



DEPARTMENT OF THE NAVY
COMMANDER MILITARY SEALIFT COMMAND
471 EAST C STREET
NORFOLK VA 23511-2419

COMSCINST 6000.1E
N00
17 Sep 15

COMSC INSTRUCTION 6000.1E

From: Commander, Military Sealift Command

Subj: MILITARY SEALIFT COMMAND MEDICAL MANUAL

- Ref: (a) U. S. Navy Manual of the Medical Department (MANMED, P-117)
- (b) OPNAVINST 6320.7 (series)
 - (c) OPNAVINST 6400.1 (series)
 - (d) COMUSFLTFORCOMINST 6320.2 (series)
 - (e) COMSCINST 6100.4 (series)
 - (f) COMSCINST 6000.2 (series)
 - (g) COMSCINST 5100.17 (series)
 - (h) OPNAVINST 5100.19 (series)
 - (i) BUMEDINST 6320.3 (series)
 - (j) BUMEDINST 6230.15 (series)
 - (k) COMSCINST 12810.1 (series)
 - (l) COMSCINST 6320.2 (series)
 - (m) BUMEDINST 6320.16 (series)
 - (n) COMSCINST 9330.6 (series)
 - (o) BUMEDINST 6120.20 (series)
 - (p) OPNAVINST 5102.1 (series)
 - (q) BUMEDINST 5360.1 (series)
 - (r) MILPERSMAN 1770
 - (s) COMSCINST 1770.1 (series)
 - (t) NAVMEDCOMINST 5360.1 (series)
 - (u) OPNAVINST 5100.23 (series)
 - (v) BUMEDINST 6224.8 (series)
 - (w) BUMEDINST 6220.12 (series)
 - (x) BUMEDINST 6222.10 (series)
 - (y) BUMEDINST 4061.2 (series)
 - (z) SECNAVINST 6210.2 (series)
 - (aa) OPNAVINST 5090.1 (series)
 - (ab) COMSCINST 5090.1 (series)
 - (ac) BUMEDINST 6320.66 (series)

1. Purpose. To promulgate the organization, functions, duties, responsibilities and procedures of the Military Sealift Command (MSC) Medical Department.

2. Cancellation. COMSCINST 6000.1D.

17 Sep 15

3. Policy. It is policy of Commander, MSC that all portions of reference (a) and other manuals and directives promulgated by the Bureau of Medicine and Surgery are not in conflict with this manual, and shall apply to MSC. The legal basis for MSC establishing its own medical standards is 5 CFR 339.202.

4. Applicability. This instruction is applicable to all MSC ships and commands. When the ship's operating contract or charter agreement vary from this instruction, the contract or charter agreement will govern. Nothing in this document is construed to be a modification of the contract.

5. Action. Subordinate Commanders, Commanding Officers, Officers-in-Charge of military departments and ships' Masters are directed to carry out this instruction. Furthermore, addressees are directed to provide MSC Force Surgeon, any recommended changes to the manual.



T. K. SHANNON

Distribution:

Electronic, via MSC Intranet Publication webpage

XXXXX

TABLE OF CONTENTS

<u>TITLE</u>	<u>PAGE</u>
CHAPTER 1 - MEDICAL ADMINISTRATION	
1-1 General	1-1
1-2 Organization and Responsibilities	1-1
1-3 Medical Administration	1-13
CHAPTER 2 - TRAINING	
2-1 General Medical Training	2-1
2-2 General Medical Training, Non-Medical Personnel	2-1
2-3 Medical Personnel Training	2-3
CHAPTER 3 - FISCAL AND SUPPLY MANAGEMENT	
3-1 Supply Administration	3-1
3-2 Fiscal Support	3-2
3-3 Medical Material Management	3-2
3-4 Requisition Procedures	3-4
3-5 Excess and Surplus Items	3-5
3-6 Controlled Substances and Medical Material	3-5
3-7 Medical Equipment	3-10
3-8 Emergency Supplies and Equipment	3-10
CHAPTER 4 - HEALTH CARE	
4-1 General	4-1
4-2 Entitlement to Care	4-1
4-3 Medical Care Afloat	4-5
4-4 Informed Consent and Refusal of Care	4-8
4-5 Dental Care Afloat	4-9
4-6 Afloat Medical Treatment Facilities	4-10
4-7 Special Medical Encounters	4-13
4-8 Casualty Handling	4-18
4-9 Decedent Affairs	4-19
4-10 MSC Medical and Injury Compensation	4-20
4-11 CIVMAR Medical Repatriation Guidelines	4-22
4-12 Escorts for Medical Repatriations	4-22
4-13 MSC Command Directed Mental Health Evaluations	4-24
CHAPTER 5 - PHYSICAL STANDARDS	
5-1 General	5-1
5-2 Periodic Physical Examinations	5-1
5-3 Periodicity of Routine Physical Examinations	5-6
5-4 General Considerations	5-6
5-5 Interpretation and Application of Physical Standards	5-9

<u>TITLE</u>	<u>PAGE</u>
5-6 Physical Standards	5-13
5-7 Waivers Recommendation Process	5-22
CHAPTER 6 - OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE	
6-1 General	6-1
6-2 Health Monitoring and Wellness Programs	6-1
6-3 Control of Communicable Disease and Immunizations	6-3
6-4 Communicable Disease Program Requirements	6-6
6-5 Public Health and Sanitation	6-9
6-6 Quarantine and Solid Waste Disposal	6-13
6-7 Occupational Health	6-15
CHAPTER 7 - QUALITY ASSURANCE PROGRAMS	
7-1 General	7-1
7-2 Ashore Quality Assurance	7-1
7-3 Afloat Quality Assurance	7-2
7-4 Procedures/Processes	7-2
APPENDIX A - Medical Services Officer Duty Statement	A-1
APPENDIX B - Medical Reports and Forms	B-1
APPENDIX C - Reporting	C-1
APPENDIX D - Medical Technical Library	D-1
APPENDIX E - Training Requirements for Assignment of MSO	E-1
APPENDIX F - Medical Emergency Supplies Inventory	F-1
APPENDIX G - Contracted Medical Advisory Service and Emergency Medical Evacuation Assistance	G-1
APPENDIX H - Minimum Functional Requirements applicable to all MSC CIVMARS	H-1
APPENDIX I - Policy for Treatment of Latent TB	I-1
APPENDIX J - Fit for Duty/Fit for Sea Medical Screening	J-1
APPENDIX K - MSC Medical Surveillance Program Requirements by Position	K-1
APPENDIX L - Medical Summary Form	J-1
APPENDIX M - Acknowledgement Letter	M-1
APPENDIX N - Injectable Medication Responsibility	N-1
APPENDIX O - Small Arms Waiver Example	O-1
APPENDIX P - QI and TAV template	P-1
APPENDIX Q - PAR form for Occupational Medicine Providers	Q-1
APPENDIX R - PAR for Nursing Staff	R-1
APPENDIX S - MSC Mariner Physical Exam Addendum	S-1
APPENDIX T - MSC Immunization Requirements	T-1

CHAPTER 1

MEDICAL ADMINISTRATION

1-1 GENERAL

1. Administration. This chapter describes the administrative policies of the Military Sealift Command (MSC) Medical Department and defines the responsibilities of medical officers, shore-based medical department personnel, afloat medical personnel, Medical Services Officers (MSOs) and Medical Department Representatives (MDRs).

