, but should rather be reported in appropriate format as they occur.

SECTION 4

Quality Assurance, Certification, Training and Review

1401. **General.** The purpose of these programs is to provide professional review of health care in order to improve the quality of care. It is not meant to be punitive in nature. It offers an ideal teaching situation and will be used by both the provider and the supervising physician in this spirit. Health care delivery must be reviewed when performed in an independent setting. Ordinarily, the appropriate Group/Squadron/RSO/RSG MO will perform these reviews, assisted if necessary by the Force Medical Officer. The responsible MO will ensure that these reviews are accomplished on time and documented.

1402. **Health Care Quality Assurance Program**

a. It is Department of the Navy (DON) policy that all health care providers assigned to the operational forces:

(1) Participate in ongoing monitoring and evaluation to identify and resolve problems which impact directly or indirectly on patient care. The findings of this program will be used in the periodic credentials review or evaluation of all health care providers.

(2) Be credentialed at least biannually or be qualified to provide health care in accordance with specific Personal Qualification Standards.

(3) Be granted clearly delineated privileges or be qualified separately for each specific facility, unit, ship or sickbay where they may be assigned.

b. Additional guidance for implementing this program may be found in the following references:

(1) OPNAVINST 6320.7 Health Care Quality Assurance Policies for Operating Forces.

(2) CINCLANTFLTINST 6320.4 Fleet Medical Quality Improvement (QI) Program

(3) COMNAVSURFLANTINST 6320.1 Health Care Quality Improvement (QI) Program

(4) COMNAVSURFPACINST 6320.1 Medical Performance Assessment and Improvement Program (PA & I)

1403. **Credentials Review and Privileging Program.** The DON recognizes that the quality of health care services depends on the coordinated performance of clinical and administrative processes. Performance improvement and total quality management in the DON is the primary means for ensuring health care quality. The potential consequences of unqualified or impaired

health care provider or providers misconduct is so significant that complete verification of credentials and adequate control of clinical privileges are imperative.

a. DOD policy states all licensed, independent health care practitioners will be subject to credentials review and will be granted a professional staff appointment with delineated clinical privileges by a designated privileging authority before providing care independently.

b. Practitioners must possess a current, valid, unrestricted licensure or certification, a licensure or certification waiver, or be specifically authorized to practice independently without a licensure or certification or waiver, to be eligible for a professional staff appointment with clinical privileges.

c. Credentials and privileging functions are accomplished at the CINC and TYCOM levels. Guidelines for this program may be found in the following references:

(1) BUMEDINST 6320.66 Credentials Review and Privileging Program

(2) CINCLANTFLT 6320.1 Credentials Review and Privileging Program

1404. **Medical Department Officers Continuing Education Program.** A medical continuing education program is required in order to maintain national accreditation standards for professionals and meet criteria of State boards of licensure. Guidance is provided in BUMEDINST 1520.34.

1405. **Certification, Training, and Use of IDCs.** IDCs must be certified as capable of providing health care, independent of a medical officer, in ships at sea and any other isolated assignment. Training must be tailored to permit the IDC to identify and treat common and uncomplicated conditions. Training must aid the IDC's ability to differentiate common conditions from more serious ones requiring referral. Guidance is provided in OPNAVINST 6400.1B Certification, Training, and Use of Independent Duty Hospital Corpsmen (IDCs).

1406. **Independent Duty Corpsman Continuing Education (IDC/CE) Program.** IDCs are expected to complete a minimum of 12 IDC/CE credits annually. This may be consistent with self-study correspondence courses, computer generated training materials, audio cassette tapes, films, textbooks, and other pertinent materials that award CME, CEU, and HSETC approved locally developed programs. Additional guidance for implementing this program may be found in OPNAVINST 6400.1B.

SECTION 5

Medical Readiness Assessment (MRA)

1501. **Background.** In order to determine the operational readiness of medical departments afloat, a formal Medical Readiness Assessment (MRA) will be conducted on each platform once each Inter-Deployment Training Cycle (IDTC) in accordance with CINCLANT/PAC-FLT-INST 6000.1. This assessment, accomplished as a pre-deployment requirement, evaluates the ability of the medical department to function in accordance with the ship's Required Operational Capability/Projected Operational Environment (ROC/POE). The MRA will be completed by the combined efforts of the immediate superior in command (ISIC) and the Regional Support Organization or Group (RSO/RSG). ISIC/RSO/RSG medical staffs may utilize other available external resources such as Afloat Training Groups (ATGs) and Navy Environmental Preventive Medicine Units (EPMUs) to accomplish this assessment.

1502. **IDTC Evolutions**

a. Although the MRA is the only evaluation of the shipboard medical department as a whole authorized during the IDTC, there are other opportunities for both self-assessment and assistance from external resources in order to evaluate specific functions of the medical department. Three evolutions in the ship's cycle: Command Assessment Readiness and Training (CART), Tailored Ship Training Availability (TSTA), and Final Evaluation Period (FEP), provide opportunities for the ship to evaluate emergency medical preparedness and medical training. COMNAVSURFLANTINST/COMNAVSURFPACINST 3502.2E Surface Force Training Manual is the guiding directive for training phases.

b. As the ship moves through each training phase, the medical aspects should be evaluated by the command. Other external resources, such as the ISIC and ATG, may be utilized at the command's request. Training needs and deficiencies identified during CART will be corrected throughout the remaining training period as the ship progresses through TSTA phases. All deficiencies should be corrected by FEP. In circumstances where the time from FEP to deployment is six months or more, the ISIC shall continue to actively monitor and ensure the readiness of the medical department until deployment.

1503. **MRA.** The Senior ISIC, RSO, or RSG MO will be assigned as the Senior Evaluator for MRAs conducted on subordinate units. A team of evaluators will be assigned by the senior evaluator to include staff medical personnel in grades E-7 and above. If external resources are used (i.e., NEPMUs) lower rated enlisted personnel may assess specific sections at the discretion of the senior evaluator.

a. MRAs will be conducted once per IDTC with completion of all sections within 90 days of prolonged deployment. This equates to once every 18 months for most ships that routinely deploy. Since the MRA is primarily a pre-deployment assessment, it should be performed based

on the ship's deployment schedule rather than adhere to a strict 18 month cycle. Ships that do not routinely deploy and those which are forward deployed will be assessed on an 18 month schedule.

b. Pre-Commissioning Units (i.e., ships under construction) shall have an MRA conducted as the medical portion of the Crew-Certification process within 60 days of commissioning. The cognizant ISIC/RSO/RSG will determine the level of proficiency required to rate areas "satisfactory" during the pre-commissioning phase recognizing the variable medical support available at building sites. Of primary importance are "safe-to-sail" issues such as emergency preparedness. Subsequent re-assessment will be at the discretion of the senior evaluator until the ship commences a routine schedule.

c. CINCLANT/PACFLTINST 6000.1 provides a standardized assessment guide and reporting format for use by all medical personnel authorized to conduct the MRA. The checklist is comprised of six (6) sections including:

- (1) Section A, Administration and Training
- (2) Section B, Supplies and Equipment
- (3) Section C, Emergency Medical Preparedness
- (4) Section D, Ancillary Services
- (5) Section E, Environmental Health Services
- (6) Executive Summary

d. Each section, as well as the overall assessment, will be assigned a C-Status based on the following criteria:

(1) Section grading is based on the percentage of satisfactory sub-sections. The evaluator will divide the number of satisfactory sub-sections by the number of applicable sub-sections. This amount, multiplied by 100, provides the section percentage.

(2) Overall MRA C-Status is determined by averaging the percentages of Sections A through E.

- (3) C-Status Determination:
- | | |
|-------------------------|--------|
| C-1 Fully Ready | >= 90% |
| C-2 Substantially Ready | >= 80% |
| C-3 Marginally Ready | >= 65% |
| C-4 Not Ready | < 65% |

e. The senior evaluator will debrief the Command at the conclusion of the assessment. Follow-up visits to assess corrected discrepancies will include briefing the command on progress.

1504. **Reports.** Reports will consist of a cover sheet, prepared in the format of Article 1505, and completed checklists.

a. The final report will be submitted by the ISIC/RSO/RSG to TYCOM Medical within 90 days of deployment. A complete copy of the report will be provided to the command, and a copy of the cover sheet will be provided to the appropriate Squadron Commander, if applicable. The ISIC/RSO/RSG will also maintain a copy of the report. Specific items identified as requiring correction in the report will be followed up by the senior evaluator and will be corrected within 30 days of the report.

b. Assessment reports are not releasable outside of the Department of the Navy. In addition to being marked "FOR OFFICIAL USE ONLY," each report will include a release caveat included in Article 1505. Requests for information will be forwarded to the TYCOM Medical for disposition.

1505. **Medical Readiness Assessment Transmittal Letter (Sample)**

6000
Ser/

From: ISIC

To: TYCOM Medical

Subj: MEDICAL READINESS ASSESSMENT (MRA) REPORT

Ref: (a) CINCLANT/PACFLTINST 6000.1

(b) COMNAVSURFLANT/COMNAVSURFPACINST 6000.1 Series

Encl: (1) Medical Readiness Assessment checklist

1. In accordance with references (a) and (b), a Medical Readiness Assessment (MRA) was conducted aboard USS _____ on _____ to determine and document the condition of the medical department. This report, forwarded as enclosure (1), may be utilized in assessing medical resource deficiencies and their impact on mission capability.

2. USS _____ was evaluated as [C-Status], [description].

3. The information contained herein relates to internal practices of the Department of the Navy and is an internal communication within the assessing command. This report is not releasable, nor may its contents be disclosed outside of original distribution, nor may it be reproduced in whole or in part without prior written approval of the Type Commander. Requests for this report, portions thereof, or correspondence related thereof from a source external to the Department of the Navy shall be promptly referred to the Type Commander, who shall further refer the request with recommended action to the Naval Inspector General for Navy Department coordination and clearance. Holders of this report shall strictly observe this caveat.

4. Point of contact should you have any questions regarding this report, or should you desire additional assistance, is _____.

SIG//

Copy to:

Squadron Commander (w/o enclosure)

USS _____

CHAPTER 2 -TRAINING

SECTION 1

General Medical Training

2101. **Shipboard Medical Training**. The goal of shipboard medical training is to support combat readiness by developing individual knowledge and skills to preserve health and promote physical vitality. Appendix F, Crew Training Requirements, lists topics, target audience, topic reference, and periodicity for those topics that must be presented to all hands and special groups.

a. **Personnel Included**. Under the direction of the CO, each MO/MDR is to establish and maintain an effective and ongoing training program for junior hospital corpsmen, hospital corps strikers, stretcher-bearers, mass casualty assistants, and the officers and crew of the ship. Refer to OPNAVINST C3501.2H and NAVMEDCOMINST 1500.8 for specific guidance.

b. **Goal of Training**. The goal is to ensure that each person is prepared to do his or her part in an emergency. A written training program must be established so that each person will receive all required lectures within the required periodicity. Portions of the long-range medical training program should be integrated into the overall training schedule each time the ship's Planning Board for Training (PBFT) meets.

c. **Conducting the Lesson**. Recommend lectures are limited to 15-20 minutes and demonstrations or practical application periods do not exceed 1 hour. Although Site TV is a valuable tool, it should not be the sole method used for training. Methods such as POD notes and e-mail are valuable assets, but should not replace more traditional approaches to training. Practical application will receive high priority in training the crew and Stretcher-Bearers in first aid, casualty evaluation, treatment, in reporting to damage control central, and in transporting casualties to battle dressing stations.

d. **Documentation**. Training accomplishment will be documented using the SAMS Training Module with the following information included: Date, topic, group receiving the training, instructor's name, number of personnel present, and the type of presentation.

e. **Medical Training Team (MTT)**. In keeping with the concept of establishing a Unit Training Team as outlined in COMNAVSURFLANT/PACINST 3502.2E Surface Force Training Manual, all ships with medical personnel assigned will establish a Medical Training Team (MTT). The MTT will be composed of at least one medical department representative and other personnel as necessary. These individuals should be highly qualified, motivated and organized to assist the commanding officer in training individuals and teams and in evaluating performance during drills and exercises. Training sessions for MTT members will be documented in SAMS. The medical department member assigned as the Damage Control

Training Team (DCTT) member may be the same individual who is assigned to the MTT, or it may be two separate individuals who work closely together in training and evaluating during drills and exercises. The MTT will train Repair Locker personnel and the general crew in all FXP-4 (Fleet Exercise Publication; Section 8.4, Medical Exercises) requirements.

2102. **Responsibilities.** In addition to the responsibilities enumerated in the Surface Force Training Manual, the ship's medical officer or SMDR shall be responsible for the following:

- a. Instruction in self aid, buddy aid, and first aid for officers and enlisted personnel, including instruction for all hands in basic cardiopulmonary resuscitation (CPR).
- b. Instruction in the medical aspects of chemical, biological, and radiological (CBR) warfare.
- c. Training of medical department personnel as set forth in the Manual of the Medical Department, Navy Enlisted Manpower and Personnel Classifications, Occupational Standards (Military Requirements and HM Occupational Standards), and this instruction.
- d. Appropriate documentation of training in SAMS.

2103. **Indoctrination of Newly Reporting Personnel.** As amplification of the entries in appendix F, the medical department, during Indoctrination ("I") Division and/or during check-in, shall give the following instruction to all newly reporting personnel:

- a. Describe on board medical and dental services and procedures for receiving such services. To supplement this training, it is recommended that appropriate handouts be provided to each newly reporting member providing such information as procedures and time for sick call, procedures for receiving emergency medical treatment on board and ashore, location and utilization of on board emergency medical supplies and equipment, etc.
- b. Describe services provided by ashore medical facilities (federal and non-federal) and the procedures for receiving such services.
- c. Explain location, purpose, and utilization of emergency medical gear throughout the ship (first aid boxes, litters and stretchers, poison antidote lockers, portable medical lockers, battle dressing stations) during required orientation tour.
- d. Provide information on suicide awareness and prevention.
- e. Provide initial training in the hearing conservation and heat stress programs.
- f. Provide pertinent information on hygiene and sanitation

g. Provide information regarding the prevention of sexually transmitted disease. Include information on pregnancy awareness and birth control options.

h. Provide information concerning TRICARE options and procedures.

2104. **All Hands Training Requirements**

a. Required medical and general military training are identified in the Surface Force Training Manual and OPNAVINST 1500.22D. Planning and implementation for all hands training shall be performed by the PBFT. The ship's medical officer or SMDR, as a member of the PBFT, will act as a resource for the design and implementation of all medically-related training and will provide appropriate recommendations and advice regarding required subjects. The requirements for all hands medical training shall be included in each long range and short range training schedule and incorporated into the ship's training programs. Medical training schedules shall be submitted to the ship's training officer as required.

b. Appendix F lists individual requirements. It should be stressed that many topics traditionally assigned to the medical department are now considered in the area of "Health and Wellness." As such, resources outside of the medical department should be used to accomplish training. (i.e., Physical Readiness can be taught by the ship's PRT Coordinator, and Drug/Alcohol training can be taught by the DAPA.) Base clinics and other external resources are also excellent providers for many required topics.

c. A comprehensive list of training events, drills, evolutions, lectures, GMT, assist visits, and inspections which must be completed throughout the ship's operational cycle will be reflected in a long range training plan (LRTP). The LRTP need not duplicate training established in other directives but must include all required all hands training and specialized training. Successful training programs have been based on one lecture given daily with one or two divisions or departments attending each presentation or to duty sections, including all officers, CPOs and enlisted personnel.

d. A short range training schedule derived from the LRTP will be prepared for each department on board. This schedule should cover a period of at least three months and shall include all training events planned for each department. Operational considerations may occasionally require postponement of the training schedule; in such cases, the affected instruction periods will be rescheduled at a more opportune time.

2105. **First Aid and Rescue**. Each crewmember must be knowledgeable in, and be able to demonstrate, the principles of first aid and rescue. First aid training will begin with completion of the applicable sections of Damage Control PQS. Periodic drills as listed in article 2109 will support proper application of treatment principles. Crewmembers must be prepared to apply life saving procedures either to themselves or to shipmates in emergency situations or in combat

conditions. Accordingly, first aid, CPR, and rescue training shall be continuously emphasized in the shipboard training program to ensure that each individual can satisfactorily perform first aid and rescue procedures at any time per FXP-4 and NWP-3-20.1

a. The following directives and publications shall be used to establish basic first aid and rescue personnel qualification standards for all hands:

- (1) NAVEDTRA 10054 Basic Military Requirement
- (2) NAVEDTRA 10081 Standard First Aid Training Course
- (3) NAVEDTRA 43119 Basic/ General Damage Control
- (4) NAVEDTRA 43119 Advanced Damage Control, Emergency Parties

b. Standards that reflect only knowledge of theory shall be augmented to include performance of relevant skills, which shall be demonstrated by all hands when feasible.

2106. **Chemical, Biological and Radiological (CBR) Training.** The medical department shall act as a resource and provide appropriate training to crewmembers in the medical aspects of CBR as indicated in article 2104.

2107. **General Military Training (GMT).** The medical department shall act as resource for all health related GMT subjects stated in article 2104.

2108. **General Drills.** The medical department shall coordinate with the PBFT and ITT to ensure medical training drills and exercises with personnel casualty handling factors are conducted and evaluated per the Surface Force Training Manual and FXP-4.

2109. **Drills and Exercises.** The Surface Force Training Manual requires all medical drills to be conducted periodically and during training evolutions and with Afloat Training Groups (ATGs) as available. These medical training exercises and drills support an FSO (medical) mission for all ships.

a. The following drills, at a minimum, will be conducted semiannually:

- (1) FSO-M-1-SF Battle Dressing Station
- (2) FSO-M-2-SF Personnel Casualty Transportation
- (3) FSO-M-9-SF Mass Casualty

b. The following drills, at a minimum, will be conducted quarterly:

- (1) FSO-M-3-SF Compound Fracture
- (2) FSO-M-4-SF Sucking Chest Wound
- (3) FSO-M-5-SF Abdominal Wound (with protruding intestines)
- (4) FSO-M-6-SF Amputation
- (5) FSO-M-7-SF Facial Wound
- (6) FSO-M-8-SF Electric Shock
- (7) FSO-M-10-SF Smoke Inhalation
- (8) FSO-M-11-SF Burns

2110. **Stretcher-Bearer Training.** Stretcher-bearers are designated personnel assigned either to repair lockers or battle dressing stations whose primary task is to support the medical department during medical contingencies. Stretcher-bearers provide on-scene patient resuscitation, stabilization, and triage and possess first aid skills more advanced than those of the average crewmember. Stretcher-bearer training is required every 2 weeks, at a minimum, and shall be scheduled into the LRTP. Prior to assignment, stretcher-bearers shall have completed all DC training requirements and be PQS qualified as stretcher-bearers.

2111. **Rescue/SAR Swimmer First Aid Training.** It is essential for rescue/SAR personnel to maintain a basic knowledge of first aid whether they serve on aircraft or surface vessels. Personnel assigned these duties must complete NAVEDTRA 10081 Series, Standard First Aid Training Course, and maintain current CPR certification from the American Red Cross or American Heart Association.

2112. **Recommended Training Aids**

- a. Training Gun Bag (Containing sufficient materials to support FXP drills.)
- b. Moulage Set, War Wounds (AMMAL Required)
- c. NAVEDTRA 10081 Standard First Aid Training Course
- d. NAVMED P-5010 Preventive Medicine Manual
- e. Local fleet training group lesson plan package.

- f. NAVMED P-117, Manual of the Medical Department
- g. FXP-4 (Rev A), Chapter 8, section 8.4 Medical Exercises.
- h. Manikin, CPR Training (AMMAL Required)
- i. For list of films and cassettes for CCTV contact: Commanding Officer, Naval Health Science Education and Training Command, Bethesda, MD, 20889-5022.

2113. **Other Medical Training Requirements.** Various FXP 4 drills require medical department participation due to the possibility of personnel casualties. The ship's medical officer or SMDR should be familiar with the medical aspects of these drills. Examples are the MOB-D-31-SF (Toxic Gas drill), and the MOB-S-6-SF (Man Overboard drill).

SECTION 2

Medical Department Personnel Training

2201. **Medical Inservice Training**. Each Medical Department will establish and maintain a vigorous inservice training program for department personnel. All qualifications required for department personnel will be met within six months after reporting to the ship; signed off as completed by the ship's MO, SMDR, and/or Division Officer. Training folders will be established for each member of the department and will contain documentation of PQS completion, courses attended, certifications attained, and training sessions attended. The following requirements pertain to department personnel:

- a. **BCLS**. All medical department personnel shall be trained and certified in BCLS.
- b. **IDC Training**. All IDCs must be trained per OPNAVINST 6400.1B, Certification, Training and Use of IDCs.
- c. **Shipboard PQS**. All personnel will complete final qualifications in Basic Damage Control (NAVEDTRA 43119-2) and 3M Maintenance (NAVEDTRA 43241) per the Surface Force Training Manual.
- d. **HM PQS**. Appendix G has been developed as a formal Medical Department PQS to provide shipboard HMs a good working knowledge of all areas of the medical department. The following personnel (as assigned) are authorized to sign off PQS requirements: Medical Officers, Medical Service Corps officers (PA and MAO), Nurse Corps officers, independent duty corpsman (IDC), and technicians in their respective NECs only.

2202. **Hospital Corpsman Strikers**

a. The concept of the HM Striker Program is to identify and prepare eligible enlisted for attendance at HM Class "A" School. Assignment of strikers to the medical department is predicated upon availability of enlisted personnel who meet the qualifications required by the Manual of the Medical Department (MANMED), Chapter 9, and the recommendation of the command's professional development board (PDB). Upon selection, the medical department representative shall ensure that the member meets the training required for all hands and shall further institute appropriate training in preparation for HM "A" School. The following references shall be completed prior to transfer to HM "A" School:

- (1) NAVEDTRA 10669 Series, HM 3 & 2 Rate Training Manual
- (2) NAVEDTRA 10081 Series, Standard First Aid Training Course

b. Strikers shall not be assigned professional or technical responsibilities normally assigned to HMs. However, a striker may be utilized as directed by the SMDR. Within six months of assignment as a striker, if considered motivated and capable of completing HM Class "A" School, a striker may apply per ENLTRANSMAN, Article 7.071.

2203. **Pest Control Operator Training/Certification.** Per BUMEDINST 6250.12B, all shipboard medical departments must have at least the senior enlisted medical department representative and all corpsmen responsible for pest control certified as shipboard pest management specialists. On ships with IDCs assigned, their certification is acceptable in lieu of a more senior non-IDC. If a Preventive Medicine Technician (NEC 8432) is assigned, that individual will serve as the pest control program manager.

2204. **Training Resources**

a. The ship's medical officer or SMDR shall identify and establish liaison with facilities and commands that are capable of providing medical training. The following are references that describe training resources:

- (1) NAVEDTRA 10060 List of Training Manuals/Correspondence Courses
- (2) NAVEDTRA 38016 Training Information Procedures Bulletins
- (3) NAVEDTRA 10500 Medical Department Courses
- (4) NAVMEDCOMINST 4651.1 HSETC Funded Medical Training Courses

b. For environmental, occupational, and preventive medicine support, contact:

(1) NAVENPVNTMEDU 2, 1887 Powhatan Street, Norfolk, VA 23511-3394; DSN: 564-7671, Comm: (757) 444-7671, Fax -1191.

(2) NAVENPVNTMEDU 5, Naval Station, Box 368143, 3235 Albacore Alley, San Diego, CA 92136-5199; DSN: 526-7070, Comm: (619) 556-7070, Fax -7071.

(3) NAVENPVNTMEDU 6, 1215 North Road, Pearl Harbor, HI 96860-4477; DSN: (315) 473-0555, Comm: (808) 473-0555, Fax -2754.

(4) NAVENPVNTMEDU 7, (Sigonella, Italy) PSC 824, Box 2760, FPO AE 09623-2760; DSN: 624-3987, Comm: 011-39-095-56-4101, Fax - 4100 .

(5) NAVDISVECTECOLCONCEN, Naval Air Station, Box 43, Bldg. 937, Jacksonville, FL 32212-0043; DSN: 942-2424, Comm: (904) 542-2424, Fax - 4324.

(6) NAVDISVECTECOLCONCEN, 19950 Seventh Ave. NE, Poulsbo, WA 98370-7405;
DSN: 322-4450, Comm: (360) 315-445-, Fax – 4455.

c. All officers of the medical department are encouraged to attend professional meetings to the extent permitted by available funds and operational considerations.

d. At least one, and preferably all junior HMs, must attend the Surface Force Medical Indoctrination Course (details in the Catalog of Naval Courses, course number K-300-0010) held at the Naval Schools of Health Sciences (NSHS), San Diego, CA and Portsmouth, VA. Quotas may be requested from the Program Director of the appropriate school. ISIC/RSO/RSG medical staffs may also assist in obtaining class seats.

2205. **Cardiac Life Support Drills for Medical Personnel.** A full emergency resuscitation response training exercise must be conducted for all medical department personnel at least semi-annually. This drill should include, but is not limited to, evaluating response time, equipment, proper procedures, HM familiarization with resuscitation equipment (limited to AMMAL), and - as appropriate - execution of ACLS protocol as advised by the senior medical officer. Drill sites should be varied in order to maximize response times (4-6 minutes) and demonstrate mobility. The SMDR is responsible for monitoring and documenting this training using SAMS.

2206. **Chemical, Biological, and Radiological (CBR) Training.** The medical officer or SMDR must pursue a vigorous course of self-study to ensure a thorough knowledge of the medical aspects of defense against nuclear, biological, and chemical attack. The following materials are recommended for use in self-study and ready reference:

- a. NAVMED P-5059 NATO Handbook on the Medical Aspects of NBC Defensive Operations
- b. NAVMED P-5041 Treatment of Chemical Agent Casualties and Conventional Military Chemical Casualties
- c. NAVMEDCOMINST 6470.1 Personal Decontamination Management and Treatment
- d. BUMEDINST 3400.1 Operational Concept for Medical Support and Casualty Management in Chemical and Biological Warfare Environments.

2207. **Medical Augmentation Program (MAP) Training.** Personnel from shore MTFs are assigned to CRTS platforms as M+1 augmentees. BUMEDINST 6440.5A establishes guidelines for MAP and DODINST 1322.24 requires that training be conducted to familiarize augmentation personnel with their assigned platform. To support this requirement, MAP training will be scheduled by the cognizant amphibious group medical staff to be completed on all CRTS platforms prior to extended deployment. A training curriculum has been developed by the staff

COMNAVSURFLANTINST 6000.1J/
COMNAVSURFPACINST 6000.1H

of the Surface Warfare Medical Institute (SWIM), who actively supports the training. Ideally, MAP training will be scheduled to occur within 180 days of deployment and will be conducted on board the ship. Training will be scheduled to last 5 working days and will be conducted in conjunction with underway evolutions whenever possible to enhance the training environment. Training will be supported by the amphibious group medical staff and the ship's crew to ensure that the augmentees receive as thorough a training experience as possible.

CHAPTER 3 – FISCAL/SUPPLY MANAGEMENT

SECTION 1

Supply Administration

3101. **General Responsibility.** As directed by the Commanding Officer, the ship's MO or SMDR, as appropriate, will be responsible and accountable for investment medical materiel under the cognizance of the TYCOM.

3102. **Custody of Medical Materiel.** Responsibility for custody of medical supplies is equal to the responsibility for custody of equipment. Custodians of medical materiel shall not permit waste or abuse of medical supplies or equipment.

a. **Responsibility Upon Assuming Duty.** MOs and SMDRs reporting to ships for duty shall, in company with the person being relieved, assure themselves of the status of medical materiel management prior to assuming duty. At a minimum, they will:

(1) Ensure that all items of durable medical equipment required by the AMMAL are on board.

(2) Ensure that a current inventory of all medical supplies, location of items, and other logistics management data are accurately reflected in the SAMS system.

(3) Ensure that ongoing actions affecting the status of medical materiel (e.g. outstanding requisitions, outstanding surveys, outstanding repair orders, etc.) are properly documented and understood by the relieving MO or SMDR.

b. **Discrepancies Noted Upon Relief.** Discrepancies noted will be adjudicated by the commanding officer. Adjudication shall include determination of responsibility, initiation of any disciplinary or administrative action, and adjustment of accounting records and requisitions for replacement items.

3103. **Medical Materiel Requirements**

a. **Authorized Minimum Medical Allowance List (AMMAL).** The minimum medical materiel requirements for a ship are stated in the AMMAL published by the Naval Medical Logistics Command (NAVMEDLOGCOM) for each type and class of ship. These listings constitute:

(1) The authorized supplies and equipment.

(2) The minimum quantity of medical supplies required to be on board at all times, which may be exceeded at any time based on usage rate of a specific item except for controlled substances.

b. For readiness assessment purposes, each required AMMAL must be stocked at greater than 90% to be graded satisfactory.

c. AMMAL changes are issued monthly via Naval message by NAVMEDLOGCOM and may also be downloaded from the Internet or Streamlined Automated Logistics Transmission System (SALTS). Changes are to be reflected in SAMS upon receipt.

d. Medical and dental supplies are properly chargeable to OPTAR funds, citing fund code N7/U7 (CNSP), S7(Active CNSL), M7 (Reserve CNSL).

e. Medical and dental equipment items with a unit price of \$5000.00 or more are considered investment equipment and are chargeable to Other Procurement, Navy (OPN) funds. (See Article 3106.b.)

f. Changes in repair parts allowances for medical and dental equipment resulting from AMMAL or Authorized Dental Allowance List (ADAL) changes are chargeable to the NAVSEA COSAL allotment.

g. Repair parts costs associated with maintenance of medical and dental equipment are chargeable to NR/UR (CNSP), SR (Active CNSL), MR (Reserve CNSL) OPTAR funds.

h. Recommendations for AMMAL changes must be submitted using an AMMAL Change Request (ACR), in the format of Appendix H, sent to the TYCOM via the ISIC.

i. Additional Requirements. Additional requirements for medical materiel are authorized and determined as noted in the following paragraphs:

(1) Emergency AMMALs. Individual ship requirements for the number of AMMALs 0927 - First Aid Box (FAB), 0955 - Battle Dressing Station (BDS), and 0964 - Portable Medical Locker (PML) are specified in General Specifications for Ships (GENSPECS) 652.

(2) TYCOM Requirements. Additional material requirements established by the TYCOMs for emergency response gear or specific mission areas are listed in Chapter 4.

(3) Specific Deployment/Voyage Augmentation. The SMDR will determine medical materiel augmentation requirements for a specific deployment or voyage from input received from available sources (i.e. usage rates, EPMU, Armed Forces Medical Intelligence Center (AFMIC), weekly wires, etc.) unless otherwise directed by ISIC or TYCOM. The most obvious example of such a requirement is medications for malaria prophylaxis. Such items, except for controlled substances and durable equipment, are authorized to meet known and/or anticipated

requirements incident to a specific voyage or deployment. They may be items not included in the AMMAL or increases in quantities of items currently authorized in the AMMAL. When such requirements are determined to be permanent, rather than for a specific voyage or deployment, an appropriate allowance change recommendation should be submitted in accordance with 3103.h.

(4) Spare Parts Provisioning/COSAL. These requirements are determined by NAVMEDLOGCOM and promulgated by COSAL. These items are high mortality spare parts for durable medical equipment (e.g. fuses, bulbs, etc.) which are routinely replaced during operator maintenance and/or by a biomedical repair technician.

(5) Other Requirements. Some items used by the medical department are procured using supply department funds (e.g., rat traps, pest control materials) in accordance with OPNAVINST 7303.4F.

j. A complete inventory of all medical material will be conducted no less than annually and documented in the Medical Department Journal.

3104. Medical Department Funding. Funding of the medical department shall be from the ship's OPTAR, except for those items meeting the criteria for designation as centrally managed major investment equipment or repair parts. The SMDR shall develop a financial plan based on experience and projected requirements to justify funding needs in support of the medical department. The SMDR shall advise the ship's OPTAR administrator of these needs in advance of distribution of the quarterly allocation of funds. To ensure adequate planning, an annual projected budget estimate should be prepared and submitted to the ship's supply officer for inclusion in the estimate of budget (EOB) for the forthcoming fiscal year. All medical requirements shall receive high priority - no less than priority 3 per NAVSUP P-485 (Afloat Supply Procedures).

3105. Medical Fund Accounting. The MO/SMDR should be aware at all times of the status of funds projected for supporting the medical department. There is a direct relationship between medical fund accounting and medical materiel accounting. Attention to the posting of requisitions when materiel is ordered and when received is essential to accurate record keeping. A file of outstanding, as well as completed, requisitions will be maintained in sickbay and/or supply to support entries in accounting records.

3106. Medical Equipment Funding. Replacement of existing equipment or acquisition of newly authorized equipment will be funded as follows:

- a. Items costing less than \$5,000 per unit of issue will be funded from the ship's OPTAR.
- b. Items costing \$5,000 or more per unit of issue will be funded under a BUMED OPN administered program for acquisition of major investment equipment. CINCLANTFLT/

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PACFLTINST 4235.7 provides guidance in the procedure for procurement of major investment equipment. The required forms will be completed in accordance with these directives and submitted to TYCOM (N02M) via the ISIC each year upon notification.

c. Equipment items programmed for replacement are to be condition coded in accordance with NAVMED P-5132 by a Biomedical Equipment Technician (BMET – NEC 8478/8479). The condition code, along with the name, rate, and duty station of the BMET, will be annotated on the OPN Budget Item Justification Worksheet.

3107. Requisitioning Standard Stock Materiel

a. The SAMS ADP system will interface with SNAP and support the printing of NAVSUP Form 1250 (Single line item consumption/requisition document) when requisitioning supply items. On ships where the interface is not complete, procedural questions should be referred to the ship's supply officer for resolution.

b. On ships where the supply department prepares requisitions, the medical department will provide appropriate NSN, nomenclature, unit of issue, quantity required, and unit price information in the format required by the Supply Officer.

c. In all cases, the medical department will be provided a suspense copy of all outstanding requisitions to meet materiel and fund accounting requirements imposed in Article 3106 of this manual.

d. Report of discrepancy (SF-364) should be used for reporting shipping type (item) discrepancies and packing discrepancies attributed to the supplier or originator.

3108. Requisitioning Non-Standard Stock Materiel. Every effort should be made to fill requirements from materiel carried in the Universal Data Repository (UDR), Medical Catalog #2, published by Defense Medical Logistics Standard Support (DMLSS). When it is necessary to secure medical materiel from other sources, a requisition shall be prepared and submitted to the ship's supply officer for procurement. The requisition should contain adequate descriptive information to permit acquisition by non-medical personnel and should give recommended sources of supply within the area of the ship's homeport or geographic area of operations.

3109. Use of Resupply Ships. Several ship types having a Fleet resupply mission carry medical materiel for issue to other ships from cargo fill. Catalogs of fill items are available from these ships' supply officers. Use of this resupply source is highly encouraged, especially when deployed. The ship's supply officer should be consulted for requisitioning procedures and submission requirements. Timely determination of needs is essential, especially prior to underway replenishment.

3110. No Cost Transfer of Medical Items. Refer to COMNAVSURFLANTINST 4400.1H or COMNAVSURFPACINST 4400.7A and NAVSUP P-485 for appropriate guidance.

3111. **Navy Stock Fund (NSF) - Special Accounting Class (SAC) 207.** LHA, LHD and MCS class ships maintain SAC 207 accounts. It is imperative that the medical departments of these ships are kept apprised of the on board status of these accounts. As with AMMAL levels, SAC 207 must be stocked at greater than 90% in order to obtain a readiness assessment grade of satisfactory. A current inventory must be maintained in the supply department and appropriate quality control measures must be in place in order to efficiently manage shelf-life items. Refer to COMNAVSURFLANTINST 4400.1H or COMNAVSURFPACINST 4400.7A and NAVSUP P-485 for appropriate guidance.

3112. **Responsibility for Quality Control Surveillance of Medical Materiel.** The ship's medical officer or SMDR shall be responsible for maintaining quality control surveillance over all medical materiel carried on board ship. Quality control surveillance shall be consistent with directives from higher authority and specific guidance as provided herein. (NOTE: Defense Logistics Agency Manual (DLAM) 4155.5, Appendix M, "Quality Control Depot Serviceability Standards" provides estimated storage life, along with inspection and testing criteria for all medical materiel.) In addition to quality control surveillance, medical material is to be used on a first-in, first-out basis of stock rotation unless expiration dates dictate otherwise.

a. Potency dated materiel is materiel having a definite storage period (expiration date) determined by empirical and technical test data. This type of material must be kept in a secured space at all times. When an expiration date is given as month and year only, the materiel is considered to expire on the last day of the month. Type I potency materiel is non-extendible. Type II potency dated materiel is extendible when satisfactory results are obtained upon prescribed testing. NAVMEDLOGCOM/FMSOINST 4000.1 gives procedures for requesting potency extensions of Type II materiel, (Appendix M of the DLAM lists the various Type I and Type II materiel).

b. Shelf life is an estimated period of time during which materiel retains serviceability. It is primarily used to indicate that point in time when materiel may begin to show signs of physical deterioration. Materiel that has exceeded its estimated shelf life should be inspected per Appendix M of DLAM 4155.5.

3113. **Procedures for Quality Control Surveillance of Medical Materiel.** The following minimum procedures will be established aboard all ships using the SAMS Supply Module:

a. A cyclic routine for removing expired Type I (potency dated materiel) from stock, surveying and ordering replacement materiel prior to expiration date.

b. A cyclic routine for quality control surveillance of materiel having an "estimated storage life" including action on extending (to include appropriate marking), surveying, and replacing as indicated.

c. A records accounting system that adjusts promptly to reflect effects of surveys (and other dispositions), requisitions, and receipts.

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- d. A method to identify and manage drug recalls, extensions, and suspensions of medical materiel.
- e. A standard policy to issue and use expiration dated materiel on a "first to expire" basis.
- f. An arrangement, where possible, to turn in expiration dated materiel three months before the end of potency period to a shore-based medical facility in exchange for like materiel bearing a longer potency period.

3114. **Reporting Defective or Unsatisfactory Medical Materiel**

a. Upon the receipt or discovery of defective or otherwise unsatisfactory medical materiel, all ships of the Force shall suspend all stocks involved from issue and use. Reports shall be made per BUMEDINST 6710.63.

b. Type I complaints shall be sent by priority message to the Defense Supply Center, Philadelphia/Directorate of Medical Materiel. Telephone calls are acceptable, but must be followed immediately by written detailed report (Reporting and Processing Medical Materiel Complaints (DD-1899)) per BUMEDINST 6710.63 with info copy to appropriate TYCOM.

c. Type II and III complaints require original and four copies of a letter report to the Defense Supply Center, Philadelphia / Directorate of Medical Materiel (Code ATQ). One additional copy of the report shall be furnished to the Naval Medical Logistics Command and Defense Medical Standardization Board, Fort Detrick, Frederick, MD 21701-5015.

d. Prior to submission of a report, the inadequacy or unsuitability of the item shall be thoroughly evaluated by professional, supply, and/or maintenance personnel. Only items considered to be potentially injurious or unsatisfactory due to inherent characteristics shall be reported. Issues related to idiosyncrasies or sensitivities of individual patients shall not be reported.

3115. **Survey**. Detailed instructions for conducting surveys are contained in Chapter 5, NAVSUP P-485.

3116. **Disposal of Medical Materiel**. All medical department personnel are cautioned that defective or expired medical materiel should be disposed of in a manner as to ensure that any drug or biological is rendered non-recoverable for use and harmless to the environment. As stated in DOD Manual 4160.21M Defense Property Disposal Manual, "Destruction will be complete, to preclude use of the drug or any portion thereof."

a. **SURFPAC Ships**. Turning-in of excess or expired materiel to the COMNAVSURFPAC warehouse will be accomplished in accordance with COMNAVSURFPACINST 4500.1B.

b. Procedures. The following specific procedures will be followed when disposal is accomplished on board:

(1) Tablets, Capsules, and Powders. Remove from the original container, crush or break tablets and capsules, and flush into the sewage system. Dispose of the original container as regular trash provided it is rendered unrecognizable. If this capability does not exist, these containers should be held on board or incinerated. **NOTE: Do not pour Metamucil down drains as it will cause clogs.**

(2) Injectable/Parenteral Medications. Remove the stoppers from Tubex cartridges and bottles, or open vials as directed, then express contents into sewage system. Dispose of needle-bearing cartridges in sharps containers and bottles or vials as trash.

(3) Auto Injectors. Safe engineering practices dictate that units **SHOULD NOT** activate the auto-injectors due to a high potential for personal injury. Units should contact their local base environmental office for proper disposal.

