

PASTORAL CARE SERVICES

STANDING OPERATING PROCEDURES

500 BED FLEET HOSPITAL

**Pastoral Services
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500 Bed Fleet Hospital**

TABLE OF CONTENTS

	<u>Topic</u>	<u>Page</u>
A.	MISSION	3
B.	FUNCTIONS	3
C.	PHYSICAL DESCRIPTION	3
D.	WORKLOAD	4
E.	SPECIAL CONSIDERATIONS	4
F.	ORGANIZATION	5
G.	TASKS	6
H.	JOB DESCRIPTIONS	7
I.	RESPONSE TO DEPLOYMENT HAZARDS	11
J.	ENEMY PRISONERS OF WAR	14
K.	DOCUMENTATION	
	Appendix (a): References	15
	Appendix (b): (FHOTC's) Initial Operating List	16

**Pastoral Services
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500 Bed Fleet Hospital**

A. Mission: The freedom to exercise one's religious beliefs is guaranteed by the First Amendment of the U.S. Constitution. Pastoral care and services therefore exist for the Commanding Officer, Fleet Hospital's discretion and exercise of this Right, to promote and maintain the religious and spiritual health of patients and staff, to provide certain counseling services as necessary and to perform any additional duties/services as directed by the Commanding Officer, Fleet Hospital and higher authorities.

Chaplains, Religious Program Specialists (RP's) and other personnel attached to the Directorate of Pastoral Services shall support the mission of the Fleet Hospital by providing for the spiritual and religious needs of all patients, staff and other personnel as directed by the Fleet Hospital Commanding Officer, through appropriate ministry.

B. Functions: The Directorate of Pastoral Services is a US Naval Officer (Chaplain Corps) and will function as the Department Head of the Department; performing the typical duties and responsibilities of an Officer and Departmental Supervisor. In regards to these matters the Directorate of Pastoral Services shall also:

1. Take the lead on behalf of the Commanding Officer, Fleet Hospital, as well as the ministries & faith-based organizations concerned, by facilitating the free expression of religious and/or spiritual customs, needs and expressions of/for All Hands.

2. Supervise and mentor the other Chaplain, enlisted Religious Program Specialists (RP) and personnel attached to the Department, including volunteers.

3. Supervise, arrange for and/or conduct the appropriate divine services as prescribed by the particular ministry's rites, procedures, customs and timelines.

4. Offer spiritual/religious support, as well as related care and counseling to/for all patients, staff and other personnel (as deemed appropriate by the Commanding Officer, Fleet Hospital). This will include the appropriate sacramental, pastoral care, ministry, Rights or customs, visitation, grief/transition/passage counseling & related ceremonies of the particular ministry or faith-based organization's programs; to the extent possible, as conditions permit.

5. Develop and promote the Command's Mission, as well as its morale, welfare and spiritual well being by taking leadership roles involving Honor, Courage & Commitment, Fidelity and other faith based initiatives through creative programming for use during daily activities as well as during the Command's slow or less active times. In cooperation with other Directorates and Department Heads, these initiatives shall also include methods that assist patients, staff and other personnel concerned with coping mechanisms during periods of increased activity, stress and transition.

6. Develop and facilitate related events, schedules, duties and budget.

C. Physical Description: The Directorate of Pastoral Service's office shall be located in a place deemed appropriate by the Commanding Officer, Fleet Hospital. Typically, this is a place collocated within the Command Administration areas of the

Fleet Hospital. All Chaplain supplies will initially be found in “Mount-out” type storage boxes, including the communion sets and other related materials.

The chaplains need to have a desk at some place within the Fleet Hospital. Establishment of an office is suggested to be an area within the administrative spaces. Unused corners of passageways may become places for the posting pamphlets and notices. Divine services can be conducted in any of the spaces made available by the command. The TEMPER tents are not soundproof; one may have to become aware and creative when seeking a private area to counsel members, including staff and ambulatory patients. The outside internal zones of the Fleet Hospital (walking outside the tent spaces) may be a good solution.

The Chaplain’s (Directorate of Pastoral Service’s) Initial Operating List (IOL) (your initial supplies and inventory) is located in Appendix (a).