2. Adherence. Contracted ships will adhere to the provisions of their contracts and applicable sections of this instruction.

1-2 ORGANIZATIONAL RESPONSIBILITIES

1. Organizational Responsibilities. The Medical Department is charged with the responsibility of safeguarding the health of MSC afloat personnel and maintaining emergency medical capability. In order to fulfill this responsibility the MSC medical department makes recommendations and advises all departments on matters that may affect the health and readiness of its personnel.

2. Mission. The Medical Department is composed of medical personnel, facilities and administrative structure allocated to oversee acute and emergent healthcare. Its mission is to ensure and preserve the operational readiness of personnel afloat and ashore. Medical Department personnel at all organizational levels shall advise commanders and ships' masters on how best to accomplish the medical mission relative to the command's overall mission.

3. General Duties. The general duties of all Medical Department personnel assigned to Commander, Military Sealift Command (COMSC) are outlined as follows:

a. Shore Medical Personnel

(1) Force Surgeon. The Force Surgeon (FS) is the Special Assistant (N00M) to the Commander Military Sealift Command and directly advises the Commander on the health and wellness of all personnel assigned to MSC and T-AH Medical Treatment Facility operations. The FS is also assigned as the

17 Sep 15

Deputy for Medical Programs (N13) under the Director, Total Force Management.

(a) Establishes MSC medical policy for all CIVMAR manned ships and military personnel, as per DoD and DoN instructions, and advise program managers regarding medical policy to be included in operating contracts for MSC contract ships upon request.

(b) Provides advice, guidance and direction to all components of MSC for medical and occupational health related matters affecting the health and medical readiness of all MSC personnel.

(c) Functions as medical department competency manager for MSC medical activities and elements worldwide.

(d) Ensures provision of quality medical support and healthcare for all eligible personnel.

(e) Ensures provision and direction of an occupational health program for all MSC employees.

(f) Ensures current physical and psychological standards for employment, retention, and assignment of CIVMARs are implemented, and that a process is in place to evaluate contract CIVMAR (and CONMAR) medical waiver requests.

(g) Monitors medical administration to ensure compliance with all medical administrative requirements from COMSC and higher authority. Issues instructions and directives appropriate to the management of medical and occupational healthcare.

(h) Serves as liaison with other federal agencies, departments and personnel including but not limited to the U.S. Navy Bureau of Medicine and Surgery (BUMED), TRANSCOM, U.S. Fleet Forces Command and subordinate TYCOM Surgeons, Commander U.S. Pacific Fleet, and other components of the Navy, U.S. Public Health Service, U.S. Coast Guard (USCG), National Oceanic and Atmospheric Administration (NOAA), the Maritime Administration (MARAD) and other components of the maritime industry.

(2) Deputy Force Surgeon. Designated by the Force Surgeon to oversee both the ashore and afloat MSC Medical

17 Sep 15

departments to ensure mission needs are met in support of requirements outlined in this instruction.

(a) Ensures timely execution of the daily operations of the Norfolk based medical department.

(b) Provides administrative management of MSC medical personnel worldwide to include Norfolk, Earle (NJ), San Diego, Guam, Bahrain and Singapore, providing oversight of MSC medical programs.

(c) Ensures Medical Departments maintain the highest state of medical readiness through periodic Medical Readiness Inspections (MRI), administrative quality assurance, and performance assessment and improvement programs.

(d) Oversees professional performance of duties and operational readiness of MSOs and MDRs in the areas of shipboard programs, environmental assessment, occupational health and medical department administration. Any oversight of contracted vessel medical assets will be in accordance with contracts established between MSC and the shipping company.

(e) Oversees compliance of medical staff with the MSC Medical Privileging / Certification Program, via the authority delegated from the COMSC Fleet Surgeon, US Fleet Forces Command, in accordance with references (b) through (d).

(f) Develops and maintains an ongoing monitoring and evaluation process designed to assess quality and appropriateness of medical services provided both ashore and afloat.

(g) Orchestrates efforts of Environmental Health and Industrial Hygiene support to afloat fleet assets. Ensures compliance with criteria established in instructions and SMS procedures

(3) Force Medical Master Chief. Senior Enlisted Advisor to the Force Surgeon.

(a) Assists the MSC Force Surgeon in the development and implementation of both ashore and afloat medical policies. Coordinates the dissemination of information and taskings to subordinate units.

17 Sep 15

(b) Provides oversight, mentorship and leadership to enlisted medical personnel in Norfolk and satellite medical departments. Ensures the most effective, in-rate use of all enlisted medical personnel.

(c) Collaborates with N44 Medical Logistician and Medical Afloat Program Manager.

(d) Supports Force Medical Officer and Force Nurse in developing and implementing policies for the MSO program. Assists and advises MSOs and MDRs on all medical department administrative matters, particularly those involving procedures and program management.

(e) Assists the T-AH MTF Program Manager in developing policies and procedures, Authorized Medical Allowance Lists (AMALs) and execution of MTF medical projects.

(f) Coordinates with Numbered Fleet Surgeons and ensures MSC deploying vessels' medical departments meet the medical readiness and operational requirements for deployment into theater.

(g) Ensures all local and regional medical inspections are conducted by assisting the enlisted senior medical inspector. Oversees tracking and ensures resolution of any identified discrepancies.

(4) Force Nurse

(a) Reviews, advises and edits medical policy and procedures.

(b) Serves as MSO Program Manager ensuring the MSO community is appropriately educated, trained and prepared to provide quality healthcare delivery afloat. Responsible for the required training and clinical competencies of the MSOs and serves as their medical liaison throughout the MSC enterprise.

(c) Responsible for the development and execution of a performance assurance program to include the review of MSO clinical encounters and documentation. Recommends and coordinates ongoing MSO clinical training requirements.

(d) Serves as MSC's liaison with, USFFC, CPF and other TYCOM Force Nurse personnel.