3117. **Medical Waste Management**. The proper processing and disposal of shipboard medical waste is of particular importance due to limited storage space and lack of shore disposal facilities during extended deployments. Each medical department will establish, either as a separate instruction or as part of the ship's SORM, official guidance for handling waste generated by the medical department. Medical waste, according to OPNAV P-45-113-93 (Afloat Medical Waste Management Guide), OPNAVINST 5090.1B, and OPNAVINST 5100.19C, can be divided into two categories: potentially infectious and non-infectious waste. The following information provides basic definitions and guidance.

a. Potentially Infectious Waste. This is waste, which may contain pathogens that may cause disease in a susceptible host. Categories of potentially infectious waste are as follows:

(1) Isolation Waste. Waste generated by patients isolated to protect others from communicable disease. Does not include excreta, secreta, or vomitus.

(2) Cultures and Stocks of Infectious Agents and Associated Biologicals. Specimens from medical and pathology labs: cultures of infectious agents; disposable culture dishes and devices used to transfer, inoculate and mix cultures; discarded live and attenuated vaccines.

(3) Human Blood and Blood Products. Waste blood, serum, plasma, and blood products; used blood tubes (empty) and blood collecting and dispensing bags and associated tubing.

(4) Pathological Waste. Tissue, organs, body parts; blood removed during surgery, biopsy or autopsy.

(5) Sharps. Needles, syringes, scalpel blades, Pasteur pipettes, specimen slides, broken glass potentially contaminated with infectious material.

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(6) Surgical Waste. Soiled dressings, sponges, drapes, lavage tubes, drainage sets, underpads, and surgical gloves.

(7) Unused. Unused medical material if they can be used in diagnosis, treatment, laboratory testing or training.

b. Procedures. Potentially infectious waste will be handled and disposed of using special precautions. All ships will take the following actions:

(1) Waste will be double-bagged in biohazard bags, autoclaved (underway) if possible, and stored in a secure area until disposed ashore.

(2) After autoclaving (underway), potential infectious paper and cloth based waste may be incinerated (if available).

(3) Used sharps will be collected in autoclavable sharps containers and retained on board for disposal ashore. To avoid creating potentially infectious aerosols, needles will not be clipped. Similarly, to avoid the infection hazard of needle sticks, needles should not be recapped.

(4) Medical department personnel will conduct quarterly inventories of disposal material (containers, bags, etc.) to ensure adequate stock levels are maintained. This is particularly critical during the prior to overseas movement (POM) period when preparing for major deployment.

(5) Plastic and liquids will not be incinerated aboard ship.

(6) If retention of potentially infectious waste would endanger health or safety of the crew, create an unacceptable nuisance, or compromise combat readiness, overboard discharge is authorized beyond 50 miles from any shoreline, provided it has been autoclaved, properly packaged, weighted for negative buoyancy and contains no plastic or sharps. Such disposal will be approved by the CO and a deck log entry made indicating number of bags/containers, time and position of the ship at the time of overboard disposal.

(7) Potentially infectious liquid waste may be disposed in marine sanitation device (MSD) system after autoclave (underway) treatment. Blood specimens, urine, other excreta, and secreta not meeting the definition of potentially infectious, may be disposed into the MSD system without prior treatment.

(8) All medical departments will establish and maintain a medical waste log. Information will include:

(a) Date

(b) Type of waste

- (c) Amount (volume or weight)
- (d) Storage location
- (e) Method of disposal
- (f) Tracking number
- (g) Receiving activity (Signature of person receiving)

c. Non-Infectious Waste. This category includes disposable medical supplies and materials that do not come under the category of infectious waste. Non-infectious waste will be treated as general waste and does not require autoclaving or special handling. It should be segregated into plastic and non-plastic waste, placed into the appropriate trash receptacles and, with the exception of plastics, be discarded with other general solid waste. Plastic waste will be held on board for shore disposal.

SECTION 2

Drugs Requiring Special Custodial Care

3201. **Definitions**

a. **AMMAL Controlled Drugs.** Alcohol, barbiturate, hypnotic, excitant, narcotic, and tranquilizer medications requiring special custodial care (hereafter referred to as "controlled substances") are those designated by the symbols "C," "R," and "Q" appearing in the "NOTES" column of each identification list in the Federal Supply Catalog. Commanding officers may designate other drugs as abuse drugs and require security measures similar to controlled substances.

b. **Non-AMMAL Controlled Substances.** Units shall not procure or dispense controlled substances that do not appear on their AMMALs. Exceptions to this provision may be granted in writing **ONLY** by the Force Medical Officer. The reply granting authorization shall be maintained with the bulk stock records and the unit's AMMAL.

c. **AMMAL Quantity.** The AMMAL quantity is the total of the bulk and working stock.

3202. **Security of Controlled Substances.** A minimum of two safes is required for security of controlled substances. Type and size of safes are listed in general specifications for ships of the United States Navy. Combinations of safes will be safeguarded as follows:

a. **Bulk Stock Safe.** Only the bulk custodian shall hold the combination.

b. **Working Stock Safe.** Only the working stock custodian shall hold the combination.

c. **Recording of Combinations.** Combination change envelope (SF 700) shall be used and placed in the custody of the commanding officer or an officer designated in writing by the commanding officer.

d. **Changing of Combinations.** This shall be accomplished upon change of custody, upon suspicion of compromise, and not less frequently than every 24 months per DODINST 5200.1.

e. **NAVMED 6710/5, Perpetual Inventory of Narcotics, Alcohol, and Controlled Substances.** NAVMED 6710/5 must be used for items in both bulk and working stock. Accurate quality control data (i.e., manufacture, lot number, and expiration date or manufacture date) must be annotated on each page.

3203. **Controlled Substance Custodians**

a. **Bulk Stock Controlled Substances Custodian.** The bulk stock controlled substances custodian will be a commissioned officer appointed by letter with responsibilities delineated by the commanding officer. The bulk stock custodian will not be the working stock custodian or a member of the controlled substances inventory board. **NOTE:** Due to the small number of crewmembers, the MCM and MHC class ships are exempt from the requirement to assign a bulk stock custodian. The bulk stock custodian does not have prescription writing authority. The bulk stock custodian's duties, responsibilities and authority are:

- (1) Be responsible for and maintain custody of all un-issued controlled substances.
- (2) Become familiar with and observe applicable portions of MANMED Chapter 21 relating to receipt, custody, and security of controlled substances.
- (3) Personally maintain the necessary accounting records and documents to substantiate proper receipt and expenditure of controlled substances in custody.
- (4) Ensure that an SF 700 (combination change envelope) has been placed in the custody of the commanding officer or designee.
- (5) Report directly to the commanding officer in the performance of the above duties.

b. **Working Stock Controlled Substances Custodian.** The working stock custodian will be appointed by letter with responsibilities delineated by the commanding officer. The working stock custodian will not be the bulk stock custodian or a member of the controlled substances inventory board. The working stock custodian will be a pharmacy technician (NEC HM-8482), if one is assigned to the ship, or a senior hospital corpsman if a pharmacy technician is not assigned.

- (1) The duties, responsibilities, and authority of the working stock controlled substances custodian will be the same as those of the bulk stock custodian, applied to working stock.
- (2) The working stock controlled substances custodian shall maintain a minimum of one unit of issue of each authorized controlled substance in his or her safe at all times
- (3) The working stock controlled substances custodian shall report directly to the commanding officer in the performance of the above duties.

3204. **Controlled Substances Inventory Board**

a. The Controlled Substances Inventory Board (CSIB) will have a minimum of three (3) members at least one of whom must be a commissioned officer. However, more board members may be appointed at the discretion of the command. Senior enlisted personnel in pay grades E-7

through E-9 may serve as members at the discretion of the CO. Three (3) board members must accomplish each inventory. Board members shall not be involved in direct procurement of controlled substances. The CO will appoint each member in writing. Appointments may be made by letter or as part of the command collateral duty assignment instruction. However, the appointment is to be by name, not position, and is to be kept current. Security regulatory procedures will be per MANMED, Article 21-24.

b. Duties, responsibilities, and authority are contained in NAVMED P-117 (MANMED, Chapter 21), OPNAVINST 6710.3 (Controlled Substance Surveillance Program), and NAVMEDCOMINST 6710.9 (Guidelines for Controlled Substances Inventory).

(1) An unannounced inventory shall be conducted at least quarterly or more frequently if deemed necessary by the CO.

(2) An accountable audit trail shall be documented at each inventory. This requires an inventory entry and initials of a member of the CSIB on the NAVMED Form 6710/5 (Perpetual Inventory of Narcotics, Alcohol and Controlled Substances) for each line item in the bulk and working stock.

(3) During inventory and receipt of controlled substances, it is important that the container, capsules, tablets, and syrettes be examined for evidence of tampering. Is the seal broken? Is the glue around the seal uniform and similar to containers previously received? Is the glue excessive? Are the contents correct?

(4) A random sampling of controlled substance prescriptions shall be checked. Each prescription shall contain the prescriber's signature (and counter signature when required), social security number, and service. It shall also contain the patient's name, rate/rank, signature, address, and the date received on the back of the prescription. The dispenser shall sign across the front with the quantity and date dispensed.

(5) The CSIB shall ensure that the records inspected constitute a complete audit trail and reflect transactions which occurred during the accounting period. Bulk and working stock, perpetual inventory records, requisitions, receipts, and issue documentation shall be audited. The identity of any questionable items of inventory stock should be ascertained. Supply department records should be checked as required to verify that all documents are accounted for. For this purpose, the supply department is to provide directly to the senior member of the CSIB a copy of all issue documents.

(6) Physical security for controlled substances shall be inspected, and the CSIB shall ensure safe combination procedures are followed (i.e., combination changed every 24 months and SF 700 (combination change envelope) is in the custody of the commanding officer or designee.

(7) Upon discovery of loss or theft, the commanding officer shall be immediately notified and the CSIB shall conduct an inventory. The following agencies must be notified: Naval Criminal Investigative Service (NCIS), TYCOM, and the Drug Enforcement Agency (DEA). DEA Form 106 shall be filed when quantities of controlled substances have been lost or stolen.

(8) Submit a request to the commanding officer identifying controlled substances to be destroyed and the reasons for destroying them (deterioration, sub-potency, etc.). When destruction has been approved by the commanding officer, it must be accomplished in the presence of at least one member of the CSIB. The destruction document must contain complete nomenclature and quantity of substances to be destroyed, the method used to accomplish destruction, and the signatures of the witnessing officers. The completed destruction document must be retained in official files as the authorization for the removal of these items from the inventory record.

(9) The senior member of the CSIB is responsible for submitting a written report of all inventories conducted by Board to the commanding officer for approval. As a minimum, each report shall list each item by national stock number, nomenclature, strength, and unit of issue. The report shall show the amount remaining last report, quantity received, quantity expended, and balance on hand for both the bulk stock and working stock.

3205. **Dispensing and Transfer of Controlled Substances.** The dispensing of controlled substances for other than medical purposes is strictly prohibited. A separate loose-leaf binder with index sheet sets to separate individual substances shall be used for the bulk stock, working stock, and emergency breakout stock (if authorized). These records shall be retained for three years, after which they are destroyed at the beginning of a new calendar year. Example: On 1 Jan 00, all controlled records and prescriptions dated through 31 Dec 96 would be destroyed per SECNAVINST 5212.5C.

a. **Procedures for Transfer from Bulk Stock to Working Stock**

(1) Transfer shall be made in whole units only (e.g., bottle, box, etc.).

(2) A NAVSUP 1250 (Manual Requisition) shall be prepared in duplicate, dated, and signed by both the working stock custodian and bulk stock custodian.

(3) Original NAVSUP 1250 will be filed in an envelope attached to the back of the bulk stock record (NAVMED 6710/5, Perpetual Inventory of Narcotics) for the drug being transferred. **NOTE:** Attach a copy of NAVSUP 1250 to working stock.

b. **Procedures for Transfer from Working Stock to Bulk Stock**

(1) Transfer shall be made in whole units only (e.g., bottle, box, etc.).

(2) A NAVSUP 1250 shall be used as in Article 3205.a(2).

c. Procedures for Transfer from Working Stock to Emergency Breakout Stock

(1) Transfer shall be made with a properly filled out prescription blank (DD-1289) at which time a narcotic and controlled drug account record (NAVMED 6710/1) shall be initiated (one for each prescription issued). The prescription will be made out for "emergency breakout stock."

(2) Inventory control of the emergency breakout stock shall be maintained with the narcotic and control drug inventory (NAVMED 6710/4), 24 hour.

(3) The emergency breakout stock procedure is normally used only by large class ships with a medical officer assigned providing 24 hour medical coverage. It will provide a minimal stock of emergency controlled substances to the senior member of the duty section. It shall not serve as a source for filling "routine" prescriptions during duty hours.

(4) Dispensing from the emergency breakout stock shall conform to the guidelines in this paragraph. A DD-1289 shall be prepared and signed by the senior member of the medical duty section. The ship's medical officer will countersign this prescription as soon as possible. The medication will be issued to the patient and the patient will complete and sign the back of the prescription as in any controlled drug prescription. If the patient is unable to sign, it will be noted on the prescription. The front of the prescription will be annotated "issued from emergency breakout NAVMED 6710/4 _____" (indicate the prescription number from the appropriate NAVMED 6710/4). The countersigned prescription will be attached to the appropriate NAVMED 6710/4.

(5) Once the NAVMED 6710/4 has been completed (i.e., all drugs have been accounted for with attached DD-1289s), it shall be returned to the working stock custodian for inclusion in the records. It will be disposed of per article 3205 of this instruction and SECNAVINST 5212.5C.

(6) Upon relieving the watch, a physical inventory of all controlled substances is accomplished between relieving senior watch-standers. The keys to the emergency stock will remain in the custody of the senior Medical Department section watch-stander.

d. Procedures for Dispensing from Working Stock

(1) The DD-1289s will have, as a minimum, the patient's information as indicated in paragraph 3204.b(4).

(2) The letter "C" will be utilized as a prefix to all controlled substances and the prescriptions will be filed sequentially.

(3) Controlled substances prescriptions will be signed by a medical or dental officer. In ships without a medical or dental officer assigned, prescriptions will be signed by the SMDR and countersigned as approved by the commanding officer or duly appointed commissioned officer representative (usually the executive officer). This appointment must be in writing.

(4) In those special cases where the controlled substances are for use by the commanding officer, the prescriptions shall be countersigned by the designated officer. In **NO INSTANCE** shall the commanding officer or the designated alternate sign or authorize prescriptions for controlled substances for their own personal use.

(5) Prescriptions for controlled substances shall be issued only in the amount sufficient to sustain the patient until the patient can be seen by a medical or dental officer. In no case will more than a ten day supply of controlled substances be prescribed.

(6) Prescriptions for controlled substances will not be issued by an IDC in-port unless an emergency situation exists and further treatment will be delayed.

(7) Controlled substances are normally to be dispensed only to ship's company. There may be certain situations in which individuals other than crewmembers may require these substances. These individuals may include people involved with civilian humanitarian operations; people aboard ship participating in a "Tiger Cruise," people participating in the "Leaders to the Sea" Program, and other personnel aboard ship in an official capacity incident to ship's operations. In these situations, the ship's medical officer or SMDR may prescribe and dispense these substances if medically warranted. In keeping with the intent and spirit of this article to restrict the use of controlled substances to eligible individuals, controlled substances will not be issued to sponsored family members of the crew except in the special circumstances noted above.

3206. **Requisitioning, Receipt, and Expenditure of Controlled Substances.** The requisitioning, receipt, expenditure, survey, or other issuance of controlled substances is directly related to the financial management of medical department funds. The perpetual inventory records, therefore, must be presented to the inventory board monthly for comparison of total quantities contained in bulk against total quantities received and expended utilizing medical department funds. NAVMEDLOGCOM monitors all Navy and Marine Corps issues of controlled substances and forwards reports of discrepancies to the TYCOM for action.

SECTION 3

Medical Equipment Maintenance and Repair Program/3M System

3301. **General.** Medical equipment maintenance and repair is presently outlined by NAVMED P-5132 and OPNAVINST 4790.4B.

3302. **Medical Equipment Maintenance and Repair Program.** COMNAVSURFPAC ships shall comply with the requirements of NAVMED P-5132. Summarized, these requirements are to develop and maintain a viable maintenance and repair capability to ensure optimum equipment readiness in support of operating forces.

a. Prepare NAVMED 6700/3 (Medical/Dental Equipment Maintenance Record) for each equipment item currently on board or subsequently acquired which requires recurring maintenance. NAVMED 6700/3s will be used only for unplanned maintenance and repair of medical equipment.

b. Medical equipment maintenance shall be performed as required by 3M System procedures or manufacturer's literature (if the equipment is not covered by 3M).

c. Not less than semi-annually, a Biomedical Equipment Technician (BMET) will check all medical equipment items. These checks, as well as equipment repair and maintenance beyond ship's force capability, will be requested from the nearest BMET afloat, MTF, or medical equipment repair facility.

d. Complete nameplate data must be entered into the Ship's Weapon Systems File to ensure that all medical equipment is accurately reflected in the system. The fleet medical and dental equipment (MDE) allowance parts lists (APLs) are supported by the coordinated shipboard allowance list (COSAL). Equipment currently on board or subsequently acquired with an APL must be entered into the ships configuration system through SNAP. Shipboard supply departments will order, receive, and stock APLs through normal COSAL maintenance procedures. Verification by letter of current APLs for equipment are provided by NAVMEDLOGCOM. Ship's medical officers or SMDRs can request APL by phone, letter, message, or FAX to the Equipment Maintenance Division, Equipment Support Department. The following information must be included: NSN, nomenclature, manufacturer, model, and serial number of equipment.

e. Refer any problems encountered in obtaining technical assistance, arranging repair service, or implementing medical equipment maintenance programs to Force Medical by letter, message, or telephone.

f. A Casualty Report (CASREP) is required when medical mission is degraded due to equipment failure. CASREPs are prepared in accordance with current 3M guidelines

3303. **3M System.** All medical department equipment is to be incorporated into the 3M system. Once items are listed in the 3M system, the requirements for maintenance stipulated in the 3M system shall take precedence over manufacturer requirements. Recommendations for additions, deletions, and changes shall be submitted per OPNAVINST 4790.4B. NAVMED 6700/3s will be utilized only for unplanned maintenance and repair of medical equipment. Regular 3M maintenance **WILL NOT** be recorded on the NAVMED 6700/3.

3304. **Excess Equipment Disposal.** Obsolete or unserviceable excess materiel shall be disposed of per Joint NAVMEDMATSUPCOM/FMSOINST 6700.16H.

SURFPAC Units: Serviceable equipment and consumable supplies considered in excess of the command's needs in San Diego shall be turned in to the COMNAVSURFPAC medical redistribution warehouse. Notify Force Medical in advance of excess materiel turn in. Equipment or consumable supplies **WILL NOT** be dropped off and left unattended outside the medical redistribution warehouse at any time. Forward-deployed units homeported in Sasebo and Yokosuka, Japan, will turn in excess medical materiel to COMPHIBRON 11 or COMDESRON 15 for redistribution. Ships and other units assigned to MIDPAC, HI, will turn excess medical materiel in to COMNAVSURFGRU MIDPAC. For ships in the Bremerton/Seattle/Everett areas, turn in excess medical materiel to the COMNAVSURFGRU PACNORWEST Medical Representative.

3305. **X-ray Equipment.** Calibration and safety testing of diagnostic x-ray equipment must be completed using the X-Ray verification/ certification worksheet (DD Form 2164) annually as required by 3M system procedures and NAVMED P-5132. A radiation protection survey and equipment performance test of diagnostic X-ray equipment will be completed every two years per NAVMEDCOMINST 6470.6. Corrective action reports will be submitted to Navy Environmental Health Center with info copy to TYCOM within 60 days of survey. New X-ray systems are procured through NAVMEDLOGCOM. Reports of assembly of a diagnostic x-ray system (Med-21) and X-ray system acceptance inspection reports are coordinated through NMLC. The manufacturer generally completes system installations. BMETs afloat or ashore will perform the X-ray system acceptance.

3306. **Decommissioning/Ship Retirement.** COMNAVSURFLANTINST 4770.1C or COMNAVSURFPACINST 4000.1 provide consolidated sources for basic guidance concerning decommissioning or ship retirement actions required of ships designated for inactivation, strike/disposal, safe storage, Security Assistance Program (SAP) transfer, Foreign Military Sales (FMS), or Military Sealift Command (MSC) transfer.

CHAPTER 4 - HEALTH CARE

SECTION 1

Administration

4101. **Records and Logs**. The following records will be maintained in sickbay. They will be in a book/log or ADP format, and in sufficient detail to serve as a complete and permanent historical record for actions, incidents, and data.

a. **Medical Department Journal**. A medical department journal containing accounts of events of historical significance, not otherwise recorded in other programs, will be maintained for each ship. The journal is not intended to duplicate other records and logs maintained, but rather to provide a medium for recording special occurrences that might need to be reconstructed in detail at a future time. Examples of such events are those for which reference documents are removed from the ship such as serious injury or death. Recommendations made to the command that are not followed due to commanding officer's discretion are another example. Other significant occurrences include assessments from outside sources that are not officially reported and stock inventories that are not recorded elsewhere. The journal need not contain a complete history of daily events, but this option is at the discretion of the SMDR. The ship's MO or SMDR will sign the journal daily, or as applicable. If an ADP program is utilized, a hard copy will be run daily and signed by the MO or SMDR. The journal is a permanent record and will be retained per SECNAVINST 5212.5D.

b. **Statistical Data Log (Sick Call Log)**. The purpose of the statistical data log is to provide an audit trail for medical care provided to each patient. The SAMS medical encounter module must be used to record sick call log data. A modified SAMS sick call log should be submitted daily to the Commanding Officer. Each patient's diagnosis will be coded with the most specific available diagnostic (ICD-9) code. NOTE: This log must not be available for other patients to see due to patient confidentiality.

c. **Training Log**. This log shall contain a record of all training administered by the medical department. It shall contain the date, title of the lecture, division of personnel attending, duration of lecture, number of officers and chief petty officers attending, and number of E-6 and below attending. Maintaining all training data in the SAMS medical training management module satisfies this requirement. A muster sheet is to be maintained on file for each lecture given.

d. **Heat Stress Log**. Heat Stress Surveys will be maintained as required by OPNAVINST 5100.19C. The SAMS Environmental Surveillance module is the preferred method for maintaining these records.

e. **Temperature Log**. Shelf life, potency, efficacy and safety of certain biologicals and medications depend on proper storage and handling procedures. Medical departments are required to ensure proper temperatures are maintained in areas where biologicals and

medications are stored. Refrigerated storage areas must be checked and recorded at least daily. In the case of multiple reefers, readings may be maintained on one log or individual logs, at the discretion of the SMDR.

f. Ancillary Logs. Ships with x-ray and advanced laboratory capability will maintain records of tests and studies conducted in accordance with articles 4401 and 4402.

g. Sexually Transmitted Disease (STD) Log. An STD log will be kept per current regulations (BUMEDINST 6222.10).

h. Potable Water Log. Records concerning potable water testing will be maintained in accordance with NAVMED P-5010, Chapter 6 using the SAMS Environmental Surveillance module.

i. Sterilization Log. On surgical platforms, a sterilization log will be maintained per Article 4315.

j. Medical Waste/Disposal Log. Records will be maintained Article 3117 b.(8).

k. Pest Control Log. Pest control efforts will be recorded in accordance with NAVMED P-5010, Chapter 8, and current EPMU guidance using the SAMS Environmental Surveillance module.

l. Record Disposition Upon Decommissioning. Records will be disposed of as directed in SECNAVINST 5212.5D. SURFPAC Units may refer to COMNAVSURFPACINST 4000.1F.

4102. Health Records

a. Privileged Communication. The health record is a legal document containing an individual's past and present medical history. The manner of custody will be such as to protect its personal nature. Administration and management of health records will be in accordance with MANMED, Chapter 16. The Privacy Act of 1974 and SECNAVINST 5211.5C govern release of information from health records. MANMED, Chapter 23, Section III, sets forth guidelines to be followed.

b. Verification. Health and dental records, including accurate and complete summary of care form/problem summary list (NAVMED 6150/20), shall be verified upon receipt, at the time of physical examination, and prior to transfer to ensure that all required entries are contained therein. As a minimum, health records shall be verified annually by the medical department having custody of the record. An SF-600 entry will be made and the appropriate block will be marked on the health record jacket. NOTE: An audit of health and dental records, where records are checked against the ship's personnel roster, will be conducted semiannually to ensure that records are on board for each crewmember.

c. Readiness Requirements. Each member must have results of blood typing, G6PD testing, and sickle cell testing in the health record. There must also be documentation that DNA sampling has been accomplished. If any of these items are lacking, tests will be completed upon reporting. For readiness assessment purposes, testing of the crew in each of these categories must be greater than 90% to be graded satisfactory.

d. Sick Call Entries. An SF-600 entry will be prepared for each patient reporting to sick call. The importance of proper record keeping cannot be overemphasized. A properly maintained health record is of great value to the government or to a member in establishing entitlement to pension benefits for a service-connected disability. Entries in the health record shall contain the date, name of ship, vital signs, complaint, and treatment rendered in the following S.O.A.P.P. format:

S - SUBJECTIVE COMPLAINT (Patient's complaints and history)

O - OBJECTIVE SIGNS (Exam findings)

A - ASSESSMENT (Diagnosis)

P - PLAN (Treatment and disposition)

P - PREVENTION (Patient education)

(1) All signatures in the health record will be in blue/black ink. The name, rank or rating, profession or corps (e.g., MC), and SSN of the medical department representative making entries in the health record will be typed, printed, or stamped under the signature. Treatment rendered by other than IDC/MO's shall be counter-signed daily, or as soon as practical, by the IDC/MO. Stamped facsimile signatures will not be used on any medical or dental forms in health records. In signing, the individual assumes responsibility for correctness of the entry. It is suggested that a rubber stamp, as in the below example, be procured for medical department personnel to facilitate clear entries. A stamp is required for SMDRs.

Example: I. M. WELL IDC
HM1 USN
123-45-6789

(2) The PLAN section of a note will include the specific follow-up time and place.

(3) Diagnoses will be routinely coded with the most specific diagnostic code (ICD-9).

e. Patient Follow-Up. The medical department will maintain a tickler to ensure that all required follow-up cases return for evaluation as directed. If the patient requires treatment by a medical officer, the follow-up must be done by a medical officer unless corpsman follow-up is

specifically authorized and arranged for by the medical officer. If no specific follow-up is required, the last line of the note should reflect this.

f. Charge-out Control of Military Health Records. Health records will be controlled in accordance with MANMED, Article 16-10 and Section IV. The SAMS master tickler transfer record may be used in lieu of retaining the NAVMED 6150/7.

g. Abandon Ship. If at all possible, and *secondary to medical treatment and evacuation of casualties*, make necessary arrangements to attempt to salvage the health and dental records in the event of an abandon ship evolution.

4103. Medical Consultations

a. Consultation Sheet (SF 513). Patients requiring additional consultation services at other medical facilities will be referred using either an SF-513 or authorized electronic referral system. The medical department will maintain a tickler to track the status of all off-ship consultations. The following guidelines are general in nature and the consultation process may vary depending on the policies of the MTF in each geographic area.

(1) Whenever possible, CHCS should be used to request additional consultation services. A properly prepared consultation sheet (SF-513) will accompany each patient referred for consultation. The request for consultation, SF-513, shall include a summary of the patient's history (i.e., condition, complaints, treatment administered to date, and results of regimen) and any other information that may be of value to the provider completing the consultation. X-rays, laboratory reports, and other pertinent information and documentation should also accompany the patient.

(2) The use of fleet liaison offices at naval hospitals, dental centers, and naval medical clinics is strongly encouraged to ensure proper, adequate, and timely resolution of medical support problems. This technical liaison channel provides direct access for unit medical departments to the resources of shore facilities.

(3) In general, patients should not be referred to a hospital for consultation with a specialist without first having been seen by a medical officer except in emergencies or when a medical officer is not available and delay might jeopardize the welfare of the patient. If operating conditions dictate, direct transfer of the patient should be effected without delay. Patients should be referred for consultation when the medical history and condition so warrant.

(4) Post-Medical Consultation

(a) Crewmembers returning from medical consultations must receive appropriate follow-up from the ship's medical officer or SMDR, who shall also determine further medical care requirements (e.g., medications, physical therapy, follow-up appointments, etc.).

(b) Appropriate follow-up on appointment no-shows shall be conducted by the ship's medical officer or SMDR. No-shows may pose danger to the patient and unnecessarily inconvenience the supporting facility.

(c) Simple phone calls or ADP supported appointment list changes are important and effective forms of communication to schedule or reschedule consultations and to reduce the number of no-shows from the Fleet.

b. Medical/Dental Logistic Requests (LOGREQ). When medical services are required upon arrival in port, such services may be requested by LOGREQ message per appropriate Fleet regulations. It is recommended that, if possible, medical and dental LOGREQs be sent independently of the ship's LOGREQ 10 to 14 days in advance of reaching port.

c. Cancellation of Appointments. If the operating schedule of the ship changes or other unforeseen incidents occur whereby appointments for consultations cannot be kept, appointments shall be canceled or rescheduled expeditiously and as far in advance as possible.

4104. Medical Boards. A medical board may be convened by the personnel specified in MANMED Articles 18-2 on any member of the naval service upon recommendation of the medical officer of the command to which the member is attached. This does not prevent a unit commanding officer from requesting a medical board for fitness for duty from authorized medical facilities. Detailed instructions on medical board procedures are in MANMED, Chapter 18.

4105. Patient Admissions/Discharges

a. Statistical Data Log (Sick call log). Administrative procedures for admitting patients to the sick list will consist of appropriate entries in the statistical data log and patient's health record.

b. Serious List/Very Serious List. Personnel whose illnesses or injuries are of such severity as to be life threatening (as defined in MILPERSMAN 4210100) will be placed on the serious list or very serious list with appropriate notifications made as required.

c. Sick in Quarters (SIQ). SIQ from a shore medical facility should be considered as a treatment recommendation. The command must make the final disposition. Personnel placed on SIQ will be evaluated by the ship's medical department prior to being returned to full duty and appropriate health record entries will be made.

(1) An enlisted MDR must seek MO advice if the member cannot be returned to full duty after 72 hours due to unresolved illness.

(2) The SIQ/Light Duty Chit will contain, as a minimum, the following:

- (a) Limitations which are as specific as possible.
- (b) The length of time the limitations are expected to be in effect.
- (c) The specific time and place of follow-up.
- (d) Any special instructions to the patient.
- (e) A patient signature block for the patient to acknowledge their understanding.

d. Convalescent Leave. Naval hospitals may discharge a patient to return to his or her unit and recommend convalescent leave. Convalescent and sick leave are recommendations by an attending physician to the command and are considered as adjuncts to patient treatment. The command has approval/disapproval authority for such recommendations. The command must evaluate each recommendation based on individual case history and operational priorities. Convalescent and sick leave, when granted, do not count against annual leave. Naval Hospital Commanding Officers may grant convalescent leave without consulting the patient's parent command according to MILPERSMAN Article 1050-180.

e. Medical Limited Duty Status. Personnel reporting to a naval hospital or other medical treatment facility may be found to have a problem which requires the attending physician to place the member on limited duty for a period of six months. Sometimes this action involves an essential member of the crew (i.e., the only postal clerk, the only computer repair technician, etc.) and/or the limited duty period coincides with ship's operational commitments causing the ship to be without an essential member of the crew. The doctor placing the member on limited duty is making a medical decision and seldom knows of the nature of the problems losing the crew member would cause the ship. It is vital, therefore, that close liaison, especially when approaching important underway evolutions or deployment, be maintained with the medical treatment facility to ensure that the medical staff knows of the importance of the individual to the ship. Sometimes the need for the member to be placed in a limited duty status immediately will still be present; however, there are also times that a condition could wait and the medical staff, if aware of extenuating circumstances, would make that decision. Communication throughout the chain of command and liaison with the medical treatment facility is essential in these situation to ensure readiness and proper medical treatment.

4106. Referrals for Admission

a. Ships with Inpatient Facilities. Patients will be admitted to the ward and then transferred to a receiving inpatient facility on an inpatient admission/disposition record (NAVMED 6300/5). Clinical charts or abbreviated clinical records, X-rays, lab results, other pertinent data, and the health record shall accompany the patient upon transfer to other treatment facilities. The health record shall contain entries as specified in MANMED, Article 16-45. Under normal

circumstances, patients will not be admitted to the ward when inport CONUS. Patients requiring inpatient care should be referred to the nearest MTF.

b. Ships Without Inpatient Facilities. Patients requiring hospitalization will be referred for admission on a consultation sheet (SF-513). When a patient requires admission while at sea, the disease, injury, or complaint shall be completely documented in the health record, statistical data log, and medical journal. The health record and all other pertinent data shall accompany the patient upon transfer to the inpatient treatment facility.

4107. **Treatment of Military Personnel in Non-Federal Medical Facilities**

a. Personnel who require urgent or emergency medical treatment while on authorized leave or liberty shall, if possible, seek care at the nearest federal activity in the vicinity. If federal facilities are not available, the individual concerned or someone acting on his or her behalf should contact the member's commanding officer as soon as possible after member is treated in a civilian facility to report the emergency condition and make sure that payment is arranged. BUMEDINST 6320.72 provides guidance on care received from non-federal sources. Commanding officers may authorize such necessary emergency treatment as the circumstances warrant and the government will normally pay the expenses. If communication with the command is not possible or would delay emergency treatment, the member should obtain that treatment as a first priority and attend to notifications later when convenient. Again, in such circumstances, the government will normally pay expenses.

b. Whenever military personnel receive inpatient medical or dental care from civilian facilities in the United States, the member's commanding officer will immediately notify the Office of Medical/Dental Affairs, Great Lakes, IL.

c. A Statement of Civilian Medical/Dental Care (NAVMED 6320/10) will be prepared by the member's command and forwarded with the original and two copies of the itemized bills to the Office of Medical/Dental Affairs. The cognizant TRICARE contractor handles active duty payments in TRICARE regions 1, 2 & 5. SMDRs should keep informed on local policies and should consult with Health Benefit Advisors for local procedures.

d. Whenever military personnel require and receive medical or dental care from non-federal sources outside CONUS, commanding shall be responsible for claims covering expenses incurred by members of the command and for medical expenses incurred by transient or detached personnel in the area. Expedient settlement of these claims shall be made or satisfactory fiscal arrangements accomplished prior to departure of the ship from the area.

4108. **Disposition of Members Who Refuse Medical, Dental, or Surgical Treatment**

a. The MO or SMDR may occasionally be confronted with an active duty member who refuses to submit to recommended therapeutic measures to prevent illness or injury or to remedy a defect or condition that has interfered with his or her performance of duty. Persons refusing

treatment aboard ship may be subject to administrative or disciplinary consequences. In some cases, it will be appropriate to transfer them to a naval hospital for further evaluation and recommendations as to disposition. The medical board procedure, if such is warranted in such cases, is detailed in MANMED, Article 18-22. Submit such cases up the immediate chain of command. Do not, under any circumstances, force unwanted medical procedures on a competent, aware individual.

b. Notwithstanding the above, medical treatment may be given with or without a member's consent in certain conditions. In general these are: (See MANMED 2-18)

(1) Emergency care required to preserve the life or health of the member.

(2) Care necessary to protect life or health of a member who is considered by a qualified medical provider to be mentally incompetent.

(3) Isolation and quarantine for cases of suspected or proven communicable disease where medically indicated or required by law.

(4) Detention on closed ward where necessary to ensure proper treatment or to protect the member or others from harmful acts.

NOTE: MANMED Article 18-22 provides guidance concerning disposition of personnel who refuse medical, surgical, or dental care or related diagnostic studies. The condition rather than the refusal of treatment should be the deciding factor for determining disposition.

4109. **Motion Sickness**

a. Members of the naval service who manifest chronic motion sickness, who do not respond to conventional prophylactic/ therapeutic treatment, and who are unable to perform their duties as a result should be considered for possible administrative separation from active duty under MILPERSMAN Article 1910-120.

b. The initial diagnosis of chronic motion sickness (ICD-9 994.6) should be established by the medical department and the extent to which the condition has interfered with the member's performance of his or her duties documented by statements from the division officer, department head, and/or executive officer. The member must have a thorough examination, including evaluation by an ear, nose, and throat specialist, to ensure that the motion sickness is not a manifestation of ENT pathology and that the member is otherwise physically qualified for duty. Members should not be transferred to a naval hospital for admission unless competent medical authority has determined that hospitalization is necessary for proper evaluation of the condition.

c. In the event that an enlisted member requires admission to a naval hospital, the documentation cited above must be sent with the service member to the hospital. Enlisted members not requiring hospitalization for proper evaluation should be processed, as indicated,

through the administrative procedures set forth in the MILPERSMAN or Marine Corps Separations Manual.

4110. **Recommendations for Discharge by Reason of Unsuitability**

a. The recommendation for separation by reason of unsuitability or unsatisfactory performance due to personality disorders and disorders of intelligence should be made only in those cases in which a member has demonstrated unsuitability by unsatisfactory performance of duty or repeated disciplinary problems. In addition, the patient must demonstrate a personality disorder or other non-psychotic mental disorder as diagnosed by a psychiatrist or clinical psychologist.

b. Enlisted personnel diagnosed as having one of the below medical conditions may be processed for separation per MILPERSMAN Section 1900, SECNAVINST 1910.4A, and MANMED Chapter 18. Refer to MANMED Article 18-28, in reference to all cases of psychiatric disorders in which there is a question of mental incompetence, regardless of discharge action. All officers with these diagnoses shall have a medical board report prepared and submitted for departmental review.

ICD•9 CODE **DIAGNOSIS**

300.0 - 300.9	Neurotic Disorders
301.0 - 301.9	Personality Disorders
302.0 - 302.9	Sexual Deviation/Disorders
303.0 - 303.9	Alcohol Dependence Syndrome
304.0 - 304.9	Drug Dependence
305.0 - 305.9	Non-dependent Abuse of Drugs
306.0 - 306.9	Physiological Malfunctions from Mental Disorders
307.0 - 307.9	Special Symptoms not classified
308.0 - 308.9	Acute Reaction to Stress
309.0 - 309.9	Adjustment Reaction
311.0	Depressive Disorder, not classified
312.0 - 312.9	Disturbance of Conduct, not classified
315.0 - 315.9	Specific Delays in Development
317.0 - 319.0	Mental Retardation

4111. **Competence for Duty Examination.** In cases involving possible alcohol intoxication, drug abuse, medication reactions, or other unusual exposures or circumstances, it must be determined if the individual concerned is competent to perform duty. BUMEDINST 6120.20B provides detailed instructions on procedures and forms to be used to conduct and document a competency for duty examination. Examinations will only be performed on the written request of the commanding officer or the commanding officer's duly designated representative using NAVMED Form 6120/1, Competence for Duty Examination.

a. The examination shall be carefully and thoroughly carried out and all observations recorded because of the potential legal implications of the findings. Specimens of body fluids (i.e., blood, urine, saliva, etc.) to be used solely for the purposes of helping to establish the degree of competency shall normally not be taken unless the person is afforded all the rights of an accused under the Uniform Code of Military Justice and voluntarily agrees to provide the specimens. For exceptions to this rule, it is suggested that the ship's legal officer be contacted.

b. Regardless of whether or not body fluid specimens are obtained, a medical provider is required to render an opinion, based on examination, as to whether or not the subject is under the influence of alcohol, drugs, or other incapacitating substance and whether or not the subject is fit to perform the duties of his or her rank or rate.

c. In the absence or in the event of non-availability of a medical officer, the MDR shall perform the competency for duty examination.

4112. **Disposition of Members Not Suitable for Shipboard Duty**

a. Active duty personnel who have received the maximum benefits of hospitalization but are determined by clinical specialists, "Not Suitable For Shipboard Duty," are, in some instances, being inappropriately returned to shipboard duty.

b. Personnel who are medically, surgically, or orthopedically debilitated (including wearing cast and using crutches) to the extent that they are unable to respond effectively to hazards encountered aboard ship will not be placed in such an environment.

c. Disposition of these members will be one of the following:

(1) Assignment to medical holding companies.

(2) Limited duty ashore.

(3) Convalescent leave.

d. BUMEDINST 1300.2 Medical, Dental, and Educational Suitability Screening and Exceptional Family Member Program (EFMP) Enrollment provides guidance on the screening process for individuals who receive orders to operational assignments, including checklists and guidelines for professional review.

e. If a member reports to a sea duty command who has not received sea duty screening or is medically, surgically, or orthopedically debilitated (including wearing of cast and or use of crutches) to the extent that they are unfit for sea duty, the receiving command should prepare a message reporting that the member was improperly screened for duty. Provide members name, rank, SSN, ICD-9 code, and any amplifying information. The message should be directed to the transferring command, the transferring command's ISIC, and the transferring personnel support

activity. Info addressees will include the appropriate TYCOM and CINC, BUMED (Codes 02 and 22), and BUPERS (appropriate detailing code).