D. Workload: Armed Forces Chaplains have a shared ministry and most often non-denominational. The spiritual and religious support duties will most likely occur during heightened tensions that have caused the establishment of the Fleet Hospital. Fleet Hospital ministry most likely will be similar to a typical hospital setting ministry with additional situations, such as host nation or foreign National interfacing, man-made or natural disaster as well as Detainees and/or Enemy Prisoners of War. Security matters will add to the workload, this includes personal, perimeter and internal security matters.

These different circumstances require flexibility in managing hours & personnel. It is the responsibility of the Supervisory Chaplain to meet the needs of the Fleet Hospital and manage the hours of the other chaplain, enlisted Religious Program Specialists (RP), civilian and volunteer personnel (such as translators) attached.

The Supervisory Chaplain shall develop and ensure publication of a Watch Bill for the chaplain, Religious Program Specialists (RP’s) and other personnel officially involved to facilitate 24-hour/7-day coverage of required duties, tasks and assignments.

Fleet Hospitals deploy with two chaplains. It is recommended that the Supervisory Chaplain also Stand the Watch. The Fleet Hospital’s environmental stresses & circumstances, such as a high patient census, may require this matter.

Religious Program Specialists (RP) and other personnel attached have the primary duty of supporting the chaplains, but their collateral duty of assisting the (Command and/or Patient) Administration Departments may be more necessary, during certain timeframes. However, the primary utilization of Religious Program Specialists (RP) and other personnel attached to the Directorate is for Religious Programs support. It is recommended that the Supervisory Chaplain clarify such matters with the concurrence of the Commanding Officer, Fleet Hospital and his/her Staff early on.

E Special Considerations:

1. US/Allied Armed Forces (military) environment, Commander’s intent applies.
2. Special security needs and protocols including:

- a. Personal safety (increased identification procedures, protective clothing [such as MOPP gear] and anti-kidnapping awareness).
 - b. Personnel precautions (anti-terrorism, anti-kidnapping).
- 3. Probable high stress environment (man-made or natural disaster) carnage.
- 4. Chaplain's special attention to "Peak Flow" conditions
 - a. Triage incidents involving multiple casualties
 - b. Casualty Receiving (otherwise known as the Emergency Room)
 - c. Intensive Care Unit (ICU) holding very critical patients
- 5. Probable nondenominational clergy/persons in need. Patron's faith/belief may not be (readily) evident (identifiable) due to presenting circumstances.
- 6. Foreign language, cultural and religious belief barriers.
- 7. Timeline constraints & considerations
 - a. Such as belief in burial within 24 hrs of death.
 - b. A particular denomination's designated Day of Worship.
 - c. Daily or multiple times of Worship.
- 8. Religious/spiritual Rites, blessings, ceremonies or procedures that "may only be performed" by a Chaplain (Cleric, Minister, Priest, Rabbi, or other official)
 - a. Sacraments/Prayers for the (Very/Critically) Sick/Dying ("Last Rites")
 - b. Sacraments/Prayers for the Dead (Recently Departed)
 - c. Sacraments/Prayers and specific Rites for Burial
 - d. Confessions, testimonials, forgiveness, penitence counseling

F. ORGANIZATION: The Supervisory Chaplain is a Special Assistant to the Commanding Officer and the Directorate for Pastoral Services. As such, the Director of Pastoral Services reports directly to the Commanding Officer, Fleet Hospital. His/her daily operations, assignments and conditions are reported through the Executive Officer (XO) for administration and facilitating the Fleet Hospital's religious ministries and chaplain activities. This duty often requires close coordination with the Command Master Chief and other Directors/Department Heads (such as Nursing Services & Public Affairs). This responsibility includes the professional supervision of chaplains, enlisted personnel, civilians and volunteers assigned to the Department.