17 Sep 15

(e) Serves as clinical nursing Subject Matter Expert (SME) for T-AH 19 class MTF personnel. Assist in completion of MTFRI and pre-deployment requirements.

(f) Review and approve continuing education units for the MSO certification program.

(5) Clinical Branch Supervisor

(a) Supervises Clinical Branch staff (physician assistant, nurses) in assigning work, developing performance and training plans, and completing employee performance appraisals.

(b) Serves as the SME for MSC physical evaluation standards and responds to inquiries across MSC and from outside agencies.

(c) Evaluates medical and fitness for duty of new CIVMAR applicants and current CIVMARs for employment and/or assignment to MSC ships. Consults with Force Medical Officer as needed or requested on complex cases/issues.

(d) Applies physical exam data to determine if physical and medical impairments may affect a current CIVMAR or applicant's abilities to effectively and safely perform their required duties, and seeks additional documentation as required.

(e) Performs administrative duties that include maintaining statistical records of workload, drafting medical waivers, operating automated database systems and electronic health records.

(6) Medical Officer. A medical officer is assigned to the MSC Ship Support Unit in San Diego.

(a) Advises MSC area commanders regarding medical, environmental and occupational health matters related to the MSC mission.

(b) Ensures timely screening of CIVMAR medical records to assure fitness for duty in accordance with the standards of Chapter 5 of this instruction.

(c) Implements and maintains occupational health programs for MSC personnel ashore and afloat in compliance with current applicable directives in accordance with Chapter 6.

17 Sep 15

(d) Provides direct supervision for San Diego-based MSC SSU medical personnel.

(7) Physician Assistant/Nurse Practitioner

(a) Evaluate fitness for duty of new CIVMAR applicants and current CIVMARs for employment and/or assignment to MSC ships. Determines if physical and medical impairments may affect a current CIVMAR or applicant's abilities to effectively and safely perform their required duties.

(b) Interprets results of medical examinations and evaluations, including medical specialty consultations and tests. Requests specific additional tests or information when necessary to reach a final fitness for duty decision.

(c) Applies MSC physical evaluation standards in determining medical fitness to take a ship's assignment.

(d) Maintains statistical records of workload, drafting medical waivers, operating automated database systems.

(e) Tracks medical conditions of CIVMARs and special medical problems presented by Medical Services Officers (MSOs), Ship Masters, Department Heads, and Medical Staff. Identifies and follows-up on acceptable solutions for these problems and makes appropriate notification and response to originators.

(f) Analyzes CIVMAR medical status in the context of MSC mandated occupational health and personal medical requirements.

(g) Reviews and evaluates requests and has delegated authority to medically repatriate MSC CIVMARs.

(h) Reviews/screens Not Fit for Duty (NFFD) cases and ensures they are tracked until either made Fit for Duty (FFD), terminated or retired from MSC.

(i) Medical Service Officer (MSO) Chart Review. Participates in the electronic medical chart review of MSOs.

(j) May conduct shipboard quality assurance inspections on MSOs.

17 Sep 15

(8) Occupational Health Nurses (OHN)

(a) Perform first line review of medical screenings and make Fitness for Duty recommendations within the scope of the MSC Force Surgeon's written Standard Operating Procedures (SOP) guidelines.

(b) Review physical examinations, occupational health medical surveillance exam results and independently recommend/order follow-up evaluations.

(c) Initiate referrals and consultations for CIVMARs with injuries, illnesses or changes in health status.

(d) Conduct CIVMAR orientation classes and individual and group training regarding specific health concerns.

(e) Provide individual medical counseling and coordinate occupational exam requirements for specific employee groups.

(f) Track CIVMARs who are in specific health-related monitoring programs.

(g) Support Marine Placement Specialists in reviewing medical documentation for assignments and other placement activities.

(9) Public Health Educator. One OHN position is modified to include duties as a health educator.

(a) Develops and implements formal and informal training for afloat and ashore personnel in the Customer Service Units (CSUs) and aboard ship either in person or by utilizing electronic media

(b) Serves as the Health and Wellness Promotion Program Coordinator in accordance with reference (e).

(c) Interprets, critiques and implements pertinent research findings relevant to health promotion.

(d) Serves as the TYCOM POC for health and wellness initiatives.

17 Sep 15

(10) MSC Nurse Case Manager. One OHN position is modified to include clinical case manager where the incumbent provides comprehensive case management for CIVMARs to include planning, implementing, coordinating, monitoring and evaluating healthcare options and services to ensure CIVMAR health care needs are met in the most expeditious manner to ensure safe and timely return to work for those with the expectation of return to work.

(11) Afloat Medical Programs Manager/Environmental Health Officer

(a) Collaborates with N44 Medical Logistics to assure that medical equipment, logistics and supply inventory needs are met and are mission relevant. Assures MSOs are knowledgeable on supply chain requirements for MSC controlled ships.

(b) Reviews pertinent documents related to construction, conversion, or alteration of MSC ships.

(c) Supervises Medical Readiness Inspections, the medical portion of SMART inspections, and the medical portion of OCI; prepares, edits and submits required reports.

(d) Develops, implements, maintains and reports on all afloat health programs for MSC personnel ashore and afloat in compliance with current applicable directives.

(e) Maintains afloat and ashore implementation of the approved electronic program for logistical inventory control and electronic health records.

(f) Advises the Force Surgeon and the Force Medical Officer in matters pertaining to environmental health. Provides professional environmental health bioscience expertise for MSC personnel ashore and afloat.

(12) Industrial Hygiene Officer (IHO)

(a) Performs baseline, periodic and episodic IH surveys for compliance with occupational health standards and guidelines, with documentation of findings and recommended corrective actions.

(b) Performs workplace monitoring in support of IH walk-through surveys, with field measurements conducted,

17 Sep 15

including, air sampling, noise, heat, illumination, and ventilation.

(c) Serves as subject matter expert resource for NAVOSH program and OSHA information and guidance.

(d) Participates in SMART inspections and MRI inspections.

(e) Reviews shipboard occupational safety and health programs to determine conformity with Navy, DOD, and DOL occupational health and safety directives.

(f) Trains of CIVMAR personnel (particularly MSOs) in relevant IT topics.

(13) Health Systems Specialists Diverse responsibilities within the OPM 0671 job series supporting the medical department

(a) Participate in MRI, OCI, SMART, TAV and Ship Sanitation Certificate inspections.

(b) Serve as medical liaisons between ships and shore facilities.

(c) Ensure that electronic databases are properly used and maintained.

(d) Provide medical training for embarked crews and riders.

(e) Assist with AMAL materiel procurement.