4113. **Decedent Affairs Procedures**

a. Initial Report. When a death occurs within a command, the MO/SMDR will immediately furnish the commanding officer with a memorandum report providing the information necessary to comply with MILPERSMAN 4210100 for Naval personnel and NAVMEDCOMINST 5360.1, Decedent Affairs Manual, Chapter 3, paragraph 3 for other than Naval personnel.

b. Medical Department Journal. An entry will be made in the journal recording all available information concerning the death.

c. Death Certificate. MANMED, Chapter 17 provides information concerning death certificates and submission of DD Form 2064, Certificate of Death (Overseas). Commands will ensure that an adequate supply of DD 2064s are on board for use should deaths occur outside the United States. An American medical doctor, military or civilian, must sign an OCONUS death certificate.

d. Health Record Entries. After the required entries concerning a death have been completed and the death certificate is incorporated into the record, the health record will be closed and forwarded to the command holding the service record of the deceased (MANMED Articles 16-9(1), 16-12(3) and 17-5).

e. Disposition of Remains. As soon as possible, remains will be transferred to the nearest Naval or armed forces medical facility for further disposition. Remains must be accompanied by the following:

(1) Medical/dental records and dental x-rays.

(2) DD 2064, Certificate of Death (Overseas) signed by an American physician.

(3) Two DD Form 565, Statement of Recognition, signed by shipmates who knew the deceased, if remains are recognizable. In all cases, refer to the Decedent Affairs Manual and MILPERSMAN 4210100 regarding requirements for death certificates to accompany remains. When transfer cannot be immediately accomplished, the remains will be prepared in accordance with NAVMED P-5083, placed in a body pouch, and refrigerated at a temperature of 36-40 degrees Fahrenheit to prevent decomposition. The space used must contain no other items and must be cleaned and disinfected before reuse. Remains will be identified with waterproof tags, marked with waterproof ink, and affixed with wire ties to the right great toe and to each end of the body bag. Minimum identification will include full name, SSN, and rate. The Decedent Affairs Manual contains complete information and guidelines.

COMNAVSURFLANTINST 6000.1J/
COMNAVSURFPACINST 6000.1H

f. Care of Personal Effects. An inventory of all the personal effects of the deceased will be made and itemized. For enlisted personnel, the inventory will be made by the division officer of the deceased and the master-at-arms. For officer personnel, two officers must accomplish the inventory. After the inventory has been completed and signed, the effects will be turned over to the supply officer for disposition.

4114. **Personnel Transfer**. When a crewmember transfers, the medical department will prepare a transfer record using the SAMS Master Tickler Module. The member's information will be downloaded to a 3.5" computer disc, which will be included in the member's health record.

SECTION 2

Clinical Health Care

4201. **Responsibilities of Medical Department Representatives in Commands without a Medical Officer.** Non-physician medical department representatives (MDRs) shall not attempt to perform elective medical or surgical procedures for which they are not professionally qualified.

a. If it becomes necessary to perform a limited physical examination, a non-physician MDR shall make an appropriate entry in the health record. The non-physician MDR shall undertake as required other professional and administrative duties normally performed by medical officers. Hospital corpsmen shall perform these duties only when a medical officer is not available and with the approval of the commanding officer.

b. Surgical procedures for ships without a medical officer shall adhere to the following guidelines. Shore medical facilities are to provide major and minor surgical support, except in emergency conditions. It is safer for a patient to be referred to a medical facility ashore even though it may require a delay in the initiation of therapy. Emergency conditions are defined as those jeopardizing life or limb and are not extended to include convenience or training. Consistent with this definition, any medical provider may administer emergency care, regardless of scope, as deemed appropriate to the best interests of the patient. These guidelines do not preclude the appropriate closure of wounds, drainage and debridement of infected skin lesions, or removal of foreign bodies (except penetrating foreign bodies of the eyes).

c. Foreign objects and tissues removed from the body of a patient (less wound debridement tissue) require pathological examination in all cases. Per NAVMED P-5083, they are to be appropriately preserved and sent to a naval hospital pathology laboratory with tissue examination forms (SF 515) which provide history and other pertinent information.

4202. **IDCs Requiring MO Assistance/Advice.** Hospital corpsmen on duty independent of a medical officer shall not attempt, nor be required to perform, medical duties for which they are not professionally qualified. They shall make firm and appropriate recommendations to the commanding officer whenever the service of a medical officer is required and whenever they consider the patient to be in need of professional medical care exceeding the skills and support immediately available. Operational circumstances permitting, independent duty hospital corpsmen shall seek consultation with a medical officer in company, or nearest medical treatment facility, in the following situations:

a. Fever (oral temperature) equal to or greater than 103 degrees Fahrenheit.

b. Fever (oral temperature) greater than 100.4 degrees Fahrenheit and less than 103 degrees Fahrenheit, persistent for 48 hours.

- c. Respiration greater than 28 per minute without apparent reason.
- d. Pulse greater than 120 per minute without apparent reason.
- e. A persistent diastolic blood pressure exceeding 105 mm/HG over a three day period.
- f. Any systemic heat casualty.
- g. Any suspected case of hepatitis, tuberculosis, malaria, syphilis, disseminated gonorrhea, or gonorrhea second-time treatment failures.
- h. Any patient with chest pain believed to be cardiac in origin or dyspepsia unrelieved by antacids.
- i. Any abdominal pain associated with a fever or an elevated white count.
- j. Any patient with persistent or worsening abdominal pain.
- k. Any patient with hematemesis, hemoptysis, or hematochezia.
- l. Any patient with sudden testicular pain where torsion of the testicle is a possible diagnosis.
- m. Any patient with traumatic or unexplained loss of consciousness.
- n. Any patient with a compromised airway. (Note: A minimally compromised airway associated with pharyngitis, other head and neck infections, or head and neck trauma may rapidly progress to a life-threatening emergency. Act expeditiously when confronted with any degree of airway compromise.)
- o. Any unscheduled return visit for identical complaint.
- p. Whenever there is doubt about a patient's condition or treatment.

4203. **Laboratory Services**. Medical departments will maintain required laboratory equipment and supplies in accordance with assigned AMMALs. The following guidelines are applicable to all ships unless otherwise indicated.

- a. **Storage**. Equipment items will be stowed properly when not in use. Equipment intended for continued use must be properly secured to counter surfaces, bulkheads, or decks. Supplies will be stored with regard to temperature requirements and/or hazardous qualities. Refrigerated items will be stored with other biologicals and medicinals only at a temperature range of 36-46°F. Biological reefers will have a functional alarm system.

b. Standard Operating Procedure (SOP). To ensure standardization of testing procedures, each ship must maintain an SOP containing guidance for all laboratory procedures that the department is capable of conducting. The SOP also provides a valuable tool for training other members of the department.

c. Documentation. All specimens collected will be clearly labeled with patient identification data. All tests conducted will be documented in a laboratory log. Entries will include, at a minimum, date, patient data, test conducted, and results. Ships with a laboratory technician (NEC 8506) assigned will complete logs in accordance with established laboratory procedures.

d. Laboratory Assessment. Ships with an assigned laboratory technician (NEC 8506) will be scheduled for assessment by members of a shore MTF to evaluate laboratory services. This assessment will be coordinated by the appropriate ISIC as a required portion of the MRA.

4204. X-Ray Services. Ships with x-ray capability will maintain equipment and supplies in accordance with assigned AMMALs. The following guidelines are applicable:

a. Storage. Equipment will be properly stowed to ensure that it is secured for sea. Supplies will be stored with regard to light sensitivity or hazardous qualities. Each x-ray machine will be tested for proper performance at least every two years with results kept on file.

b. Standard Operating Procedure (SOP). To ensure standardization of testing procedures, each ship with x-ray capability will maintain an SOP for all studies that the department is capable of conducting. Procedures will include the requirement for all films to be delivered to a radiologist for professional reading.

c. Documentation. All studies conducted will be documented in an x-ray log. Entries will include, at a minimum, date, patient data, study conducted, and results. Additionally, this log must indicate the date the film was sent to and returned from a radiologist with confirmation of results.

d. Radiation Health. A radiation health program will be maintained in accordance with NAVMED P-5055 Radiation Health Protection Manual. The assigned x-ray technician (NEC 8451) will normally be assigned as program manager. A dosimetry program will be maintained in accordance with NAVMED P-5055 with results and reports documented using the SAMS Radiation Health Module. External audits will be requested through the ISIC as required by NAVMED P-5055.

4205. Pharmacy Services. Medication will be stored and dispensed using the following guidelines:

a. Storage. Pharmacological supplies will be stored with regard to temperature requirements and/or hazardous qualities. Refrigerated items will be stored with other biologicals and medicinals only at a temperature range of 36-46°F. Biological reefers will have a functional

alarm system. Stock will be used and rotated with regard to expiration dates. All spaces containing drugs and medicinals will be securable to prevent unauthorized access.

b. Prescriptions/ Container Labeling. All medications will be prescribed and dispensed in accordance with MANMED Article 21-5. Drugs will be dispensed in a labeled container. Labels will include name of ship/unit, date, patient's name, directions (e.g., two tablets every four hours), drug (e.g., Aspirin), strength (e.g., 325mg), quantity dispensed (e.g., 24 tabs), and the name of the person prescribing followed with the initials of the dispenser.

c. Administration of Antibiotics. A non-physician MDR serving without a permanently assigned MO may prescribe and administer only those antibiotics included in the ship's AMMAL and those non-AMMAL antibiotics approved by the Force Medical Officer. Strict accountability for all antibiotics will be maintained. The MDR is responsible for the proper requisitioning, receipt, custody, transfer, dispensing, loss, and procedures pertaining to use. As other medicinals, antibiotics will be kept in a secured space.

d. Drugs Requiring Special Custodial Care. Controlled substances will be managed in accordance with chapter 3, section 2.

4206. **Inpatient and Surgical Care.** The ability to hold personnel in an inpatient status exists on most surface ships. On smaller ships with a single SMDR, this capability is limited to one or two berths that can be used for short periods of time. On larger ships however, the capability is broadened by the presence of Medical Officers and enhanced ancillary services. Surgical platforms not only have a ward but also have an Intensive Care Unit (ICU) capability. The ability to deliver quality inpatient, surgical, and post-surgical health care rests on established administrative procedures, protocols, and standards of care. On ships staffed by MOs, the following areas of concern must be addressed for specialized care. These areas are not intended to be all-inclusive nor do all apply to each class of ship. Each ship may address the concerns as they apply to their individual activity.

a. Patient administration. Admission criteria must be established. Each patient admitted must have orders written by the admitting MO. All care provided during the inpatient stay will be documented in a separate, inpatient record using appropriate, standardized inpatient forms. A method of patient identification and tracking must also be developed to ensure accurate accountability. The use of a patient status board or appropriate alternative is recommended. When a patient is discharged, records will be retired and maintained on board for two years.

b. Care Protocols. Specific patient care protocols must be established and reviewed periodically to ensure that they maintain currency. The following will be maintained:

(1) Patient restraining policy. Will include specific circumstances under which restraints should be used and policy for observing these patients.

(2) Patient isolation policy. Will include guidelines to protect staff and patients alike in cases of communicable/contagious diseases with emphasis on universal precautions.

(3) ACLS protocol. Will include emergency response equipment and supplies required at the scene and personnel involved in ACLS situations.

(4) Thrombolytic therapy protocol. Will be based on laboratory tests and medications currently included on the ship's AMMALs.

c. Housekeeping. Inpatient facilities have inherent requirements for cleanliness and patient comfort with special emphasis on infection control. Wards and ICUs must be kept clean and orderly to support these requirements. Appropriate infection control measures will be used in accordance with established standards of care. There must be adequate provision for the supply of linens and pajamas. Dietary needs of the patients must also be met in accordance with their level of ambulating. Upon discharge, each patient's berth will be stripped and cleaned, including mattresses as necessary. Equipment, linen, and bedding must be disinfected with adherence to established standards for infection control.

d. Equipment and Supplies. All equipment items required by the ship's AMMALs must be fully functional and required consumable supplies must be available as appropriate. Sterile supplies must not be exposed to conditions that could compromise their sterility. Specific areas of concern include:

(1) ACLS requirements including defibrillators, suction apparatus, and drugs/supplies.

(2) Required number of beds and gurneys with orthopedic hardware and safety restraints as appropriate.

(3) ICU beds will have bedside oxygen, suction, and IV infusion pumps.

(4) Calibrated equipment including: Mechanical ventilators, anesthesia machines, respiratory gas monitors, and electrosurgical apparatus.

(5) Other specialized equipment including hypo/hyperthermia and fluid warming equipment and required surgical scopes (EGD, COLON, BRONCH) with attachments.

4207. Operating Rooms. LHA and LHD class ships, when supported by an embarked Fleet Surgical Team (FST) or other surgical support element, become surgery-capable platforms. These ships maintain multiple operating rooms; spaces that meet established standards for conducting surgical procedures. All requirements listed in article 4206 apply to surgical equipment and supplies. The following are additional areas of concern:

a. Sterilization. Surgical sets will be maintained in quantities established by the ship's AMMALs and sterilization will be accomplished in accordance with articles 4315 through 4318.

b. Conscious Sedation Protocol. Conscious sedation involving intravenous agents is a technique requiring familiarization with its risks and complications (e.g. decreased respiratory reflexes, etc.). In addition to establishing a protocol, any clinician desiring to administer conscious sedation must be specifically credentialed to do so. Clinicians routinely providing intravenous sedation must request clinical privileges through the credentials process, with supporting documentation indicating training or experience. A General Medical Officer (GMO) will not normally have had the training or experience to successfully meet the criteria for being granted this privilege.

c. Pathological Specimens. Specimens will be properly labeled and identified in accordance with established laboratory procedures. Established procedures will be used when forwarding specimens to another facility for testing.

4208. Manning of Sick Bay. A watch shall be maintained per the ship's SORM during operational evolutions potentially capable of generating casualties, at any time patients are under observation in sick bay, and at other times designated by the commanding officer.

4209. Ophthalmic Services and Related Procedures. Ophthalmic services, including optical inserts for protective masks, will be provided to active duty personnel in accordance with NAVMEDCOMINST 6810.1. Each crewmember that wears corrective lenses will have 2 pairs of clear lenses and 1 protective mask insert in their possession. DD Form 771, Eyewear Prescription, will be used for requesting all spectacles or repairs. Nonstandard lenses and frames will be fully justified under the "Special Lenses or Frames" section on the DD 771.

4210. Physical Examinations. All physical examinations will be conducted and reported per MANMED, Chapter 15 and medical department personnel should become thoroughly familiar with this reference as it pertains to type and frequency of all officer and enlisted physicals. For readiness assessment purposes, the status of physical examinations must be greater than 90% to be graded satisfactory.

a. When possible, all physical examinations should be performed by the ship's MO. If an MO is not available, arrangements should be made with other available facilities. If an off-ship provider is used to conduct the examination, the ship's medical department should ensure that all necessary preliminaries (i.e., forms completion, lab studies, audiogram, ECG, vital signs) are completed prior to the provider appointment.

b. Guidance on physical examinations for Naval Reserve personnel are provided in Chapter 6, Section 3.

4211. Women's Health Maintenance Examinations. All active duty women will receive an annual health maintenance examination in accordance with BUMEDNOTE 6320. The scope of the examination will include Papanicolaou smear, pelvic examination, breast examination (and mammography, if indicated), and blood pressure measurement. Family planning, contraceptive counseling, and STD prevention counseling will also be accomplished during the examination

with special emphasis on health promotion topics. For readiness assessment purposes, the status of women's health examinations must be greater than 90% to be graded satisfactory.

4212. **Sick Call and Ship's Brig Sick Call**

a. Sick Call. Sick call shall be held at times designated by the commanding officer. Times for sick call may be adjusted to fit the ship's work routine when operating under adverse or other unusual conditions so as to make the services available to each watch section.

b. Ship's Brig Sick Call. Certain ships and units are authorized to establish and maintain brigs. Prisoners may be confined in brigs which have been inspected and approved. Whenever the ship's brig is occupied, a ship's brig sick call shall be conducted daily by the senior hospital corpsman in the duty section. This sick call shall include a visual inspection of the sanitary condition of the brig. A medical officer, if assigned, shall conduct the sick call when the ship is underway. An entry regarding conditions found shall be made in the medical journal.

4213. **Substance Abuse and Alcoholism**. Alcoholism is a treatable disease. Its treatment requires the joint effort of the command and the medical department. Command cooperation and accurate diagnosis can ensure identification of alcohol dependent personnel and referral to rehabilitation programs. Prolonged supervision to ensure sobriety and the use of a multifaceted therapeutic approach with heavy reliance upon the support of Alcoholics Anonymous (AA) will facilitate success. Disulfiram (antabuse) may be continued aboard by an SMDR, but should not be initiated except by a medical officer. Alcoholism is an illness in which relapses are common. Immediate, skillful confrontation of the patient in a relapse can be useful in obtaining further improvement. Although the diagnosis of alcoholism is not to be indiscriminately applied, individuals identified as having a drinking problem should be referred promptly for evaluation for appropriate medical intervention.

a. Individuals suspected of excessive use of alcohol should be confronted and encouraged to recognize the indications of a progressive drinking problem. There is no uniform standard for the amount or frequency of alcohol use which constitutes excessive drinking. However, alcohol abuse should be considered when the use of alcohol results in, or contributes to, one or more of the following:

- (1) Impaired duty performance.
- (2) Impaired physical or mental health.
- (3) Impaired personal relationships.
- (4) Unacceptable social behavior.
- (5) Violation of civil or military law.

b. The following references contain valuable information and guidance on substance abuse intervention programs available in the Navy:

(1) SECNAVINST 5300.28 Alcohol and Drug Abuse Prevention and Control.

(2) OPNAVINST 5350.4 Substance Abuse, Prevention, and Control.

(3) NAVMED P-5116 Drug Abuse (Clinical Recognition and Treatment, Including the Diseases Often Associated).

4214. **Management and Care of Patients with Altered States of Consciousness**

a. Altered consciousness can be induced by abuse of alcohol and drugs, either individually or in combination. The danger of death to a person intoxicated with drugs and/or alcohol is real. Additionally, injuries can cause altered states of consciousness, often compounding the threat to an intoxicated person. Once consciousness becomes so altered that protective reflexes are impaired, observation becomes mandatory and chain of command attention is warranted.

b. When an individual is identified as being in a seriously altered state of consciousness, whether that determination is made by shore patrol, MAA, quarterdeck or shipmates, the officer of the deck shall be notified and the medical department representative or medical officer shall be called to evaluate the patient. If in port after working hours, personnel with altered consciousness should be taken to the closest military medical facility; an appropriately staffed and equipped civilian facility will be used in areas with no military facility. When circumstances do not permit transfer ashore, medical officer consultation shall be obtained.

c. In the absence of medical department personnel, constant supervision by a competent member of the patient's department or division is required. The following guidelines shall be followed in the management of personnel with altered consciousness:

(1) Notify the officer of the deck.

(2) Loosen clothing (especially in the neck area).

(3) Remove false teeth or foreign objects from the mouth.

(4) Place patient on stomach with head turned to one side.

(5) Monitor constantly for breathing pattern, choking, swallowing of vomit, response to light-touch-noise, and patient movement.

(6) Be prepared to administer cardiopulmonary resuscitation in case of respiratory and/or cardiac arrest.

(7) Transfer patient immediately, with escort, to nearest activity with a medical department if such transfer is feasible; otherwise, continue monitoring continuously until either relief by medical authority or full patient recovery occurs.

4215. **Diving Accidents.** Information on diving accidents is contained in Appendix I.

4216. **Aviation Medicine**

a. **Flight Personnel.** The ship's MO or SMDR, as applicable, must assure that all flight personnel are physically qualified while in flight status. BUMEDINST 6410.5A authorizes commanding officers to relieve from flight duty any individual considered physically unfit for such duty upon the recommendation of a medical officer, not restricted to a flight surgeon, or an SMDR HM 8425 previously trained in aviation medicine. The commanding officer may authorize resumption of flight duty on the recommendation of a flight surgeon, aviation medical examiner (AVME), or aviation medical officer (AVMO). BUMEDINST 6410.5A expands the authority to issue aeromedical grounding and clearing notices, under specific conditions, to medical officers and to hospital corpsmen with NEC 8425, 8406, and 8409 who have been previously trained in aviation medicine.

b. **Aviation Accidents.** Detailed information on aviation medicine and the handling of aviation accidents is contained in Appendix J.

4217. **Patient Berthing.** Commanding officers are responsible for maintaining the readiness of designated medical treatment spaces.

a. Personnel other than the sick or injured will not be berthed in any shipboard medical, hospital, or sick bay space (appropriate CINCFLT regulations refer).

b. On ships maintaining a 24-hour medical watch, the duty corpsman is authorized to sleep in sick bay but is to have a regularly assigned berthing space. Personal gear and clothing is not to be stored in sick bay. Sick bay or ward spaces shall not be used as a "hotel" for transient or augmented personnel. In emergencies or extreme necessity, exceptions to this policy may occur with the expressed authorization of the Force Medical Officer.

4218. **Cold Weather Medicine Considerations.** Treatment strategies should be worked out in advance for cold injuries, as for all types of injuries that may reasonably be anticipated in an operational setting. Low reading thermometers (NSN 6515-00-139-4593 AMMAL) should be available in sick bay to aid in management of hypothermia. Since rapid re-warming is the best approach to frostbite, plans to provide warm water (105 degrees F.) immersion should be made. Provide for early identification of types of cold injury that can be treated in the sick bay sink, shower, or physical therapy tank and decide which will require special improvisations, such as the use of a practice torpedo case. Resuscitation prior to medical evacuation (MEDEVAC) will likely be required due to time and distance to the nearest medical assistance. Management of such cases should start with removal of wet clothing and drying with warm air. This will

facilitate complete evaluation of the patient and allow stabilization of airway, breathing, and circulation prior to immersion in warm water. MEDEVAC poses its own difficulties in extreme cold weather. Casualty blankets (NSN 7210-00-935-6666 AMMAL) may afford protection from the cold and should be available for litter cases while in transit. An Evacuation Bag, Casualty, Insulated (NSN 6530-01-109-9039 NON-AMMAL, U/P \$359.83) provides excellent rewarming and protection for the hypothermic patient during transport. Hot water bags (NSN 6530-00-770-6425 AMMAL) may be placed in the bag with the patient to provide warmth but not directly on cold injured skin. Intravenous (IV) tubing (extension set 6515-00-115-0032 AMMAL) may be wrapped around these heating pads to warm the fluid prior to its entering the patient. This may prevent a patient who requires significant fluid support from becoming hypothermic during transit due to infusion of cold IV fluids.

4219. **Medical Standbys**. COMNAVSURFLANT/PACINST 6320.2 provides detailed policy on the use of appropriate standbys during medical interviews and intimate examinations of patients by health care providers of the opposite sex.

4220. **Allergy Immunotherapy (Allergy Shots)**. Allergy immunotherapy injections can only be given aboard ship in the presence of a physician with appropriate clinical privileges and resuscitative equipment and supplies necessary for the treatment of reactions, including cardiopulmonary arrest. When no such provider and/or materiel is on board, the injections will not be given. Only military prescribed allergy immunotherapy is authorized aboard ships. Self-administration of immunotherapy agents is not authorized.

4221. **Dental Care**. In the absence of a dental department, it is the duty of the medical department to promote and arrange for the necessary dental treatment of the crew. CINCLANTFLTINST/CINCPACFLTINST 6600.2 provides detailed guidance for the management of the dental readiness program.

a. All personnel will receive an annual dental examination. MDRs will arrange examinations with the nearest shore dental facility in accordance with established policies. Personnel requiring emergency dental care will be referred to the nearest facility for treatment. After working hours, dental services are available from the ship assigned the dental guard or any nearby large dental facility ashore. A completed S.O.A.P note, entered on an SF 603 or SF-513 and indicating the chief complaint, will be appended to the dental record and accompany the patient.

b. When referral of an individual for emergency dental treatment is impossible, the medical department representative should accomplish palliative therapy until such time as a dental officer may see the patient. There are excellent guides for dental first aid in the Handbook of the Hospital Corps (NAVMED P-5004), and Dental Assistant, Basic (NAVEDTRA 10677) Chapter 11. All treatment given should be entered in the individual's Dental Record (SF-603) (MANMED 6-102, 6-114).

c. The supplies required to be on board for emergency dental treatment for ships without a dental department are listed in ADAL 209.

4222. **Suicide Prevention**. An encounter with a suicidal person is always a deeply emotional experience. The fear which results from not knowing what to do, or doing the wrong thing, often inhibits timely intervention. It is important to recognize that just telling someone "I care about you" communicates the existence of hope and help. On the other hand, misinformation prevents potential support.

a. WHAT TO DO if you believe that someone may be suicidal:

(1) Take threats seriously. Trust your suspicions. It is easier to predict suicidal behavior when a person shows many of the factors indicating suicide contemplation. However, telling loved ones "goodbye" instead of "good night" may be the only clue.

(2) Answer cries for help. Once you are alerted to the clues that may constitute a "cry for help" from a loved one, shipmate, or co-worker, you can help in several ways. It is most important not to ignore the issue.

(3) Confront the problem. If you suspect a person is suicidal, begin by asking questions such as, "Are you feeling depressed?" "Have you been thinking of hurting yourself?" leading up to the question "Are you thinking of killing yourself?" Be direct. Don't make moral judgements, act shocked, or make light of the situation. It is important to show concern and listen.

(4) Tell them you care. Persons who commit suicide most often feel alone, worthless and unloved. You can help by letting them know that they are not alone and that you are always there for them to talk to.

(5) Get professional help. Immediately seek professional help from nearest MTF for any member considering suicide. Personnel will be continually observed and escorted by crewmember of equal or higher rank, preferably from same division or duty section.

b. WHAT NOT TO DO:

(1) Don't leave anyone alone if the risk of suicide is suspected.

(2) Don't assume the person isn't the suicidal "type."

(3) Don't act shocked at what the person tells you.

(4) Don't debate the morality of self destruction or talk about how it may hurt others.

(5) Don't keep a deadly secret. Tell someone what you suspect.

4223. **Mental Health Evaluations.** Referral of individuals to a mental health provider will be in strict compliance with SECNAVINST 6320.24.

4224. **Rape/Sexual Assault**

a. Rape examinations will be conducted by MOs when rapidly available (within two hours) using NAVMEDCOMINST 6310.3 as reference. If an MO is not available, a PA or IDC may conduct the examination.

b. Rape examinations will be conducted aboard ship only when at sea or in ports where no adequate U.S. medical facilities exist.

c. Sexual assault investigation kits are required by AMMAL and have an indefinite shelf life. They should be maintained in the ship's medical spaces in a locked cabinet and provided the same degree of security as syringes and needles and sealed with appropriate antipilferage device. Only the practitioner will break the seal and only in the presence of the ship's MAA assigned to investigate the alleged rape or ship's evidence custodian at the time of the examination.

d. A standby of the same sex is preferred during all rape examinations, but if a person of the same sex is not available, follow procedures outlined in COMNAVSURFLANT/ PACINST 6320.2. The MAA must be present (outside the clinical field) during all exams to properly initiate the chain of custody. All samples will be given directly from the practitioner to the MAA ensuring the evidence procedures of OPNAVINST 5580.1 are properly executed. If there is an NIS representative available, they should be on board to take custody of the collected samples. If there is no NIS representative available, after the MAA places the collected samples into the chain of custody, further action by command and/or command MAAs must be according to provisions of SECNAVINST 5520.3B.

e. Victims will be medically treated according to the present standard of care. Because of the high number of variables in treatment of rape victims, a standard treatment protocol is not provided in this instruction, but is outlined in the Operational OB/GYN Manual. When in doubt about treatment, it is strongly recommended that the clinician seeks advice by immediate message, telephone, or secure voice communications.

f. In all cases of alleged rape, compassion and understanding should be shown any victim realizing that the emotional insult can be even more damaging than the physical injuries.

4225. **Medical and Dental Care for Personnel other than Active Duty.**

NAVMEDCOMINST 6320.3B provides information on policies and procedures for provision of medical and dental care to personnel other than active duty members to include care authorized and method of payment, if required.

4226. **Predeployment Screening of U.S. Government Civilian Employees, Contract Personnel and Guests.** Per CINCPACFLTINST 6320.3/CINCLANTFLTINST 6320.6, Civilian employees of the U.S. government and civilian contractors with an unstable chronic disease or condition that requires frequent medical monitoring and/or treatment shall not deploy on board SURFLANT/SURFPAC vessels. A Certificate of Medical Examination (SF-78) and Report of Medical History (SF-93) completed within the previous 12 months shall be submitted to the ship's SMDR not later than two months prior to deployment. In unforeseen or emergency cases, the employee will present copies of the completed SF-78 and SF-93 to the SMDR as soon as practicable upon arrival. The SMDR will review the documents and, if necessary, perform any additional examinations or referrals required to reach a recommendation regarding fitness for embarkation. The CO, with input from the SMDR, will make the final decision regarding fitness for embarkation in all cases.

a. If currently on medications, the individual shall bring a quantity sufficient to last through the deployment period. The individual shall contact the SMDR if any special storage is required for these medications.

b. Short-term guests, including Tiger Cruise participants, will be advised of limited shipboard medical capabilities prior to embarking and will be asked to certify their physical fitness to participate. At a minimum, such certification must specifically acknowledge that they have no medical conditions likely to be made worse by the shipboard environment and that they have an adequate supply of medications/medical devices needed for the duration of cruise.

SECTION 3

Shipboard Emergency Medical Readiness

4301. **Medical Readiness.** The medical department will be prepared for all medical emergencies. When facilities are inoperable due to materiel casualties or personnel shortages, appropriate corrective action will be initiated and substitute support measures will be promptly defined and instituted. Sick bay must be set up to receive emergencies at all times. In addition to those medical supplies normally needed for routine sick call, a suitable area within sick bay, if not designated as a Battle Dressing Station (BDS), will be supplied and equipped to treat medical emergencies.

a. First aid supplies and equipment are distributed throughout the ship and are to be utilized by crew members in the event of personnel casualties during battle or emergency conditions. NAVSUP P-485 lists first aid materials as damage control readiness material and controlled equipage, thus requiring optimum management and security to ensure continuous readiness.

b. All items of emergency first aid materiel and stretchers listed in this section are designated as damage control readiness material and controlled equipage. As such, they will be managed and maintained under the damage control preventive maintenance system (NAVSUP P-485 refers). Departments assigned responsibility for spaces where emergency first aid materiel and stretchers are installed or located are responsible for the readiness of such materiel. Discrepancies noted will be reported to the medical department. Inventory and restocking will be the responsibility of the medical department.

c. To ensure that emergency supplies are maintained in a high state of readiness, particular attention must be paid during inventories as to the material condition and potency dating of stock. Newly requisitioned supplies are to be rotated into reserve stock and older stocks utilized in sick bay in order to prevent loss through aging and deterioration of materials

d. Potency dated material is defined as material having a specified storage period. Such items should be rotated out of emergency stock in sufficient time to allow usage prior to expiration. When expiration dates are given as month and year only, the material is considered to expire on the last day of the month specified.

e. **General Specifications for Ships (GENSPECS).** GENSPECS, Section 652 lists requirements for medical and dental spaces. Article 652c lists requirements for emergency medical gear under the heading of "General medical shipboard requirements." At the time of this revision to the shipboard medical guide, article 652 is undergoing revision. It should be noted that the guidance presented in articles 4303 through 4308 of this chapter reflect intentional departures from the standards listed in GENSPECS. These changes are in line with proposed revisions.

4302. **Emergency Response Kits**. The appropriate response kit will be readily accessible and located in the area designated for emergency treatment.

a. Ships with MOs assigned will utilize the 0918 AMMAL (MO Resuscitation Kit) or the 0920 AMMAL (Diving MO Resuscitation Kit). Ships with IDCs will utilize the 0924 AMMAL (IDC Emergency Response Kit).

b. All units (except MHC and MCM class ships) will also maintain the 0944 AMMAL (Junior HM Emergency Response Kit) for each non-IDC Corpsman up to a maximum of 5 kits for larger Medical Departments.

c. All emergency kits will be maintained in a continuous state of readiness, ensuring appropriate quantities, quality control, and management. Inventory sheets listing as a minimum NSN, nomenclature, quantity, quality control data, and dates of inventory will be maintained within the kit. Semi-annual inventories will be conducted to ensure readiness, and the kit should be replenished and re-inventoried whenever used. The kit can be augmented with additional AMMAL items based on the expertise of medical department personnel assigned. Any item augmented will be added to the inventory sheet.

4303. **Battle Dressing Stations (BDS)**. Battle dressing stations provide alternate sites that can be used by medical department personnel during emergency conditions to assess and treat casualties.

a. **Location**. Battle Dressing Stations (BDS) will be located in areas affording maximum protection consistent with the availability of care for the wounded. BDS locations will be in accordance with ship class drawings. The BDS offering the best facilities for surgical procedures and care will be equipped for this purpose and designated as the Main BDS. Appendix K lists the number of required BDS' by ship class. (Note that, due to space limitations and small crew size, MHC class ships have no designated BDS.) Ships without an assigned MDR are not required to have a designated BDS.

b. **Use of Battle Dressing Stations**. On ships with separate BDS', these locations will not be used in any manner that will interfere with the designated purpose. Specifically prohibited is use in any manner that could:

- (1) Impair the primary use of the space as a BDS.
- (2) Restrict ingress/egress of injured crewmembers.
- (3) Compromise the maintenance and security of medical supplies and or equipment.
- (4) Restrict medical department personnel from unlimited access to the spaces.

c. Outfitting and Maintenance. Each BDS will be outfitted with supplies and equipment sufficient to provide triage, resuscitation, initial stabilization, and limited care to casualties. BDS supplies and equipment shall be maintained in a state of readiness, ensuring appropriate quantities, quality control, management, and security thereof. All supplies and equipment in the BDS will be reflected in a BDS inventory list with inventories being conducted at least semi-annually. Inventory lists will include, as a minimum, NSN, nomenclature, quantity, quality control data, location (drawer number, shelf number, etc.), and documented dates of inventory. The following will be utilized as the minimum standards of supplies and equipment for all battle dressing stations:

(1) AMMAL 0955 contains the minimum requirement for consumable, durable, and equipment items required in each BDS including minor surgical sets.

(2) CBR Medical Material. CBR medicinals will be maintained at one central location for distribution to the crew, or equally distributed at each BDS, if proper security exists. CBR medical materials will be distributed by coordination with the Damage Control organization during MOPP level 1 as per 62-1 (REV D). Medical material requirements are listed in Article 4310. NAVMED P-5041 provides specific information on the treatment of chemical agent casualties.

(3) Furniture/Fixtures. Furniture and fixture items will be per GENSPECS 652. Fixtures will include an operable surgical sink.

(4) Operating/Treatment Table. When an operating table has not been permanently installed due to alternate use of the space, a Table, Operating, Field will be provided. Brackets for securing the table to the deck when in use must be functional.

(5) Lighting. According to GENSPECS Sections 331, 332 and 652A, Battle dressing stations, will have at least one surgical light and four battle lanterns installed. An additional bracket flange must be provided for the alternate position of the surgical light. Additionally one general illumination fixture and two single receptacle connectors, powered by the emergency power system, will be available.

(6) Emergency Potable Water Supply. Provisions for the water supply will comply with the type ship's design and GENSPECS 652 and 532. A diagram and operating instructions for the gravity fed water system will be posted in the immediate vicinity. The tank will be labeled "DRAIN, FLUSH, AND REFILL EVERY THREE MONTHS." It is the responsibility of the medical department to conduct this maintenance quarterly. All tanks will have a water sample tested monthly to determine bacterial content.

d. Main Battle Dressing Station. In addition to the minimum standards for outfitting all BDS spaces, the designated main BDS will be augmented with items from the ship's AMMAL to provide for surgical procedures and definitive care after battle. The following will be minimum standards for all designated main BDSs:

(1) Ships with an assigned MO will have additional instrument sets in accordance with their core and supplemental AMMALs.

(2) Ships without MOs are authorized, in addition to the minimum requirements listed in article 4303.b, to augment supplies, consistent with those items in the ship's AMMAL and based on the technical expertise and training of assigned medical personnel. Those supplies augmented will be placed on the BDS inventory sheet.

e. Security. For security, all pilferable items will be stored under lock and key, with the keys clearly identified. A key will be provided to the senior HM assigned to that BDS. A duplicate key should be available at all times to the duty HM for use in an emergency.

f. Route and Access Markings. On ships that have battle dressing stations, including auxiliary stations, routes leading to these stations will be marked as follows:

(1) Internal Marking (Photoluminescent). The photoluminescent paint marking system will be implemented and maintained as per Naval Ships Technical Manual, NAVSEA 59086-CN-STMO20/CH-079, Volume 2. The primary purpose of this system is to provide rapid emergency egress information and to identify the locations of selected damage central systems and equipment in situations involving loss of lighting.

(2) Label Plates, Drawing, NAVSHIPs No. S2803-980208, with red letters will be installed at each direct access to Battle Dressing Stations (Figure 1 of Ships Technical Manual).

(3) Self-adhering Red Cross decals in both photoluminescent (Internal Markings) and non-photoluminescent (Exterior Markings) available from commercial sources are authorized if they meet the above specifications.

(4) When establishing and marking the routes to the various stations throughout the ship, the markers should be located frequently enough to enable the person following the route to have a clear view of the next marker on the route to be followed.

4304. **Portable Medical Lockers (PML)**. (NSN 2090-00-368-4795 – Unstocked) PMLs provide pre-positioned medical supplies for use by the medical department to triage and treat casualties.

a. Location, Mounting and Marking. Appendix K lists the number of PMLs required by ship class. PMLs will be located at or near designated triage areas. The location of PMLs will be reflected in the battle doctrine and/or SORM. Each PML will be secured with appropriate brackets, shelves, and/or lashing to secure for sea. PMLs will be stenciled with the location number and marked as a "PORTABLE MEDICAL LOCKER."

b. Outfitting and Responsibility. AMMAL 0964 will be used as the standard for minimum outfitting of PMLs. Since a PML will not fit through a scuttle, supplies should be enclosed in

plastic bags to ensure mobility in all circumstances. Closing bags with a tie-wrap or tape will also protect the contents from damage by high humidity. All supplies and equipment in PMLs will be reflected in an inventory list which will include, as a minimum, the NSNs, nomenclature, quantity, quality control data, location of materials, and documented dates of inventory. The medical department is assigned the responsibility for maintenance of all PMLs. Inventory will be conducted at least semi-annually.

c. Security. For security, all PMLs will be padlocked, with the keys clearly identified. It is recommended that a key be provided to the repair party HM, if assigned. A duplicate key should be available at all times to the duty HM for use in an emergency.

4305. **First Aid Boxes (FAB)**. (NSN 2090-00-368-4792 - Unstocked) First aid boxes provide a means for dispersing emergency supplies throughout the ship for use by the crew.

a. Location, Mounting and Marking. Appendix K lists the minimum number of FABs required by ship class. FABs will be permanently mounted, at a minimum, in or near the below listed locations. A FAB can serve several locations if it is mounted within 100 feet of the required spaces. Each FAB will be marked with a red cross and "FOR EMERGENCY USE ONLY" in one inch red letters. Decals are a suitable alternative.

- (1) Air control spaces
- (2) Anchor handling spaces
- (3) Ship control spaces including Bridge, CIC, DCC, After Steering and Repair Lockers.
- (4) Cargo holds and magazines
- (5) Manned communication spaces
- (6) Hangers and hanger deck bays
- (7) Manned engineering spaces
- (8) Machine shops / industrial work centers
- (9) Weapon control spaces

(10) Other FABs may be mounted at the discretion of the SMDR with special attention to areas where personnel are assigned major work stations, near flammable storerooms, and in major passageways.

b. Outfitting and Responsibility. Outfitting will be per AMMAL 0927. FAB contents will be divided into three equal portions and sealed in plastic. The division having custody of the

respective compartment will conduct monthly inspections per damage control petty officer (DCPO) 3M system directives. An inventory list will be kept in each FAB and will include, at a minimum, NSN, nomenclature, quantity, quality control data, and documented dates of inventories. Inventories will be accomplished at least semi-annually.

c. Security. Boxes will be secured with a wire seal or other anti-pilferage device that can be easily broken. If wire or plastic seals are desired, holes should not be drilled through the sides as this compromises the weatherproof integrity of the box.