In addition to the supervisory chaplain, one subordinate chaplain is assigned. They will perform the duties of the Supervisory Chaplain during his/her absence. Seniority precedence is based upon time in rank and lineal number

There are two Enlisted Religious Program Specialists (RP) billets in the Fleet Hospital, one each per Chaplain, as an administrative assistant. While present conditions dictate flexibility, it must be emphasized that Religious Program Specialists primarily support the unique workloads of Chaplains, therefore should be principally assigned to support the Pastoral Services Department. Direct/daily supervision of Religious Program Specialists shall be the responsibility of the Director of Pastoral Services (Supervisory Chaplain) in cooperation with the Command Master Chief.

G. TASKS:

While tasks vary depending upon circumstances, the chaplains and RP's should think in terms of what is needed within the Fleet Hospital and what is required outside. Inside the Fleet Hospital, chaplains and RP's should provide whatever religious needs are appropriate in support of patients and staff. They should also be creative in providing the best climate for high morale. This means locating movies (if possible) or organizing activities to alleviate boredom and reduce stress. Chaplains should be creative in organizing classes or presentations led by people with special skills or talents throughout the Fleet Hospital. The topics for these gatherings invite people to engage their minds in ways other than medicine. The point is to seek ways to relieve the tedium of slow times and/or high stress in a deployed area. This builds friendships and interests. Remember that laughter can be good and healthy medicine.

From a Command perspective, doing what is necessary to build high morale is a critical function of the Directorate of Pastoral Care and his/her Staff.

Chaplains and RP's must be ready to assist the Command to the extent required, yet still be responsible for Pastoral Service matters. Chaplain demands outside the Fleet Hospital may ensue. Chaplains and RP's must remember that Fleet Hospitals are commissioned units; therefore, outside commitments by chaplains and RP's must be approved by the Commanding Officer. A brief synopsis of possible tasking follows:

1. CONDUCT DIVINE SERVICES in accordance with the manner and forms of the chaplain's particular faith group. Inform all participants (choir director, musical accompanist, lay reader, guest speaker, ushers, etc) of the date and time of their commitment. Coordinate use of appropriate worship area. Prepare worship bulletin(s).

2. PROVIDE DIRECT SPIRITUAL CARE OF ALL PATIENTS AND STAFF WITH A CONSISTENT PROGRAM OF VISITATION (WITH EMPHASIS TO THE SICK, INJURED AND THOSE NEAR DEATH). This will be consistent with spiritual/religious support, as well as related care and counseling for all patients, staff (and other personnel deemed appropriate by the Commanding Officer). This will include the appropriate sacramental, pastoral care, ministry, Rights or customs, visitation, grief/transition/passage counseling & related ceremonies of the particular ministry or faith-based organization's programs; to the extent possible, as conditions permit.

3. ESTABLISH A DUTY WATCH PROGRAM AS required for Chaplains, Religious Program Specialists, other attached military personnel (and perhaps any volunteers). Chaplains and Religious Program Specialists collateral duties should be assigned in accordance with OPNAVINST 1730.1A, Encl (3), Para 2.g and Encl (1), Para 2.c. Lay readers should be selected and used in accordance with OPNAVINST 1730.1A, Encl (1), Para 2d and MILPERSMAN 5810150

4. ADMINISTER COMMUNION in accordance with the manner and forms of the chaplain's particular faith based group.

5. PERFORM MARRIAGE In accordance with the manner of the Chaplain's particular faith based group and in accordance with BUPERSINST 1752.1 (Series).

6. PERFORM BAPTISM In accordance with the manner and forms of the chaplain's particular faith based group.

7. ADMINISTER CONFIRMATION In accordance with the manner and forms of the chaplain's particular faith based group.

8. VISIT CONFINED PERSONNEL. Coordinate all visitations with Security Guards & supervisors.

9. ORGANIZE VOLUNTARY PROGRAMS OF RELIGIOUS EDUCATION Such as Bible studies, discussion groups, denominational studies, etc.

10. PREPARE AND SUBMIT PLANNED MINISTRY OBJECTIVES (PMO) in accordance with OPNAVINST 1730.1 (Series) as requested by the Commanding Officer, Fleet Hospital.

11. MAINTAIN DEPARTMENTAL LOG BOOK in accordance with traditional Navy formats or as prescribed by the CO, XO or Command Master Chief. This Log Book should report Musters, Watches (Duty Chaplain, Duty RP and Duty Volunteer) any inspections and generalized material conditions, including deficiencies.