(f) Perform medical administrative duties to include screening of and documentation in medical records, assisting CIVMARs while in screening process and supporting efficient administrative processes.

(g) Serve as subject matter experts for afloat medical requirements for existing and new ships.

(14) Medical Inspectors. MSC's medical inspection team consists of active duty and civilians assigned worldwide. Medical inspectors ensure that MSC vessels' medical programs are in compliance with all governing policies and procedures and ready to deploy fully mission capable. Inspectors may assist MSOs in the procurement of training, services and support from

17 Sep 15

outside activities regarding medical programs afloat. MSC medical inspectors support our Environmental Health Officer, Industrial Hygiene Officer, and Force Medical Officer as required. Inspectors provide the following inspections:

(a) Medical Readiness Inspections (MRI) and Technical Assist Visits (TAV) in accordance with reference (f).

(b) Onboard Condition Inspections (OCI) and Ship Material Assessment and Readiness Testing (SMART) Inspections.

(c) Ship Sanitation Certificates (SSC).

(15) Medical Administrator. The Medical Department administrator:

(a) Establishes and executes the administrative activities of the Medical Department in its day-to-day operations. Ensures effective coordination of administrative and managerial functions with medical and related services.

(b) Develops and maintains an administrative program that includes budget and finance, personnel, purchases, and supply.

(c) Serves as the Approving Official (AO) for purchases made on the department government credit card.

(d) Maintains liaison with military treatment facilities and other federal occupational health facilities that provide medical support and services for the treatment of MSC personnel OCONUS and CONUS.

(e) Acts as the Quality Management Systems (QMS) Auditor for the Medical Department, responsible for ensuring training is met for ashore medical staff as directed by command policy.

(f) Serves as the Medical Department representative for the Business Continuity Plan. Responsible for organizing, planning, training for and executing disaster preparedness drills.

(g) Serves as the MSC Health Information Portability and Accountability Act (HIPAA) Compliance Officer. Investigates possible violations and ensures that corrective actions are taken and tracked to completion.

17 Sep 15

(h) Acts as Contracting Officer's Technical Representative (COTR) and manages all aspects of contract administration related to medical contracts administered by N13.

(i) Provides first line supervision for the supervisory medical records specialist and second line supervision for the medical records technicians.

(16) Supervisory Medical Records Administration Specialist

(a) Plans and supervises the development and maintenance of medical record programs and supervises its staff.

(b) Assists in the development and implementation of policies and procedures to process medical reports and correspondence requests.

(c) Annotates medical records, stores and retrieves medical records in accordance with Federal, State and DOD regulations.

(d) Supervises and performs administrative work to meet procedural, legal and administrative requirements concerned with outpatient medical records.

(e) Compiles statistical data to generate reports for both internal and external uses.

(f) Provides technical and administrative assistance and training to Medical Records Technicians in record management and quality assurance.

(17) Medical Records Technicians

(a) Review medical documents received by providers, nurses, civilian CIVMARs and external medical facilities for medical records data entry.

(b) Retrieve, file, and copy medical documents for CIVMAR permanent and supplemental medical records. Ensure all data is current, valid and complete. Conduct periodic quality control review.

(c) Maintain custodial control of all medical records, in accordance with OPM, DOD and Navy regulations.

17 Sep 15

b. Afloat Medical Personnel(1) Medical Services Officers (MSO)

(a) Provide medical care in accordance with Medical Services Officer's Duty Statement (Appendix A) and references (b) and (c). When afloat, the MSO reports directly to the Master of the ship.

(b) Advise the Master of medical matters affecting medical readiness and operational mission.

(c) Provide or arrange acute and/or emergent medical care for all embarked personnel.

(d) Ensure that fitness for duty determinations and other required medical interventions are completed in accordance with Chapter 4 of this instruction.

(e) Assure completion of all periodic reports IAW SMS Procedure 2.4-001-ALL.

(f) Serve as an assistant to the ship's safety officer, as required by references (g) and (h). Serve as a member of the ship's safety council and assist the safety officer in administering the afloat occupational and health program. Serve as the respiratory protection officer and complete the training requirements IAW with Appendix E.

(g) Serve as the Controlled Substance Custodian.

(h) Conduct medical orientation for newly reporting afloat personnel and training of all crewmembers as described in Chapter 2 of this instruction.

(i) Ensure maintenance of certification as outlined in APPENDIX E.

(j) Provide Basic Life Support training instruction to crewmembers as a certified First Aid/AED instructor.

(k) Medically train and practice casualty response drills for the shipboard primary casualty response team (PCRT).

(2) Medical Department Representative (MDR). The MDR will have completed a USCC Medical Person in Charge (MPIC) course.

1-3 MEDICAL ADMINISTRATION

1. CIVMAR Medical Records

a. Records will be maintained in accordance with reference (a), Chapter 16.

b. Health Insurance Portability and Accountability Act (HIPAA). Medical information will be safeguarded according to HIPAA, which requires appropriate safeguards to protect the privacy and confidentiality of protected personal health information and restrict access to authorized medical personnel, with the exception of specific exclusions noted in reference (a), Chapter 16-9.

c. Records will be periodically audited for accuracy by the Medical Records Technician Supervisor.

d. Records administration is as follows:

(1) Medical records, including a permanent and a supplemental, will be prepared for every CIVMAR during the initial hiring physical examination. Permanent records shall remain the Norfolk Medical Department. Supplemental medical records shall be carried by CIVMARs as they travel to include appointments with medical providers. Supplemental records will include the following for the prior two years:

(a) The most recent medical examinations (including specialty consultations).

(b) Current laboratory and X-ray results.

(c) Baseline and any significant electrocardiogram report.

(d) All information regarding allergies, blood typing, sickle cell status, G-6PD status, immunizations, eyeglasses and pharmaceutical prescriptions.

(e) Copies of reference and current audiograms.

(f) Any ongoing problems and therapies.

(2) All CIVMARs will be entered into and tracked by an MSC-approved electronic database.

17 Sep 15

e. Contractors. MSC Medical Department does not maintain contractor medical records.

f. Medical Department Files and Correspondence. General and administrative correspondence files will be organized by Standard Subject Identification Code (SSIC) as outlined in SECNAVINST 5210.11 series. Correspondence will be prepared in accordance with SECNAVINST 5216.5 series.

g. Medical Technical Library

(1) A medical reference program will be utilized in accordance with USFF policy on all MSC owned and operated ships.

(2) The MSO/MDR will maintain the publications, instructions and references listed in Appendix D.

h. Procedures for Shipboard Relief. An MSO/MDR reporting to duty will utilize SMS Procedure 7.3-004-ALL.

i. Medical Department Automation. All MSC ships will use an approved automated system for Medical Administration.