4306. **Sets, Kits, and Outfits**. All sets, kits, and outfits required will be located as indicated below. The number of kits required will be in accordance with the ship's AMMAL. Responsibility for maintenance and security will belong to the department or division to which it is issued. An inventory list will be kept in all kits and will contain, at a minimum, NSN, nomenclature, quantity, quality control data, and documented dates of inventories. Each kit will be secured with an anti-pilferage device to discourage removal of supplies. Medical personnel will conduct inventories at least semi-annually. The following kits are required by AMMAL:

a. First Aid Kit, Gun Crew (Gun Bags). One gun bag will be maintained at each repair locker for use by stretcher-bearers. Contents will be encased in plastic as a liner to the canvas bag. NOTE: Pending a change to the established inventory that accompanies this kit, gun bags will consist of the following items:

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QTY</u>
6510-00-201-1755	Bandage, Muslin, CompressedEA	2	
6510-00-201-7425	Dressing, First Aid Field, 11.75"	EA	2
6510-00-201-7430	Dressing, First Aid, Field, 7.75"	EA	2
6510-00-926-8883	Adhesive Tape, Surgical, 2", 6s	PG	0.33 (2 RO)
6510-00-935-5821	Bandage Elastic, 3" x 4 1/2', 12s	PG	0.33 (4 EA)
6515-00-383-0565	Tourniquet, Non-pneumatic	EA	2
6515-00-935-7138	Scissors, Bandage, 7½"	EA	1
6515-01-106-1352	Skin Marker, Surgical, 100s	PG	0.01 (1 EA)
6515-01-164-9637	Airway, Pharyngeal, 4"	PG	0.1 (1 EA)
6515-01-225-4681	Splint, Universal, 36 x 4.5", 12s	PG	0.25 (3 EA)
6515-01-282-1834	Airway, Pharyngeal, 80mm, 10s	PG	0.1 (1 EA)
6545-00-920-7125	First Aid Kit, Gun Crew	EA	1 (Empty bag)

b. First Aid Kit, Small Craft (NSN 6545-01-459-1115). [Replacement for Boat Box, NSN 6545-00-116-1410.] The deck department will maintain custodial responsibility. Kits will be placed in all small craft - captain's gig, motor whaleboat, RHIB and utility boats - carried on board. To prevent water damage, the contents of these boxes should be sealed in a plastic bag before being placed in the kit.

c. First Aid Kit, Life Raft (NSN as per AMMAL). Shall be stocked per AMMAL and/or number equal to the total life rafts on board. The deck department shall have custody of and responsibility for these kits. This section does not apply to sealed containerized life rafts.

4307. **Antidote Locker**

a. Location, Mounting and Marking. A poison antidote locker will be installed on all ships with medical department personnel. Either the large locker that is normally installed during shipbuilding or a smaller unit, such as a standard first aid box, can be used for this purpose. On ships with an MO assigned or in which the medical spaces are manned 24 hours a day, the locker will be located in the emergency treatment space. On ships having an IDC assigned as SMDR, the locker must be located immediately outside the treatment room for ready accessibility for the crew. The locker will be labeled "WARNING: POISON ANTIDOTE LOCKER."

b. Outfitting and Security. The antidote locker will be outfitted per AMMAL 0925. An alphabetical inventory list designating shelf location must be located on the inside of the door with a copy displayed outside as well. The locker will be secured with an easily breakable anti-pilferage seal. Inventories will be conducted semi-annually or whenever the seal is broken.

c. Poison Control Centers. Poison control center phone numbers will be posted on the outside of the antidote locker. Each ship should post numbers for their homeport as well as any other major areas of operation. For numbers not listed, the ship's MO or SMDR should consult with either the senior officer present afloat (SOPA) or SOPA administrative staff. Port directories may be of assistance in obtaining poison control information in foreign ports.

d. Instructions and Illustrations. A poster will be displayed at or near the antidote locker consisting of instructions and illustrations to include, but not be limited to, establishing an airway, maintaining airway patency, and resuscitation procedures. It is highly recommended that instructions and illustrations for management of poisoning and overdose be displayed for use by non-medical personnel. Training for non-medical personnel in first aid and use of the antidote locker will be incorporated in the medical long-range training plan.

4308. **Stretchers and Litters**. The quantity of stretchers kept on board will be in accordance with the ship's AMMAL. Determination of the type of stretcher or litter to be used for personnel casualty transfer will be based on environmental conditions and the condition of the casualty. Safety will be paramount. Serviceability, inspection criteria, and accountability for all stretchers and litters will be per current 3M system requirements. All stretchers and litters will be stenciled with the compartment number, name of ship, and the responsible division as assigned. Identification data will be located so that they can be readily viewed when the stretcher is in its normal stowage position. The following standards are prescribed for stretchers and litters:

a. Handling Lines. PERMANENTLY ATTACHED HANDLING LINES ARE NO LONGER REQUIRED FOR STOKES STRETCHERS OR MILLER BODY BOARDS.

Lines, which are spliced to the litter, have proven to be detrimental to accomplishing normal patient transport; causing trip hazards during routine transport. If the situation calls for extrication of a casualty up or down a ladder, a detachable safety or belaying line should be used on the head end of the litter only. Such a line should meet previously established guidelines for handling lines. It should be 21 thread or larger manila or comparable nylon line and spliced using 5 tucks at one end to allow attachment of a "D" ring or comparable device that facilitates attachment to the litter. The length of the safety line should be sufficient (minimum 12 feet) to work the stretcher from one deck to another and provide enough surplus to ensure the safety of the patient and maneuverability of the stretcher. Minimum line length can be determined by identifying the longest span by which a casualty will be transported on board utilizing a handling line. This standard length of line should be used for all attached handling lines. There should be at least one (1) safety line available at each Repair Locker for use of assigned stretcher-bearers.

b. Stokes Stretchers (NSN 6530-01-315-4784). Steel Stokes-type litters will be stowed at or near areas that facilitate their use at the discretion of the SMDR. On smaller ships, since they can not be used below decks due to narrow passageways, they should be located in helo hangers or similar open spaces where movement of casualties is possible. On larger ships, location should be based on accessibility and a potential for use (i.e., triage and casualty receipt areas).

(1) Four Patient Securing Straps (NSN 6530-00-784-4315) will be attached to the lower (1/4") bar of the stokes stretcher and coincide with the patient's chest, hips, thighs, and lower legs. Straps should be stowed neatly using a nylon wire wrap or twine.

(2) Handling lines and patient securing straps will not be placed on Stokes stretchers located in the hangar bay and flight deck areas. These stretchers are used for mass casualty situations and, based on the "scoop and run" theory, these lines and straps are not utilized and could present a hazard.

(3) Rubber-coated stokes stretchers are no longer authorized, and must be phase-replaced as soon as feasible.

c. Litter Splint, Extrication/Miller Body Board (NSN 6530-01-199-1969). This litter is designed to provide spinal immobilization during patient movement. It can also be used for vertical extrication, however, for all such lifts, the half-back vest assembly must be used in conjunction with the Miller Board. Litter splints should be located strategically, in areas accessible to the crew, to facilitate use in any part of the ship on short notice.

d. Vest Assembly, Extrication and Rescue/Halfback Harness (NSN 6515-01-292-9814). This harness is to be used for vertical extrication in conjunction with the Miller Board. As with the litter splints, vests should be strategically located in areas accessible to the crew; preferably with a Miller Board.

(1) Lines used with the vests for extrication will be 21 thread or larger manila or comparable nylon line. They should be of sufficient length to allow extraction from the bottom

of the deepest access trunk on the ship with enough line remaining to pass through a pad-eye or block and tackle for hoisting safely.

(2) A minimum of two pre-cut lines should be rigged for each vest assembly. A “D” ring or comparable device will be spliced to one end of each line. For extrication, the primary lifting line will be attached to the vest’s “D” ring and the second steadying line will be attached to the lower portion of the assembly for stability during ascent. Ideally, the set of extrication lines should be stowed with the vest assembly.

e. Underway Transfer Stokes Stretcher (Ship-to-Ship Highline). This litter is rigged and maintained by the Deck Department.

f. Litter, Rigid, Sea-Air Rescue (SAR) MEDEVAC Litter (NSN 6530-01-187-0104). Specifications for rigging and procedures for use are prescribed in NWP 3-50.1, Chapter 6. Component parts required include one trail-line pack (1R 4010-01-312-4854) and sling, rescue, helicopter (2 each) (1R 1680-01-226-5300).

g. Pilot Rescue Litter. Specifications for rigging and procedures for use are prescribed in NWP 3-50.1, Chapter 6.

h. Neil-Robertson Stretchers. Miller Boards are the AMMAL replacement item for these litters. Those remaining in the fleet should be phased-replaced. If still in service, these litters require handling lines for safety. Handling lines (21 thread or larger manila or comparable nylon line) shall be spliced at each end of the stretcher in such a manner as to prevent slippage. Two handling lines shall be placed at each stretcher, with the bitter end back spliced or whipped to prevent unraveling. The length of the lines shall be sufficient (minimum 12 feet) to work the stretcher from one deck to another and provide enough surplus to ensure the safety of the patient and maneuverability of the stretcher.

i. Army Pole Litters and Litter Supports. These items will be stocked on casualty receiving and treatment ships in accordance with the ship’s AMMAL.

4309. **Decontamination Lockers**. Lockers for stowage of CBR decontamination supplies will be maintained at or near each CBR decontamination (DECON) station, as designated in the ship's design. Cabinets will be lockable and will be located on the clean (exit) side of DECON stations. Lockers will be labeled "DECON Locker" in one inch red letters.

a. As the medical department is often asked to support the Damage Control organization in stocking DECON lockers, the following list of COG 9L items has been developed:

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>QUANTITY</u>
3590-00-170-8462	Clipper, Hair, Surgical	EA	1 / DECON Station
6505-00-261-7256	Alcohol, Isopropyl, 1 Qt	CO	1 / DECON Station

6508-00-852-6597	Soap, Antiseptic 200's	PG	1 cake / person divided between DECON Stations
6510-00-782-2698	Sponge, Surgical (4 x 4)	PG	1 / 350 persons at each DECON Station
6515-00-303-8250	Applicator, Cotton Tip, 100's	PG	1 / 100 persons divided between DECON Stations
6515-00-373-4930	Clipper, Ingrown Toenail	EA	2 / DECON Station
6530-00-772-5935	Brush, Surgical, Scrub	EA	1 / 10 persons divided between DECON Stations

b. As a general rule, outfitting will support 10% of the possible exposed personnel at each DECON station per NAVMEDCOMINST 6470.10, to include embarked personnel. Stocking, inventory, labeling and route markings are the responsibilities of the engineering department and Damage Control Officer/Assistant.

4310. **CBR Defense Materials.** Medications (6505 items) used in CBR defense will be stocked according to AMMAL and TYCOM requirements as listed below. All ships scheduled for extended deployment will carry the below materials in amounts based on total M+1 manning.

a. Required Materials:

<u>NSN</u>	<u>NOMENCLATURE</u>	<u>U/I</u>	<u>REQUIREMENT</u>
6505-00-957-8089	Atropine Sulfate Inj, 1mg vial, 25s	PG	Per AMMAL
6505-00-926-9083	Atropine Autoinjector, 2mg	EA	3 per person
6505-01-125-3248	Pralidoxime Chloride (2-PAM CHL) Autoinjector, 600 mg	EA	3 per person
6505-01-178-7903	Pyridostigmine Bromide Tablets, each blister pack contains 21 tablets	2	Blister packs per person

b. Stowage. Except for pyrodostigmine bromide, which requires refrigeration to extend shelf life, supplies should be stored in divided amounts in or near BDSs, when practical, or in storerooms ready for issue to each BDS during Condition III steaming in active or hostile waters.

c. Responsibility. The MO or SMDR is responsible for the quality control of all medical items used for CBR defense. An itemized inventory list containing the NSN, nomenclature, proper quantity required, all quality control data, and the dates of the inventory will be maintained where stored. If stored at BDSs, they may be added to the BDS inventory sheets. CBR supplies will be inventoried at least semiannually.

4311. **Civilian Evacuation Materials.** Afloat units may potentially be called upon to perform humanitarian operations or evacuate civilian personnel. Ships that list this mission area in their ROC/POE, must be prepared to respond. This mission may place an extraordinary burden on various departments aboard. However, the medical and supply departments play a vital role once civilians are aboard ship. Specific requirements for each department are outlined in

OPNAVINST 3120.32C, article 650.2 (Navy SORM). In addition to appropriate quantities of AMMAL items that may be used for all categories of evacuees, the following materials must be stocked on all DEPLOYING OR FORWARD DEPLOYED amphibious ships.

a. The Medical Department is responsible for maintaining the following items in the quantities by class indicated:

COG / NSN	NOMENCLATURE	U/I	LHA/LHD	LPD/LSD
			MCS	LST
9L 6505010111464	Amoxicillin for Oral Susp, 125mg/5ml	BT	12	6
9L 6505011445318	Erythro Ethylsucc & Sulfisox for Oral Susp	BT	12	6
9L 6505012013458	Acetaminophen Oral Susp, .160gms/5ml	BT	12	6
9L 6505012370561	Electrolyte Solution Oral 8's (Pedialyte)	PG	4	2
9L 6530006198315	Cap, Nursing Bottle Nipple Protection, 12s	BX	4	2
9L 6530007720107	Bottle, Nursing, 8 oz 36s	BX	1	1
9L 6530007720115	Nipple, Nursing Bottle, Rubber, 12s	BX	12	6
9L 8415011563561	Belt, Sanitary Pad Holder, 12s	BX	3	2

b. The Supply Department is responsible for maintaining the following items:

(Locally procured)	Diaper, Disposable, 36s	BX	30	15
(Locally procured)	Baby Oil, 1/2 Pint	BT	15	8
(Locally procured)	Baby Food, Assorted, 24s	CS	18	9
(Locally procured)	Baby Formula Powder, 1/4 lb CN	EA	20	10
9U 7210001289829	Towel	EA	300	200
9G 8520001290803	Soap, Toilet, 4 oz, 72s	BX	5	2

4312. **Mortuary Transfer Cases.** The designated CRTS of each deploying ARG will stock six (6) shipping containers for human remains. NSN/Description: 9930-00-823-9805 Case, Transfer, Human Remains. These cases are not AMMAL items and may be cross-decked at the discretion of the Amphibious Group Staff.

4313. **Mass Casualty Supplies.** Medical departments may wish to establish standard supply sets for response to mass casualty situations. There is currently no prescribed listing for such supplies however, if established, such supplies should meet the same basic requirements as other emergency response gear. Inventory lists should be generated and stowed with the gear, reflecting the amount of each item required and on hand. Supplies should be located to provide most rapid deployment to major triage locations. All items should be protected from heat and humidity by enclosing in plastic bags and stowage containers should be securable to discourage pilfering. Containers should be mounted in such a way as to be secured for sea. Supplies should be inventoried not less than semi-annually as a quality control measure.

4314. **Oxygen Supply**. The minimum quantity of oxygen to be maintained on board will be per AMMAL. All medical oxygen cylinders will be tagged with a "WARNING TAG FOR MEDICAL OXYGEN," DD Form 1191 (NSN 0102-LF-011-8000), and maintained in accordance with current 3M requirements. Additionally, a tag will be attached to the tank to record the date of pressure checks, pounds per square inch (PSI) reading and the initials of the person conducting the check. Oxygen tanks will be located and stowed in accordance with GENSPECS Section 652 and OPNAVINST 5100.19. Current standards require Grade "B" shock mounting of all compressed gas cylinders, including oxygen.

a. **Fitting and Handling**. Oxygen cylinders fitted with regulators are considered "IN USE" for 3M purposes. At least one cylinder in the main emergency treatment area will be ready for immediate use. Fitting in other locations is at the discretion of the MDR. Cylinders that are considered not in use or stowed will have valve covers in place. Non-ferrous wrenches will be available at all oxygen handling locations. Oxygen handling and stowage precautions, as provided in Appendix L, will be posted in all areas of oxygen use.

b. **Static Testing**. Per NAVSHIPS Technical Manual (NSTM) 550, paragraph 2-40, page 17, all oxygen tanks are required to be static tested using the following criteria:

(1) Empty tanks must be hydrostatically tested prior to being refilled if five years have elapsed since the last hydrostatic test.

(2) When full, tanks must be emptied and hydrostatically tested every 12 years.

4315. **Surgical Instrument Sets**. Surgical instrument sets will be stocked in accordance with ship's AMMALs. A matrix indicating the types and amounts of sets required for each ship class is provided in Appendix M. This appendix also includes listings of individual set requirements.

a. All required trays or sets will be prepared in accordance with this instruction and maintained in sterile condition. Surgical knife blades with the foil wrapping intact and sutures packed in plastic packets are not to be steam autoclaved due to the deteriorative effect of heat on these items. Pre-sterilized items, such as knife blades and suture materials, required for packs will be attached to the exterior of the pack and included on the inventory sheet.

b. All surgical packs and sets will be plainly marked on the outside of the pack with a description of the pack, sterilization date, and expiration date (if applicable). **Each pack will also have an inventory list attached that can be examined without breaking the integrity of the pack.**

c. It is imperative that all emergency trays be of such size that they can be re-sterilized in the ship's autoclaves. All sterilizers will be maintained and tested in accordance with current 3M requirements.

4316. **Sterilization Procedures**

a. Steam Method. Proven through extensive research, steam sterilization is as effective as gas sterilization and is more cost effective. Shipboard sterilizers are sufficient to perform steam autoclaving of all required surgical packs; shipboard sterilization is therefore encouraged. Intensive surveillance monitoring of surgical packs has revealed that the following conditions potentially compromise sterility:

- (1) Improper washing techniques.
- (2) Rips, tears, or holes in cotton fabric wrappers.
- (3) Deterioration of cotton fibers, which causes harborage of bacteria.
- (4) Compromise of the dust cover.

b. Procedures:

- (1) Freshly launder linen products and replace all 6510 materials.
- (2) Clean all surgical instruments properly. Ensure instruments are free of debris, rust, and corrosion. Instruments will be sterilized in the open position.
- (3) Place a steam indicator strip in the middle of the pack.
- (4) Double wrap with disposable wrappers or cotton wrappers as listed in the AMMAL.
- (5) Close the pack with sterilization indicating tape.
- (6) Sterilize pack at a minimum of 250° F, 15 PSI for 15 minutes.
- (7) Allow pack to completely dry (approximately one hour), then immediately place in plastic dust cover (various size plastic tubing is provided by the AMMAL) and seal using a heat sealing machine. Self-sealing bags may also be used.
- (8) Using standard steam sterilization **shelf life is six (6) months** with intact plastic cover.

c. Gas Sterilization

- (1) Used for items that would be deteriorated by steam autoclaving.
- (2) Only large medical facilities can gas autoclave materials.

(3) Each item or pack will have a Gas Indicating Strip in the center of the package. Additionally, the package will have a strip of gas indicating tape (green in color) on the outside.

(4) Items that have been gas autoclaved and placed in heat sealed dust covers, or have been packaged in gas autoclave pouches will have a shelf life of 1 year.

(5) Recommend that the pack not be placed in the polyethylene tubing before sterilization.

d. Event Related Sterilization. When this method is accomplished properly, there is no expiration date assigned and unless the package is compromised, it is considered sterile indefinitely. These packs will be inspected for integrity during routine inventories.

e. Other Methods. In certain emergencies or when the above methods are not possible or indicated, cold disinfectant may be utilized. When this method is used, a log will be maintained that includes item description, disinfectant used, length of time, and procedure for which the item was used.

4317. **Sterilization Records**. A record of sterilization will be maintained - on ships with operating room capabilities only - with the following information:

a. Sterilizer number.

b. Sterilization load number. The first load of every day is one and loads are consecutively numbered thereafter for that 24-hour period.

c. List of items in the sterilization load.

d. Length of exposure time of load.

e. Temperature of sterilization for exposure.

f. Results of biological indicator testing.

4318. **Sterilizer Testing**

a. In addition to maintenance in accordance with PMS requirements, all sterilizers on surgical platforms will be tested on at least a weekly basis using a biological indicator (NSN 6530-00-476-5245). Unwrapped indicator is exposed for ten minutes at 250° F or three minutes at 270° F.

b. Results are to be recorded in the sterilization record and results will be maintained on board for 2 years.

**CHAPTER 5 - ENVIRONMENTAL HEALTH AND PREVENTIVE MEDICINE
AFLOAT**

SECTION 1

Preventive Medicine

5101. **Responsibility.** The Commanding Officer is responsible for the health and physical readiness of all crewmembers. The medical department will assist the commanding officer in meeting this responsibility. The ship's medical officer/SMDR shall advise the commanding officer on conditions that adversely affect the health and well-being of the crew and make recommendations to correct these adverse conditions and ensure proper sanitation, disease prevention, and safe living conditions. OPNAVINST 5100.19C and OPNAVINST 5100.23D, along with this instruction, may be used as guides for environmental health, occupational health, and industrial hygiene programs and assessments.

5102. **Preventive Medicine Inspection/Reporting Procedures.** The medical department will monitor the habitability of all shipboard spaces with special attention to overall cleanliness, sanitation practices, and pest control. Discrepancies shall be reported to the Commanding Officer and cognizant Department Heads and Division Officers. Corrective action will be reported back to the medical department.

a. The following chapters of NAVMED P-5010 Manual of Naval Preventive Medicine, contain specific guidance regarding shipboard functions:

- (1) Chapter 1, Food Service Sanitation.
- (2) Chapter 2, Sanitation of Living Spaces and Related Service Facilities.
- (3) Chapter 3, Ventilation and Thermal Stress Ashore and Afloat.
- (4) Chapter 6, Water Supply Afloat.
- (5) Chapter 7, Waste Water Treatment and Disposal Ashore and Afloat.
- (6) Chapter 8, Medical Entomology and Pest Control Technology.

b. The MO/SMDR will make frequent informal messing/berthing walk-throughs. Although such walk-throughs should be conducted daily, the frequency may be at the discretion of the Commanding Officer. The medical department representative will be concerned with all practices and conditions that may have an adverse effect upon the sanitation of the ship and the health of the crew. The MO/SMDR will advise the CO in these matters accordingly.

c. The medical department will conduct a formal sanitation and habitability inspection not less than quarterly with a report submitted to the CO. Areas inspected will include berthing and head facilities, barber shops, potable water system, CHT/MSD system, ship's store and vending areas, laundry facilities and fitness/exercise facilities. A copy will be on file in the medical department.

5103. **Sanitation Bill**. The ship's MO/SMDR shall prepare a sanitation bill and include it in the ship's directives. Excerpts from the Manual of Naval Preventive Medicine may be used as a guide in the preparation of this bill. Appropriate portions of the sanitation bill will be reproduced and posted in the applicable spaces.

5104. **Quarantine Regulations**. The ship's MO/SMDR shall keep abreast of current quarantine regulations and instructions and shall advise the commanding officer on quarantine measures as required per SECNAVINST 6210.2A Quarantine Regulations of the Armed Forces, MANMED Chapter 22, and other applicable directives.

SECTION 2

Food Safety

5201. **General.** The medical department will monitor food service operations to ensure the protection of the crew from food borne illness in accordance with standards provided in NAVMED P-5010, Chapter 1. The medical department will:

a. Conduct surveillance of the storage, preparation, and serving of food, and the disposal of food residues. Surveillance of food service space sanitation includes proper cleaning of equipment and utensils.

b. Conduct food service sanitation inspection at least monthly utilizing NAVMED Form 6240/1. The report will be forwarded to the Commanding Officer with a copy to the Supply Officer. Discrepancies will be corrected in a timely manner and reported to the medical department. Upon the recommendation of the MO/SMDR, and at the discretion of the Commanding Officer, frequency of formal inspections may be decreased to quarterly. However, only the most exemplary departments should consider changing the monthly requirement.

c. Inspect subsistence items for fitness for human consumption; ensuring that subsistence items are received from approved sources (see Article 1-5, NAVMED P-5010 for limitations of this requirement).

d. Conduct initial screening of food service personnel for detection of disease or unclean habits that could result in food-borne illnesses. The health screening does not need to include a physical examination but it should be sufficient to detect evidence of diseases that may be transmitted by food. Subsequent health screening, e.g., annual evaluation, is not routinely required but may be conducted at the discretion of the SMDR. All food service personnel who have been away from their duties for more than 30 days for non-medical reasons must be re-screened before resumption of food service duty.

e. Provide technical guidance and assistance in the presentation of food service training programs.

5202. **Food Safety Sanitation Training Program.** Food service personnel will be properly trained/instructed in food service sanitation and in carrying out their duties by qualified food service personnel according to NAVMED P 5010, Article 1-55. (EPMUs conduct the required instructor training course for food service personnel.) Medical department personnel will monitor the food service training program to ensure that a viable program is conducted.

5203. **Health Standards for Food Service Personnel.** No person having or suspected of having any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory infection, will work in any area of a food service facility. Any reason to suspect that a worker has contracted a communicable disease will necessitate the worker being sent to sick bay immediately.

SECTION 3

Water Supply Afloat

5301. **General.** Each MO/SMDR will be thoroughly familiar with the standards listed in NAVMED P-5010, 1-61 and Chapter 6, and will ensure that monitoring of the ship's potable water is included in the preventive medicine program. Pertinent aspects are included in this chapter for ready reference. The medical department will make monthly inspections of the potable water system and report adverse conditions that potentially affect the health of the crew to the CO. A written report will be included as part of the quarterly habitability inspection.

5302. **Water Sanitation Bill.** Each ship must develop a water sanitation bill either as part of the SORM or as a separate instruction to meet the specific needs and conditions of the ship. This bill will be posted conspicuously in areas where potable water and associated materials are processed, treated, or stored. NAVMED P-5010, Chapter 6, contains a sample water sanitation bill that can be adapted to meet the needs of any ship.

5303. **Water Treatment and Halogen Testing.** Water from approved sources will be routinely treated by adding enough halogen to provide a residual at the end of a 30-minute contact time. Although the NAVMED P-5010 does not require a 0.2 part per million (ppm) residual throughout the distribution system, a 0.2 ppm residual is desired. However, due to distance of the terminal ends of the distribution system from the potable water tank, 0.2 ppm throughout the system may not be reachable without excessively halogenating water in the tanks. Assuming bacteriological monitoring has shown consistently negative results, a trace reading at terminal ends is acceptable. The ship's potable water system will be super-halogenated whenever contamination exists as defined by NAVMED P-5010, Chapter 6.

a. **Water Production.** Distillation of harbor water is strictly prohibited except for extreme emergencies. "Emergencies" exist when vital requirements for potable water cannot be fulfilled from other sources. If an emergency exists and harbor water is distilled, sufficient halogen compound should be used to produce 2.0 ppm residual after 30 minutes at the tap. Halogenating to 5.0 ppm at the tank should produce this residual. If this halogenation does not produce the required 2.0 ppm residual, it should be increased until the required level is reached. When steaming in close proximity to other ships, (plane guarding, life guarding) precautions should likewise be taken in distilling potable water.

b. **Testing for Halogen Residuals.** Testing will be accomplished using the color comparator and test tablets as listed on the AMMAL. Testing will be accomplished before receiving any water on board and a minimum of 30 minutes after any initial halogenation has been accomplished. Daily residual testing is mandatory while the ship is deployed or underway. Testing will be accomplished by monitoring a minimum of four sampling points that are representative of the ship's distribution system (i.e., forward, aft, mid-ships, and as far above the 0-1 level as possible). Due to the routine testing conducted by preventive medicine personnel at all U. S. Naval Stations, daily testing is not required in these ports. However, if there is any

reason to believe contamination may occur, such as work being conducted on the ship's potable water system, daily testing should be accomplished. All testing will be documented using the SAMS environmental surveillance module.

c. Potable Water Connections, Hoses and Lockers

(1) Potable water fill connections are 2-1/2 inch hose valves for large ships and 1-1/2 inches for smaller ships. Fill lines for potable water will not be cross connected with any non-potable waterline or system. When not in use, filling connections will be closed with screw caps attached with keeper chains. Connections will be at least 18 inches above the deck with the receiving connection turned down to protect it from contamination. A warning plate bearing the inscription "POTABLE WATER ONLY" in one-inch letters will conspicuously designate filling connections. Each valve hand-wheel and coupling will be color-coded dark blue in accordance with GENSPECS section 507 (Color No. 15044).

(2) Potable water hoses will be used to transfer potable water only, and for no other purpose. Hoses will be stenciled with the inscription "POTABLE WATER ONLY" at 10-foot intervals. Hoses will be kept in good condition at all times, examined monthly and removed from service when cracks develop in the lining. Cracks in lining are usually caused by normal deterioration and stress. Hoses will be stored with the ends coupled or closed with screw-type caps in pad-locked, vermin proof lockers.

(3) Lockers will be identified and labeled "POTABLE WATER ONLY." Lockers will be located out of the weather, if practical, and at least 18 inches off the deck, padlocked and vermin proof. Printed step-by-step instructions for disinfecting of potable water hoses will be conspicuously posted in the hose storage area.

d. Sounding Rods and Tapes. The sounding rods and tapes used to measure the potable water in the storage tanks must be color-coded dark blue, labeled, or otherwise identified "POTABLE WATER USE ONLY." These tapes will be disinfected using 100-ppm free available halogen solution before each use.

5304. Bacteriological Testing

a. Testing will be accomplished using the Colilert method; the required supplies are listed in the AMMAL. Samples for bacteriological analysis will be collected from representative points throughout the distribution system (i.e. forward, mid-ships, aft, as far above the 0-1 level as possible) as well as from the potable water tanks. In no case should less than four samples be taken weekly. The number of samples collected should be based on the size of the distribution system and the number of tanks. Sampling points will be varied from week to week. Samples of ice must be collected from one quarter of the ice machines weekly.

b. Testing will be documented using the SAMS environmental surveillance module. Halogen residual readings will be included with the results. Positive and negative "control test samples" will be tested each time that the bacteriological tests are performed.

c. The control tests are essential to ensure quality of the test procedure. A positive control may be obtained by testing 100 ml of water that has been lightly inoculated with feces; a rectal swab is recommended. The control tests are processed in the same manner as the routine water samples. No growth should result from the negative control test; the positive control should demonstrate numerous typical coliform colonies.

5305. **Calcium Hypochlorite Storage**. Calcium Hypochlorite storage lockers are the responsibility of the engineering department, but the medical department must be aware of the location, proper mounting and the contents of the storage locker. Improper stowage, in conditions of dampness or high temperatures may lead to fire or explosion. For proper stowage requirements, refer to NAVSHIPS Technical Manual, Chapter 670 (Stowage, Handling and Disposal of Hazardous General Use Consumables).

SECTION 4

Habitability

5401. **General.** The need for maintaining high standards of hygiene and sanitation is fundamental to the promotion of good health and morale. The MO/MDR will make frequent, informal walk-through inspections of berthing areas and related service facilities to ensure habitability standards are upheld. Although such walk-throughs should be accomplished daily, the frequency should be at the discretion of the Commanding Officer. Results from all habitability areas will be formally submitted to the CO at least quarterly.

5402. **Barbershops.** Any space used for cutting of hair will be designated "Barber Shop" by the command. It will not be located in food service or berthing areas. Sanitation regulations will be posted in all barbershops. Each MO/MDR will become familiar with the standards of NAVMED P-5010 Chapter 2, Section II. Barbers will be medically screened and determined to be free of communicable disease prior to their initial assignment on board. Subsequent health screening, e.g., annual evaluation, is not routinely required. Any evidence of disease or illness should be brought to the attention of the medical department.

5403. **Laundry.** Laundry Spaces will be maintained in a clean and sanitary condition. Sanitation regulations will be posted in all laundry spaces. Each MO/MDR will become familiar with the standards of NAVMED P-5010 Chapter 2, Section IV. Laundry personnel who are exposed to dry cleaning solvents must receive pre-employment and periodic physical examinations in accordance with OPNAVINST 5100.19C.

5404. **Fitness/Exercise Facilities.** Fitness/exercise facilities will be inspected for cleanliness and general sanitation practices.

5405. **Coffee Messes.** All coffee messes are to be approved by the CO before their establishment. Strict sanitary measures are to be employed. Inspection standards established in NAVMED P-5010. Coffee mess regulations will be posted at each authorized mess.

SECTION 5

Insect and Rodent Control

5501. **Pest Control Procedures.** Maintaining the health and general welfare of the ship's crew is the primary goal in conducting an effective and safe pest control program. Each shipboard pest control operator and medical supervisory personnel will ensure that the standards listed in NAVMED P-5010, Chapter 8 and OPNAVINST 6250.4A are upheld.

a. The Navy Wide Shipboard Pest Control Manual contains detailed information on the eradication and control of cockroaches and stored product pests. This manual may be obtained by attending a shipboard pest control class given at EPMUs or DVECCs.

b. **Pest Control Operator Certification/Re-certification.** Per BUMEDINST 6250.12B, all shipboard medical departments must have at least the senior enlisted medical department representative and all corpsmen responsible for pest control certified as shipboard pest management specialists. On ships with IDCs assigned, their certification is acceptable in lieu of a more senior non-IDC. If a Preventive Medicine Technician (NEC 8432) is assigned, that individual will serve as the pest control program manager. Seats for certification courses may be scheduled by contacting the nearest NEPMU.

c. Operators will use appropriate protective gear in accordance with OPNAVINST 5100.19C.

d. Approved pesticides are listed on the AMMAL. Use of non-AMMAL pesticides must be approved by and used under the direction of NEPMU personnel.

e. All pest control surveys, inspections, and treatments will be documented using the SAMS environmental surveillance module.

5502. **Rodent Control**

a. In foreign ports and non-Navy-controlled U.S. ports, all ships will employ properly fitted rat guards on all lines connecting the ship to the pier. The medical department will inspect to ensure compliance with CINCLANTFLTINST 5400.2M or CINCPACFLTINST 5440.3, as applicable.

b. SECNAVINST 6210.2A and BUMEDINST 6250.14 outline the requirements for Deratting and Deratting Exemption Certificates. By international convention, a Deratting or Deratting Exemption Certificate is required of ships entering most foreign ports, if detention is to be avoided. The certificates are valid for six months and should be kept current to allow for the potential of any ship to be deployed to any region worldwide with little notice. If a ship is unable to schedule re-inspection, a maximum one month extension may be requested by message from the original inspecting facility only.

SECTION 6

Communicable Diseases

5601. **General.** The ship's MO/SMDR shall be familiar with the following references and shall be responsible for planning, developing and carrying out a comprehensive communicable disease program. Advice and assistance in communicable disease control can be obtained from the nearest NEPMU.

a. References that are useful on board ship include:

(1) NAVMED P-5052 Technical Information for Medical Officers

(2) NAVMED P-5038 Control of Communicable Diseases in Man

(3) The Medical Environmental Disease Intelligence and Countermeasures (M.E.D.I.C.) CD-ROM which is produced by Armed Forces Medical Intelligence Center (A.F.M.I.C.), 1607 Porter Street, Frederick, MD 21702-5004. Commercial phone # (301) 619-7574. DSN Phone # 343-7574. This reference is updated annually.

b. Communicable diseases will be reported in accordance with BUMEDINST 6220.12 Medical Events Report.

5602. **Sexually Transmitted Diseases (STDs)**. A STD program shall be conducted in accordance with the following references:

a. BUMEDINST 6222.10 Sexually Transmitted Disease (STD) Clinical Management Guidelines

b. NAVMED P-5036 Interviewer Aid for V. D. Contact Investigation

c. SECNAVINST 5300.30C Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps

d. Current CDC treatment guidelines.

5603. **Tuberculosis Control Program**. A tuberculosis control program shall be conducted in accordance with BUMEDINST 6224.8 Tuberculosis Control Program. For readiness assessment purposes, PPD/converter evaluation must be 100% to be graded satisfactory.

5604. **Hepatitis**. For guidance on the use of Hepatitis A vaccine, the cognizant NEPMU should be contacted for current information. Additionally, health care workers (including doctors, dentists, nurses, hospital corpsmen and dental technicians), not previously vaccinated will be vaccinated with the Hepatitis B vaccine. For readiness assessment purposes, Hepatitis B must be

100% for this personnel group to be graded satisfactory. Refer to the following documents for guidance and instruction:

- a. NAVMEDCOMINST 6230.1A Viral Hepatitis Prevention
- b. NAVMED P-5038 Control of Communicable Diseases in Man

5605. **Malaria**. Refer to the following documents for guidance and instruction:

- a. The Navy Medical Department Guide to Malaria Prevention and Control
- b. NAVMEDCOMINST 6230.2 Malaria Prevention and Control
- c. Malaria: Diagnosis, Treatment and Prevention. This CD that may be obtained from the Naval School of Health Sciences, 8901 Wisconsin Ave., Bldg. 141, Rm. 120, Bethesda, MD 20889-5611.
- d. All units scheduled for deployment shall schedule a pre-deployment briefing with the cognizant NEPMU far enough in advance of deployment to allow for procurement of recommended chemoprophylactic agents. Additionally, refresher training is required for ship's company medical personnel on preparation and reading of malarial smears. Training is available from the local NEPMU. For forward-deployed ships, training is required annually.
- e. Certain chemoprophylactic agents are contraindicated in G6PD deficient personnel. Medication literature should be consulted prior to administering antimalarial agents to these personnel.

5606. **Prophylactic Immunizations**. An effective prophylactic immunization program shall be conducted in accordance with BUMEDINST 6230.15 Immunizations and Chemoprophylaxis and current BUMEDNOTE 6230 and message updates. Currently, required immunizations include: Typhoid, Tetanus, Yellow Fever, Influenza, Hepatitis A (see Article 5604), and Anthrax (in accordance with current implementation policies). For readiness assessment purposes, the status of the crew for each immunization must be greater than 90% to be graded satisfactory.

a. All immunizations, except Yellow Fever, may be given at sea or ashore at the discretion of the MDR with the concurrence of the CO. Yellow fever immunizations on IDC ships shall only be conducted in port during normal working hours after prior notification and concurrence of the local ISIC/RSO/RSG MO, unless a Medical Officer is present. The minimal requirement for a health care provider to be present during all immunizations is an IDC.

b. All health care providers will receive the appropriate vaccines or have documented proof of immunity for measles, mumps, and rubella (MMR), and varicella.

5607. **Human Immunodeficiency Virus (HIV) Testing Program**. Management and testing of HIV will be conducted in accordance with SECNAVINST 5300.30C Management of Human Immunodeficiency Virus (HIV) Infection in the Navy and Marine Corps. HIV testing is currently required annually for all shipboard personnel. For readiness assessment purposes, the status of crew testing must be greater than 90% to be graded satisfactory.

SECTION 7

Safety, Industrial Hygiene, and Occupational Health

5701. **General.** In matters of safety, industrial hygiene, and occupational health, the ship's MO/SMDR shall act in an advisory capacity to the Commanding Officer, department heads, safety officer, and other supervisory personnel. This requires knowledge of the contents and requirements of the Navy's two primary safety references:

a. OPNAVINST 5100.19C Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat

b. OPNAVINST 5100.23D Navy Occupational Safety and Health Program Manual

5702. **Safety.** Safety involves the design and control of equipment and environment to reduce the hazards, and the training of personnel toward safe attitudes and practices. In support of the safety program, the medical department will:

a. Submit an Accident/Injury Report as directed by the Commanding Officer, with a copy to the Safety Officer, on all injuries treated in sickbay in accordance with ship's policy.

b. Complete the medical section of any NAVJAG Investigations warranted.

c. Ensure all accident/injuries, including circumstances, and treatment rendered, are documented in the Health Record at the time of treatment.

5703. **Industrial Hygiene and Occupational Health.** All levels of command which comprise the Naval Afloat establishment will implement and manage the NAVOSH (Afloat) Program per the policy, procedures, actions and guidance in OPNAVINST 5100.19C.

a. The following is a quick reference list of the major shipboard NAVOSH programs as outlined in Volume I, Section B.

(1) B1, Asbestos Control Program

(2) B2, Heat Stress Program

(3) B3, Hazardous Material Control & Management Program

(4) B4, Hearing Conservation Program

(5) B5, Sight Conservation Program

(6) B6, Respiratory Protection Program

- (7) B7, Electrical Safety Program
- (8) B8, Gas Free Engineering Program
- (9) B9, Radiation Protection Program
- (10) B10, Lead Control Program
- (11) B11, Tag-out Program
- (12) B12, Personal Protective Clothing & Equipment
- (13) B13, Mercury Control
- (14) B14, Polychlorinated Biphenyls (PCB)
- (15) B15, Man-made Vitreous Fibers

b. Volume I, Section C covers surface ship safety standards for various shipboard tasks and evolutions.