12. SUBMIT REPORTS as required in appropriate formats.

13. INFORM PUBLIC AFFAIRS OFFICER in regards to religious & spiritual events, providing timely information of activities of interest to patients and staff.

14. MAINTAIN THE RELIGIOUS OFFERINGS FUND (ROF) The Religious Offerings Fund (ROF) must record amounts received and amounts dispersed.

H. JOB DESCRIPTIONS

a. SUPERVISORY CHAPLAIN

1. Serves as the Department Head for Pastoral Services, therefore is a Special Assistant and the principal adviser to the Commanding Officer, Fleet Hospital on all matters related to religious ministries with the Fleet Hospital.

2. Provides pastoral care and counseling, patient visitation, sacramental ministries and religious education as an integral part of the healing and caring team of the hospital through administration of the Command Religious Program (CRP), in accordance with OPNAVINST 1730.1 (Series).

3. Develops and submits (to the Commanding Officer) the Planned Ministry Objectives (PMO) for the religious ministries within the Fleet Hospital. This incorporates the CRP

and shall meet the religious needs of all hospital personnel using assigned Chaplains and other resource personnel.

4. Upon approval of the CRP & PMO, facilitates both programs and objectives for all religious ministries within the Fleet Hospital, by coordinating the ministries of all assigned chaplains with respect to religious faith and functional diversity in professional qualifications to meet the needs of personnel.
5. Provides supervision, guidance, and counseling for all personnel assigned to the Department of Pastoral Services (fka: Pastoral Care Service and Chaplain's Office).
6. Facilitates the continued training and professional development of all personnel assigned to the Pastoral Care.
7. Prepares (Officer & E-7 to E-9) Fitness Reports and (E-1 to E-6 plus paid federal employees) Performance Evaluations on personnel assigned to Pastoral Services for the Commanding Officer's review and signature.
8. Maintains liaison with Navy-Marine Corps Relief Society, American Red Cross and other Non Governmental Organizations (NGO).
9. Administers the Religious Offering Fund (ROF).
10. Compiles and analyzes statistical data to assist improvements in meeting the religious needs of all hospital personnel.
11. Insures the timely submission of all reports and correspondence.
12. Advises all personnel of the policies and procedures regarding use of religious facilities, areas of worship, sacred places and equipment.

b. CHAPLAIN'S JOB DESCRIPTION

1. The next senior (or as designated) Chaplain serves as the Acting Director of Pastoral Services in the absence of or incapacitation of the Director.
2. The next senior (or as designated) Chaplain serves as the Division Officer of all Enlisted personnel assigned to the Department. S/he shall be their Mentor and advocate (especially in the anticipated absence of a Chief Petty Officer (Chief Religious Program Specialist (RPC) or other CPO). In cooperation with the Command Master Chief, the Chaplain will ensure all professional education & training necessary for optimum Enlisted personnel performance and advancement is achieved. This includes General Military Training (GMT), Rank and/or Rate specific education & training for vocational and military duties.
3. Prepares attached Enlisted personnel's periodic Performance Evaluations for review by the Director of Pastoral Services.

4. Makes recommendations to the Director, Pastoral Services, regarding assignment and utilization of all Enlisted personnel assigned to the Department. This shall include any recommendations (for/against) using Religious Program Specialists outside of the Department on a (near) continual basis.
5. Provides pastoral care and counseling, patient visitation, sacramental ministries and religious education as an integral part of the healing and caring team of the hospital through administration of the Command Religious Program (CRP), in accordance with OPNAVINST 1730.1 (Series).
6. Develops and submits to the Director, various proposed agendas of the CRP and the Planned Ministry Objectives (PMO) for the religious ministries within the Fleet Hospital.
7. Facilitates both approved programs (CRP & PMO) as guided by the Director, for all religious ministries within the Fleet Hospital, with respect to the particular religious faith based needs and functional diversity of these denominations.
8. Performs formal and/or informal Departmental self-inspections to facilitate the mandates of the (DOD, DON, BUMED & Chief of the Chaplain Corps's) Management Control Review Program, Occupational Risk Management Program and other standing Navy Department regulations requiring periodic review of pastoral care services.
9. Submits reports and perform other tasks as assigned by the Director.