CHAPTER 2

TRAINING

2-1 GENERAL MEDICAL TRAINING

1. General. Medical training shall comply with the standards established by the United States Navy and the current revision of the International Maritime Organization (IMO) International Convention of Standards for Training, Certification and Watch-keeping for Seafarers, 1995 (STCW 95) and Appendix E.

2. Responsibilities

a. Force Surgeon. Establishes medical training requirements for all MSC personnel as the medical competency manager. Deputy Force Surgeon is delegated oversight and execution of medical training compliance.

b. Deputy Force Surgeon. Directly manages or delegates medical training oversight to the MSC Force Nurse. Force Nurse shall:

(1) Monitor the training of each MSO assigned as an MSC afloat healthcare provider.

(2) Ensure course completion data is included in each healthcare provider's Individual Training File and MSC approved database.

(3) Approve attendance of courses other than those listed in Appendix E. The requested training must be directly related to the performance of afloat clinical, administrative or other Medical Department functions.

2-2 GENERAL MEDICAL TRAINING (NON-MEDICAL PERSONNEL)

1. Basic Safety Training Course. In accordance with STCW 95, all CIVMARs must successfully complete a USCG approved Basic Safety Training Course initially and every five years thereafter.

2. Medical Training for Non-Medical Personnel. Medical training requirements exist to support operational readiness by developing individual capability to preserve and maintain health. The MSO or other medical personnel (e.g., Afloat

17 Sep 15

Training Team) can provide training. The minimum lesson topics for required crew training are:

- a. Basic Cardiac Life Support with AED.
- b. Sexually transmitted infections (STIs).
- c. Drug/alcohol abuse.
- d. Hearing conservation.
- e. Heat stress.
- f. Sight conservation.
- g. Casualty transportation.
- h. Bloodborne pathogen (BBP) transmission and prevention.
- i. Health and sanitation hazards of Marine Sanitary Disposal (MDS) and potable water systems.
- j. Shipboard emergency medical equipment location and orientation.
- k. Cold and hot weather operations and the potential impact to health.

3. Training Program Administration. All MSO medical training will be documented using an approved electronic database and tracked.

4. Orientation Training for Newly Reporting Personnel. The MSO will provide shipboard personnel with a general orientation to include:

- a. A complete medical record review with the crewmember.
- b. In port medical resources and procedures for ashore medical services.
- c. Orientation to the location and use of shipboard emergency medical equipment.
- d. Voluntary participation in the annual, confidential Health Risk Assessment.

2-3 MEDICAL PERSONNEL TRAINING

1. Medical Department Personnel Training. The goal of medical training is to ensure competence in the performance of assigned duties in providing quality medical care to all personnel. Training requirements for MSOs/MDRs are in Appendix E.

2. Person-In-Charge of Medical Care (M-PIC). MSOs and MDRs (full time or as a collateral duty) are designated as M-PIC. MSOs shall maintain USCG certification as hospital corpsmen.

a. MDRs. MDRs and personnel assigned MDR responsibilities as a collateral duty shall complete the USCG M-PIC course every five years. Training must be kept current whenever sailing in that capacity.

b. MSOs. MSOs shall complete the Surface Warfare Medical Institute sponsored MSO IDC Refresher Training Course (REFTRA) every five years in lieu of the USCG approved M-PIC course.

c. Contract Operated Ships with Medical Person-In-Charge (M-PIC) of Medical Care. CIVMARs assigned collateral or additional duty as M-PIC aboard contracted or contract-operated ships shall initially complete the full USCG M-PIC course and subsequently complete a refresher training course every five years. They shall maintain CPR and AED certification in accordance with either American Heart Association or National Safety Council.

3. MSO Additional Training. Completion of additional training contained in Appendix E is required prior to assignment afloat. These courses contain the majority of information necessary in the performance of the MSO's duties aboard ship. Only the Force Surgeon or Deputy Force Surgeon can grant assignment in-lieu of completion of required training.

4. Re-certification Training. Periodic re-certification training for MSOs will be coordinated by the MSO Program Manager with input from Commanding Officers, Masters and other responsible authorities to ensure proper integration into the assignment process. The MSO is responsible for maintaining all professional certifications necessary for employment.

5. Continuing Education Unit Requirements. All MSOs must complete 12 approved Continuing Education Units (CEUs) each calendar year to maintain medical approval to practice. Through delegated authority from the Force Surgeon, the Deputy Force

17 Sep 15

Medical Officer shall approve and grant credit for CEU courses. Copies of course completion documents shall be kept by the MSO Program Manager in the individual training file for two years. All non-Navy sponsored CME/CEU resources are subject to review and approval by the Force Surgeon or Deputy Force Surgeon.

6. Clinical Core Competencies. Clinical Core Competencies are contained in Appendix E, and shall be completed every two years.

CHAPTER 3

FISCAL AND SUPPLY MANAGEMENT

3-1 SUPPLY ADMINISTRATION

1. General. The purpose of this chapter is to prescribe policy and procedures for the fiscal administration of afloat Medical Departments in all government owned MSC ships. Approved electronic databases are utilized for supply administration on all MSC ships with MSOs onboard (with the addition of T-ATF/T-ARS ships).

2. Responsibilities

a. Force Surgeon. The Force Surgeon, or on delegation to the Force Medical Officer, is responsible for the establishment of medical supply management policies for MSC Medical Departments afloat. Specific responsibilities include:

(1) Designating Authorized Medical Allowance Lists (AMALs) for vessels and approving the contents.

(2) Submission of letter requests for additions, deletions, and/or changes to the authorized activities list for controlled substances to the Naval Medical Logistics Command for all CIVMAR or contract-operated ships designated as having an AMAL.

(3) Approval of installed medical equipment configuration change requests.

(4) Review of operating schedules, Required Operational Capabilities (ROCs), Projected Operational Environments (POEs) and any other documents which may influence afloat medical supply requirements.

(5) Validation of costs associated with medical equipment and supplies.

(6) Reviewing and approving for use all medical supply maintenance computer programs and systems.

(7) Conducting formal AMAL reviews at least every two years.

17 Sep 15

b. Afloat Medical Programs. The Afloat Medical Program manager is responsible for:

(1) Implementation of policies established by the Force Surgeon or Force Medical Officer and recommending changes when necessary.

(2) Review of requests/recommendations for AMAL changes and forwarding, with endorsement, to the Force Surgeon via the Force Medical Officer.

(3) Review of space and installed equipment configuration change recommendations.

(4) Oversight of MSOs/MDRs in medical supply management in collaboration with the N-44 Medical Logistician.