5704. **Surveillance Programs.** The medical department shall conduct routine surveillance of industrial, other working, and living spaces per current directives and report adverse conditions potentially or actually affecting the health of the crew to the commanding officer. The major surveillance programs include:

a. **Hearing Conservation Program.** Personnel who are routinely exposed to noise hazards require annual audiometric testing. For readiness assessment purposes, current testing of greater than 90% of the personnel in this program is required to obtain a grade of satisfactory. Program guidance is provided by OPNAVINST 5100.19C, Section B4.

b. **Asbestos Surveillance Monitoring Program (AMSP).** All personnel with a history of exposure to asbestos must obtain periodic evaluation in accordance with OPNAVINST 5100.19C, Section B1. For readiness assessment purposes, greater than 90% of the personnel in this program must have current evaluations to be graded satisfactory.

c. **Shipboard Sewage Systems.** Medical Department Responsibilities, Marine Sanitation Devices (MSDs), are outlined in NAVMED P-5010, Chapter 7, Section III, and NSTM Chapter 593.

d. **Control of Microwave Health Hazards.** NAVMEDCOMINST 5100.1 Activity Safety and Occupational Health Program, outlines the potential health hazards associated with the use of microwave equipment, specifies maximum personnel exposure levels, provides medical

surveillance guidance, and explains reporting requirements for microwave overexposure incidents.

e. Health Precautions for Otto Fuel II. NAVMEDCOMINST 6270.1 Health Hazards of Otto Fuel, provides health precautions and guidance concerning the health hazards associated with exposure to Otto Fuel II.

f. Control of Polyurethane Paints and other Substances Containing Isocyanates. NSTM, Chapter 631, and BUMEDINST 6260.19 Isocyanates: Measures for Control of Health Hazards Related to, establish procedures for control of health hazards related to polyurethane paints and other substances containing isocyanates. Medical evaluation and surveillance procedures shall be performed as directed in BUMEDINST 6260.3.

g. Safe Welding Practices. NSTM Chapter 074 and OPNAVINST 5100.19C provide welding safety guidelines. Medical examinations shall be performed as directed by NAVMEDCOMINST 6260.3. Annual medical examinations of affected personnel include pulmonary function studies, near vision testing, and other tests as may be indicated.

h. Medical Waste Afloat. The ship's MO/SMDR shall be familiar with the standards listed in OPNAVINST 5090.1B Environmental and Natural Protection Manual, and OPNAV P-45-113-93, Afloat Medical Waste Management Guide, to ensure that proper handling and disposal of medical waste are implemented as part of the medical department's program. (See Article 3117.)

i. NAVMEDCOMINST 6260.3, Change 1, Occupational Health Surveillance Manual, provides guidance on basic medical screening.

CHAPTER 6 - MEDICAL PLANNING

SECTION 1

General

6101. **General.** Naval exercises and operations are planned evolutions. A written strategic plan is designated an operational plan (OPLAN). An OPLAN is prepared by staff planning officers and is intended to provide guidance for all aspects of an operation in order to accomplish the stated objectives. OPLANs exist for several scenarios and are frequently updated or modified to suit changing political situations or availability of military assets. Based on the latest OPLAN, a deployment operational order (OPORD) is prepared for a ship or unit. The OPLAN and OPORD include medical appendices which contain the information and guidance to provide medical support in an organized system during the exercise or operation. It is recommended that medical officers, medical administrative officers, and SMDRs on amphibious ships attend the Landing Force Staff Planning Course (H-6A-3216) conducted by the Expeditionary Warfare Training Group (EWTGPAC/LANT).

a. Staff MOs are responsible for planning and drafting the medical appendix to the OPORD. To properly accomplish this task, they must confer on a regular basis with the staff personnel section (N1), staff intelligence section (N2), staff operations section (N3), staff logistics section (N4), and staff communications section (N6). They must further maintain close coordination with medical counterparts in the landing force to ensure both Navy and Marine Corps plans take the same direction in areas of communications, casualty evacuation, and logistical support requirements.

b. Based on the commander's concept of the entire exercise or operation, the officers preparing the medical appendix shall address the various aspects set forth below as they apply to the particular situation. Denote those actions to be carried out (ACTUAL) and those whose execution will be simulated on paper (CONSTRUCTIVE or NOTIONAL). For basic guidance, consult Fleet, Type, Group, and Squadron effective OPORDs.

c. Factors to be addressed in the medical appendix include, as applicable:

(1) Medical scenario personnel strength, length of exercise or operation, and casualty estimate.

(2) Nature of climate, terrain, and endemic diseases in the area of operation and other conditions or hazards existing therein.

(3) Applicable preventive medicine measures required.

(4) Medical support facilities available, both U.S. military and host nation support.

(5) Assignment of responsibilities to the Amphibious Task Force command echelons and Landing Force command echelons, with special attention to medical chain of command and specific Commander, Amphibious Task Force (CATF) Surgeon and Commander, Landing Force (CLF) Surgeon responsibilities.

(6) Designation of Casualty Receiving and Treatment Ship (CRTS), Casualty Evacuation Control Ships (CECS), and arrangements for Fleet Surgical Team (FST), Medical Augmentation Program (MAP), or unit augmentation personnel, if required.

(7) Details for casualty handling and routing (medical regulating) (i.e., MEDEVAC and patient distribution control radio frequencies), for CRTS, CECS, and Beach Evacuation Station (BES) locations, and details for the appropriate triage of casualties.

(8) Evacuation policy.

(9) Medical reporting requirements (i.e., joining reports and casualty reporting requirements for actual and simulated casualties).

(10) Blood program.

(11) Medical logistics, specifically medical supply and resupply system, and redistribution of medical casualty evacuation materiel per current directives.

(12) Decedent affairs.

(13) Training requirements for first aid and mass casualty handling.

(14) Various annexes to the medical appendix (i.e., equipping and manning of ambulance boats, mass casualty management, reporting requirement formats).

d. Other guidelines for preparing a medical appendix to an OPORD may be found in the following references:

(1) NWP 22-B

(2) FMFM 4-5, Section 4 and annexes

(3) NWP 11 (A), Article 1044, Appendices B and D

(4) NAVMED P-5041

(5) BUMEDINST 6440.6

6102. **Medical Augmentation**. There are several types of medical augmentees. Guidance in their procurement is contained in BUMEDINST 6440.6. This directive should be consulted to plan and request the type of team(s) or personnel required to support the operational needs of the OPLAN.

a. **Fleet Surgical Team (FST)**. When deployed with an Amphibious Readiness Group (ARG), usually aboard a flagship CRTS, an FST will be assigned to the appropriate Amphibious Squadron (PHIBRON) Commander. The PHIBRON will ensure that the FST is fully trained and capable of performing all duties assigned. The Officer-in-Charge (OIC) of the FST shall serve as the CATF Surgeon and shall be assigned TAD to the PHIBRON Staff. The FST Medical Regulating Control Officer shall also be assigned TAD to the PHIBRON Staff. All other FST members shall be assigned TAD to the ship's medical department. During this period, the ship's commanding officer shall assume line authority over FST members assigned TAD to the ship.

b. **M+1 Augmentation**. The Bureau of Medicine and Surgery's Medical Augmentation Program (MAP) provides active duty Navy medical department personnel to augment operational and medical support units deploying in situations ranging from limited contingencies to global warfare. An 84 man, surgically intensive MAP team may augment LHAs and LHDs as required by mission. Guidance for MAP support is contained in BUMEDINST 6440.5A.

c. **Other Augmentation**. Normally, medical augmentees will be assigned TAD to the ship's medical department. Embarked medical personnel, while aboard, will integrate as part of the ship's medical department to the greatest extent possible. Types of augment teams include:

(1) **MMART**. Mobile Medical Augmentation Readiness Teams provide rapid short-term (less than 180 days) medical augmentation for peacetime contingency operations and lesser regional conflicts (LRCs). Guidance for MMART augmentation is contained in BUMEDINST 6440.6 series. There are six types of MMARTs available:

- (a) Surgical Support Team (MST)
- (b) Specialist Support Team (SST)
- (c) Humanitarian Support Team (HST)
- (d) Medical Regulating Team (MRT)
- (e) Preventive Medicine Team (PMT)
- (f) Special Psychiatric Rapid Intervention Team (SPRINT)

(2) **Landing Force**. Embarked landing force medical personnel will be afforded the use of task force spaces and supplies when assigned to conduct sick call for their own troops; however, the ship's MO will remain in charge of afloat medical support even if outranked by troop medical personnel.

6103. **Medical Joining Report**. When a unit in-chops to a Task Force or Fleet area command, a Medical Joining Report will be submitted in the format requested by the Task Force/Fleet Commander. The purpose of this report is to identify total Task Force or Fleet medical assets available.

6104. **Medical Regulating**. The area commander will establish medical regulating procedures in a specific amphibious objective area (AOA). Medical regulations in all other cases are addressed in NAVMED P-5115, "Aeromedical Evacuation, A Guide for Health Care Providers." Refer to these instructions for additional guidance.

SECTION 2

Casualty Handling

6201. **General**

a. The team concept of Navy-Marine Corps operations extends into the medical arena. The Amphibious Task Force (ATF) not only loads, transports, and offloads personnel and war materiel. It also furnishes medical support, especially during the critical phases of a landing. Until medical elements of the landing force are firmly established ashore, the CATF is responsible for evacuating casualties seaward from the beach to designated ships for treatment and further disposition.

b. During the transport and assault phases, it is logical that landing force medical supplies be left intact for use ashore. This material comes in packages of varying size, ranging from the corpsman's first aid pouch to be used on the front line, to complete collecting and clearing stations including tents and vehicles. Therefore, while embarked landing force medical personnel may be assigned to conduct sick call for their own troops, they will be afforded use of task force medical spaces and supplies. The ship's medical officer remains in charge of all medical care conducted aboard his ship even if outranked by embarked personnel. The exercise of normal professional courtesy should obviate any misunderstandings. Embarked personnel may be called upon to assist in shipboard emergencies at any time while aboard. The foregoing indicates again the extreme importance of, cooperation, professionalism and a high level of material readiness in the Force.

6202. **Chain of Evacuation**

a. The beachhead is the critical transition point between responsibilities of the landing force and the task force and thus demands closest cooperation between the two for the uninterrupted flow of medical casualties seaward. The primary naval unit ashore for medical coordination is the Beachmaster unit. This unit does not have personnel available to double as stretcher-bearers. It is the responsibility of landing force units to furnish bearers and to get casualties into medical ambulance boats and aircraft. The medical officer in charge of the beach evacuation station (BES) at the beach-head, when assured that patients are in optimal condition to be moved, requests the transportation coordinator from the beachmaster unit to call in landing craft or air assets. Ordinarily, such craft are designated in the OPOD and fly the "Mike" flag to indicate same.

b. Triage of casualties is a cardinal principle in military medicine and is used all along the chain of evacuation. Patients must be evaluated and classified as to their immediate condition at each stop in the evacuation process with a goal of movement toward more appropriate, definitive treatment. Speed of evacuation is not the overriding factor. The preservation of life and limb should be of paramount importance. However, the conservation of personnel, time, facilities,

and supplies in a military situation demands adherence to the principle of the greatest good for the greatest number.

c. The nature of current amphibious operations involves extensive use of air evacuation by helicopter directly from the landing zones to a receiving ship in a matter of minutes. Such expeditious transportation has contributed to lower morbidity and mortality rates. Triage is done aboard ship in the resuscitative or preoperative area, where many of the casualties are prepared for priority care and surgery. Killed-in-action (KIA) may be evacuated along with the living as a matter of expediency in relatively isolated amphibious operations. Facilities must be ready for proper care and preparation of remains before further transfer. Flexibility remains the keyword. The medical effort is tailored to the situation, modifying plans as necessary.

d. Of ships currently in use, LHD and LHA classes are used in the CRTS role. Other task force ships possess significant medical capability. LPD and LSD 41 classes are ships less suited for CRTS duties but may be used for certain casualty categories at the discretion of the CATF surgeon. Patients may be retained aboard ship or returned to duty, in accordance with the particular evacuation policy in force for the amphibious operation. No amphibious task force ship, however, can match the capabilities of a hospital ship (T-AH) or fixed medical facility ashore. Serious cases are therefore evacuated to the rear as soon as their conditions are stabilized and operational conditions permit. Ships may be called upon to transport casualties back to the continental U.S. or to staging points ashore for air transport. For every exercise or contingency operation, READ THE MEDICAL ANNEX to understand the part the medical department will play as well as the overall picture.

SECTION 3

Naval Ready Reserve Personnel

6301. **Naval Ready Reserve Personnel Serving in NRF Crews**

a. Policy. BUPERSINST 1001.39A delineates policy relative to Selected Reserve Enlisted Personnel.

b. Physical Examinations. All drilling naval reservists will receive a physical examination according to MANMED Article 15-11. Reserves are also required to complete a NAVMED 6120/3 annually per MANMED 15-28 (5) (b).

6302. **Annual Training (AT)/Additional Duty Training (ADT)**

a. Reporting requirements for selected reservists on AT/ADT are as follows:

(1) Current HIV (within 12 months)

(2) Current Physical Examination

(3) SF 600 entry: "There has been no change in my physical condition since my last physical examination or any injury/illness that would prevent performance of my duties while on Active Duty for Training." (Member's Signature)

(4) Health and Dental records must accompany the reservist.

(5) Orders must be endorsed by the MDR as follows: "Member is Physically Qualified for (number) days of Annual Training."

b. Review and action items should include:

(1) Record review for medical conditions that are not conducive to shipboard duty.

(2) Review immunizations and update as required.

(3) Ensure a health record entry is made to document the member's state of health and necessity for health record maintenance or upkeep.

c. Release from AT/ADT SF 600 entries:

COMNAVSURFLANTINST 6000.1J/
COMNAVSURFPACINST 6000.1H

(Date) “I have not suffered any illness or injury during my period of (number) days AT/ADT.”
(Member’s Signature)

(Date) “Member has/has not sought medical attention during this period of Annual Training. Fit for release from AT.”
(SMDR’s Signature)

d. Release entries are important in the documentation of illness and injury received on AT as these situations may result in future claims. Injuries or illnesses occurring during AT may require a Notice of Eligibility (NOE) per MANMED, Chapter 15 and SECNAVINST 1770.3. Reservists are entitled to the same access to health care while on Active Duty as their USN counterparts. However, administratively the NOE procedure must be followed or timely delivery of the reservists benefits will suffer.

CHAPTER 7 - SNAP AUTOMATED MEDICAL SYSTEM (SAMS)

7101. **General.** SNAP Automated Medical System (SAMS) is an automated data processing (ADP) system designed to minimize the administrative burden for Navy Medical Departments. Description of each module is contained in the SAMS User Guide. The use of SAMS is mandatory for all units and all Medical Department personnel should be proficient in using the system. Installation of version 7.06 (Y2K compliant) or higher is required. SAMS is divided into the following modules:

- a. Master Tickler: Contains patient demographic data.
- b. Medical Encounters: Contains data directly related to patient care.
- c. Radiation Health: Contains data related to the Radiation Health Program.
- d. Occupational/Environmental Health: Contains data related to occupational and environmental issues.
- e. Supply Management: Contains data related to management of medical supplies.
- f. Training Management: Contains data related to management of training for all ships/units.
- g. Schedule Management: Contains time management information.
- h. Systems Management. Contains information related to the setup of, and access to, the system.

7102. **SAMS Support.** Medical departments are required to back up SAMS on a daily basis. A minimum of five sets of backup disks is required at all SAMS sites. For SAMS sites on a LAN, a local medical department server daily backup is still required in addition to the LAN administrator's backup. When problems arise which cannot be locally corrected, proceed as follows:

- a. Recheck all hardware connections.
- b. Print out any error reports for review with SAMS technical support staff.
- c. Collect information as described in Appendix C of the SAMS User's Guide
- d. Contact SAMS technical support staff by one of the methods outlined below.

COMNAVSURFLANTINST 6000.1J/
COMNAVSURFPACINST 6000.1H

(1) COMNAVSURFPAC

- (a) By E-mail: 01m12@rso.navy.mil
- (b) By phone: COMM: (619) 556-1795
DSN: 526-1795
- (c) By message: RSO DIEGO CA //01M//.

(2) SPAWAR System Center DET San Diego CA

- (a) By E-mail: Bob Bodden rbodden@massopac.navy.mil
Tony Esteban aesteban@massopac.navy.mil
- (b) By phone: COMM: (619) 556-7714/9092
DSN: 526-7714/9092
FAX: ext. 9066
- (c) By message: SPAWARSYSCEN CHESAPEAKE DET SAN DIEGO CA//623//
with INFO TYCOM.

(3) COMNAVSURFLANT

- (a) By E-mail: n02m2@cnsi.spear.navy.mil
- (b) By phone: COMM: (757) 836-3076/7/8
DSN: 836-3076/7/8
FAX: 836-3274
- (c) By message: COMNAVSURFLANT NORFOLK VA//N02M//

(4) SPAWAR System Center, Chesapeake VA

- (a) By E-mail: samseast@scn.spawar.navy.mil
- (b) By phone: COMM: (757) 523-8131
DSN: 565-8131
FAX: (757) 523-8063
- (c) By message: SPAWARSYSCEN CHESAPEAKE VA//94//
with INFO TYCOM.
- (d) By internet: <http://www.massolant.navy.mil/product2.htm>

7103. **System Security**. The senior HM will act as the SAMS Manager. All users must be entered into the system using the Systems Management module. Use is password protected and each user should be granted access only to those modules necessary for completion of assigned tasks. Passwords are not to be shared with other members of the department. When not in use or unattended, workstations should be logged off to avoid unauthorized access to information. The system manager's password will be provided to the ship's CMS/Security Manager for emergency use.

7104. **ADP Equipment**. All ADP equipment will be Information Technology for the Twenty First Century (IT-21) compliant. Hardware replacement/upgrade will be the ships responsibility and will be listed on the ships ADP inventory.

CHAPTER 8 - BLOOD PROGRAM

8101. **General.** The military blood program provides an orderly system for the collection, storage, and distribution of theater blood products during peacetime and wartime operations. Ships with surgical capability and fleet surgical personnel aboard shall maintain blood products as well as collection and transfusion supplies on board per AMMAL. All other ships with Medical Officers assigned shall maintain blood collection and transfusion materials only as required by AMMAL. OPNAVINST 6530.4A Department of the Navy Blood Program is the guiding directive for this program.

8102. **Disaster Preparedness Planning.** Shore-based area disaster planning is not to include any operational unit as a blood bank or blood resource, since such units must maintain operational availability and readiness for national defense at all times.

8103. **Administration of Blood Products.** Under normal operating conditions, operational units shall obtain medical support from shore facilities for patients requiring blood product transfusions. Blood products administration shall only be prescribed by a medical officer. Units without blood transfusion capabilities shall not administer blood products. Patients in need of blood components shall be stabilized with intravenous crystalloid solutions (normal saline, Ringer's lactate, etc.) and transported to a facility with transfusion capabilities as soon as possible.

8104. **Blood Product Storage.** Blood products, with the exception of frozen blood stored aboard designated ships, normally will not be maintained by operational units in port or in steaming condition IV.

a. LHA and LHD class ships possess the capability to store and process frozen blood products. LHAs and LHDs shall maintain a complete load of frozen blood products at all times in accordance with OPNAVINST 6530.4.

b. Training Units. Blood products required for training, certification, and quality control will be drawn from on-hand stocks. Re-supply will be accomplished per paragraph 8107.

c. Ships maintaining frozen blood products shall be inspected prior to prolonged deployment as part of the Medical Readiness Assessment (MRA). This technical assessment shall be coordinated by the ISIC and conducted by the appropriate NAVMEDCEN Blood Bank Officer.

8105. **Walking Blood Bank.** All ships shall maintain a current, printed listing of each crewmember's blood type, RH factor, and whether the individual is an eligible donor as stipulated in NAVMED P-5120, Standards for Blood Bank and Transfusion Services of the American Association of Blood Banks. When deployed, the ship's medical officer/SMDR shall be prepared to exchange lists with other ships in company in order to provide a ready cross-index of available blood.

a. The blood type and RH factor of each crewmember shall be verified as part of the medical check-in process.

b. A tickler file of blood types/RH factors will also be maintained on all embarked personnel.

c. A "walking blood bank" shall be utilized as a tertiary blood source when neither liquid blood products or thawed and washed cells are available. The use of walking donors and emergency blood collections, although sometimes necessary, are not encouraged due to the lack of the capability to perform serological testing for infectious diseases. If drawn, the following procedures must be adhered to:

(1) A sample of serum (minimum 1 ml) from the emergency donation must be kept for retrospective testing. The serum specimen must be kept frozen.

(2) Notify the appropriate Blood Program Office (BPO) for guidance regarding follow-up testing.

(3) Use the donor's SSN as the blood unit number.

(4) If the emergency donation is used, the attending physician must certify in writing that the use of blood not fully tested is required to sustain the life of the patient.

d. Human serum albumin 25% is a colloid blood component primarily used in treating burn patients. One unit of albumin for every three units of infused crystalloid is the usual ratio. Albumin, when stored under refrigeration, has a normal shelf-life of 1 year.

8106. **Frozen Red Cells.** Frozen red blood cells are Group 'O' cells only and may be administered to all groups/types without cross-matching, following proper protocol for deglycerolization. RH negative frozen cells should be administered to RH negative patients with the priority given to RH negative females in cases of shortages. Units must be maintained at a minimum temperature of -65 degrees C. Frozen red cells have an approved shelf life of 10 years.

8107. **Ordering Blood Products.** The respective BPO is responsible for meeting blood product requirements in operational areas. Operational units shall use the blood report format contained in OPNAVINST 6530.4A when ordering blood products. The BPO will normally arrange air delivery of blood products to the fixed-wing airhead nearest to ships that are underway. Ships will then use organic helicopter support to transport blood products on board ships from the fixed-wing airhead. Ships operating beyond the range of helicopter support can use air-drops from fixed-wing aircraft. Coordination and arrangements will be made through the BPO.

8108. **Return of Blood Products.** When stored frozen blood products approach one-half of their shelf-life limits, or are no longer needed, their return shall be coordinated with the nearest area Joint Blood Program Office (JBPO). Transportation is the responsibility of the unit in possession of the blood products, and handling and packing procedures detailed in NAVMED P-5101 American Association of Blood Banks (AABB) Technical Manual, shall be followed.

8109. **Transportation of Blood Products.** Blood products can be transported between ships by helicopter or high line. Resuscitation fluids and blood products will be transported ashore primarily by helicopters dispatched to evacuate casualties. Ground vehicle landing craft or amphibious landing craft may also be used for this purpose.

a. Liquid blood will be transported in standard blood boxes with 14 pounds of wet, “glistening” ice or in high technology blood boxes (thermo-stabilizers). Temperature is to be maintained between 1-10 degrees C.

b. Frozen blood will be transported in Densepak frozen blood boxes. If Densepak blood boxes are not available, frozen blood shall be transported in standard blood boxes with dry ice. Transportation temperatures must not exceed minus 40 degrees C. If cryoguard temperature indicators are used, the indicators **must remain green.**

c. Units with blood bank capability shall maintain an adequate supply of blood product transport boxes and shall ensure all blood product packing and transportation meets the requirements of NAVMED P-5101.

d. Re-icing labels must be placed on boxes if transport time is greater than 24-48 hours. Temperature monitoring devices must also be put into boxes shipped. If the temperature of the box exceeds the limits, the blood products are to be considered contaminated and are not to be used. If blood is transferred between ships and shore facilities, the records of the disposition of the blood will be kept and given to the BPO issuing the blood before deployment and upon return of the ship to port.

8110. **Communications.** All blood reports and blood shipment reports shall be sent using standard Armed Services Blood Program Office (ASBPO) approved voice, message, and/or computer generated blood report formats. Blood product request messages should be minimally classified. Information copies should be kept to a minimum and specifically required by the respective OPLAN. Messages shall be sent as IMMEDIATE because of very short blood shelf life. Blood product messages shall be formatted per OPNAVINST 6530.4A. Consolidated blood bank operational reports shall be submitted to the area JBPO by the Task Force Blood Program Officer (TFBPO).

8111. **Task Force BPO (TFBPO)**. A TFBPO shall be appointed for every task force deployment or exercise.

- a. If embarked, the senior MSC officer of the blood bank team shall be the TFBPO.
- b. In amphibious ready groups, the CATF surgeon shall be the TFBPO if a blood bank team is not assigned.
- c. In all other task forces, the senior MO shall be the TFBPO if a blood bank team is not assigned.
- d. In amphibious assaults, the TFBPO will coordinate blood and fluid support for the medical company ashore from casualty receiving and treatment ships until the ships leave the Amphibious Objective Area (AOA).
- e. Duties of the TFBPO:
 - (1) Direct the procurement, storage, and use of blood products in support of the OPORD/OPLAN.
 - (2) Submit consolidated re-supply requests for blood components and blood bank operational reports.

8112. **Duties of Senior Medical Officers**. The senior MO assigned to units with blood banking or blood transfusion capabilities shall:

- a. Ensure that appropriate storage facilities are in correct working order at all times.
- b. Ensure that proper handling, preparation, and type and cross-matching procedures are followed in the use of blood products.
- c. Train medical personnel in proper blood drawing, blood transfusion techniques, transfusion reactions procedures, and, if maintained aboard, handling and thawing procedures for frozen blood products.
- d. Develop and implement a viable quality control program for all aspects of blood product usage and storage.
- e. Request blood products as required from the TFBPO or, if no TFBPO is assigned, from the supporting area blood program office.
- f. Ensure standard operating procedures (SOPs) are developed, maintained and reviewed annually.
- g. Coordinate the BPO Technical Assessment that is to be conducted as part of the Medical

Readiness Assessment. (See Chapter 9.)

h. Before deployment of LHAs and LHDs, ensure afloat blood product inventory needs or excesses are provided to the serving area blood system director.

8113. **Blood Products Planning**

a. Proper advance planning is of critical importance. Medical annexes to all OPORDs and OPLANs shall address the procurement, placement, laboratory testing, and administration of blood products. Upon deployment, operational units with blood bank or blood transfusion capability will consider the blood product requirements and will be prepared to provide support to other units.

b. General planning guidelines for blood requirements based on casualty estimates can be found in OPNAVINST 6530.4A. The use of packed red blood cells rather than whole blood will increase the requirement for crystalloids to supplement volume expansion. A general guide to crystalloid requirements in support of acute blood loss is to replace each milliliter (ml) of estimated blood loss with three ml of crystalloid (normal saline, Ringer's lactate, etc.). Additional crystalloid will be required for irrigation. Do not use crystalloid solutions containing dextrose for these purposes. Blood resources and requirements shall be assessed on at least a daily basis.

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APPENDIX A

COMMON ACRONYMS

AAW	ANTI-AIR WARFARE
ACDUTRA	ACTIVE DUTY FOR TRAINING
ACLS	ADVANCED CARDIAC LIFE SUPPORT
ADAL	AUTHORIZED DENTAL ALLOWANCE LIST
ADP	AUTOMATED DATA PROCESSING
AMMAL	AUTHORIZED MINIMAL MEDICAL ALLOWANCE LIST
AOA	AMPHIBIOUS OBJECTIVE AREA
ARG	AMPHIBIOUS READINESS GROUP
ASBPO	ARMED SERVICES BLOOD PROGRAM OFFICE
ASUW	ANTI-SURFACE WARFARE
ASW	ANTI-SUBMARINE WARFARE
ATF	AMPHIBIOUS TASK FORCE
ATG	AFLOAT TRAINING GROUP
ATLS	ADVANCED TRAUMA LIFE SUPPORT
ATT	AVIATION TRAINING TEAM
AVME	AVIATION MEDICAL EXAMINER
AVMO	AVIATION MEDICAL OFFICER
BA	BILLETS AUTHORIZED
BCLS	BASIC CARDIAC LIFE SUPPORT
BDS	BATTLE DRESSING STATION
BECCE	BASIC ENGINEERING CASUALTY CONTROL EXERCISE
BES	BEACH EVACUATION STATION
BFS	BRIEF FUEL STOP
BMET	BIO-MEDICAL EQUIPMENT TECHNICIAN
BPO	BLOOD PROGRAM OFFICE
BUMED	BUREAU OF MEDICINE AND SURGERY
BW/CW	BIOLOGICAL WARFARE/CHEMICAL WARFARE
CACO	CASUALTY ASSISTANCE CALLS OFFICER
CART	COMMAND ASSESSMENT OF READINESS AND TRAINING
CATF	COMMANDER, AMPHIBIOUS TASK FORCE
CBR	CHEMICAL, BIOLOGICAL, RADIOLOGICAL
CDC	CENTERS FOR DISEASE CONTROL
CDO	COMMAND DUTY OFFICER
CECO	CASUALTY EVACUATION CONTROL OFFICER
CECS	CASUALTY EVACUATION CONTROL SHIP
CEU	CONTINUING EDUCATION UNIT
CHT	COLLECTING, HOLDING AND TRANSFER (SEWAGE SYSTEM)
CLF	CINCLANTFLT <u>OR</u> COMMANDER, LANDING FORCE
CLIA	CLINICAL LABORATORY IMPROVEMENT AMMENDMENTS OF 1988

CLIP	DOD CLINICAL LABORATORY IMPROVEMENT PROGRAM
CME	CONTINUING MEDICAL EDUCATION
<u>CNSL</u>	<u>COMNAVSURFLANT</u>
CNSP	COMNAVSURFPAC
CO	COMMANDING OFFICER
COMTUEX	COMPOSITE TRAINING UNIT EXERCISES
CONREP	CONNECTED REPLENISHMENT (ALONG-SIDE REPLENISHMENT)
CONUS	CONTINENTAL UNITED STATES
COSAL	CONSOLIDATED SHIP/STATION ALLOWANCE LIST
CPF	CINCPACFLT
CPR	CARDIO PULMONARY RESUSCITATION
CRTS	CASUALTY RECEIVING AND TREATMENT SHIP
CSRT	COMBAT SYSTEMS READINESS TEST
CS TT	COMBAT SYSTEMS TRAINING TEAM DAR
	<u>DISEASE ALERT REPORT</u>
DCA	DAMAGE CONTROL ASSISTANT
DCC	DAMAGE CONTROL CENTRAL
DCPO	DAMAGE CONTROL PETTY OFFICER
DCTT	DAMAGE CONTROL TRAINING TEAM
DDPR	DUPLICATE DENTAL PANORAL RADIOGRAPHS
DECON	DECONTAMINATION
DRA	DENTAL READINESS ASSESSMENT
DLAM	DEFENSE LOGISTICS AGENCY MANUAL
DMSSC	DEFENSE MEDICAL SYSTEMS SUPPORT CENTER
DNSI	DEFENSE NUCLEAR SAFETY INSPECTION
DTO	DIRECT TURN OVER
DVECC	DISEASE VECTOR ECOLOGY AND CONTROL CENTER
ECCTT	ENGINEERING CASUALTY CONTROL TRAINING TEAM
EDF	ENLISTED DINING FACILITY
EDVR	ENLISTED DISTRIBUTION/VERIFICATION REPORT
EH/PM	ENVIRONMENTAL HEALTH/PREVENTIVE MEDICINE
EMAR	ENLISTED MANNING ADVISORY REPORT
EMIR	ENLISTED MANNING INQUIRY REPORT
EMRT	EMERGENCY MEDICAL RESUSCITATION TEAM
EOB	ESTIMATE OF BUDGET
EPMU	ENVIRONMENTAL PREVENTIVE MEDICINE UNIT
EPTE	EXISTED PRIOR TO ENLISTMENT
ESO	EDUCATIONAL SERVICES OFFICER
FAB	FIRST AID BOX
FEP	FINAL EVALUATION PERIOD
FMFM	FLEET MARINE FORCE MANUAL
FST	FLEET SURGICAL TEAM
FXP	FLEET EXERCISE PUBLICATION
GMT	GENERAL MILITARY TRAINING

GQ	GENERAL QUARTERS
HDC	HELICOPTER DIRECTION CENTER
HELOPS	HELICOPTER OPERATIONS
HMIS	HAZARDOUS MATERIAL INFORMATION SYSTEM
ICD	INTERNATIONAL CLASSIFICATION OF DISEASES
ICF	INDIVIDUAL CREDENTIALING FILE
IDC	INDEPENDENT DUTY CORPSMAN
IHS	INDUSTRIAL HYGIENE SURVEY
IL	IDENTIFICATION LIST
INSURV	(BOARD OF) INSPECTION AND SURVEY
IRFT	INTERIM REFRESHER TRAINING
ISIC	IMMEDIATE SUPERIOR IN COMMAND
ITT	INTEGRATED TRAINING TEAM
IUC	IMMEDIATE UNIT COMMANDER
JBPO	JOINT BLOOD PROGRAM OFFICE
KB	KILOBYTE
KIA	KILLED IN ACTION
LMA	LOGISTICS MAINTENANCE ASSIST
LOGREQ	LOGISTICS REQUEST
L RTP	LONG RANGE TRAINING PLAN
LVUPK	LEAVE AND UPKEEP
MAA	MASTER AT ARMS
MANMED/MMD	MANUAL OF THE MEDICAL DEPARTMENT
MAO	MEDICAL ADMINISTRATIVE OFFICER
MAP	MEDICAL AUGMENTATION PROGRAM
MATINSP	MATERIAL INSPECTION
MDA	MINIMUM DETECTABLE ACTIVITY
MDL	MANAGEMENT DATA LIST
MDR	MEDICAL DEPARTMENT REPRESENTATIVE
MEDEVAC	MEDICAL EVACUATION
MIA	MISSING IN ACTION
MILSTRIP	MILITARY STANDARD REQUISITION AND ISSUE PROCEDURES
MMART	MOBILE MEDICAL AUGMENTATION AND READINESS TEAM
MO	MEDICAL OFFICER
MPA	MANPOWER AUTHORIZATION <u>OR</u> MAIN PROPULSION ASSISTANT
MREMRA	MEDICAL READINESS ASSESSMENT
MSC	MEDICAL SERVICES CORPS <u>OR</u> MILITARY SEALIFT COMMAND
MSD	MARINE SANITATION DEVICE
MTEC	MOBILE TRAINING EVALUATION COMMAND
MTT	MEDICAL TRAINING TEAM
NAVEDTRA	NAVAL EDUCATION AND TRAINING
NAVOSH	NAVAL OCCUPATIONAL SAFETY AND HEALTH

COMNAVSURFLANTINST 6000.1J/

COMNAVSURFPACINST 6000.1H

NBC	NUCLEAR BIOLOGICAL CHEMICAL
NCCPA	NATIONAL COMMISSION ON CERTIFICATION OF PA'S
NCIS	NAVAL CRIMINAL INVESTIGATION SERVICE
NCRP	NATIONAL COUNCIL ON RADIATION PROTECTION
NEC	NAVAL ENLISTED CLASSIFICATION
NGFS	NAVAL GUNFIRE SUPPORT
NIIN	NATIONAL ITEM IDENTIFICATION NUMBER
NIOSH	NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH
NIS	NAVAL INVESTIGATIVE SERVICE
NOBC	NAVAL OFFICER BILLET CODE
NRF	NAVAL RESERVE FORCE
NSF	NAVY STOCK FUND
NSN	NATIONAL STOCK NUMBER
NSTM	NAVAL SHIPS TECHNICAL MANUAL
NWAI	NUCLEAR WEAPONS ACCEPTANCE INSPECTION
NWAT	——NUCLEAR WEAPONS ACCEPTANCE TRAINING
NWP	NAVAL WARFARE PUBLICATION
OOD	OFFICER OF THE DECK
OPLAN	OPERATIONAL PLAN
OPN	OTHER PROCUREMENT, NAVY
OPORD	OPERATIONAL ORDER
OPTAR	OPERATIONAL TARGET
ORE	OPERATIONAL READINESS EVALUATION
OSI	OPERATING SPACE ITEMS
OVHL	OVERHAUL
PA	PHYSICIAN'S ASSISTANT
PA&I	PERFORMANCE ASSESSMENT AND IMPROVEMENT
PACOM	PACIFIC COMMAND
PBFT/PB4T	PLANNING BOARD FOR TRAINING
PDTP	PREDEPLOYMENT TREATMENT PROGRAM (DENTAL)
PEB	PROPULSION EXAMINING BOARD
PHEL	PHYSIOLOGICAL HEAT EXPOSURE LIMITS
PLAD	PLAIN LANGUAGE ADDRESS DIRECTORY
PML	PORTABLE MEDICAL LOCKER
PMS	PREVENTIVE MAINTENANCE SYSTEM
POA&M	PLAN OF ACTION AND MILESTONES
POD	PLAN OF THE DAY
POM	PREPARATION FOR OVERSEAS MOVEMENT
POT&I	PRE-OVERHAUL TEST & INSPECTION
PQS	PERSONAL QUALIFICATION STANDARD
QA	QUALITY ASSURANCE
QC	QUALITY CONTROL
QOB	QUANTITY ON BOARD

RAM	RANDOM ACCESS MEMORY
RAS	REPLENISHMENT AT SEA
REFTRA	REFRESHER TRAINING
RHO	RADIATION HEALTH OFFICER
ROC/POE	REQUIRED OPERATIONAL CAPABILITIES / PROJECTED OPERATIONAL ENVIRONMENT
ROH	ROUTINE OVERHAUL
RSO	REGIONAL SUPPORT ORGANIZATION
<u>RSG</u>	<u>REGIONAL SUPPORT GROUP</u>
RUPPERT	RESERVE UNIT PERSONNEL & PERFORMANCE REPORT
SAC	SPECIAL ACCOUNTING CLASS
SAMS	SNAP AUTOMATED MEDICAL SYSTEM
SAP	SECURITY ASSISTANCE PROGRAM
SAR	SEA AIR RESCUE
SF	STANDARD FORM
SHML	SHIP'S HAZARDOUS MATERIAL LIST
SIQ	SICK IN QUARTERS
SMD	SHIP'S MANNING DOCUMENT
SMDO	SENIOR MEDICAL DEPARTMENT OFFICER (GROUP MO)
SMDR	SENIOR MEDICAL DEPARTMENT REPRESENTATIVE
SMI	SUPPLY MANAGEMENT INSPECTION
<u>SMO</u>	<u>SENIOR MEDICAL OFFICER</u>
SMO	SENIOR MEDICAL OFFICER (SHIPBOARD)
SNDL	STANDARD NAVY DISTRIBUTION LIST
SOAPP	SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN, PREVENTION
SOPA	SENIOR OFFICER PRESENT AFLOAT
SORM	SHIP ORGANIZATION AND REGULATIONS MANUAL
SRA	SELECTED RESTRICTED AVAILABILITY
SRI	STORE ROOM ITEM
SWMI	SURFACE WARFARE MEDICAL INSTITUTE
TAV	TECHNICAL ASSISTANCE VISIT
TFBPO	TASK FORCE BLOOD PROGRAM OFFICER
TSTA	TAILORED SHIP'S TRAINING AVAILABILITY
TYCOM	TYPE COMMANDER
UIC	UNIT IDENTIFICATION CODE
UNREP	UNDERWAY REPLENISHMENT
USP	UNITED STATES PHARMACOPEDIA
VERTREP	VERTICAL REPLENISHMENT
WBG	WET BULB GLOBE TEMPERATURE
WQSB	WATCH, QUARTER AND STATION BILL
XO	EXECUTIVE OFFICER

COMNAVSURFLANTINST 6000.1J/
COMNAVSURFPACINST 6000.1H

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APPENDIX- B

**PROFESSIONAL BOOKS, PUBLICATIONS AND INSTRUCTIONS
REQUIREMENTS**

1. **General.** CINCPACFLT/LANTFLTINST 6820.1 ~~In accordance with NAVMEDCOMINST 6820.1 and NAVMEDCOMINST 5600.1 Series, the following~~ lists all books, publications, and instructions required for ~~shipboard Medical Departments~~ COMNAVSURFPAC units. Textbook currency should be as required by that directive. Reference material may be retained in ~~hardcopy~~ Written, microfiche, or computer media (CD-ROM) as outlined in the CINC guidance ~~disk, CD-ROM, or any other accessible format, in any combination, are~~. CD-ROMs should be used whenever possible to decrease the bulk of printed material maintained. Other departments on the ship, such as the Ship's Office, maintain many required directives. If medical personnel have access to these directives, they need not be physically located in the medical department. However, directives that pertain to medical department business should be available at all times.

2. **Naval Instructions.** CINCPACFLT/LANTFLTINST 6820.1 provides a list of instructions that are to be maintained on board as a minimum. All SECNAV/OPNAV directives are now available in electronic format.