c. LEADING PETTY OFFICER (LPO) JOB DESCRIPTION

1. The LPO is responsible and accountable for the management of the office of Pastoral Services. As such, s/he supervises, trains and monitors the career development of all assigned Enlisted personnel, provides counseling and corrective action and initiates the written periodic Enlisted evaluation process.
2. The LPO and all subordinate Religious Program Specialists follow the occupational guidelines and standards set forth in the RPC/1 and RP2/3 Rate training manuals. A brief synopsis follows:
 - (a) Administration.
 - (1) Organizes and supervises the Office of Pastoral Services.
 - (2) Serves as custodian of the Religious Offerings Fund (ROF).
 - (3) Compiles and analyzes statistical data related to religious activities.
 - (4) Coordinates maintenance of religious facilities and areas of worship.
 - (5) Processes appointment and certification of Lay Readers. Maintains an organizational location of Lay Readers resources.
 - (6) Serves as coordinator of religious education.
 - (7) Supervises Library operations.
 - (8) Writes correspondence, directives, instructions, work requests and job orders for review by the Chaplains and monitors required action.

(9) Prepares visual presentations and designs publicity material.

(10) Maintains confidentiality as LPO & Enlisted Staff establish and maintain a records & reports control system and dispose of obsolete files and publications. The LPO reviews personnel and other records for information as specified by Chaplain.

(11) Advises the Chaplains regarding procedures for persons requesting reassignment for humanitarian or hardship reasons.

(12) Safeguards and secures religious facilities, areas of worship and related equipment, materials and supplies.

(b) Training.

(1) Provides instructor training to religious education volunteers.

(2) Schedules and instructs volunteer personnel in liturgical functions.

(3) Instructs personnel in basic customs and traditions of major religions.

(4) Instructs library assistants.

(5) Distributes devotional, religious & spiritual education material.

(6) Rehearses personnel for liturgical and ceremonial acts.

(7) Provides resource information and referral assistance.

I. RESPONSE TO DEPLOYMENT HAZARDS

1. FIRE PROCEDURES

- **Initially, attempt to extinguish a fire with a portable fire extinguisher ONLY IF THE FIRE IS CONTAINED.**
- Simultaneously, the Functional Area (FA) needs to IMMEDIATELY contact ADMIN either by phone or runner/messenger. ADMIN WILL SOUND THE ALARM FOR FIRE.
- Smoke boundaries need to be set by the FA staff by dropping the TEMPER liner flaps leading to the FA and vestibules(s). All flaps throughout the hospital need to be dropped to control the possible flow of smoke.
- The FA Leader will decide to evacuate the space if the fire is determined to be out of control.
- All O2 cylinders (on a cart) positioned in each appropriate FA need to be removed when the space is evacuated.
- A FA staff member should be assigned in each area to secure the electrical (C-panel) and HVAC units.
- A muster of all staff and patients within the affected FA needs to be taken immediately and sent to ADMIN by runner.
- The FA Leader needs to wait at the FA access point for the Fire Marshall and Fire Team to arrive in order to report: type of fire, volatile items in the space (O2 cylinders, HAZMAT) and any casualties known to be in the space.
- When assessing the intensity of the fire, the Fire Marshall WILL DECIDE WHETHER OR NOT THE ADJACENT FUNCTIONAL AREA (S) WILL EVACUATE. Therefore, the FA on either side of the area of fire will wait for the word from the Fire Marshall before evacuating.
- Once the fire is out, there will be an inspection of the damaged area by the Fire Marshall, FA Leader and other key personnel.
- The Fire Marshall will give an assessment report to the Commanding Officer describing damages sustained by the FA. Depending on the outcome of the fire, the FA may need to relocate somewhere else until it is fully functional again. The FA Leader needs to await orders from the Command Staff before reentering the FA and returning to duty.