(5) Reviewing requests for inventory changes on ships as detailed in paragraph 3-3 of this chapter.

c. Commander/Master/OIC. The Commander/Master/OIC will exercise oversight to ensure the operational readiness of the vessel's Medical Department.

d. Medical Services Officer/Medical Department Representative. The MSO/MDR is responsible and accountable for the management of shipboard medical, fiscal and supply programs and will assure these programs are inspected in accordance with applicable regulations and instructions.

3-2 FISCAL SUPPORT

Allocation of Funds. The Class Managers and Logistics Type Desks distribute funding for the projected annual operating costs for each vessel, which is broken down into departmental funding codes. The Master has final authority for budget executions and redistribution of funds as necessary.

3-3 MEDICAL MATERIEL MANAGEMENT

1. Medical Materiel Management. The quality and availability of medical care is dependent upon the appropriate medical supplies being aboard the vessel and in the proper place. The following sections provide guidance for the MSO/MDR in the performance of medical materiel management.

17 Sep 15

2. AMALs. The approved AMALs contain required consumable medical supplies, durable medical equipment, and emergency medical supplies. Emergency medical supplies will be stocked as per the prescribed medical emergency supplies inventory sheets contained in appendix F.
3. AMAL Modification Requests. Modifications to AMALs by additions/deletions of line items or increases/decreases of authorized quantities may be requested by the MSO/MDR. Requests for modification will be submitted to the Medical Logistics Specialist (in N-44) who will verify the information and then forward it via the Afloat Medical Programs Manager to the COMSC Force Surgeon or Force Medical Officer for decision via the AMAL Change Request website (Naval Medical Logistics Command).
4. Ship Specific Requirements. Upon the written approval of the MSC Force Surgeon or MSC Force Medical Officer, the MSO/MDR may supplement the AMAL with items specific to the unique needs of their vessel.
5. Extended Voyage/Specific Mission Requirements. Medical material necessary to support specific needs related to special missions, extended voyages or geographical isolation will not be included in the vessel's AMAL. In these instances, a supplemental AMAL may be added to support the need. If a supplemental AMAL is not available, recommendations for additional medical supplies may be received from regional medical or environmental health authorities. In all instances, the MSC Afloat Medical Program Manager will be notified of these recommendations. After review, the recommendation will be forwarded to the Force Surgeon or Force Medical Officer, who upon their discretion, will authorize, in writing, the purchase of additional items not contained within the AMAL. At no time will any additions, deletions, or modifications to the controlled medicinals be authorized without specific approval of MSC Force Surgeon or Force Medical Officer. MSO/MDR may increase AMAL stocking levels to meet operational requirements.
6. Custody of Medical Material. The MSO/MDR is responsible and accountable for all medical materiel onboard. Stringent controls to prevent the waste, loss or abuse of medical equipment and supplies will be established. Items with potential for drug abuse (e.g., needles, syringes) will be secured and inventoried at each turnover between MSO/MDRs.

17 Sep 15

7. Inventory Schedules. Inventories will be completed in compliance with the following schedules:

a. General Supply Items. Bulkhead-to-bulkhead inventories of all onboard medical supplies will be conducted during MSO/MDR turnover, at the assumption of MSO/MDR duties, or annually if aboard greater than one year.

b. Emergency Equipment. Inventories shall be conducted as outlined in paragraph 3-8. A record of all inventories will be kept noting the date and contents of the inventory. Inventory records will be maintained for two years.

8. Turnover Inventory Requirements

a. A written report summarizing medical supply readiness will be included in the turnover letter submitted to the Commander/Master/OIC prior to transfer of custodial responsibilities. Per SMS Checklist 7.3-004-901-ALL Medical Services Officer, the following inventories are required:

(1) All controlled substances.

(2) All controlled equipage.

(3) All reserve stock including first aid boxes, mass casualty boxes and any other first aid kits and supplies (meets semi-annual requirement).

(4) Medical Technical Library (Appendix D).

(5) All repair parts held (if applicable).

b. The relieving MSO/MDR will also:

(1) Ensure that the electronic database accurately reflects current inventories.

(2) Ensure that all ongoing actions for medical stock are properly documented in the electronic database.

3-4 REQUISITION PROCEDURE.

Medical materiel may be procured via the standard stock system or through the prime vendor program. For the latter, refer to the current prime vendor guide for instructions.

3-5 EXCESS AND SURPLUS ITEMS

1. Excess. Excess items are those items that are included in the AMAL by written authority of the MSC Force Surgeon or Force Medical Officer, which are in excess of the high allowable limit (30 day supply for consumables). Excess items will be reported to the N44 medical logistician for possible redistribution to limit waste. Excess consumable supplies, excluding controlled medicinals, may be evaluated by the MSO/MDR and retained aboard if their use prior to expiration is probable.

2. Surplus. Surplus items are those items that are not included on the ship's AMALs or formally authorized. Surplus items will be returned to the N44 medical logistician for redistribution. The Supply Officer will provide guidance for the preparation of the required paperwork.

3. Transfer of Equipment. Transfer of installed equipment or controlled equipment will take place only with the prior written approval of the medical logistician.

4. Surveillance. Items having an estimated storage life will be monitored on a routine basis, during issue and inventories. Expiration dates and shelf-life extensions will be recorded in the electronic database and screened regularly for expired items. All expired potency dated items will be removed from stock, surveyed and reordered. Accounting and inventory records will be promptly adjusted to reflect the disposition of items removed from stock.

5. Survey. Losses of MSC property due to damage or exceeding of service life will be documented in accordance with the vessel's Supply Officer's direction.

3-6 CONTROLLED SUBSTANCES MANAGEMENT

1. Controlled Substances

a. Specific policy and procedures for the management of controlled substances aboard MSC vessels are found in the following paragraphs using the requirements outlined in Chapter 21 of reference (a).

17 Sep 15

b. The MSC Force Surgeon may designate other drugs as potential drugs of abuse requiring security measures similar to controlled substances.

2. Designations. The vessel's Master will:

a. Designate a Controlled Substances Custodian (CSC), usually the MSO aboard the vessel. The Master will serve as the Controlled Substances Custodian on vessels without an MSO assigned. The CSC may not be a part of the Supply Department. Designation may be made by appointment letter or by using the vessel's collateral duty list.

b. Designate Controlled Substances Inventory Board (CSIB) members consisting of a senior member, one additional member, and an alternate member. No one involved in the procurement of controlled substances, including the Supply Officer, can be designated as a member. The CSC cannot be a member of the CSIB. Designation may be made by appointment letter or by using the vessel's collateral duty list.