3. **NAVMEDCOM (NM) / BUMED (BM) Instructions.** Minimal requirements for BUMED directives are also provided in CINCPACFLT/LANTFLTINST 6820.1. For those units with internet access, instructions can be downloaded from BUMED's web site at <http://navymedicine.med.navy.mil/instructions/external/external.htm>. A BUMED CD-ROM is also available by contacting:

Bureau of Medicine and Surgery (MED 914)
2300 E Street, NW
Washington, DC 20372-5300
Tel: (202) 762-3250 / DSN: 672-3250

4. **Fleet and TYCOM Instructions.** A complete set of applicable Fleet and TYCOM instructions should be maintained on board. Fleet CD-ROM sets are available from the TYCOM on request and include all current directives issued by both the CINC and Surface Force Commander. Fleet CD-ROMs may be obtained by contacting:

Commander
Attn: Directives
Naval Surface Force
U. S. Pacific Fleet
2841 Rendova Road
San Diego, CA 92155-5490

Commander
Attn: N002A2
Naval Surface Force
U. S. Atlantic Fleet
1430 Mitscher Avenue
Norfolk, VA 23551-2494

5. **Naval School of Health Sciences (NSHS) References.** The following optional references are available on CD-ROM from the Naval School of Health Sciences by contacting: _____

~~1510.1C~~ ~~OPERATIONAL OBSERVERSHIP FOR SURFACE FORCE~~
~~INDEPENDENT DUTY HOSPITAL CORPSMEN (HM-~~
~~8425) AND~~

~~MEDICAL ADMINISTRATIVE TECHNICIANS (HM-~~
~~8424/DT 8703) STUDENTS FOR TRAINING~~
~~ABOARD NAVSURFPAC SHIPS~~
~~(97-01-13)~~

~~3540.22~~ ~~ENGINEERING DEPARTMENT ORGANIZATION AND~~
~~REGULATION MANUAL (EDORM)~~ ~~(97-09-~~
~~09)~~

~~4400.1H~~ ~~FORCE SUPPLY MANUAL (97-08-12)~~

~~4500.1B~~ ~~SCREENING AND REDISTRIBUTION OF EXCESS MEDICAL~~
~~MATERIAL~~ ~~(98-03-26)~~

~~5214 Note~~ ~~RECURRING REPORTS REQUIRED OF NAVSURFPAC~~
~~COMMANDS (94-09-01)~~

~~5400.1G~~ ~~NAVAL SURFACE FORCE, U.S. PACIFIC FLEET REGULATIONS~~
~~(CH 1-2)~~

~~(90-08-26)~~

~~(CH 1)~~ ~~(90-10-22)~~

~~(CH 2)~~ ~~(91-05-29)~~

~~6000.1G~~ ~~SHIPBOARD MEDICAL PROCEDURES MANUAL (1998)~~

~~6000.3C~~ ~~CREDENTIALS REVIEW AND PRIVILEGING PROGRAM~~ ~~(CH 1)~~
~~(97-06-16)~~

~~(CH 1)~~ ~~(98-02-17)~~

~~6010.1D~~ ~~DENTAL READINESS EVALUATIONS~~ ~~(96-06-20)~~

~~6010.3B~~ ~~JOINT AMPHIBIOUS SHIPBOARD HEALTH CARE~~
~~ADMINISTRATIVE STANDING OPERATING~~
~~PROCEDURES~~

~~(AMPHIBS ONLY) (97-12-10)~~

~~6300.1A MEDICAL INVESTIGATION OF ALLEGED SEXUAL
ASSAULT/RAPE CASES (98-03-23)~~

~~6320.1 MEDICAL PERFORMANCE ASSESSMENT AND IMPROVEMENT
PROGRAM (PA&I) (97-01-10)~~

~~6400.1A REPORT OF QUALITY ASSURANCE AND INDEPENDENT DUTY
CORPSMAN (IDC) CERTIFICATION/TRAINING
(94-05-10)~~

~~COMNAVSURFPAC/LANT (COMBINED INSTRUCTIONS)~~

~~3502.2C SURFACE FORCE TRAINING MANUAL (96-09-18)
(CH 1) (97-01-27)
(CH 2) (97-07-31)~~

~~6100.2 FORCE COMMANDER ANNUAL WELLNESS UNIT AWARD
("GREEN H") (97-02-25)~~

~~6320.2A PROVISION OF STANDBYS DURING MEDICAL EXAMINATION
(98-01-28)~~

Naval School of Health Sciences
Attn: Judith Goldman
8901 Wisconsin Avenue, Bldg 141, Rm 120
Bethesda, MD 20889-5611
Tel: (301) 295-5757
<http://nshs.med.navy.mil/aimm/>

[ADVANCED COMBAT TRAUMA LIFE SUPPORT \(504442\)](#)

[CLINICAL APPLICATION OF LABORATORY \(803460\)](#)

[DENTAL EMERGENCIES \(803673\)](#)

[EMERGENCY MEDICAL CONDITIONS FOR HOSPITAL CORPSMEN \(801526\)](#)

[HIV/AIDS TOTAL FORCE TRAINING FOR HEALTH CARE PERSONNEL \(503008\)](#)

["MALARIA: DIAGNOSIS, TREATMENT, AND PREVENTION" \(805657\)](#)

[MANAGEMENT OF CHEMICAL WARFARE INJURIES \(804039\)](#)

PSYCHIATRY TECHNICIAN: CRISIS INTERVENTION (805221)

RECOGNITION AND MANAGEMENT OF ABDOMINAL CONDITIONS
(802460)

RECOGNITION AND MANAGEMENT OF ACUTE RESPIRTORY CONDITIONS (802458)

RECOGNITION AND MANAGEMENT OF CARDIOVASCULAR CONDITIONS (802459)

RECOGNITION AND MANAGEMENT OF COMMON DERMATOLOGICAL CONDITONS
(802461)

(NM) 1300.1C SUITABILITY PROCESSING FOR OVERSEAS
ASSIGNMENT
OF NAVY AND MARINE CORPS
MEMBERS AND THEIR
ACCOMPANYING DEPENDENTS
0510 LD 054 2400
(89-03-23)

(BM) 1500.15A RESUSCITATION TRAINING 0510 LD 057 3200 (94-11-
23)

(BM) 1510.18A ON-THE-JOB TRAINING (OJT) FOR HMS AND DTS
(97-03-13)

(BM) 1520.28 INDEPENDENT DUTY CORPSMAN CONTINUING
EDUCATION (IDC/CEU) 0510-
LD 055 3020 (91-01-08)

(BM) 1520.34A CONTINUING EDUCATION PROGRAMS FOR MEDICAL
CORPS OFFICERS AND NURSE
CORPS OFFICERS
(97-03-17)

(BM) 5300.8 DISPOSITION OF REHABILITATED, ALCOHOL DENT,
OR
ABUSER AIRCREW, AIR
CONTROLLERS, HYPOBARIC
CHAMBER INSIDE OBSERVERS, AND
INSTRUCTORS
0510 LD 055 8470 (92-03-20)

<u>(BM) 5353.3</u>	<u>USE OF DISULFIRAM (ANTABUSE)</u>	<u>0510-LD-055-1210</u>
		<u>(90-07-23)</u>
<u>(NM) 5360.1</u>	<u>DECEDENT AFFAIRS MANUAL</u>	<u>0510-LD-053-8505</u>
		<u>(87-09-17)</u>
<u>(BM) 6010.13</u>	<u>QUALITY ASSURANCE PROGRAM</u>	<u>(91-03-19)</u>
<u>(BM) 6010.14</u>	<u>PATIENTS PERSONNEL EFFECTS AND VALUABLES</u>	<u>0510-LD-055-1710</u>
		<u>(90-08-27)</u>
<u>(BM) 6120.20B</u>	<u>COMPETENCE FOR DUTY EXAMINATION,</u>	
<u>EVALUATIONS</u>	<u>OF SOBRIETY, AND OTHER BODILY</u>	
	<u>VIEWS AND</u>	
	<u>INTRUSIONS PERFORMED BY</u>	
<u>MEDICAL PERSONNEL</u>		
		<u>0510-LD-055-7710</u>
		<u>(81-09-28)</u>
		<u>(CH-1)</u>
		<u>(82-01-03)</u>
<u>(BM) 6150.35</u>	<u>MEDICAL WARNING TAG</u>	<u>0510-LD-055-5900</u>
		<u>(91-07-08)</u>
<u>(NM) 6220.4</u>	<u>RABIES PREVENTION AND CONTROL</u>	<u>0510-LD-053-6120</u>
		<u>(88-08-04)</u>
<u>(BM) 6220.8</u>	<u>STREPTOCOCCAL INFECTION CONTROL PROGRAM</u>	<u>0510-LD-055-3760</u>
		<u>(91-03-16)</u>
<u>(BM) 6220.9</u>	<u>NOSOCOMIAL INFECTION CONTROL PROGRAM</u>	<u>(90-04-12)</u>
<u>(BM) 6220.12</u>	<u>DISEASE ALERT REPORTS</u>	<u>0510-LD-005-8330</u>
		<u>(96-04-19)</u>
<u>(BM) 6222.10</u>	<u>SEXUALLY TRANSMITTED DISEASE (STD) CLINICAL</u>	
	<u>MANAGEMENT GUIDELINES</u>	<u>0510-LD-055-2420</u>
		<u>(90-11-01)</u>
<u>(BM) 6224.8</u>	<u>TUBERCULOSIS CONTROL PROGRAM</u>	<u>(CH-1)</u>
		<u>0510-LD-056-1950</u>
		<u>(93-02-08)</u>

	0510-LD-056-1951	(CH-1)
(93-09-14)		
(NM) 6230.1A	VIRAL HEPATITIS PREVENTION	0510-LD-005-4010
	(87-10-01)	
(NM) 6230.2	MALARIA PREVENTION AND CONTROL	
	0510-LD-053-5860	(88-04-21)
(BM) 6230.15	IMMUNIZATIONS AND CHEMOPROPHYLAXIS	
	0510-LD-057-5630	(95-11-01)
(BM) 6240.10	STANDARDS FOR POTABLE WATER	0510-LD-056-1830
	(93-02-03)	
(BM) 6250.12B	PESTICIDE APPLICATOR TRAINING AND CERTIFICATION	
	FOR MEDICAL PERSONNEL	0510-LD-056-9460
	(93-09-03)	
(BM) 6250.14	PROCUREMENT OF DERATTING/DERATTING EXEMPTION CERTIFICATES	0510-LD-055-5740
	(91-07-09)	
(NM) 6260.3	OCCUPATIONAL HEALTH MEDICAL SURVEILLANCE	
	(CH-1)	
	0510-LD-051-8650	
(83-08-29)		
	0510-LD-051-8651	(CH-1)
(84-11-28)		
(NM) 6260.5	OCCUPATIONAL NOISE CONTROL AND HEARING CONSERVATION	(CH-1)
	0510-LD-051-8660	
(84-04-26)		
	0510-LD-051-8661	(CH-1)
(84-08-17)		
(NM) 6260.12	PREVENTION OF COLD INJURIES	(CH-1)
	0510-LD-051-8675	
(87-02-19)		
	0510-LD-051-8676	(CH-1)
(87-04-03)		

(NM) 6270.1 HEALTH HAZARDS OF OTTO FUEL II 0510 LD 051-8680 (85 03 19)

(NM) 6280.1A MANAGEMENT OF MEDICAL WASTE 0510 LD 057-0850 (94 01 21)

(BM) 6300.3BINPATIENT DATA SYSTEM 0510 LD 053 5315 (82 09 15)

(NM) 6310.2 INFORMATION AND EDUCATION PROGRAMS FOR HIV & AIDS (89 04 21)

(NM) 6310.3 MANAGEMENT OF ALLEGED OR SUSPECTED SEXUAL ASSAULT AND RAPE CASES 0510 LD 054 3545 (89 04 21)

(NM) 6320.3B MEDICAL & DENTAL CARE FOR ELIGIBLE PERSONS AT NAVAL MEDICAL DEPARTMENT FACILITIES 0510 LD 054 2680 (87 05 14)

(NM) 6320.16 INFORMED CONSENT FOR MEDICAL AND DENTAL TREATMENT (88 08 23)

(BM) 6320.72 NONNAVAL HEALTH CARE PROGRAM 0510 LD 057-6230 (96 02 21)

(BM) 6320.83 PROVISIONS OF STANDBYS DURING MEDICAL EXAMINATIONS 0510 LD 055 7250 (91 11 13)

(BM) 6410.5A MEDICAL MONITORING OF FLIGHT PERSONNEL IN LOCATIONS WHERE OFFICERS WITH AVIATION MEDICINE TRAINING ARE NOT AVAILABLE 0510 LD 051 2390 (79 06 21)

(BM) 6440.5A MEDICAL AUGMENTATION PROGRAM (MAP) 0510 LD 057 1490 (94 04 19)

<u>(BM) 6440.6</u>	<u>MOBILE MEDICAL AUGMENTATION READINESS TEAM</u>	<u>(MMART) MANUAL</u>	<u>0510-LD-056-4470</u>	<u>(93-05-11)</u>
<u>(BM) 6440.8</u>	<u>FLEET LIAISON PROGRAM</u>		<u>0510-LD-057-3790</u>	<u>(95-02-21)</u>
<u>(NM) 6470.6</u>	<u>RADIATION PROTECTION SURVEY AND EQUIPMENT PERFORMANCE TEST OF DIAGNOSTIC X-RAY EQUIPMENT</u>		<u>0510-LD-051-8775</u>	<u>(85-01-03)</u>
<u>(NM) 6470.10</u>	<u>INITIAL MANAGEMENT OF IRRADIATED OR RADIOACTIVELY CONTAMINATED PERSONNEL</u>		<u>0510-LD-051-2400</u>	<u>(89-07-05)</u>
<u>(NM) 6520.1A</u>	<u>EVALUATION AND DISPOSITION OF PATIENTS PRESENTING WITH SUICIDAL IDEATION OR BEHAVIOR</u>		<u>0510-LD-053-6500</u>	<u>(86-03-31)</u>
<u>(NM) 6600.10A</u>	<u>DENTAL INFECTION CONTROL PROGRAM</u>	<u>(CH 1-2)</u>	<u>0510-LD-056-0200</u>	<u>(88-09-06)</u>
			<u>0510-LD-056-0201</u>	<u>(CH 1)</u>
			<u>0510-LD-056-0202</u>	<u>(CH 2)</u>
<u>(BM) 6700.13G</u>	<u>MANAGEMENT AND PROCUREMENT OF AUTHORIZED MEDICAL AND DENTAL LIST MATERIEL FOR FLEET UNITS</u>	<u>(CH 1)</u>	<u>0510-LD-056-1000</u>	<u>(92-11-17)</u>
			<u>0510-LD-056-1001</u>	<u>(CH 1)</u>
<u>(NM) 6710.9</u>	<u>GUIDELINES FOR CONTROLLED SUBSTANCE</u>			

~~INVENTORY 0510-LD-051-8885
(86-05-19)~~

~~(BM) 6710.62A MANAGEMENT AND DISPOSAL OF DATED MEDICAL
AND~~

~~DENTAL MATERIEL 0510-
LD-055-2310 (90-10-31)~~

~~(BM) 6710.63A REPORTING AND PROCESSING OF DEFECTIVE OR
UNSATISFACTORY MEDICAL AND
DENTAL MATERIEL~~

~~0510-LD-055-2290 (90-10-22)~~

~~(BM) 6710.66 DELIVERY AND ADMINISTRATION OF OXYGEN FOR
MEDICAL USE 0510-LD-054-
8340 (90-01-10)~~

~~(NM) 6810.1 OPHTHALMIC SERVICES 0510-LD-054-3420 (86-01-
01)~~

~~(NM) 6820.1 PROFESSIONAL MEDICAL REFERENCE MATERIALS
AND~~

~~PUBLICATIONS (CH-1)
0510-LD-054-3420~~

~~(88-03-28)~~

~~0510-LD-054-3421 (CH-1)~~

~~(89-07-17)~~

APPENDIX C

**PREPARATION OF MEDICAL DEPARTMENT
FOR SHIPBOARD OVERHAUL**

1. **Purpose.** To provide standard guidelines for the preparation of shipboard medical departments for overhaul periods.

2. **Background.** The overhaul environment often imposes extraordinary difficulties for the ship's ~~M~~medical ~~Department officer or SMDR.~~ Some of the more significant problems involve medical supply, including inventory and ordering of new material. Storerooms are emptied and material is stored in off-ship warehouses where there is little access. Security of any materiel remaining aboard ship is marginal. Unique health hazards exist, including toxic vapors, asbestos exposure, hearing and eye hazards, and aggravated sanitation problems. These problems are often compounded by the transfer of experienced medical personnel ~~and who are~~ replacement by inexperienced individuals.

3. **Medical Department Responsibilities**
 - a. **Crew.** During overhaul, medical department responsibilities to the crew remain the same. However, due to the nature of overhaul, some methods for fulfilling these responsibilities change. In some cases, the medical department is moved ashore and the capability to perform some routine functions is limited (i.e., ability to respond effectively to emergency cases and maintain sterile procedures). Therefore, medical personnel must plan in advance and make prior arrangements for the crew's routine and emergency medical needs, including, but not limited to, ambulance service, x-ray services, and laboratory services. Planning and making temporary arrangements may be accomplished with the assistance of the fleet liaison offices of the naval medical and dental treatment facilities that provide services to the shipyard where the overhaul is to be accomplished. Logistic support may be requested from the ISIC.

 - b. **Space/Facility Overhaul**
 - (1) All shipyard repairs required in medical spaces must be identified at least six months prior to a scheduled overhaul. Work requests should be submitted at the pre-overhaul test and inspection (POT&I). The routine overhaul (ROH) coordinator can provide assistance to the medical department in this area.

 - (2) Make arrangements to ensure medical spaces are repainted during the overhaul. If the medical department is to remain functional on the ship, storage space must be found for medical materiel while repairs are being accomplished.

c. Medical Equipment

(1) Major equipment replacement or acquisition should be planned at least two years in advance. Comply with Chapter 3 of this manual when developing medical equipment requirements.

(2) At least one month before overhaul, arrangements should be made with the nearest medical equipment repair facility (usually a naval hospital or medical clinic) to have a biomedical repair technician (BMET) perform preventive maintenance on all major medical equipment.

4. Medical Facilities During Overhaul

a. Temporary Facilities. The normal overhaul environment precludes the use of the shipboard medical facility for at least some portion of the overhaul. Excessive noise levels or the securing of potable water and electricity to parts of the ship will at times severely hamper normal routines and the handling of emergencies. Therefore, the use of temporary facilities, either a barge or pierside facility, will sometimes be mandatory. Whether ashore or on a barge, the facilities must provide the following:

(1) Running water, hot and cold.

(2) Adequate space to conduct routine sick call and administrative functions, including space for routine sick call supplies, emergency resuscitation kit, first aid kit, and a stretcher.

(3) Security for medical materiel. The space must be enclosed and equipped with a door that locks.

(4) A working stock of controlled substances to support routine and emergency evolutions. It may be necessary to remove the controlled substances safe from sick bay and remount it in the temporary facility. In any case, the safe must be bolted or welded to the bulkhead within the temporary facility.

b. Availability to the Ship. The ship's MO or SMDR is still responsible for safety, sanitation, and the proper completion of any scheduled repairs to the ship's medical spaces. It is imperative that one member of the medical department spend at least part of each working day on the ship to observe safety and sanitation conditions, check first aid supplies, check security of medical materiel stored aboard, and monitor work being accomplished in medical spaces.

5. Medical Materiel

a. Inventory. At least sixty days prior to overhaul, the ship's MO or SMDR will ensure that a physically inventory of all medical materiel is accomplished, with particular attention to items

that will expire during overhaul. Upon commencement of overhaul, all material from emergency stocks (i.e., BDS, PML, FAB, Gun Bags, etc.) not required for operation of the temporary sick bay are to be boxed, sealed, and labeled with the location from which taken (i.e., FWD BDS box 1 of 10). Items not easily boxed, such as sterilizers, may be labeled by location. All boxes will have inventory lists attached to them. A copy of all inventory lists must be kept in sick bay.

b. Disposition of Material

(1) If medical storerooms are to be left intact, materials may remain stowed there. Affected storerooms should have special security arrangements, such as adding those storerooms to the hourly sounding and security checklist. Additionally, a medical department representative should regularly check medical storerooms.

(2) If storerooms are to be emptied during overhaul, the items stored in them must be boxed as noted in paragraph 5.a. Medical materiel must be stored in an area that provides security, preferably in a single location such as a warehouse. To aid in security and centralization of materiel, CONEX boxes or similar containers may also be used. They will be properly locked and the ship's MO or SMDR will retain the keys to preclude unauthorized access.

6. Quality Control And PMS

a. Medicinals and Supplies. Since quality control is difficult during overhaul because of inaccessibility of medical items, all materiel due to expire must be identified to permit future planning and ordering of materiel. During the 60-day pre-overhaul inventory, all items noted to expire during overhaul should be set aside for later disposition. If possible, expiring materiel should be used or traded with a medical facility or other shipboard medical department for an item with a later expiration date. Medicinals and supplies in use will receive routine quality control.

b. Equipment. Medical equipment that will not be in use during overhaul should be checked for proper operation and then placed in lay-up in accordance with the 3M system. Equipment in use will continue to receive routine PMS. Equipment should be stored with other medical items and added to the inventory lists. New equipment received is to be controlled in the same manner.

7. Routine and Special Programs

a. Routine Programs. All routine programs and surveys, such as immunizations, training, physical examinations, and sanitation/safety inspections should be carried out in routine fashion. Sanitation and safety inspections should include barge berthing, head facilities, and food service areas.

b. Special Programs. MOs ~~or and~~ SMDRs must be aware of any major overhaul requirement for asbestos rip-out and should be aware of existing asbestos programs. Although shipyard workers will normally do all asbestos removal, EPMUs or NAVMEDCEN preventive medicine units should be contacted to arrange for required training. MOs, SMDRs, and supervisors who have not received the training should do so prior to overhaul.

8. Funding/Ordering

a. Sick Call and Emergency Supplies. All items required for routine sick call are to be funded, ordered and replaced ~~on a quarterly basis~~ as usual. An adequate supply of emergency supplies must also be maintained.

b. AMMAL. Since items included in many of the ship's AMMALS will not be required during overhaul, stock levels may be reduced during this period. A plan should be devised in order to ensure that AMMALS are again approaching 100% at the end of the yard period. The preferable method would be to submit requisitions for needed supplies approximately three months prior to completion of overhaul. Whatever the plan, the CO and Supply Officer should be advised of the funds needed to reach acceptable AMMAL levels well in advance.

9. First Post-Overhaul Underway - Sea Trials

a. One or two months prior to the first post-overhaul underway, or as soon as feasible, all stored medical materiel should be transferred back on board and stowed in the appropriate location. As medical equipment is replaced, it must be checked for proper function and routine PMS begun (this is to include sinks, operating room lights, operating room tables, sterilizers, and emergency fresh water tanks). Routine quality control should be resumed on medical supplies. After the medical material is restowed aboard ship, location data should be verified in SAMS.

b. Thirty days prior to the first underway following overhaul, all surgical packs should be opened. The instruments should be inspected for corrosion, surgical sponges replaced, and the packs double wrapped and sterilized. Refer to Article 4314 of this instruction for sterilization procedures.

10. Type Commander Assistance

a. Facility Design. TYCOM representatives may be consulted at any time for assistance in planning design alterations to medical spaces.

b. Technical Assistance Visits. Technical assistance visits should be arranged with the ISIC after the completion of overhaul. Allow sufficient time to correct discrepancies before command assessment readiness for training (CART). This visit will assist in providing the database to develop a meaningful continuing plan of action and milestones (POA&M) for the medical department.

PRE-OVERHAUL ACTIONS

<u>TIME FRAME</u>	<u>ACTION TO BE TAKEN</u>
180 days Prior	<p>Prepare pre-ROH POA&M.</p> <p>Identify all required repairs in the medical department to be accomplished during overhaul and submit work requests.</p> <p>Make arrangements to repaint medical spaces upon completion of the yard repairs in the medical spaces.</p>
120 days	<p>Medical personnel and supervisors of personnel that may be involved in asbestos handling attend asbestos training at Preventive Medicine Unit.</p> <p>SMDRs attend respiratory protection course at NEPMU.</p>
90 days	<p>Review ships overhaul package to determine the extent of repairs to be accomplished in medical spaces.</p>
60 days	<p>Conduct complete inventories of all dated medical supplies and determine which items will exceed usable shelf life prior to completion of overhaul.</p> <p>Exchange all supply items which will exceed shelf life with other medical facilities or ships.</p> <p>In the event repairs in medical spaces require the relocation of medical supplies and equipment ashore, commence making arrangements for secure storage. This should be a joint effort of medical and supply departments.</p> <p>If repairs to medical spaces require sick bay to be closed, initiate arrangements for a temporary space ashore in close proximity to the ship.</p>
30 days	<p>Contact fleet liaison at the MTF that provides medical care in the area where the overhaul is to be accomplished. Obtain information on services available and how to obtain same.</p>

OVERHAUL ACTIONS

TIME FRAME

ACTION TO BE TAKEN

On Arrival

Contact the fleet liaison of the local MTF to update information on medical services available.

Review and update, as required, all medical surveillance programs and asbestos program to ensure protective measures are in effect along with proper medical follow-up. Contact the local MTF and arrange for the transfer of bulk stock control substances to ensure security of the items.

Remove emergency stock items (i.e., BDS, PML, FAB, Gun Bags, Boat Boxes, litters, etc.) from the ship as required. Inventory and place in secure storage.

Provide ship's quarterdeck with an appropriate litter and a stocked first aid kit (or Gun Bag) for emergency use. Ensure these are maintained in a ready state at all times.

As Required

Obtain audiograms, physical examinations, immunizations, etc., ashore.

Review and update crew's medical records, publications, instructions, etc., as required.

Medical personnel and others, as required, attend appropriate courses offered at nearest NEPMU (i.e., pest control, water sanitation, heat stress, etc.).

Conduct inventory of all medical supplies and equipment. Update medical supply records and commence ordering required supplies to bring ship's AMMAL up to 100% by completion of overhaul.

If medical material is stored ashore, commence to relocate material back aboard the ship as completion of yard repairs permit.

POST-OVERHAUL ACTIONS

TIME FRAME

ACTION TO BE TAKEN

Reopen sick bay aboard ship, if located ashore.

Update medical supplies and ensure all the required data is correct.

Return all emergency stock, including litters, to appropriate locations.

Intensify crew's first aid training in preparation for CART/TSTA and operations at sea.

Obtain reissue of the bulk stock controlled substances held at the MTF.

Prior to Sailing

Ensure all spaces and emergency equipment are fully operational for routine and emergency medical care of the crew.

Secure for sea.

30 - 60 days After

Request and conduct technical assistance visit by ISIC. (Optional.)

60 days

Prepare continuing POA&M for medical department to assist in accomplishing required objectives.

NOTE: Time frames and functions will require a local adjustment for length and location where overhaul is accomplished.

APPENDIX D

SAMPLE MASS CASUALTY BILL

(NOTE: Items enclosed in brackets [] are added for explanatory purposes. This sample is to be used as a guide and is not all-inclusive to every ship type.)

USS _____ **INSTRUCTION** _____

Subj: **MASS CASUALTY BILL**

Ref: (a) COMNAVSURFLANTINST 6000.1J/COMNAVSURFPACINST 6000.1H
(b) Emergency War Surgery, NATO Handbook (2nd Revision), 1988

Encl: (1) MEDEVAC Questionnaire [From NATOPS Manual]
(2) Mass Casualty Scenario/Individual Requirements
(3) Procedures for execution of Mass Casualty (Bridge/OOD)

1. Purpose. To establish policies and procedures for handling mass casualties in accordance with references (a) and (b).

2. Background. References (a) and (b) contain general information regarding mass casualty situations. The shipboard environment presents numerous opportunities for personnel casualty situations to occur. While a single set of guidelines cannot apply in all situations, a frame of reference is necessary to guide the crew in the event of a suspected known mass casualty occurring on board USS _____. This could include shipboard fires, explosions, aircraft crashes on the flight deck, and the possibility of the ship being used as an evacuation facility.

3. Definitions.

a. Mass Casualty Situation. Severe personnel casualties in excess of [number] which exceeds the capabilities of the Medical Department personnel and requires additional assistance from the ship's crew.

b. Casualty Scene. The area at which the casualties have occurred. This area may or may not be readily available to medical personnel trying to render initial first aid and triage. Casualties will be stabilized at this location and transported as quickly and safely as possible to the Staging Area.

c. Staging Area. An area pre-determined and established to hold multiple casualties after immediate life-saving first aid and initial triage has been rendered at the scene. Casualties at the staging area will continue to be triaged and receive first aid and supportive care as much as possible (i.e. intravenous therapy, oxygen, suturing, medication, etc.). Additionally, immediate

assessment is conducted to quickly identify casualties in distress that require more definitive medical care such as surgery, oral intubation, chest tube insertion, etc. These casualties may be further transported and treated in supportive/specialized areas (i.e., operating room, emergency treatment room, main battle dressing station, x-ray, medical ward, etc.) .

d. Triage (Sorting). The evaluation and classification of injured personnel to establish priorities for treatment and evacuation. Triage is a continual process of patient assessment that will require constant re-evaluating and possible re-categorizing of patients at all areas, throughout a Mass Casualty situation. Triage is broken into [three or five] categories per reference (b). On board USS _____ . . .

[The three categories referred to in Chapter 14 of reference (b) are the ones most used at the ship or unit level. The five-category version is the standard NATO approach from Chapter 12 of reference (b). Each ship must determine their own specific capability and utilize one of the two classification formats listed below:]

[Format #1]

. . . triage of casualties is designed to recognize three categories of casualties:

(1) **IMMEDIATE**: Those who need immediate resuscitation and surgical intervention (e.g., shock from internal hemorrhage).

(2) **DELAYED**: Those who have incapacitating but not immediately life-threatening injuries and are unlikely to return to duty (e.g., fractures).

(3) **MINIMAL**: Those who can be promptly returned to duty(e.g., minor soft tissue fragment wounds).

[Format #2]

. . . casualties are sorted into the following five categories:

(1) **Class I: URGENT**. This group requires urgent intervention if death is to be prevented. This category includes those with asphyxia, respiratory obstruction, sucking chest wounds, internal hemorrhage, most cardiac injuries, and CNS wounds.

(2) **Class II: IMMEDIATE**. Casualties in this category present with severe life-threatening wounds that require procedures of moderately short duration. This group has a high likelihood of survival. Examples of the immediate category are: unstable chest and abdominal wounds, incomplete amputations, open fractures of long bones, white phosphorous burns and extensive second or third degree burns.

(3) **Class III: DELAYED.** Casualties in the delayed category can tolerate delay prior to operative intervention. When medical resources are overwhelmed, individuals in this category are held until the urgent and immediate cases are cared for. Examples include stable abdominal wounds, soft tissue wounds requiring debridement, facial wounds without airway compromise, fractures requiring operative manipulation, debridement and external fixation, and most eye and CNS injuries.

(4) **Class IV: MINIMAL OR AMBULATORY.** This category is comprised of casualties with wounds that are so superficial that they require no more than cleansing, minimal debridement under local anesthesia, tetanus toxoid, and first aid type dressings. They must be rapidly directed away from the triage area to uncongested areas where first aid and non-specialty medical personnel are available. Examples include minor burns except those involving the face, hands or genitalia. Other examples include upper extremity fractures, sprains, abrasions, suspicion of blast injury, behavioral disorders or other obvious psychiatric disturbances.

(5) **Class V: EXPECTANT.** Casualties in the expectant category have wounds that are so extensive that even if they were the sole casualty and had the benefit of optimal medical resource application, their survival still would be very unlikely. During a mass casualty situation, this sort of casualty would require an unjustifiable expenditure of limited resources, resources that are more wisely applied to several other more salvageable individuals.

c. General Notes:

(1) It is essential to recognize that casualty sorting is a dynamic process. Many factors affect a decision and a significant alteration in one of them may allow the patient's category to be altered. The overall situation must be kept under review at all times.

(2) Triage should be directed by an experienced Medical Officer, Dental Officer, or Independent Duty Corpsman who is designated the Medical Department Representative (MDR). This person will also be designated as the Triage Officer. If the designated Triage Officer is not on board during a mass casualty situation then their responsibilities will fall upon the next senior medical department person in charge.

(3) It is stressed that the responsibility for initiating the use of mass casualty procedures is that of the experienced Medical Department personnel responding to the casualty scene. Medical Department personnel must be constantly aware that the situation is a finite one, and must be prepared to return to conventional methods as soon as possible.

(4) All Medical/Dental Department personnel will be assigned specific duties as given by the Medical Officer/Independent Duty Corpsman (MDR). These duties will be assigned by name and posted on the Medical Department's Watch, Quarter and Station Bill. [Note: This bill does not list all possible positions of key personnel who may be involved in a mass casualty situation. Each ship should tailor it to their specific operational and personnel capabilities.]

5. Determining and Activating Mass Casualty Procedures will occur under two conditions, that of General Quarters (Condition One) and Non-General Quarters. Each condition of readiness will have its' own circumstances for activation of mass casualty procedures and therefore requires two separate plans and procedures as follows:

a. Ship not at General Quarters (Non-GQ)

(1) Eyewitness to the Casualty

(a) Notify Officer of the Deck (OOD) by fastest means possible, including location of casualty and number of personnel injured.

(b) Return and remain at casualty scene.

(c) Utilizing nearest first aid box, provide basic first aid.

(2) Officer of the Deck

(a) Pass on IMC circuits immediately "**Medical Emergency!, Medical Emergency in compartment (location) ; (number) personnel casualties reported! Medical Department personnel lay to the scene."**

(b) If General Quarters (GQ) is sounded, due to fire, flooding, explosion or other shipboard catastrophe in which watertight integrity has been compromised and subsequent activation of repair lockers is required, refer to mass casualty procedures outlined below in paragraph 5. b.

(c) Notify Commanding Officer immediately.

(d) Dispatch messenger of the watch to sickbay to ensure duty corpsman is proceeding to scene.

(e) If inport, call for shore-based ambulances.

(3) Triage Officer/Medical Personnel

(a) Upon arrival at the scene, assess casualties and determine if a mass casualty situation exists.

(b) If a mass casualty does not exist, notify OOD of situation, request any required assistance (i.e., Stretcher-Bearers, MAA, Ambulance if moored).

(c) If a mass casualty situation does exist the triage officer shall notify the OOD to activate the Mass Casualty Bill.

(d) Conduct immediate first aid and initial triage at the scene and organize prompt evacuation and transport of casualties to the designated staging area which will be the (location) .

(e) Activate Emergency Medical resources to support first aid treatment. (i.e., Battle Dressing Stations, Portable Medical Lockers, Gun Bags, First Aid Boxes, Walking Blood Bank)

(f) At the Staging Area, continue to provide first aid and triage of casualties. Detailed care and treatment will be rendered utilizing sickbay resources (i.e., surgical intervention, x-ray, etc.) and make preparations for transfer/evacuation.

(g) Brief Command Duty Officer (CDO), Executive Officer, Commanding Officer as soon as possible (ASAP).

(4) Command Duty Officer

(a) Brief the CO, XO, and Operations Officer immediately.

(b) Proceed to the scene to provide assistance and to receive updates on the situation.

(5) Operations Officer - Prepare to submit OPREP-3 Navy Blue as directed by CO or XO.

(6) Damage Control Assistant

(a) Open repair lockers so Stretcher-Bearers can obtain medical supplies (i.e., gun bags and stretchers).

(b) Assist in delivering Portable Medical Lockers (PML's) to the scene and staging area.

(c) Establish safe routing from mass casualty scene to staging area and to other areas as needed and have it repeatedly announced over the 1MC.

(d) Ensure communications between all areas is maintained (i.e., casualty scene, staging area, BDS's, bridge, quarterdeck, repair lockers, etc.).

(7) Chief Master-at-Arms

(a) Utilize MAA personnel to ensure control of scene and keep patient transportation routes clear and safe for passage.

(b) If applicable, ensure all weapons and ammunition have been removed from patients and placed in the custody of the Weapons Officer.

(c) Assist with control of hysterical patients.

(8) Bulk Safe Controlled Medicinals Custodian - Ensure Medical Department has access to bulk controlled medicinals as needed.

b. Ship at General Quarters (GQ)

(1) Eyewitness to casualties

(a) Notify Damage Control Central (DCC) of location of casualties, severity of injuries and number of personnel injured.

(b) Return and remain at the scene.

(c) Utilizing nearest first aid box/gun bag, provide basic first aid.

(2) Damage Control Assistant

(a) Notify bridge that multiple personnel casualties exist, provide location and routing information.

(b) Direct Stretcher-Bearers from appropriate repair lockers to the scene as tactical situation permits. Ensuring that safe routing for the Stretcher-Bearers to the scene and then to the appropriate Battle Dressing Stations (BDS's) is conducted.

(c) Keep BDS's informed as to the number and nature of injuries being evacuated from the scene utilizing 2JZ circuit, telephone, or any other appropriate means.

(3) Stretcher-Bearers

(a) Lay to the scene with gunbag and appropriate stretcher.

(b) Upon arriving at the scene, assess situation and determine if mass casualty exists.

(c) If mass casualty exists, confirm with Damage Control Central and request further assistance from other repair lockers.

(d) Stretcher-Bearers will:

1) Provide first aid to injured personnel.

2) Update DCC with situation, request safe transit to appropriate BDS's as needed.

3) Evacuate injured personnel to BDS's.

4) Upon arrival at BDS notify medical personnel of extent of injuries.

(4) Medical Personnel - remain at GQ stations (BDS's) and await casualties.

(5) Special Modification - Any exception would be upon the recommendation from the Medical Officer/MDR to the Commanding Officer. The Commanding Officer may modify the existing GQ to allow for implementing the procedures outlined for activating mass casualty bill under non-general quarters as established in paragraph 5.a.

6. Evacuation Priority

a. The goal of initial patient care is to stabilize the greatest number of patients by administering IV fluids, oxygen, resuscitation, airway and burn management, antibiotic and analgesic administration.

b. Casualties will be constantly re-evaluated under Triage categories until the point of final evacuation.

7. Collection of the Dead

a. When a mass casualty occurs, the first concern of the Medical Department will be to render aid to the living. Repair party personnel will be responsible for the collection of the dead. As soon as practical, remains will be identified and Decedent Affairs procedures will be accomplished.

b. The Supply Officer will supervise collection of the dead.

c. The following spaces are designated areas for collection of the dead:

(1) _____

(2) _____

8. Sorting for MEDEVAC Evacuation. Once the Mass Casualty situation on board has stabilized, consideration for evacuation of casualties according to needs for specialized medical/surgical care should be initiated. The following priority order for evacuation is offered as a guideline:

a. Chest and neck wound with respiratory difficulty.

b. Chest or abdominal wounds with evidence of continued internal bleeding, but with reasonable expectations of a safe arrival to the Main BDS for further treatment and disposition.

c. Missile wounds of the abdomen.

d. Tourniquet cases.

e. Head and spinal cord injuries.

f. Burns involving 20 to 50 percent of the body surface area (BSA).

g. Fractures of major bones.

9. Transfer of Patients from Other Ships

a. No patient, by any route (helicopter, boat, etc.) should arrive without prior communication. All communication should be physician to physician/MDR. In the event of the presence of a Task Force Surgeon, all transfer of patients will be organized and arrangements made by him.

b. In the case of a MEDEVAC, all personal items including Health/Dental Record, Service and Pay Record, TAD orders and all other pertinent data will be transferred with the patient.

10. Casualties Received via Flight Deck (If applicable)

a. The initial staging area for these casualties will be in the (designate area, i.e., hanger bay).

b. The Air Department or appropriate personnel shall ensure that the flight deck area is clear of all mobile equipment in the area designated for use.

c. Ensure that flight deck elevators approved for patient casualty transfer are functioning and made ready for use. (if applicable).

d. Follow mass casualty procedures as outlined in GQ and Non-GQ situation.

11. Casualties Received via Well Deck (If applicable)

a. The staging area for these casualties will be the (designate area, i.e., well deck).

b. Medical personnel will check each casualty and the standard field medical tag (DD Form 1380). When indicated, additional first aid will be rendered before instructing the Stretcher-Bearers where to transport the casualty for further treatment if necessary.

12. Reports. The Medical Officer/MDR will make a daily memorandum report of the following to the Commanding Officer:

- a. Total number of casualties on board.
 - (1) Number of bed patients
 - (2) Number of ambulatory patients
- b. Condition of casualties
 - (1) Number of casualties in satisfactory, good or excellent condition.
 - (2) Number of casualties in serious condition
 - (3) Number of casualties in critical condition
- c. Number of reported dead.
- d. Number of bodies in proper storage on board.