2. CHEMICAL/ BIOLOGICAL ATTACK

- The hospital ADMIN department will notify the hospital compound, via 1MC, if there is a possibility of a biological/chemical attack.
- All areas of the compound must respond appropriately
- Once the alarm has been sounded for biological/chemical attack, **THE INITIAL ACTION TAKEN IS TO DON AND CLEAR YOUR GAS MASK.** Since the fleet hospital is operational, sleeves should always be down. **The donning and clearing of the gas mask should be accomplished in a total of 8 seconds.**
- If a MOPP level is required, the ADMIN department will announce that accordingly and everyone will proceed to MOPP Level 4. **This task must be accomplished within 8 minutes.**
- Once Personal MOPP gear is on, place gas masks on your patients.
- One person from each FA should be assigned to secure the HVAC unit (to prevent gas from entering FA). **DO NOT DROP THE FLAPS IN THE HOSPITAL!** The designated person should NOT reenter the hospital but should proceed to the EOD/Decontamination bunker.
- A muster of all FA staff and patients needs to be taken immediately and sent to ADMIN.
- Drink water!! Hydration, hydration, hydration.
- The ALL CLEAR will be announced by ADMIN over the 1MC.

3. AIR RAID PROCEDURES

- Once the alarm has been sounded for air attack, **THE INITIAL ACTION TAKEN IS TO EVACUATE ALL FA STAFF AND PATIENTS TO THE BUNKERS.** The entire compound must evacuate to appropriate bunkers including living spaces/GPL's and the COMMZ
- Conduct an accurate muster of all staff personnel and patients immediately and submit it to the ADMIN bunker.
- Be sure to bring all gear including canteens since mustering may require everyone to be standing outside for long periods of time.

- It's not necessary to secure C-panel or HVAC during an air raid drill. Evacuate to bunkers ASAP.
- When announced over the 1MC, each FA must send in two junior personnel to search and sweep high, medium and low on both sides of the FA to check for bombs. All other personnel will stay outside in bunkers until area is cleared. The All Clear will be announced over the 1MC.
- MISCELLANEOUS ITEMS
- Each FA should denote a supply petty officer that is responsible for equipment inventory/high-tech gear checkout. If supplies are needed, submit a request to the student SK's/supply department for issue. The student SK's will request supplies from FHOTC supply if NIS.
- If trouble arises with HVAC or C-panel (electrical power), submit a work request to the student Public Works department. Both the HVAC and C-panel operations remain off-limits to students other than Seabees.
- Rear doors to FA are to be used only as evacuation routes or for patient flow during peak flow ONLY. There are only two ways to enter the hospital...either on foot by the ADMIN temper or through CAS REC via litter.
- Each FA needs to have a logbook or similar system in order to keep track of all staff and patients within the compound. Each time a staff member or patient leaves the FA, he/she must be logged out (time, location) and then logged back in when he/she returns. This will assist with accuracy when conducting musters.

**J. PATIENT PROCEDURES FOR HANDLING
ENEMY PRISONERS OF WAR**

PURPOSE: To detail patient handling procedures for enemy prisoners of war within the fleet hospital.

DEFINITION:

Enemy prisoners of war (EPW) – those who require treatment who are prisoners of U.S. or allied combat forces.

EQUIPMENT, SUPPLIES, AND FORMS REQUIRED:

1. Restraints (theater command military police or hospital issue).
2. Others as specified in admission procedures (all forms will be marked with the words “Prisoner of War” or “EPW”).

STEPS:

1. Upon presentation of EPW to functional area, notify the Security Department and Patient Admin.
2. Upon admission to Casualty Receiving, Security will be responsible for the following notifications:
 - (a) Theater command military police (MP) headquarters.
 - (b) Executive Officer.
 - (c) Director of Nursing.
 - (d) Director of Administration.
3. Perform essential life saving care.
4. Inform MP that hospital staff will not assume custody of patient, and that MP will retain custody of EPW until relieved by appropriate MP headquarters staff or patient is transferred to EPW holding center (external to hospital).
5. After treatment, have corpsman or litter bearer escort MP and EPW to next functional area charge nurse. A correctly annotated admissions packet will be delivered by hand to the charge nurse.