3. Inventory and Reporting. An inventory is required to be maintained by the CSC and conducted by the CSIB on all controlled substances.

a. The CSIB will conduct a quarterly unannounced inventory inspection of all controlled substances. (NOTE: If a change in inventory occurs as a result of receipt, issuance, or destruction, the inventory will occur as soon as practical after the change.) The inventory will include:

- (1) A physical inventory of all controlled substances.
- (2) A review of all requisition, receipt, transfer, dispensing, and destruction documents.
- (3) A complete audit trail in all supporting documents.
- (4) An audit of all transactions completed during the inventory period.

b. The senior member of the CSIB is responsible for submitting to the Master a written report of all inventories conducted to include name of the substance, lot number, expiration date, and quantity on board. The CSC will keep all

documents on file. All documents and reports will be maintained for two full calendar years plus the current year-to-date.

c. The CSIB will also conduct a complete inventory upon discovery of loss or theft of controlled substances, immediately notifying the Master. The Master will, in turn, notify the MSC Force Surgeon within 24 hours of discovery.

4. Procurement of Controlled Substances

a. Vessels will have an authorization letter on file with MSC and Naval Medical Logistics Command (NMLC) that authorizes the procurement of controlled substances. The letter will be issued while the vessel is in new construction and will remain on file during the service time of the vessel under MSC, unless otherwise revoked. In the case of revocation, the Master will be notified.

b. The AMAL for the vessel contains the quantity required for all controlled substances. Vessels will not order or maintain quantities of controlled substances above the prescribed amount.

c. Controlled substances not on the vessel's AMAL will not be ordered without prior written approval from the MSC Force Surgeon. Requisitions forwarded for controlled substances not listed on the AMAL will be cancelled at the stock point.

d. Careful attention must be paid to the expiration dates of controlled substances. An order requesting new material should be prepared in advance of the expiration date and submitted with sufficient lead time for receipt prior to the substance's expiration date, but not so far in advance as to cause an AMAL excess of greater than 45 days.

5. Receipt and Storage

a. Upon receipt of controlled substances, the substance will be delivered to the Controlled Medicinals Custodian for proper safekeeping and storage. Under no circumstances should the item sit in a stock room or on the pier awaiting delivery. In the absence of the CSC, the item should be delivered to the Master for safekeeping.

17 Sep 15

b. Controlled substances will be maintained in the safe located in the hospital on vessels with an MSO assigned, and in the Master's safe on vessels without an MSO.

c. Only the CSC will have the combination to the safe. The combination will be recorded and placed in a Security Container Information Envelope (SF 700, Pt. 2A), and held by the Communications Materials Security (CMS) Custodian or the Master. Changes to the combinations will be made at change of custody or when compromise of the combination occurs, but at least every 12 months.

d. The CSC will notify the senior member of the CSIB of the receipt of the substance so that an inventory may be conducted. The receipt will be annotated on the Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs (NAVMED 6710/5). Supply requisitions and receipt documents for the substance will be filed with the inventory form.

6. Issuance

a. The CSC will issue controlled substances, as directed by competent medical authority, in the course of treatment to an individual. The substance will be prescribed on a single DoD Prescription form (DD-1289), and will contain the following: patient's name, last 4 of SSN, date of birth, drug allergies, vessel name, date prescribed, name of substance, amount/quantity, how prescribed, manufacturer and lot number, and expiration date. The prescription should be signed by the MSO when one is assigned and given a prescription number in the following format: C-YYYY-XX ("C" indicates "Controlled", "YYYY" is "Year Issued", and "XX" is a sequential number for that calendar year beginning with "01"). The prescription will also be countersigned by the Master (if applicable). The patient, if able, will sign the back of the prescription indicating receipt.

b. The CSC will notify the senior member of the CSIB of the issuance of the substance so that an inventory may be conducted. The issuance will be annotated on the Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs (NAVMED 6710/5). The prescription will be filed with the inventory form.

17 Sep 15

7. Destruction

a. Destruction of controlled substances will be ordered by the Master when substances expire or become compromised. Expired substances should only be held on board when the replacement substance has been ordered but not yet received.

b. Destruction of the substance will be carried out with at least one member of the CSIB as a witness.

c. The substance should be rendered useless when destroyed.

d. The destruction shall be documented on a DD Form 200 or a memorandum which states the name of the substance, manufacturer, lot number, amount, reason, date, and method of destruction and should be signed by all individuals involved in the destruction process.

e. The CSC will notify the senior member of the CSIB of the destruction of the substance so that an inventory may be conducted. The destruction will be annotated on the Perpetual Inventory of Narcotics, Alcohol, and Controlled Drugs (NAVMED 6710/5). The form will then be closed out, but retained on file for two calendar years plus the current year-to-date. The destruction documents will be filed with the inventory form.

8. Loss or Theft

a. Loss or theft of controlled substances carries serious consequences and may be punishable by federal law. Loss or theft must be reported immediately upon discovery to the vessel's Master.

b. The Master, in turn, will notify the MSC Force Surgeon. This notification must take place within 24 hours of the discovery and may be by telephone, e-mail, or naval message to MSC Battle Watch and N13.

c. The MSC Afloat Medical Programs Manager will review the circumstances surrounding the loss or theft and will conduct a preliminary investigation into the incident, involving the cognizant area MSC licensed healthcare provider, and inform the MSC Force Medical Officer. If results of that investigation are warranted, Naval Criminal Investigative Service (NCIS) and the Drug Enforcement Agency (DEA) will be

17 Sep 15

contacted by the Force Surgeon or Force Medical Officer as per reference (a).

3-7 MEDICAL EQUIPMENT

1. General. The MSO/MDR is responsible for the maintenance of Medical Department equipment. Specific duties include:

a. Spare Parts. The MSO/MDR will order the required spare parts as necessary. Spare parts listings are NOT a part of any AMAL.

b. Performance of Maintenance. The MSO/MDR will perform recurring routine maintenance specified in the manufacturer's literature. Maintenance that is beyond shipboard capabilities will be requested from the nearest Navy medical repair facility or as specified by the equipment's warranty requirements.

c. Controlled Equipage/Equipment. For shipboard Medical Departments, the term "controlled equipment or equipage" will include those items proscribed by the ship's Master, all equipment with a high dollar cost or history of pilferage, and all medical reference manuals. The MSC Force Surgeon or Force Medical Officer may include specific items at their discretion. Controlled equipage will be inventoried annually or upon turnover.

3-8 MEDICAL EMERGENCY SUPPLIES AND EQUIPMENT

1. General. The vessel's AMAL specifies the type and quantity of emergency supplies and equipment required to be aboard the vessel. The vessel's fire control plan provides for locations of emergency items such as first aid boxes, stretchers, and litter hoists throughout the vessel.