COMMANDING OFFICER

MEDEVAC QUESTIONNAIRE

1. The following information is required on all MEDEVAC patients:

Name: _____

SSN: _____ Rate: _____ Age: _____

Place of Departure:

Method of Arrival and ETA: _____ / _____

Method of Transport: (Circle one) STRETCHER AMBULATORY

Transported with: (Circle Appropriate ones)

PRESSURE DRESSING FOR BLEEDING OXYGEN

ORAL AIRWAY INTRAVENOUS LINE

MEDICATIONS:

Brief Impression of What is Wrong:

Estimate of Seriousness: (Circle one)

STABLE CONDITION

ACCOMPANIED BY CORPSMAN

UNCONSCIOUS

Time Interval Since Sick or Injured: Days ____ Hours ____

Vital Signs: BLOOD PRESSURE ____ / ____ PULSE _ _ _

RESPIRATIONS/MINUTE ____ TEMP

Preliminary Evaluation Performed by: (Circle one)

WITNESS CORPSMAN MEDICAL OFFICER

Enclosure (1)

MASS CASUALTY SCENARIO/INDIVIDUAL REQUIREMENTS

	Mass Casualties During General Quarters	Mass Casualties During Non- General Quarters
Responds to the Emergency at Scene	Stretcher-Bearers via safe route provided by Damage Control Central.	Corpsmen/Stretcher-Bearers MAA Witnesses remain on scene.
Triage at Scene	Stretcher-Bearers	Corpsmen
Administer First Aid at Scene	Witness at scene or Stretcher-Bearers upon arrival.	Witness at scene or Corpsmen upon arrival.
Controls Routing of Injured from Scene	DCA in Damage Control Central	DCA and On Scene Leader
Staging Area	Medical Officer/Corpsmen	Medical Officer/Corpsmen
Battle Dressing Station or Sickbay	Medical Officer/Corpsmen Seriously Injured to the Main BDS and Minor Injured to Fwd BDS	Medical Officer/Corpsmen Transport to Sickbay/Main BDS

PROCEDURES FOR EXECUTION OF MASS CASUALTY (BRIDGE/OOD)

1. OFFICER OF THE DECK:

a. PASS THE WORD:

(1) "MASS CASUALTY, MASS CASUALTY, IN COMPARTMENT (GIVE LOCATION) ."

(2) "TRIAGE OFFICER AND MASS CASUALTY ASSISTANTS LAY TO THE SCENE."

(3) "DCA OPEN ALL REPAIR LOCKERS."

(4) "ALL STRETCHER-BEARERS DRAW FIRST AID SUPPLIES AND STRETCHERS FROM REPAIR LOCKERS AND LAY TO THE SCENE."

(5) "MASTER AT ARMS LAY TO AND SECURE THE SCENE."

(6) "ALL PERSONNEL NOT DIRECTLY INVOLVED IN RESCUE OPERATIONS STAND CLEAR OF (GIVE LOCATION) ."

b. IF INPORT:

(1) CALL FOR LOCAL AMBULANCE SERVICE IMMEDIATELY, PROVIDING THEM WITH THE APPROXIMATE NUMBER AND CONDITION OF CASUALTIES.

(2) NOTIFY THE COMMANDING OFFICER IMMEDIATELY.

APPENDIX E

SAMPLE MEDICAL DEPARTMENT BATTLE BILL / CBR BILL

(NOTE: Items enclosed in brackets [] are added for explanatory purposes. This sample is to be used as a guide and is not all-inclusive to every ship type.)

USS _____ INSTRUCTION _____

Subj: **MEDICAL DEPARTMENT BATTLE BILL**

Ref: (a) COMNAVSURFLANTINST 6000.1J/COMNAVSURFPACINST 6000.1H

1. Purpose. The Medical Department Battle Bill is published as a guide to inform shipboard personnel about the facilities, functions, procedures, responsibilities, and policies of the medical department and other departments during emergency and battle conditions.

2. Scope. The medical department will be prepared for emergencies at all times. A current Watch, Quarter, and Station Bill (WQSB) will be maintained with appropriate sections posted in the main medical spaces. Personnel will be continually familiarized with, and instructed in, their assigned duties.

a. The ship's Medical Officer (MO) or Senior Medical Department Representative (SMDR) will not be routinely assigned duties away from the ship on any of the ship's bills. Duties involving casualties away from the ship will be assigned to subordinate medical personnel, unless otherwise directed by the Commanding Officer.

b. Medical department personnel will not be assigned to any evolution on the WQSB that would compromise their ability to meet their primary medical responsibilities and carry out their medical duties.

3. Emergency Medical Readiness

a. Inventory. All emergency supplies and equipment will be inventoried at least semi-annually. A list of supplies and documentation of periodic inventories will be maintained at each stock location. Expired and deteriorated items will be replaced as required.

b. Surgical Sets. Surgical instrument sets required by appropriate AMMALs will be maintained in accordance with Chapter 4 of reference (a). Sterile goods will be opened, inspected, cleaned, and re-autoclaved with a periodicity approved for the specific sterilization method used and the date of expiration marked on each plastic-wrapped package. A list of instruments and supplies required should be attached to the outside wrap of each kit.

c. Controlled Substances. Any controlled substances required as part of an emergency AMMAL will not be stored in that location but will be kept in the custody of the bulk custodian until the need arises for their possible use as directed by the commanding officer. They will be issued by the bulk custodian and returned to the bulk custodian when the need no longer exists.

d. Emergency Response Kits

(1) One MO Resuscitation Kit (AMMAL 0918), Diving MO Resuscitation Kit (AMMAL 0920), or IDC Emergency Response Kit (AMMAL 0924) [as appropriate] is to be maintained in the main treatment room and stocked in accordance with the AMMAL.

(2) One Junior HM Emergency Response Kit (AMMAL 0944) is to be maintained in sick bay for each non-IDC HM up to a maximum of 5 kits.

e. Battle Dressing Stations (BDS)

(1) There are _____ BDS' on board located at:

	Location	Frame number
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____

(2) Each BDS will be stocked in accordance with the AMMAL 0955. Material will be stocked in an easily accessible space, in accordance with GENSPECS.

(3) Routing to all battle dressing stations will be indicated on bulkheads and hatches by approved markings designated in GENSPECS.

(4e) The WQSB will assign duties and responsibilities (by name) of medical department personnel, assigned stretcher-bearers, and non-medical phone talkers.

f. Portable Medical Lockers (PML)

(1) There are _____ PMLs on board located at:

	Location	Frame number
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____

(2) PMLs will be stocked in accordance with AMMAL 0964. Lockers will be located in an easily accessible space, in accordance with GENSPECS.

g. First Aid Boxes (FAB)

(1) There are _____ FABs on board located at: **[May be provided as an appendix.]**

	Location	Frame number
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____

(2) FABs will be stocked in accordance with AMMAL 0927. Boxes will be located in spaces in accordance with GENSPECS. Additionally, they will be sealed with anti-pilferage seals and inspected monthly for pilferage. If pilferage is suspected, immediately inventory the contents and replace missing items as required

h. Gun Bags

(1) There are _____ gun bags on board; one located at each Repair Locker for use by Stretcher-Bearers:

	Location	Frame number
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____

(2) Gun bags will be stocked and maintained in accordance with reference (a). Each will be secured with an anti-pilferage seal.

i. First Aid Kit, Small Craft (Boat Boxes)

(1) There are _____ boat boxes on board, one stowed in each of the following craft:

	Craft Type / Number
(a)	_____
(b)	_____
(c)	_____

(2) Kits will be stocked and maintained in accordance with reference (a).

j. Antidote Locker

(1) The poison antidote locker is located at _____. This locker will be located in the medical treatment or surgical room on ships where the medical spaces are manned 24 hours. In smaller ships where the medical spaces are not manned continuously, this locker shall be installed in a prominent, unlocked, and easily accessible location, adjacent to the main sick bay reception area for the crew's general use.

k. Stretchers

(1) There are ____ stretchers on board located at: **[May be provided as an appendix.]**

	Location	Frame number
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____

(2) Stretchers will be well dispersed in accordance with GENSPECS. They will be equipped with handling lines and patient securing straps in accordance with reference (a) and current 3M procedures.

(3) An Underway Transfer Stokes Stretcher, located at frame _____, of steel construction rigged for highline use ~~is~~ shall be maintained and kept with the ship's highline equipment by the deck force. The stretcher ~~is~~ shall be rigged as outlined in NWP-14.

(4) A Sea Air Rescue (SAR) litter, located at frame _____, ~~shall be is~~ maintained in accordance with current 3M procedures.

4. Conditions of Readiness

a. Condition ONE/General Quarters (GQ). Refers to the ship's readiness condition where the officers and crew man battle stations. The term is also used to designate the evolution in which all hands assume battle stations for fire, collision, and battle. In Condition ONE, engagement with the enemy is imminent. During Condition ONE, medical department personnel will not leave assigned battle stations to treat casualties. Stretcher-bearers assigned to the repair parties will respond to personnel casualties and will transport to the appropriate BDS, as directed.

(1) Condition ONE ALPHA. Same as Condition ONE but applies to amphibious operations such as boat launch and recovery.

b. Condition TWO. Engagement with the enemy is probable. Medical department personnel man battle stations in a condition of readiness.

c. Condition THREE. Engagement with the enemy is possible. Medical department personnel must be prepared to assume the responsibilities of Condition ONE, but carry out their daily routine until otherwise directed.

5. Order of Treatment. First aid treatment must be initiated by the crewmembers on the scene. Casualties must then be assisted or transported to the appropriate treatment location. Order of treatment includes:

a. Self-aid or Buddy Aid. Use first aid supplies as available about the ship to alleviate respiratory distress, stop hemorrhage, and prevent or treat shock.

b. Stretcher-Bearers. Along with Damage Control Party personnel, stretcher-bearers will relieve any crewmembers rendering aid and apply necessary first aid at the scene, return personnel with minor injuries to duty, and transfer the more seriously injured to battle dressing stations. Casualties will be transported to either the closest battle dressing station or the main battle dressing station, depending upon the capability of each battle dressing station to handle the numbers and types of injuries sustained.

c. Battle Dressing Stations. Stabilize casualties, maintain airway, breathing, and circulation, and return as many personnel to duty as possible. Arrange for evacuation of more seriously injured casualties and removal of expired patients from the battle dressing station to designated areas as time and circumstances allow.

d. Main Battle Dressing Station. Focus initial patient care on stabilization of patients requiring airway management and/or respiratory or circulatory assistance. Resuscitate first. Then, treat according to triage precedence, remembering always that triage is a dynamic process. Give ongoing consideration to patient load, treatment requirements, personnel and materiel resources available, training of available assets, and availability of MEDEVAC for transferring patients to facilities offering more definitive treatment.

NOTE: All casualty transportation must be coordinated through Damage Control Central to ensure safe access routes to battle dressing stations and other medical facilities.

6. Action During Battle

a. Treat casualties in order of seriousness as noted above, temporarily treating the more serious and interrupting this treatment in order to attend to the less serious casualties who may be returned to duty.

b. Arrange for evacuation of the more serious casualties and expired patients from the BDS as time and circumstance allow. Remains of the deceased will not be evacuated through the medical system.

c. Patients with psychological problems are not specifically classified above. They should be separated from other casualties. These patients may require restraint or continuous, often one-on-one care.

7. Action Immediately After Battle

a. Continue treatment of battle casualties.

(1) Minor surgical or medical cases will be evacuated to the _____ BDS.

(2) Major surgical or medical cases will be evacuated to the _____ BDS.

b. Spaces assigned for collection of battle casualties:

(1) Seriously injured: _____

(2) Minor injuries: _____

(3) Mental cases: _____

c. Restore battle dressing stations and first aid facilities to battle readiness.

d. Report to the commanding officer the number of casualties and their status.

e. Arrange for transfer of serious casualties to more capable facilities, as available.

f. Bed patient casualties should be evacuated to (location) .

g. Care of the dead

(1) Areas for collection, preparation, and storage will be designated by the commanding officer. These areas may be consolidated at a single location or dispersed as conditions dictate.

(2) Disposition of remains will either be transfer ashore (request assistance from SOPA) or to burial at sea (can only be authorized by CNO). If remains are to be kept aboard until arrival in port, they should be refrigerated at temperatures of 36-40° F. Refrigerators must contain no other items and must be cleaned and fumigated prior to reuse. Refer to Decedent Affairs Manual (NAVMEDCOMINST 5360.1).

g. Missing-in-Action. When death has not been established, an SF-600 will be completed giving all particulars pertaining to the presumed disappearance of the individual. The health record will be closed and handled per MANMED Article 16-9. When death is proven conclusively, procedures will be as directed in NAVMEDCOMINST 5360.1.

8. CBR Medical Defense. Medical department personnel will be thoroughly informed about medical aspects of CBR defense and treatment and will be prepared to handle these casualties at all times. Additionally, the ship's MO or SMDR will advise the commanding officer concerning medical aspects of CBR defense, including treatment and handling of casualties.

a. No person shall be sent to a non-contaminated area until completely decontaminated and monitored. After decontamination, casualties requiring medical care may be sent to a designated BSD.

b. There are _____ decontamination stations on board located at:

	Location	Frame number
(1) Primary Decon Station:	_____	_____
(2) Secondary Decon Station:	_____	_____

c. Flow of personnel to decontamination stations will be directed by the commanding officer and coordinated by a Damage Control Central. Access hatches leading to all decontamination stations should be clearly marked.

d. Duties of medical department personnel assigned to decontamination stations are to treat the injured and to ensure, with the aid of qualified damage control personnel, that proper monitoring and decontamination procedures are carried out.

e. Personnel suspected of being contaminated are to be treated and handled in accordance with NAVMED P-5041, Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries.

f. Lifesaving measures must be taken immediately, but personnel providing treatment will minimize the possibility of themselves becoming contaminated. If first aid is not immediately indicated, decontamination may be accomplished prior to medical treatment.

g. Decontamination procedures will be carried out as follows:

(1) All contaminated or potentially contaminated personnel will be given specific instructions on where to go for decontamination and will enter the decontamination station from the contaminated side of the station.

(2) All clothing will be removed and placed in a contaminated clothing receptacle prior to entering the decontamination station.

(3) Personnel will be monitored with dosimetry equipment and the results recorded in a radiation exposure log.

(4) Personnel will receive a soap and water wash down.

(5) Wash down will be followed by a water rinse.

(6) Monitoring will be repeated and recorded. If still contaminated, the procedure will be repeated.

(7) Once decontamination has been accomplished, decontaminated personnel will be sent to the designated area for medical treatment.

(8) Deceased personnel who have been exposed to chemical or biological agents or to ionizing radiation must be monitored before transfer from the ship. Contaminated human remains will undergo routine decontamination procedures.

9. Training Requirements. A long-range training program will be established in accordance with Chapter 2 of reference (a).

a. Medical training will be made available to all crewmembers and embarked personnel.

b. Hospital corpsmen and strikers will pursue professional training on the job, through correspondence courses and study of the Hospital Corps Handbook, and at approved education and training functions.

c. Instruction of stretcher-bearers assigned to repair parties will be more intense than for other crewmembers and shall include familiarization with all emergency medical AMMALS on board.

d. Personnel working in electronics shall be trained in CPR in accordance with OPNAVINST 5100.19C.

e. Movies and training aids for instruction should be ordered through the training officer.

COMMANDING OFFICER

APPENDIX F

CREW TRAINING REQUIREMENTS

<u>TOPIC</u>	<u>TARGET AUDIENCE</u>	<u>REFERENCE</u>	<u>PERIODICITY</u>
On board Medical Services	All Hands	Article 2103	Indoc
Shore Medical Services	All Hands	Article 2103	Indoc
Location of Emergency Gear	All Hands	Article 2103	Indoc
Suicide Prevention and Awareness	All Hands	Article 2103	Indoc
Heat Stress Program	All Hands	OPNAVINST 5100.19C	Indoc/Initial assignment
Hearing Conservation Program	All Hands	OPNAVINST 5100.19C	Indoc/Initial assignment
Personal Hygiene	All Hands	Article 2103 / OPNAV 1500.22D	Indoc / 24 months
STD's & Pregnancy Awareness	All Hands	Article 2103 / OPNAV 1500.22D	Indoc / 24 months
TRICARE Options & Procedures	All Hands	Article 2103 / OPNAV 1500.22D	Indoc / 24 months
Hearing Conservation Refresher	HCP personnel	OPNAVINST 5100.19C	Annual with audiogram
Food Safety	S-2 Division	NAVMED P-5010 Chapter 1	Annual
MSD Health Hazards	MSD Workers	NAVMED P-5010 Chapter 7	24 months
Medical aspects of CBR Warfare	All Hands	NAVMEDs P-5041 and P-5059	24 months
Poisoning and Antidotes	All Hands	NAVMED P-5095	24 months
BCLS Certification	50% electrical/electronic workers	OPNAVINST 5100.19C	24 months
Back Injury Prevention	All Hands	OPNAVINST 1500.22D	24 months
Drug/Alcohol Prevention / Control	All Hands	OPNAVINST 1500.22D	24 months
Nutrition	All Hands	OPNAVINST 1500.22D	24 months
Physical Readiness	All Hands	OPNAVINST 1500.22D	24 months
Smoking Cessation / Prevention	All Hands	OPNAVINST 1500.22D	24 months
Stress Management / Hypertension	All Hands	OPNAVINST 1500.22D	24 months
Basic First Aid	All Hands	OPNAVINST 1500.22D	Conducted as PQS training and FXP drills

~~APPENDIX~~ HAPPENDIX G

~~COMMANDER NAVAL SURFACE FORCE~~
~~UNITED STATES PACIFIC FLEET~~

**PERSONNEL QUALIFICATION STANDARD (PQS)
FOR JUNIOR HOSPITAL CORPSMAN**

NAME/RATE: _____

SHIP/UNIT: _____

DATE STARTED: _____

REQUIRED COMPLETION DATE: _____

CERTIFIED BY: _____

HOSPITAL CORPSMAN PERSONAL QUALIFICATION STANDARD (PQS)

REFERENCES: COMNAVSURFLANTINST 6000.1J/COMNAVSURFPACINST 6000.1H4G.

PURPOSE: To establish a standard for basic knowledge of shipboard medical procedures and skills.

OBJECTIVE: To give Hospital Corpsmen a good working knowledge of responsibilities within the medical department through indoctrination and skill development in the areas of medical administration, direct health care, ancillary services, and preventive medicine.

APPLICABILITY: This PQS is designed to assist in the learning process of junior Hospital Corpsmen assigned to ~~COMNAVSURFPAC units~~ shipboard medical departments. It can also be used as training guide for Hospital Corpsman Strikers.

PQS QUALIFIERS: The Medical Department Head must approve all PQS qualifiers. The following categories of ship's crew may be considered qualified to sign PQS as well as other medical department personnel on temporary assignment, with the concurrence of the Department Head. Qualifiers include:

1. Medical Officer (MO)
2. Medical Service Corps Officer (MSC and PA)
3. Nurse Corps Officer (NC) if attached to FST
4. Independent Duty Corpsman (IDC)
5. Technicians (in their respective areas only)

POINTS OF CONTACT: Questions and recommendations for the improvement of this PQS should be forwarded to:

Commander (N01M)
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U. S. Pacific Fleet
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San Diego, CA 92155-5490
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Fax: (757) 836-3274

SECTION 1

MEDICAL DEPARTMENT ADMINISTRATION

	<u>Date / Initial</u>
1. Chain of Command - Responsibilities and Interaction:	
a. Internal/Shipboard Personnel:	
- Hospital Corpsman	_____ / _____
- SMDR (MO/IDC)	_____ / _____
- Division Officer	_____ / _____
- Department Head	_____ / _____
- CO/XO	_____ / _____
b. External Organizations:	
- Group/ISIC/RSG/RSO Medical Representative	_____ / _____
- TYCOM Force Medical	_____ / _____
- CINC Fleet Medical	_____ / _____
- BUMED	_____ / _____
2. Familiarization with:	
a. Medical Spaces	_____ / _____
- BDS	_____ / _____
- OR/Treatment Areas	_____ / _____
- Medical Store Rooms	_____ / _____
b. Emergency Medical Gear	
- FAB	_____ / _____
- PML	_____ / _____
- Stretchers/Litters	_____ / _____
- Extrication Harness/Miller Board	_____ / _____
- Antidote Locker	_____ / _____
3. Emergency/Special Conditions	
a. Watch, Quarter, and Station Bill (WQSB)	_____ / _____
b. Emergency Conditions	
- Battle stations - Conditions I, II, III	_____ / _____
- Man Overboard	_____ / _____
- Abandon Ship	_____ / _____
- On board Medical Response	_____ / _____
- Mass Casualty	_____ / _____
- Procedures for Radio Help	_____ / _____
c. Special Conditions	
- Flight Quarters	_____ / _____
- UNREP	_____ / _____
- Amphibious Operations	_____ / _____
- Landing Party	_____ / _____

- 4. Personnel Check-In/Check-Out procedures utilizing SAMS /

- 5. Health Record Maintenance and Verification /

- 6. Required reports: Types, to whom to report and information addressees.
 - a. Accident/Injury Report /
 - b. Sick Call Reporting /
 - c. Eight O'Clock Report /
 - d. Water Testing Report /
 - e. Food Service Personnel Inspection /
 - f. Habitability Report /
 - g. Annual TB Report /

- 7. Physical Examinations:
 - a. Types of Periodic Examinations /
 - b. Forms Completion /
 - c. Special Exams:
 - Food Service Personnel /
 - PPD Converter /
 - Asbestos Surveillance /
 - Other Medical Surveillance Exams /
 - Annual GYN /

- 8. Naval Correspondence:
 - a. Preparing Memorandums /
 - b. Preparing Naval Letters /
 - c. Changes to Instructions /
 - d. Filing System (SSIC) /

- 9. Shipboard Medical Training /
 - a. HM Inservice Training /
 - b. PARS Completion (HM3/2) /
 - c. All Hands Training /

- 10. SNAP Automated Medical System (SAMS) /

- 11. Medical Inspections/Assessments
 - a. CART /
 - b. TSTA /
 - c. FEP /
 - d. MRA /
 - e. DRA /
 - f. INSURV /

SECTION 2

SICK CALL/TREATMENT

- 1. Sick Call Check-In Procedures /
 - a. Sick Call Log /
 - b. Triage from Sick Call Log /
 - c. Medical Standby Policy /

- 2. Reference Materials /

- 3. MO/IDC Notification Requirements /

- 4. SOAP Notes and Health Record Documentation /

- 5. Physical Assessment:
 - a. H E E N T /
 - b. Lungs and Chest /
 - c. Abdomen /
 - d. Genitourinary /
 - e. Extremities /
 - f. Neurological /
 - g. Skin and Lymphatics /
 - h. Back /
 - i. Cardiovascular /

- 6. Consultation Procedures /

- 7. Follow-Up Care /

- 8. Instrument Sets:
 - a. Minor Surgery (Suture) Packs /
 - b. Other Packs (as applicable to ship class) /
 - c. Sterilization:
 - Steam Sterilization /
 - Alternate Methods /

- 9. Suturing:
 - a. Instruments and Materials /
 - b. Suturing Techniques /
 - c. Aseptic Techniques /
 - d. Wound Preparation /
 - e. Anesthesia /
 - f. Wound Closure /

- g. Dressing /
- h. Wound Check/Follow-Up /

- 10. Management of Intoxicated/Incapacitated Individuals /

- 11. Splinting and Casting:
 - a. Basic Materials /
 - b. Cast/Splint Types /
 - c. Techniques /
 - d. Neuro/Circulation Check /

SECTION 3

PHARMACY

- 1. Formulary /
 - a. Generic vs Trade Names /

- 2. Medication Categories:
 - a. Anti-inflammatory Agents /
 - b. Antipyretics /
 - c. Antibiotics /
 - d. Antihistamines /
 - e. Antiemetics /
 - f. Antacids /
 - g. Antitussives /
 - h. Decongestants /
 - i. Topical Agents /
 - j. Antimalarials /

- 3. Medication Dispensing:
 - a. Methods of Administration
 - Oral /
 - Rectal /
 - Topical /
 - Intradermal Injection /
 - Subcutaneous Injection /
 - Intramuscular Injection /
 - Intravenous Infusion /
 - b. Contraindications/Allergies /
 - c. Patient Identification /
 - d. DD-1289 /

- e. Medication Labeling _____ / _____
- f. Over-the-Counter Policy _____ / _____
- g. Antabuse Administration _____ / _____
- h. How to Use the PDR/Facts and Comparisons _____ / _____
- i. Patient Instructions _____ / _____
- j. Breakout Locker _____ / _____

SECTION 4

LABORATORY

- 1. Venipuncture Techniques _____ / _____
- 2. Blood/Serum Tests
 - a. Complete Blood Count (CBC) _____ / _____
 - b. RPR _____ / _____
 - c. Monospot _____ / _____
 - d. Gram stain _____ / _____
 - e. Malaria thick/thin smears _____ / _____
- 3. Urinalysis (UA)
 - a. Routine _____ / _____
 - b. Microscopic _____ / _____
 - c. HCG _____ / _____
- 4. KOH Prep _____ / _____
- 5. Cultures (throat, urine, wound) _____ / _____
- 6. Normal/Abnormal Values _____ / _____
- 7. Laboratory Records
 - a. Chit Processing _____ / _____
 - b. Testing Logs _____ / _____
 - c. Results Reporting/Health Record Filing _____ / _____
- 8. Specimen Handling
 - a. Universal Precautions _____ / _____
 - b. Specimen Storage _____ / _____
 - c. Specimen Disposal _____ / _____
 - d. Specimen Preservation _____ / _____
 - e. Shipping (HIV, tissue, etc.) _____ / _____

SECTION 5

X-RAY

- 1. Familiarity with SOP /

- 2. Typical Exposures:
 - a. Chest X-rays /
 - b. Extremity X-rays /
 - c. Abdominal X-rays /

- 3. Darkroom Procedures:
 - a. Processor Equipment /
 - b. X-ray Processing /
 - c. Jacket Preparation /

- 4. Archiving /

SECTION 6

INPATIENT PROCEDURES

- 1. Ward Procedures (SOP):
 - a. Ward Administration /
 - b. AM Care /
 - c. MO Rounds /
 - d. Meals /
 - e. Visiting Policy /
 - f. Isolation Procedures /
 - g. Medical Waste /

- 2. Inpatient Records:
 - a. Short Form /Abbreviated Record /
 - b. Standard Inpatient Record /

- 3. Doctor's Orders:
 - a. Verbal Orders /
 - b. Transcription of Orders /

- 4. Medication Administration - Five "Rights":
 - a. Right Medication /
 - b. Right Dosage /

- c. Right Route /
- d. Right Time /
- e. Right Patient /

- 5. IV Administration:
 - a. IV Solutions /
 - b. Initiating IV Therapy /
 - c. Setting IV Rate /
 - d. Start THREE IVs Under Supervision: /
/
/

- 6. EKG Procedures:
 - a. Patient Preparation /
 - b. Lead Placement /
 - c. Machine Operation /
 - d. Recording/Mounting EKG Results /

- 7. Equipment:
 - a. Vital Signs Monitor /
 - b. Oxygen Equipment /
 - c. IV Infusion Pump /
 - d. Ventilators /
 - e. Use of Restraints /

SECTION 7

PREVENTIVE MEDICINE

- 1. Potable Water Testing (Collection and Processing):
 - a. Halogen residual /
 - b. Bacteriological Testing /

- 2. Perform HMIS Search using Computer /

- 3. Basic Sanitation/Habitability:
 - a. Food Service Areas /
 - b. Berthing/Heads /
 - c. Barber Shop /
 - d. Potable Water System /
 - e. CHT/MSD System /

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- f. Ship's Store/Vending /
- g. Laundry /
- h. Fitness Facilities /

- 4. Medical Waste Management:
 - a. Disposal/Storage Procedures /
 - b. Log Maintenance /

- 5. Pest Control Program:
 - a. Pierside Inspection /
 - b. Surveying /
 - c. Spraying /

- 6. Food Service Personnel Inspection:
 - a. Mess Management Specialist /
 - b. Food Service Attendants /

- 7. Heat Stress Program:
 - a. Heat Stress Monitoring PQS Completion /
 - b. WBGT Meter(s) /
 - c. PHEL Chart /
 - d. Reporting/Follow-up Surveys /

- 8. Hearing Conservation Program:
 - a. Assignment to Program /
 - b. Issuance of Hearing Protection Devices /
 - c. Surveillance Program /

- 9. Immunization Program:
 - a. Requirements /
 - b. Documentation /

- 10. Sexually Transmitted Diseases:
 - a. Types /
 - b. Diagnosis /
 - c. Treatment /
 - d. Follow-up /
 - e. Documentation (logs) /
 - f. Contact Interview /

SECTION 8

EMERGENCY MEDICAL READINESS AND EQUIPMENT

- | | |
|--|---------------|
| 1. Oxygen Delivery System | _____ / _____ |
| a. Safety Precautions | _____ / _____ |
| 2. Defibrillator/Monitor | _____ / _____ |
| 3. Emergency Resuscitation Kit | _____ / _____ |
| 4. Suction Apparatus | _____ / _____ |
| 5. Miller Board | _____ / _____ |
| 6. SAR Litter | _____ / _____ |
| 7. At-Sea Transfer Litter | _____ / _____ |
| 8. MEDEVAC Procedures | _____ / _____ |
| 9. BDS Layout | _____ / _____ |
| 10. Required Inventories | _____ / _____ |
| 11. Quality Control and Serviceability | _____ / _____ |

SECTION 9

SUPPLY

- | | |
|---|---------------|
| 1. Authorized Minimal Medical Allowance Lists (AMMAL) | _____ / _____ |
| 2. AMMAL Changes | _____ / _____ |
| 3. OPTAR Log/SAMS Module | _____ / _____ |
| 4. NAVMED 6700/3, Equipment Maintenance Record | _____ / _____ |

APPENDIX H

AMMAL CHANGE REQUEST

SUBMITTED:

NSN:			
NOMENCLATURE:			
CHECK ONE:			
Add	Replace	Delete with Replacement	Delete W/O Replacement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEW OR REPLACEMENT NSN:			
NEW OR REPLACEMENT NOMENCLATURE:			
(IF THIS ITEM IS A PIECE OF EQUIPMENT, PROVIDE THE FOLLOWING. IF AVAILABLE A COPY OF THE COMPANY CATALOG/ITEM SHEET SHOULD BE FORWARDED)			
MANUFACTURER NAME:			
ADDRESS:			
PHONE:			
MODEL #:	PART #:	CAT #:	
JUSTIFICATION FOR CHANGE:			
AMMAL(S) AFFECTED:			

APPENDIX I

DIVING ACCIDENTS

1. **Diving Physics, Physiology and Medicine.** Refer to Chapters 2, 3 and 8 of NAVSEA 0994-LP001-9010, Navy Diving Manual, in respect to diving physics, physiology, and medicine.

2. **Types of Underwater Breathing Methods**

- a. Scuba. Self contained underwater breathing apparatus
- b. Hard Hat. Deep sea diving suit with surface supplied breathing medium.
- c. Stienke Hood. A submarine escape appliance only.
- d. Closed Circuit Underwater Breathing Apparatus (UBA). MK-16 / LAR-V.

3. **Diving Accidents**

a. Air Embolism. The entrance of air bubbles into the left side of the heart and the arterial circulation act as a blood vessel obstruction called emboli.

(1) The signs and symptoms of air embolism include any obvious neurologic deficit such as numbness, arm or leg weakness, difficulty thinking, dizziness, paralysis, large areas of abnormal sensation, blurred vision, convulsions, staggering, or speech/hearing problems. Other signs or symptoms could be bloody/frothy sputum, shortness of breath, or chest pain.

(2) Diagnosis is usually quite evident as symptoms generally occur within minutes of surfacing.

(3) An air embolism may be caused by the expansion of gas taken into the lungs while holding one's breath under pressure and then holding it in the lungs during ascent. This may occur voluntarily while breathing during ascent or by accident, as gas can become trapped in an obstructed portion of the lungs. Air embolism may occur in water as shallow as two feet.

(4) Prevention of air embolism without diving gear requires continuous exhalation while ascending. If using diving gear, normal breathing and slow ascent are required.

(5) Treatment for air embolism, in accordance with U.S. Navy Dive Manual Vol. 5, Revision 4, consists of immediate recompression in accordance with the treatment tables contained in the Navy Diving Manual. Symptoms will disappear unless permanent damage has been done. The presence of arterial gas embolism (AGE) constitutes a medical emergency and should be treated as such.

b. Decompression Sickness (decompression sickness (DCS), “Bends,” Caisson Disease). The formation of gas bubbles in body tissues and blood causing tissue destruction locally as well as gas emboli in the blood stream.

(1) Signs and symptoms may include:

(a) Itching and burning, tingling or numbness, rash, petechiae, limb or joint pain, and swelling of the lymph nodes.

(b) Pulmonary symptoms are shortness of breath, substernal chest pain, cough, and difficulty in breathing.

(c) Neurologic symptoms include headache, focal neurologic deficits, visual disturbances, paralysis, collapse or unconsciousness, dizziness, deafness, tinnitus, nausea and/or vomiting, and ataxia. Pain in the back, abdomen, or chest may indicate neurologic, specifically spinal cord, involvement.

(d) DCS can also present as extreme fatigue or shock.

(2) Diagnosis should be based on above symptomatology; however, symptoms may be present during ascent or within minutes to hours after surfacing.

(3) Cause can be attributed to a direct application of Henry's Law (See Chapter 2 of Navy Diving Manual). At sea level, air contains approximately 20.94% oxygen, 79.02% nitrogen, and 00.04% carbon dioxide. The gases dissolved in a diver's body are proportional to the percentage of gases in the breathing mixture. The gases will remain in solution (blood) as long as pressure is maintained. If the diver ascends too rapidly, the dissolved gases come out of solution and may form bubbles.

(4) Potential risk factors include obesity, alcohol use, fatigue, dehydration, and concurrent illness. Age, temperature, and repetitive diving may contribute to DCS. Strict observance of decompression tables is a must.

(5) Treatment is immediate recompression in a recompression chamber in accordance with treatment tables or at depth in water. If there is any question as to the health of a diver, a Diving Medical Officer (DMO) or Dive Med Tech (DMT) should be consulted. If you are unable to contact either a DMO or DMT, refer to the emergency 24-hour phone numbers listed in the U. S. Navy Dive Manual, Vol. 2, Chapter 6, Fig. 6-22 (page 6-49) for further guidance.

c. Barotrauma (“Squeeze”). Gas filled spaces such as the ears, sinuses, lungs, face mask, or the space between the diver and diving dress are susceptible. Squeeze results from volume changes within gas filled spaces as pressure differences are encountered during ascent or descent (Boyle's Law, Chapter 2, Navy Diving Manual).

(1) Signs and symptoms include ear pain, headache, hemorrhage (nose, ears, lungs), petechiae, edema, severe chest pain, hemoptysis, dyspnea, and pulmonary edema.

(2) Barotrauma can usually be attributed to failure to equalize pressure.

(a) External ear, middle ear, and sinus barotrauma can result from chronic or acute sinusitis, upper respiratory infection, inability to valsalva, wearing ear plugs, cerumen, nasal plugs, otitis media, tight fitting wet suit hood, and too rapid ascent or descent.

(b) Lung squeezes can occur with deep breath-hold dives. Inadequate maintenance of the air supply following a rapid descent and sudden changes in pressure are potential hazards when using diving gear that uses surface supplied air (e.g., MK-20 / MK-21). A rapid descent usually results when a diver experiences a fall to a deep depth. Sudden changes in pressure can occur with rupture of the cuff or sleeve of the diving suit, rupture of the air hose with a leaky non-return valve, or when the air supply is at a minimum and the exhaust valve is inadvertently opened.

(3) Prevention

(a) The majority of squeezes can be prevented by careful physical exam looking for predisposing factors such as those mentioned in 3c(2)(a). Slowing down during ascent or descent may allow equalization to occur.

(b) Face squeezes are prevented by exhaling into the mask during descent.

(c) Lung squeezes are best prevented by descending at a rate less than 100 feet of sea water (FSW)/min and ensuring that helmet or mask non-return valve is functioning properly prior to each dive. Careful observation of the air supply while descending is a must. If the diver anticipates that the air supply will be compromised, the diver should signal for more air, close the exhaust and air control valves to conserve air, and stand by to ascend.

(4) Treatment

(a) External ear, middle ear, and sinus squeeze can be treated with decongestants, antihistamines, burrows solution, and antibiotics. If perforation or infection is present, evaluation by a medical officer is suggested. No diving should be allowed until healing is complete and the diver is determined to be physically qualified by a DMO in accordance with the US Navy Dive Manual, Vol. 5, Revision 4.

(b) Face squeeze can be treated with local application of cold compresses.

(c) In the event of suspected lung squeeze, air pressure in the dress should be increased and the diver brought to the surface as quickly as deemed safe. The diver should be kept warm while lying down. Depending on the severity of barotrauma, treatment may include

first aid, basic life support, tracheal intubation, supplemental oxygen, or other supportive measures as deemed necessary by the cognizant DMO or DMT.

d. Uncontrolled Ascents (Blow-Ups)

(1) Cause. Errors in diving (i.e, panic, etc.)/diving equipment malfunctions (failure of buoyancy compensator, etc.) that cause an uncontrolled ascent to the surface.

(2) Prevention. Diver training and proper maintenance of equipment will largely prevent blow-ups.

(3) Treatment of blow-up depends largely upon the depth and time to which exposed.

(a) If time spent on the bottom for the particular depth was of such duration as to not require any compression according to the standard tables, the diver should be watched closely upon arrival at the surface. If no symptoms of DCS or AGE develop, no further recompression is necessary. If symptoms do develop, IMMEDIATE recompression is necessary per the current revision of the US Navy Dive Manual Vol. I.

(b) If time spent on the bottom for the particular depth was of such duration as to require decompression according to the standard tables, then recompression must take place.

4. **Places to Contact for Help.** In the event it is necessary to seek aid, contact the closest diving facility.

a. Assistance is available from:

(1) Submarine Bases

(2) Naval Undersea Medicine Institute (NUMI), New London, CT

(3) Naval Submarine Training Center, Pacific, Pearl Harbor, HI

(4) Mobile Dive and Salvage Unit ONE (MDSU ONE), Pearl Harbor, HI

(5) Mobile Dive and Salvage Unit TWO (MDSU TWO), Norfolk, VA

(6) Deep Sea Diver Schools, NDSTC Panama City, FL

(7) Navy Experimental Dive Unit (NEDU), Panama City, FL

(8) Local dive commands: MDSU, Explosive Ordnance Disposal Groups/Units (EOD), and Special Warfare Commands (SPECWAR).

(9) Ship repair facilities (SIMA).

b. Request help with dispatch. Treatment should not be delayed. Submit information per Addendum 1.

c. Evacuation. If it becomes necessary to evacuate a diver, the diver should be flown at low altitudes in a supine position on supplemental oxygen. Fluids, cortiosteroids, or other supportive measures may be administered as deemed necessary by the cognizant DMO, or DMT, or other cognizant medical attendant.

5. Reporting of Diving Mishaps, Accidents and Near Accidents

a. Reporting of Diving Mishaps. A diving incident involving a qualified Navy diver and resulting in recompression treatment or 24 hours or more loss of work is considered a diving mishap.

(1) All diving data for a mishap report can be obtained from the diving supervisor or master diver who coordinated the dive.

(2) In the event of a mishap, the Naval Safety Center requires a report via message per OPNAVINST 5102.1C (Chapter 8, Appendix D) or current revision.

(3) A full narrative summary of the dive, the nature and course of clinical symptoms, and the response to treatment is documented on SF 600 of the diver's health record. A brief note should also be made in the Special Duty Medical Abstract (NAVMED 6150/2).

b. Reporting of Diving Accidents. An accident is an unexpected event which culminates in loss of, or serious damage to, equipment or injury to personnel. Actions required in the event of an accident include:

(1) All diver-worn and ancillary/support equipment which may have contributed to the accident must be secured and shipped as outlined in the current revision of Volume II of the Navy Diving Manual, Appendix B.

(2) Report circumstances of the accident to Naval Sea Systems Command (NAVSEA 00C) and the Navy Experimental Diving Unit (NEDU) via message. A separate written report should be prepared using the format in the current revision Volume II of the Navy Diving Manual, Appendix B.

(3) All fatal Navy diving accidents require a thorough and accurate investigation of the accident. Requests for autopsy should be made to the nearest naval hospital or military medical treatment facility.

c. Reporting of Near Accidents. A near accident is a situation or action that occurs during a diving evolution which jeopardizes the safety of a diver but does not injure the diver. Such situations include equipment failure, failure to follow proper operating procedures, improper isolation of shipboard systems, unauthorized operation of shipboard equipment in the vicinity of dive operations, or work procedure discrepancies. Reporting should be done per CINCPACFLTINST 5102.1A.