6. During course of treatment, patient will be guarded by MP and/or restrained until treatment is terminated.
7. Movement to another functional area will be reported to Security.
8. EPW's will be fed either on the ward or in the general mess. If allowed to eat in the general mess, EPW's will be accompanied by MP guards.

RESPONSIBILITY:

CMAA/Security

K. DOCUMENTATION:

APPENDIX (a) REFERENCES:

<u>REFERENCE</u>	<u>SUBJECT MATTER</u>
U. S. Navy Regulations, SECNAVINST 1900.10	Navy Regulations Administrative Separation of Chaplains Upon Removal of Professional Qualifications
SECNAVINST 1640.9	DON Corrections Manual
SECNAVINST 1730.7	Religious Ministries within DON
SECNAVINST 5210.11	DON Standard Subject Identification Codes (SSIC)
SECNAVINST P-5212.5	Disposal of Navy and Marine Corps Records
SECNAVINST 5215.1	Directives Issuance System
SECNAVINST 5216.5	DON Correspondence Manual
SECNAVINST 5430.93	Mission of Chief of Chaplains
SECNAVINST 7000.23	Funding of Morale, Welfare and Recreation Programs
SECNAVINST 7043.5	Non-appropriated Fund Procurement Policy
OPNAVINST 1000.16	Navy Manpower Policies and Procedures
OPNAVINST 1730.1	Religious Ministries in the Navy
OPNAVINST 1754.1	Family Support Programs
OPNAVINST 1770.1	Casualty Assistance Calls Program
OPNAVINST 3120.32	Standard Organization and Regulations of the Navy
OPNAVINST 6110.1	Health and Physical Readiness Program
NAVPERSINST 5215.3	DON Directives Issuance System Consolidated Checklist
NAVPERS 15505	SSIC for Chaplains
NAVPERS 15555	Navy Military Funerals
NAVPERS 15560	Navy Military Personnel Manual
NAVPERS 15665	Navy Uniform Regulations
NAVPERS 18068	Personnel Classification and Occupational Standards

NAVEDTRA 113	Handbook for Chaplains
NAVEDTRA 10052	Bibliography for Advancement
NAVSUP P-3520	Financial Management Policies and Procedures for Morale, Welfare and Recreation Programs
NAVMEDCOMINST 2730.2	Religious Ministries Within BUMED

Please note: These reference Instructions are located in the Command Administration Department. Most of these Instructions are now contained on CD-ROM disks and/or the World Wide Web (internet). Many are no longer available in "hard copy" printed and bound paper format. Please consult the Administration Department first.

APPENDIX (b): CHAPLAIN'S LOCKER INVENTORY

<u>NUMBER OF ITEMS</u>	<u>NAME OF ITEM</u>
14	GREEN BIBLES
17	RED BIBLES
5	SUNDAY MISSALS
4	WEEKDAY MISSALS (2 w/ Blue cover)
2	BIBLES (KING JAMES VERSION)
7	BLUE COVER BIBLES
28	MUSIC BOOK ("MUSIC ISSUES")
25	MUSIC BOOK (MUSIC GLORY & PRAISE, VOL. 2)
18	MUSIC BOOK (MUSIC GLORY & PRAISE, VOL. 3)
29	BOOK OF WORSHIP FOR U.S. FORCES
3	BOOK OF HOLY SCRIPTURES
2	PRAYER BOOKS
3	QURAN (KORAN)
1	TANAKH
4	AMERICAN BIBLES
22	BIBLE (NEW INTERNATIONAL VERSION)
21	SMALL GREEN BIBLES
3	SMALL BLUE BIBLES
32	SMALL 12 STEPS (CATHOLIC SPIRITUALITY)
27	DEVOTIONAL FIELD BOOKS
4	SMALL NEW TESTAMENTS
5	HOLY BIBLE (OPERATIONAL RESTORE HOPE)
2	WHITE GOWNS
1	WOOD CROSS
5	SMALL SILVER CROSS

2	GLASS CANDLE HOLDERS
2	SILVER CANDLE HOLDERS
1	LECTIONARY
1	SACRAMENTARY
2	FIELD ALTERS
1	GOLD BELL