ADDENDUM 1

DIVING ACCIDENT OR INJURY INFORMATION SHEET

1. Upon receipt of a telephone call concerning a diving accident or injury, carbon monoxide poisoning, gas gangrene, acute cyanide poisoning, or requests for information about diving medicine, record the following information as applicable.

- a. Caller's phone number:
- b. Caller's name:
- c. Time of call:
- d. Patient's name:
- e. Patient's age: Patients sex: Male / Female
- f. Time of accident:
- g. Patient's location:
- h. Circumstances of injury: (i.e. diving related, altitude related, suicide attempt, etc)
- i. Condition of patient:

<u>Is Patient:</u>	<u>Circle One</u>
(1) Conscious	Yes or No
(2) Possibly embolized	Yes or No
(3) Ambulatory (can patient walk)	Yes or No
(4) Being Resuscitated	Yes or No
(5) IV started *	Yes or No

* If so, what type?

j. Mode of transport: (Circle one)

(1) Ambulance

(2) Helicopter

(3) P.O.V.

k. ETA:

2. If this is a diving related or other type pressure exposure related injury, try to obtain additional information below unless immediate transport of patient is necessary.

a. Military or Civilian:

b. Command Name:

c. Dive History: If a military dive, use chart(s) if provided. If not, record depth/time, number of dives, and any decompression time missed (if any).

d. Has a neurological exam been done? Yes or No

Results:

3. Watch standers immediate actions required:

a. Contact the CDU/ West Coast Duty Master Diver.

b. Contact the Duty Diving Medical Officer.

APPENDIX J

AVIATION MEDICINE AND ACCIDENTS

1. **Removal and Return to Flight Status.** It is the responsibility of all MOs/SMDRs aboard ships with assigned aviation units to establish a close working relationship with the officer in charge (OIC) of the assigned aviation unit. The OIC will be kept informed of the medical status of all aircrew members reporting for sick call.

a. NAVMED 6410/1, Grounding Notice. The authority to issue a grounding notice has been expanded to include the appropriate medical department representative on independent duty.

b. NAVMED 6410/2, Clearance Notice. The authority to issue a clearance notice returning aircrew members to duty involving flying, has been expanded to include non-aviation trained MOs and HMs holding NEC 8425 (IDC) who have completed the basic or refresher course in aviation medicine at a Naval School of the Health Sciences. HMs holding NECs 8406 (Aerospace Medicine Technician) or 8409 (Aerospace Physiology Technician) are also considered to have the necessary qualifications. In cases where aircrew members have been grounded for over ten days, they must be examined by a medical officer trained in aviation medicine before returning to duty involving flying.

(1) In cases where non-aviation trained MOs or qualified HM issues a clearance notice, a message or verbal concurrence must be obtained from a flight surgeon, AVME or AVMO before the aircrew member resumes duty involving flying. Under no circumstances will an aircrew member be issued a clearance notice while on medication without concurrence from a MO trained in aviation medicine.

2. **General Responsibility**

a. References. MOs/IDCs aboard ships with assigned aviation units will retain on board and familiarize themselves with the following references:

(1) OPNAVINST 3710.7R, Chapter 7 - Promulgation of NATOPS General Flight and Operating Instructions

(2) OPNAVINST 3750.6Q, Chapters 6 and 7 - Naval Aviation Safety Program

(3) BUMEDINST 6410.5A, Medical Monitoring of Flight Personnel in Locations where Officers with Aviation Medicine Training are not Available

(4) NAVMED P-5083 Methods of Preparing Specimens for Storage and Shipment

(5) NAVMED P-117 Manual of the Medical Department, Chapter 15, Section V

(6) NAVAIR 00-80T-67, Handbook for Aircraft Accident Investigation, Chapter 11

b. Direct Liaison. If further guidance is required, direct liaison with the nearest facility having a Flight Surgeon assigned is encouraged. Flight Surgeons are available/on call aboard all CV/CVN platforms and at all Navy or Marine Corps Air Stations.

3. **Aircraft Accident**. Certain actions should be taken by the medical department personnel aboard ships not having Flight Surgeons assigned prior to the arrival on scene of an Aircraft Mishap Board; an investigating team which includes a Flight Surgeon. The below information is intended to provide the shipboard MO/IDC with information and procedures necessary to assist an investigating flight surgeon with an aircraft accident mishap investigation.

a. Specimen Collection. The collection of specimens applies to all survivors, whether injured or not, and should be done as soon as possible. It is important to realize that these specimens are not for legal use and have the same status as a privileged statement. Routine procedures required on pilots and aircrew following an aircraft accident, with specimens obtained as soon as possible, are as follows:

(1) Blood Alcohol. Prepare arm with soap and water or betadine scrub (not alcohol swab). Draw one large, purple-top, stoppered tube. Label: FOR BLOOD ALCOHOL, patient's name, rank, service number, unit attached, and the date and time specimen obtained. Place specimen with blood alcohol form in laboratory freezer.

(2) Carbon Monoxide. Draw one purple-top tube and fill tube as full as possible, being careful not to let air into the tube. Attach label with: Carbon monoxide specimen, patient's name, rank, service number, unit attached and the date and time specimen collected. Place specimen in refrigerator.

(3) Hemoglobin and Hematocrit. Draw one full, purple-top tube and perform tests in your laboratory. Label tube in detail as above and store in the refrigerator.

(4) ALIQUOT. Draw two large, red-top tubes, allow to clot, spin down, draw off 8 ml of serum and place in red-top tube. Label in detail as with other specimens and place in freezer for possible future studies. Retain for 90 days.

(5) Blood Sugar. Draw one gray-top tube, label, and place in refrigerator door.

(6) Urine Sample. Obtain at least 75 ml of urine, if possible, and perform routine urinalysis in your laboratory. Label specimen in detail and save remainder in refrigerator for drug screen if ordered by flight surgeon.

(7) Extra Tubes. Draw two large, red-top tubes and place in laboratory refrigerator with detailed labels for additional tests that may be ordered by the flight surgeon.

NOTE: Recheck all specimens to ensure that all required information including date and time obtained is on all labels.

(8) Total Specimens saved in refrigerator or freezer:

Large Red-top (5) - 2 with serum only in freezer
(1 with 4 ml)
(1 with 8 ml to be kept for 90 days)

Purple-top (3) - refrigerator

Gray-top (1) - refrigerator

Urine Specimen - 75 ml minimum

b. Scene Survey. One of the primary responsibilities of medical personnel present at the scene of an accident is to quickly survey the casualties involved and notify the nearest medical facility. This will permit personnel at that medical facility to take necessary steps to receive the casualties.

(1) Where practical, sketches and photographs should be made to include the location of the wreckage and position of remains. After this has been accomplished, those fatally injured should be placed in rubberized remains bags. Where possible, the exact location of the body or parts should be marked and identification tags placed on markers as well as on the pouch in which the remains are placed. All flight gear on the body or on body parts should be left on the remains and handled as little as possible. Any other flight gear should be packaged separately and sent with the body to the nearest naval medical facility. A thorough search of the area surrounding the body should be undertaken by a search party in order to locate all remains, equipment, and personal belongings. An emergency treatment tag, with appropriate notations, should be tied to each body. Bodies should be identified by number until definite identification can be established.

(2) It is important that no information regarding the identity of the victims or the nature of the casualties be released to the press or to any unauthorized civilians except by a public information officer or per the instruction governing aircraft accident reporting procedures, OPNAVINST 3750.6Q.

c. Remains Recovery. In general, COMNAVAILANT or COMNAVIRPAC should be consulted about any problems in the handling of remains. Funds are available for the recovery of remains if it is necessary to employ civilian equipment or labor. Thus, if a pilot is in the cockpit of an aircraft in shallow water, the involved command, through the TYCOM, may secure civilian equipment to recover the body. In many cases it may be necessary to recover the body before tissue change has destroyed evidence which might be revealed through histopathological investigation.

d. Specimen Handling. Freezing techniques are used for the preparation of sections for immediate diagnosis, for certain histochemical procedures, and for preparation of materials required in toxicological studies. In aircraft accidents, toxicological examinations are performed only at the Armed Forces Institute of Pathology. Prompt collection of fresh tissue is essential to protect it against chemical or mechanical change. Chemical preservations invalidate results of toxicological analysis; therefore, no fixing fluid (formalin) should ever be used and formalin-fixed tissue should never be packed in the same container with frozen material. Refrigeration with dry ice is the prescribed method of preservation and rapid transportation is of the utmost importance.

e. Preparation and Packing of Specimens. In the ideal situation, tissue specimens for toxicological examination will be collected under the supervision of the pathologist performing the autopsy and will consist, whenever possible, of the following: liver, brain, kidney, lung, bone marrow, blood, urine, and stomach contents. Precautions are taken to prevent contamination of specimens during the course of the autopsy. Thorough toxicological examination requires approximately 250 to 500 grams of brain, liver, kidney, and lung; 100 ml of blood; and all urine submitted. Red bone marrow and lung tissue are especially useful in cases where disintegration of soft tissue has occurred. However, in the field, conditions are often less than ideal. In order to aid the pathological examination, any tissue located should be forwarded without attempting to identify it. Use the following basic guidelines in preparing tissue specimens for shipment:

(1) Individual tissue specimens (i.e., brain, liver, etc.) should be placed in separate plastic bags. To obtain the quantity of material required, it may be necessary to distribute the individual specimens among several latex rubber or plastic bags.

(2) Blood and bodily fluids will be shipped in latex rubber bags. All air should be carefully evacuated prior to closing the bag by knotting or other means. As an added precaution, this bag should be enclosed in a second bag.

(3) Use heavy polyethylene plastic bags (.005 or .006 gauge) or latex rubber bags (condoms) as individual specimen containers. Place the specimen in the plastic or rubber bag, evacuate as much air as possible from the bag, and then heat-seal the bag, knot it, or securely fasten it with a rubber band. As an added precaution, the tissue bag should be enclosed in a second bag in which a tag with all identifying data is also placed. It is recommended that only paper labels be used in identifying frozen specimens, as plastic labels may contaminate the specimen and cause false readings. Heat-seal or fasten the second bag, as indicated above, and prepare the package for shipment. DD Forms 1322 (Aircraft Accident Autopsy Report), 1323 (Toxicological Examination-Request and Report), and any other available information should be sealed in a separate plastic bag and forwarded with the specimen.

(4) It is imperative that frozen specimens and dry ice not be packed in sealed cans or any type of container which will not permit the escaping gas to pass through its walls. Dry ice is formed under tremendous pressure. It requires approximately 230,000 ml of carbon dioxide

under pressure to form one pound of dry ice. The pressure created inside a sealed container is a hazard and the container may burst. Do not enclose dry ice in a thermos bottle unless holes are drilled through the stopper of the thermos.

(5) When packing for shipment, the specimen and protocols (DD Forms 1322 and 1323) should be placed in a stout cardboard box filled with pieces of dry ice and enough filler (sawdust, styrofoam, or suitable packing) to fill and insulate the box. The box should be large enough to hold eight to ten pounds of dry ice for a shipping time of 23 to 36 hours and should be sealed with tape, then wrapped in several layers of heavy paper. A plastic, insulated box is available in the Federal Stock Catalogue.

f. Addressing of Specimens. The packing box containing specimens for toxicological examination should be labeled, "FRAGILE - RUSH - SPECIMENS FOR TOXICOLOGICAL EXAMINATION (AIRCRAFT ACCIDENT)" and forwarded by military or commercial air freight to the Director, Armed Forces Institute of Pathology (AFIP), Washington, DC 20306. Correct destination should be clearly written to ensure prompt delivery. Send a message (TWX) notifying AFIP of: (1) time of arrival, (2) airline, and (3) flight number and airport. Also put telephone number at AFIP (202)782-2100; DSN 662-2100) on outside of package and ask carrier to call when material arrives. Mark "Frozen tissue" on package, as well as the above (FRAGILE, etc.)

(1) The following table has been prepared to guide personnel preparing fresh tissue specimens being shipped for toxicological studies. The table gives the estimates for outside temperature, the number of hours in transit, and the amount of dry ice needed to protect the specimen until its arrival at the final destination.

<u>MINIMUM OUTSIDE TEMPERATURE</u>	<u>NO. HOURS IN TRANSIT</u>	<u>WEIGHT OF SPECIMEN</u>	<u>AMOUNT OF DRY ICE</u>
Below 50 F	72	2 lbs.	5 lbs.
	48	3 lbs.	4 lbs.
	24	4 lbs.	3 lbs.
50-80 F	72	2 lbs.	5 lbs.
	48	3 lbs.	4 lbs.
	24	3 lbs.	4 lbs.
80-100 F	72	1 lb.	6 lbs.
	48	2 lbs.	5 lbs.
	24	3 lbs.	4 lbs.

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OVER 100 F: NOT RECOMMENDED FOR SHIPMENTS REQUIRING MORE THAN
48 HOURS

48	1 lb.	6 lbs.
24	2 lbs.	5 lbs.

(2) If dry ice is not available, package and label as directed above. Freeze the tissue and arrange to transport the tissue specimens as expeditiously as possible to another refrigeration station until it can be delivered to the nearest naval medical facility. A chain of custody should be maintained to ensure prompt delivery and to minimize the possibility of loss or undue delay which may allow the specimens to deteriorate.

APPENDIX K

EMERGENCY MEDICAL REQUIREMENTS

SHIP CLASS	NUMBER OF BATTLE DRESSING STATIONS	NUMBER OF PORTABLE MEDICAL LOCKERS	NUMBER OF FIRST AID BOXES
AGF	4	3	49
AOE (Diesel)	3	3	32
AOE (Gas Turbine)	3	4	56
ARS	1	1	15
CG	2	2	50
DD	2	1	26
DDG	2	1	40
FFG	2	1	20
LCC	3	4	95
LHA	4	7	80
LHD	4	11	95
LPD	4	5	65
LSD (36 Class)	3	2	38
LSD (41 & 49 Classes)	3	4	63
LST	3	1	28
MCM	1	1	10
MCS	5	11	92
MHC	0	1	8

APPENDIX L

OXYGEN HANDLING AND STOWAGE PRECAUTIONS

Great care must be used in handling oxygen to prevent contact of oxygen under pressure with oils, greases, organic lubricants, rubber or other flammable materials. The following regulations, based on those of the Compressed Gas Association, will be posted in oxygen storage/use areas.

1. Oxygen cylinders will be hydrostatically tested at a minimum of twelve years, except as noted in Article 4311.
2. Never permit oil, grease or readily flammable materials to come in contact with oxygen cylinders, valves, regulators, gauges or fittings.
3. Never lubricate regulators, fittings or gauges with oil or other flammable substances.
4. Never handle oxygen cylinders or equipment with oily hands, greasy gloves or rags.
5. Always clear the particles of dust and dirt from cylinder valve openings by slightly opening and closing the valve before applying any fitting to the cylinder.
6. Open the high-pressure valve on the oxygen cylinder before bringing the equipment to the patient.
7. Open the cylinder valve slowly, with the face of the regulator gauge away from all personnel.
8. Never drape an oxygen cylinder with any material such as hospital gowns, masks or caps.
9. Never use oxygen fittings, valves, regulators or gauges for anything other than oxygen.
10. Never mix gases of any type in any cylinder; oxygen or other.
11. Always use oxygen from a cylinder through a pressure regulator.
12. Never attempt to use regulators that need repair or have valves that do not work properly.
13. Defective oxygen equipment should always be repaired or replaced by the manufacturer or his authorized agent.
14. All oxygen cylinders will have a medical warning tag (DD 1191) IAW NAVMEDCOMINST 5100.2 Series.
15. Comply with all PMS and GENSPEC requirements for handling and storage.

APPENDIX M
FLEET INSTRUMENT SETS
MATRIX

<u>PLATFORM</u>	<u>MAJOR SURG.</u>	<u>MINOR SURG.</u>	<u>TRACH.</u>	<u>CHEST SURG.</u>	<u>FX / AMPUT.</u>	<u>LAPAR.</u>	<u>CHEST TUBE</u>	<u>ENT SURG.</u>	<u>VASC. SURG.</u>	<u>BURR HOLE</u>
AGF	1	4	1							
AOE	1	4	1							
ARS		2								
CG		2								
DD		2								
DDG		2								
FFG		2								
LCC	1	4	1							
LHA	6	67	6	2	10	8	6	3	2	4
LHD	6	67	6	2	10	8	6	3	2	4
LPD	1	4	1							
LSD 36		2								
LSD 41/49	1	4	1							
LST		2								
MCM		2								
MCS	1	4	1							
MHC		2								
CV/CVN	4	12	4	2	2	4	4	2	2	2
AS	2	10	2		1	2				
SSN/SSBN		10								
AFDM/AFDB/ARDM/ARD		5								
AGSS-555		5								
PER AMMAL 0924		1								
PER AMMAL 0944		1								
PER AMMAL 0955		4								
PER AMMAL 0964		1								

**FLEET INSTRUMENT SETS
 MAJOR SURGERY SET**

NSN	NOMENCLATURE	U/I	QTY
6515003204600	FORCEPS TOWEL BACKHAUS 5.25" LG OPP PRGS	EA	6
6515003333100	FORCEPS DRESSING CUSHING 7" LG STR & SER TIP	EA	1
6515003333600	FORCEPS DRESSING 5.50"LG STR AND SERR JAW	EA	2
6515003343800	FORCEPS HEMO KELLY 5.25-5.75" LG SLT CRV JAW	EA	10
6515003344900	FORCEPS HEMO HALSTED DSGN 4.75-5.25" LG SLT	EA	4
6515003345600	FORCEPS HEMO HALSTED 5"LG 0.875"JAW STR JAW	EA	10
6515003346800	FORCEPS HEMO KELLY 5.50" LG 1" LG STR JAW	EA	4
6515003347400	FORCEPS HEMO ROCH-OCHS 1.5-1.75" STR JAW	EA	2
6515003351900	FORCEPS INTEST DOYEN DSGN 8.750" O/A LG BX	EA	4
6515003352800	FORCEPS INTEST BABCOCK DSGN 6.250" O/A LG STR	EA	2
6515003353200	FORCEPS INTEST DOYEN STR 8.75-9.25"O/A LG CRS	EA	3
6515003373900	FORCEPS GAUZE PAD HOLD FOERSTER 9-9.75" LG	EA	1
6515003377800	FORCEPS TISSUE ADSON 4.50" LG TWZR STR & SM	EA	2
6515003380300	FORCEPS TISSUE ALLIS DSGN 6"LG PIVOT STR & SM	EA	2
6515003419200	HOLDER SUT NEED HEGAR-MAYO 7" LG CENT OVAL	EA	2
6515003447800	HANDLE SURG KNIFE DETACH BLADE SIZE 3	EA	2
6515003604910	RETRACTOR ABDOMIN BALFORD SIX-BLADE SLDG	EA	1
6515003609200	RETRACTOR SET GEN OPER DOUBLE END 8.5 & 8.75"	SE	1
6515003610350	RETRACTOR GEN OPER VOLKMAN DESIGN 8.5" SIZE	EA	2
6515003631100	SAW AMPUT SATTERLEE 8"BLADE LG 2.25"WDTH	EA	1
6515003640520	SCISSORS GEN SURG MAYO CRVD BLD 6.50-7" LG	EA	1
6515003640920	SCISSORS GEN SURG MAYO DSGN 6.50-7" LG	EA	1
6515003657100	SCISSORS TONSIL METZ 7" O/A LG CRVD BLADE	EA	1
6515003866600	CANNULA ABDOM POOLE 23FR 8.75" LG FENEST	EA	1
6515006600008	BLADE SURG KNIFE DET NO.15 CARB STL 6S	PG	2
6515006600010	BLADE SURG KNIFE DET NO.11 SM TANG 6S	PG	2
6515006600011	BLADE SURG KNIFE DET NO.10 SM TANG 6S	PG	2
6515006647853	RETRACTOR SET GEN OPER DOUB END 1.5X13"	SE	1
6515011151730	SCISSORS GEN SURG METZ DISSECTING 9" LG	EA	1
6530007939570	TRAY INST CORR-RESIS STL 19.25X12.75X.75"	EA	1
6530010324088	DRAPE SURG NONWOVEN FABRIC DISP 100 X 92" 20S	PG	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	8

**FLEET INSTRUMENT SETS
MINOR SURGERY SET**

NSN	NOMENCLATURE	U/I	QTY
6515002998736	HOLDER, NEEDLE HAGAR-MAYO 6"	EA	1
6515003343800	FORCEPS HEMO KELLY 5.25-5.75" LG SLGT CRVD JAW	EA	2
6515003346800	FORCEPS HEMO KELLY 5.50" LG 1" LG STR JAW	EA	2
6515003377800	FORCEPS TISSUE ADSON 4.50" LG TWZR STR & SM	EA	1
6515003379800	FORCEPS TISSUE 5" LG TWZR STR & SM JAW SQ TIP	EA	1
6515003417200	HOLDER SUT NEED COLLIER 5" LG STRAIGHT JAW	EA	1
6515003447800	HANDLE SURG KNIFE DETACH BLADE SIZE 3	EA	1
6515011190018	PROBE GEN OPER 5"LG .062" DIA SPATULATE	EA	1
6515003651820	SCISSORS GEN SURG 5.50" LG ONE BLT & ONE SH PT	EA	1
6515006600010	BLADE SURG KNIFE DET NO.11 SM TANG 6S	PG	2
6515006600011	BLADE SURG KNIFE DET NO.10 SM TANG 6S	PG	2
6530002999608	DRAPE SURG GEN SURG GREEN 24 X 24 INCHES	EA	1
6530007939945	TRAY INST CORR-RESIST STL 10-1/2 X 8 X 2 INCHES	EA	1

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**FLEET INSTRUMENT SETS
TRACHESTOMY SET**

NSN	NOMENCLATURE	U/I	QTY
6515003204590	FORCEPS TOWEL BACKHAUS 3.5" LG OPPOS PRNG	EA	4
6515003254400	DILATOR TRACH TROUSSEAU 5.5"LG CRVD SM	EA	1
6515003343800	FORCEPS HEMO KELLY 5.25-5.75" LG SLGT CRVD JAW	EA	1
6515003345600	FORCEPS HEMO HALSTED 5"LG 0.875"JAW STR JAW	EA	1
6515003379800	FORCEPS TISSUE 5" LG TWZR STR & SM JAW SQ TIP	EA	1
6515003380300	FORCEPS TISSUE ALLIS DSGN 6"LG PIVOT STR & SM	EA	1
6515003447800	HANDLE SURG KNIFE DETACH BLADE SIZE 3	EA	1
6515011190018	PROBE GEN OPER 5"LG .062" DIA SPATULATE	EA	1
6515003618950	RETRACTOR TRACH HUPP DSGN SHARP BLADE	EA	1
6515003618980	RETRACTOR TRACH HUPP SHARP BLADE PT 3 PRG	EA	1
6515003644600	SCISSORS IRIS 4-4.50" O/A LG CRVD BLD SHARP PTS	EA	1
6515003651820	SCISSORS GEN SURG 5.50" LG ONE BLT & ONE SH PT	EA	1
6515006600010	BLADE SURG KNIFE DET NO.11 SM TANG 6S	PG	2
6515006600011	BLADE SURG KNIFE DET NO.10 SM TANG 6S	PG	2
6515009140245	CANNULA TRACH SZ 4 W/ INT 15MM MALE ADAPT	EA	1
6515009140248	CANNULA TRACH SZ 6 W/ INT 15MM MALE ADAPT	EA	1
6515009140249	CANNULA TRACH SZ 7 W/ INT 15MM MALE ADAPT	EA	1
6515009140250	CANNULA KIT TRACH SZ 8 PERM 15MM MALE ADP	EA	1
6530007939945	TRAY INST CORR-RESIST STL 10-1/2 X 8 X 2 INCHES	EA	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	4

**FLEET INSTRUMENT SETS
CHEST SURGERY SET**

NSN	NOMENCLATURE	U/I	QTY
6515000653181	FORCEPS HEMO MIXTER HALF-CRVD 6.87-7.375" LG	EA	6
6515003204600	FORCEPS TOWEL BACKHAUS 5.25" LG OPPOS PRNG	EA	6
6515003208500	CONTRACTOR RIB BAILEY DSGN DOUB-RAKE TYPE	EA	6
6515003277900	ELEVATOR PERIOS LANGENBECK DSGN 8.25" LG	EA	1
6515003279400	ELEVATOR SET PERIOS DOYEN CRV BLNT EDGE LGE	EA	1
6515003280700	ELEVATOR PERIOS 7.75" LG CRVD BLADE .625" BLDE	EA	1
6515003311300	FORCEPS BONE CUT LISTON-STILLE 10.25" LG CRVD	EA	1
6515003314800	RONGEUR STILLE DBL-JOINTED CRVD 9"LG CRAN	EA	1
6515003333100	FORCEPS DRESSING CUSHING 7" LG STR & SERR RD	EA	2
6515003333700	FORCEPS DRESSING 10" LG STR & SERR RD TIP	EA	2
6515003341400	FORCEPS GALL DUCT LAHEY DSGN 7.5"LG	EA	2
6515003359100	FORCEPS LUNG GRASP COLLIN DSGN TRIANG JAW 8"	EA	6
6515003373900	FORCEPS GAUZE PAD HOLD FOERSTER 9-9.75" LG	EA	2
6515003419800	HOLDER SUT NEED MASSON 10.5" LG STR JAW	EA	2
6515003553300	PERIOSTEOTOME ALEXAND-FARABEU 8.25" LG	EA	1
6515003617250	RETRACTOR RIB FINOCCHIETO DSGN FENEST BLDE	EA	1
6515003640920	SCISSORS GEN SURG MAYO DSGN 6.50-7" LG BLT PTS	EA	2
6515003657100	SCISSORS TONSIL METZ 7" O/A LG CRVD BLADE	EA	2
6515003669200	FORCEPS BONE CUT BETHUNE 13.5" LG CUPPED	EA	1
6515003746900	ELEVATOR PERIOS MATSON 9X.312" DOUB-ENDED	EA	1
6515010457158	KNIFE STERNUM LEBSCH 10" LG PASSIV	EA	1
6515012340253	MALLET BONE SURG 7.5-11"LG 3.125"HD LG 2 PNDS	EA	1
6530007940000	TRAY INST CORR-RESIST STL 15-1/2X9-1/2X2"	EA	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	2

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**FLEET INSTRUMENT SETS
FRACTURE / AMPUTATION SET**

NSN	NOMENCLATURE	U/I	QTY
6515003225550	CURETTE MASTOID SPRATT SZ 2 SPOON SHAPE BLD	EA	1
6515003301300	FILE BONE 3.5" BLADE STR SERR COARSE CUT RD	EA	1
6515003315400	RONGEUR STILLE-LUER DBL-JOINTED STR 9"LG RD	EA	1
6515003343800	FORCEPS HEMO KELLY 5.25-5.75" LG SLGT CRVD JAW	EA	8
6515003435800	KNIFE AMPUT LISTON DSGN 10.5"LG CRV BICONCAV	EA	1
6515003631100	SAW AMPUT SATTERLEE 8"BLDE LG 2.25"WIDTH	EA	1
6515003632300	CONDUCTOR BONE CUT WIRE SAW BAILEY DSGN	EA	1
6515003632400	HANDLE BONE CUT WIRE SAW RECTANULAR	EA	1
6515003632700	SAW BONE CUT WIRE 20" LONG .040" DIAMETER	EA	1
6515011398267	RASP BONE 3" BLADE LG PUTTI STYLE DOUB-ENDED	EA	1
6530007940000	TRAY INST CORR-RESIST STL 15-1/2X9-1/2X2"	EA	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	1

**FLEET INSTRUMENT SETS
LAPAROTOMY SET**

NSN	NOMENCLATURE	U/I	QTY
6515000653181	FORCEPS HEMO MIXTER HALF-CRVD 6.87-7.375"LG	EA	4
6515002998737	HOLDER SUT NEED HEGAR-MAYO 7" LG SERR JAW	EA	2
6515003204590	FORCEPS TOWEL BACKHAUS 3.5" LG OPPOS PRNG	EA	6
6515003204600	FORCEPS TOWEL BACKHAUS 5.25" LG OPPOS PRNG	EA	6
6515003333600	FORCEPS DRESSING 5.50"LG STR & SERR JAW RD TIP	EA	2
6515003333700	FORCEPS DRESSING 10" LG STR & SERR RD TIP	EA	2
6515003341400	FORCEPS GALL DUCT LAHEY DSGN 7.5"LG	EA	2
6515003343800	FORCEPS HEMO KELLY 5.25-5.75" LG SLGT CRVD JAW	EA	12
6515003344100	FORCEPS HEMO MAYO-CARMLT 7.750 MIN 8.250 MAX	EA	2
6515003344300	FORCEPS HEMO ROCH-PEAN 6-6.50"LG 1.875" JAW LG	EA	10
6515003344900	FORCEPS HEMO HALSTED DSGN 4.75-5.25" LG	EA	6
6515003346800	FORCEPS HEMO KELLY 5.50" LG 1" LG STR	EA	12
6515003347500	FORCEPS HEMO ROCH-OCHSNER 1.875"JAW LG	EA	6
6515003349500	FORCEPS HEMO PEAN DSGN SLIGHT CRVD JAW	EA	6
6515003373900	FORCEPS GAUZE PAD HOLD FOERSTER 9-9.75" LG	EA	4
6515003377800	FORCEPS TISS ADSON 4.50" LG TWZR STR & SM JAW	EA	2
6515003379900	FORCEPS TISSUE 5.5" LG TWZR STR & SM JAW RD TIP	EA	2
6515003380300	FORCEPS TISS ALLIS DSGN 6"LG PIVT STR & SM JAW	EA	4
6515003419800	HOLDER SUT NEED MASSON 10.5" LG STR	EA	1
6515003447800	HANDLE SURG KNIFE DETACH BLADE SIZE 3	EA	2
6515003447820	HANDLE SURG KNIFE DETACH BLADE SZ4	EA	1
6515003447880	HANDLE SURG KNIFE DETACH BLADE SIZE 7	EA	1
6515003585500	RACK SUT NEED 5X1X0.4222" C/O BSE TRACT & COIL	EA	1
6515003603490	RETRACTOR ABDOM DEAVER DESIGN 1X12" SIZE	EA	1
6515003603510	RETRACTOR ABDOM DEAVER DESIGN 1.5X12" SIZE	EA	1
6515003603530	RETRACTOR ABDOM DEAVER DESIGN 2X12" SIZE	EA	1
6515003603850	RETRACTOR SET ABD RICHARDSON-EASTMAN 2S	SE	2
6515003604910	RETRACTOR ABD BALFORD SIX-BLADED SLD BAR	EA	1
6515003609200	RETRACTOR SET GEN OPER DOUB-END 8.5 & 8.75"	SE	2
6515003610350	RETRACTOR GEN OPER VOLKMAN DSGN 8.5" SIZE 4	EA	2
6515003614850	RETRACTOR PERIN GELPI CRS HOOK UNIT TYPE 6.5"	EA	2
6515003620200	RETRACTOR VEIN CUSHING DSGN 8.5" CORR-RESIST	EA	2
6515003640500	SCISSORS GEN SURG MAYO DSGN 5.25-5.75" LG CRVD	EA	2
6515003640920	SCISSORS GEN SURG MAYO DSGN 6.50-7" LG BLNT	EA	2
6515003651820	SCISSORS GEN SUR 5.50" LG ONE BLNT & ONE SH PT	EA	1
6515003656200	SCISSORS TENOTOMY STEVENS 4-4.50" O/A LG CRVD	EA	1
6515003657100	SCISSORS TONSIL METZ 7" O/A LG CRVD BLADE	EA	1
6515003866600	CANNULA ABD POOLE 23FR 8.75" LG FENESTRATED	EA	1
6515003867600	CANNULA LARYN ANG YANKAUER 9"LG 0.234-0.266"	EA	1
6515006903208	FORCEPS TISS DEBAKEY 7.75" LG TWZR STR & SERR	EA	2

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6515006903223	SCISSORS GEN SURG POTTS SMITH 7.50" LG ANG HDL	EA	2
6515009269193	RETRACT MASTOID WEITLANER 6.5" HK UNIT 3 PRG	EA	2
6515010489066	FORCEPS HEMO STORZ DSGN R ANG JAW 8.75" LG	EA	2
6515010895668	SCISSORS GEN SURG METZ DELIC DISS 11" LG CRVD	EA	1
6515011190018	PROBE GEN OPER 5"LG .062" DIA SPATULATE HAND	EA	1
6515011190787	PROBE GEN OPER 10" LG .062" DIA SPATULATE HAND	EA	1
6515011398195	RETRACTOR ABDOM KELLY 3X3.50 INCH SERR TONG	EA	2
6515011398196	RETRACTOR GEN OPER HARRINGTON 13X2.25" CRVD	EA	1
6515011398197	RETRACTOR VAGOTOMY WEINBERG 6.375X4" BLD	EA	1
6515011398407	RETRACTOR ABD RICHARDSON DSGN 9 1/8" LG BLD	EA	2
6515011398969	RETRACTOR ABD CODMAN-SHURTLEFF SZ 2.50X3.25"	EA	2
6530007940300	TRAY SURG INST 20 X 12 X 4"	EA	2
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	4

**FLEET INSTRUMENT SETS
CHEST TUBE SET**

NSN	NOMENCLATURE	U/I	QTY
6515003204590	FORCEPS TOWEL BACKHAUS 3.5" LG OPPOS PRNG	EA	4
6515003343800	FORCEPS HEMO KELLY 5.25-5.75" LG SLGT CRVD JAW	EA	3
6515003344100	FORCEPS HEMO MAYO-CARMLT 7.750 MIN 8.250 MAX	EA	2
6515003349500	FORCEPS HEMO PEAN DESIGN SLGT CRV JAW 9"	EA	2
6515003377800	FORCEPS TISS ADSON 4.50" LG TWZR STR & SM JAW	EA	1
6515003419200	HOLDER SUT NEED HEGAR-MAYO 7" LG	EA	1
6515003447800	HANDLE SURG KNIFE DETACH BLADE SIZE 3	EA	1
6515003640520	SCISSORS GEN SURG MAYO CRVD BLADE 6.50-7" LG	EA	1
6515003640920	SCISSORS GEN SURG MAYO DSGN 6.50-7" LG BLNT PT	EA	1
6515006600008	BLADE SURG KNIFE DET NO.15 CARB STL 6S	PG	1
6530007939945	TRAY INST CORR RESIS STEEL 10-1/2 X 8 X 2"	EA	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	4

**FLEET INSTRUMENT SETS
 ENT SURGERY SET**

NSN	NOMENCLATURE	U/I	QTY
6515012460182	DRILL TWIST BONE TW DRILL PT 3" LG 0.094" DIA 6S	PG	1
6515003123500	DRILL HAND BONE SMEDBERG DSGN JACOBS	EA	1
6515003417200	HOLDER SUT NEED COLLIER 5" LG ST JAW	EA	2
6515003573525	PROBE SET LACHRY WILLIAMS SIL SIZES 1-2 3-4 5-6	SE	1
6515003866800	CANNULA BRAIN FRAZIER 8 FR 7.5"LG OPEN END TIP	EA	2
6515011150416	FORCEPS BONE HOLD CRVD DINGMAN 7.50" LG	EA	2
6515012132679	RONGEUR LOVE-LERRISON OVERALL JAW SZ 3/16"	EA	1
6520005196600	CURETTE ALVEO MOLT CRES BLD SZ 2 6.25-6.75" LG	EA	2
6520005196700	CURETTE ALVEO MOLT CRES BLD 2.125"L SZ 4	EA	2
6520005196740	CURETTE ALVEO MOLT CRES BLD 2.312"L BLD SZ 5L	EA	1
6520005196770	CURETTE ALVEO MOLT CRES BLD 2.125"L BLD SZ 6R	EA	1
6520005240050	ELEVATOR, MALAR IVY	EA	1
6520005242550	ELEVATOR, ROOT #34S	EA	2
6520005243050	ELEVATOR, ROOT #301	EA	2
6520005244550	ELEVATOR, ROOT #73 MILLER	EA	2
6520005245050	ELEVATOR, ROOT #74 MILLER	EA	2
6520005323990	FORCEPS TOOTH EXTRCT #150 UP ANT BICU & RTS	EA	1
6520005324990	FORCEPS, TOOTH EXTRACT #151	EA	1
6520005419350	HANDLE, MOUTH EXAM MIRROR	EA	2
6520005551150	SCISSORS, ORAL SURG 6.75"	EA	1
6520005630650	IMPRESSION TRAY, LOW MED	EA	1
6520005631150	IMPRESSION TRAY, LOW LARGE	EA	1
6520005631650	IMPRESSION TRAY, LOW SMALL	EA	1
6520005632650	IMPRESSION TRAY, UPPER MED	EA	1
6520005633150	IMPRESSION TRAY, UPPER LARGE	EA	1
6520005633650	IMPRESSION TRAY, UPPER SMALL	EA	1
6520005842699	ELEVATOR, PERIOS MOLT #9	EA	1
6520007822648	MIRROR, MOUTH EXAM #1	EA	4
6520009357257	PLUGGER, AMALG TANNER #71	EA	1
6520011378453	RETRACT, OBWEGESER CV SZ 168	EA	1
6520011378455	RETRACT, OBWEGESER CV DOWN	EA	1
6520012109532	AWL, ORAL SURG MAX #161	EA	1
6520012109533	AWL, ORAL SURG MAX #160	EA	1
6530007940000	TRAY INST CORR-RESIST STL 15-1/2X9-1/2X2"	EA	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	2

**FLEET INSTRUMENT SETS
VASCULAR SURGERY SET**

NSN	NOMENCLATURE	U/I	QTY
6515000653181	FORCEPS HEMO MIX HALF-CRV 6.87-7.375"LG	EA	6
6515003204590	FORCEPS TOWEL BACKHAUS 3.5" LG OPPOS PRNG	EA	2
6515003344900	FORCEPS HEMO HALSTED 4.75-5.25" LG SLGT CRVD	EA	8
6515003347500	FORCEPS HEMO ROCH-OCHSNER 1.875"JAW LG STR	EA	6
6515003373900	FORCEPS GAUZE PAD HOLD FOERSTER 9-9.75" LG	EA	2
6515006903198	HOLDER SUT NEED DEBAKEY 7" LG SERR JAWS	EA	2
6515006903200	HOLDER SUT NEED DEBAKEY 9" LG SERR JAWS	EA	2
6515006903208	FORCEPS TISSUE DEBAKEY 7.75" LG TWZR	EA	2
6515006903209	FORCEPS TISSUE DEBAKEY 9.5" LG TWZR	EA	2
6515006903212	CLAMP ARTY DEBAKEY-BAHN CRVD & SERR 65MM	EA	2
6515006903215	CLAMP ARTY GLOVER 9CM LG SERR STR 40MM JAW	EA	3
6515006903216	CLAMP ARTY GLOVER 9CM LG CRV SERR 40MM JAW	EA	3
6515008901682	CLAMP ARTY GLOVER 6.5CM LG CRV SER 27MM JAW	EA	2
6515008901683	CLAMP VENA CAVA SATINSKY RATCH-PAWL 10"LG	EA	2
6530007940000	TRAY INST CORR-RESIST STL 15-1/2X9-1/2X2"	EA	1
7210002999610	TOWEL HAND COT 36X17" GREEN GRAY NONDISP	EA	2

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**FLEET INSTRUMENT SETS
BURR HOLE SET**

NSN	NOMENCLATURE	U/I	QTY
6515002998737	HOLDER SUT NEED HEGAR-MAYO 7" LG SERR JAW	EA	1
6515003124125	BUR CRANIAL HUDSON 14MM DIA 3.812" LG 6	EA	1
6515003124130	BUR CRANIAL HUDSON 20MM DIA 3.812" LG BALL	EA	1
6515003345600	FORCEPS HEMO HALSTED 5"LG 0.875"JAW STR JAW	EA	10
6515003447800	HANDLE SURG KNIFE DETACH BLADE SIZE 3	EA	1
6515005152113	BRACE BIT BONE HUDSON 9.75" LG SNAP-LOCK	EA	1
6515005152114	BUR CRANIAL HUDSON 9MM DIA 4.094" LG	EA	1
6515005152115	BUR CRANIAL HUDSON 16MM DIA 3.812"LG	EA	1
6515005152116	DRILL FLAT CRANIAL 4X0.375" CUSHING DSGN	EA	1
6515006600011	BLADE SURG KNIFE DETACH NO.10 SMALL TANG 6S	PG	2