2. Automated External Defibrillator (AED). One AED will be located right outside the entrance to the hospital. It may be in a "go" bag, an alarmed box, or in a bulkhead mounted bracket. AED should be tested daily. When battery level reaches 50%, a new battery should be ordered. Additional AEDs may be placed throughout the vessel at the discretion of the Master and MSO.

3. First Aid Boxes. All MSC vessels will have first aid supplies located in bulkhead mounted boxes with a large "red cross" affixed to the front. The vessel's fire control plan

17 Sep 15

provides for the number and location of first aid boxes. First aid boxes should be stocked as outlined in Appendix F. In addition, burn dressings will be contained in or adjacent to the first aid box located near the Engineer's Operating Station (EOS). First aid boxes shall be inventoried every six months or after use or evidence of tampering, and be either locked or sealed with a tamper proof seal.

4. Mass Casualty Boxes. Boxes should be stocked as discussed in Appendix F. Location of boxes should be forward and aft, in-or-around the forward and aft repair lockers. Mass casualty boxes shall be inventoried every six months or after use or evidence of tampering, and be either locked or sealed with a tamper proof seal.

5. MSO/MDR Response Kit. Vessels with MSOs shall have an MSO Response Kit; those without an MSO will have an MDR Response Kit. The applicable kit shall be stocked in accordance with the guidelines in Appendix F. The items may be contained in any type of carry bag or backpack but should be portable enough to be carried to a scene by one person. The list of items to be stocked is the minimum required. MSOs may stock other AMAL items at their own discretion. MSOs/MDRs shall inventory the kit monthly or after each use.

6. Stretchers/Handling Lines. Determination of the stretcher or litter used for a personnel casualty transfer will depend on the location and condition of the patient. Stretcher locations are noted on the vessel's fire control plan and litters should be placed accordingly with the following additional guidelines:

a. Stokes type litters will be stowed at or near areas that will facilitate their ready use. They will be corrosion free, sturdy, and in good material condition without plastic coating or leg dividers. At least one Stokes litter will be equipped with flotation devices.

b. Sea-air-rescue (SAR) medical evacuation litter will be located in or near the helo locker.

c. Reeves sleeves II litters (with spine board), at a minimum, will be located in-or-around repair lockers and accessible to access trunks and areas where use of another type of litter would not be appropriate.

17 Sep 15

d. All stretchers and litters will be inventoried annually and inspected quarterly or when evidence of degradation occurs, in which case they shall be replaced.

e. Handling lines for Stokes litters should NOT be permanently affixed; rather, they should be located adjacent to the litter for use if needed. The lines should be composed of 21-thread or larger manila or comparable nylon line and spliced using 5-tucks at one end to allow attachment of a locking carabineer to facilitate 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 excess 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 safety line available for use by the Personnel Casualty Response Team (PCRT).

NOTE: Miller boards and half-back extrication devices are NOT authorized for use aboard MSC vessels.

f. Litters will be inspected quarterly to include its serviceability, general condition, and patient securing straps.

g. A minimum of two (2) handling lines with quick connecting hardware must be available for each litter (21-thread or larger manila line or nylon equivalent).

h. The litters will be mounted off the deck.

7. Oxygen. The hospital will have two types of bottles. The larger type bottles (H) are at a pressure of 2000 psig and contains 6910 liters (244 cubic feet) of gas. The smaller type bottles (D), typically 4 or more in number, are at a pressure of 2000 psig and contain 425 liters (15 cubic feet) of gas. The ship's hospital will generally have two size "H" cylinders installed convenient to the treatment table and ward bed. All medical spaces with oxygen on hand shall prominently display "NO SMOKING" signs. Per NAVSHIPS Technical Manual (NSTM) 550, paragraph 2-40, page 17, all oxygen tanks are required to be hydrostatically tested as per Department of Transportation (DOT) requirements by an appropriate testing facility to ensure integrity of each bottle.

17 Sep 15

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

b. When full, tanks must be emptied and hydrostatically tested every 12 years.

8. CBR Decontamination Equipment. CBR decontamination equipment and supplies are the responsibility of the shipboard CBRD Officer. Although FSC 6505 items (e.g., Atropine Auto injectors, Ciprofloxacin) are required in the Decontamination Lockers, these items are not part of the medical AMAL. Although not technically responsible for procurement, maintenance, physical inventory, or replacement, the MSO/MDR will monitor all Shelf Life Extension Program (SLEP) and Quality Assurance messages generated by NAVMEDLOGCOM and will provide such support to the CBRD Officer.

9. Other. Additional emergency medical supplies may be dispersed throughout the ship at the discretion of the MSO/MDR.

CHAPTER 4

HEALTHCARE

4-1 GENERAL

1. General. This chapter provides guidance for healthcare issues including entitlement to healthcare, accessing healthcare systems, facility requirements, special medical encounters and emergency medical readiness.

2. Guidance. 5 U.S. Code 8101 at sea, 5 U.S. Code Chapter 89 and Public Law 97-35 are the source documents for this entitlement. Reference (i) provides amplifying information regarding eligibility in Navy Medical Treatment Facilities (MTFs). Other DOD agencies have similar directives.

4-2 ENTITLEMENT TO CARE

1. Entitlement. Each employee category (active duty, civil servant, civilian employee and contractor) is eligible for medical care from government sources. The level, source and cost assignment of such care is different for each category.

a. Active Duty Military Personnel. Active duty military personnel assigned to MSC ships/units are entitled to the same benefits provided all military personnel. If medical care is received from non-federal sources, guidance for claim submission is provided in regional TRICARE Prime policies.

b. MSC Employees. All MSC employees, ashore and afloat, are entitled to enroll in civil service health insurance plans per 5 U.S. Code 8901 et seq. All employees are most strongly encouraged to take full advantage of this entitlement.

c. Retired Military TRICARE Beneficiaries. CIVMARs who are TRICARE eligible should consult with the TRICARE Service Center regarding international coverage prior to sailing. Benefits and co-pays may be different outside the continental United States (OCONUS).

d. CIVMARs Afloat. CIVMARs are entitled to receive medical care at both federal and civilian facilities for occupationally related injuries and illnesses. The MSO/MDR is not required to determine the work-relatedness of the condition. For non-occupational medical conditions the CIVMAR will normally get

17 Sep 15

treatment at a civilian treatment facility with western medical standards if available. If unavailable, humanitarian/urgent/emergent treatment may be provided at an MTF (a decision made locally and based on the situation). Care may be subject to cost reimbursement. Failure to obtain health insurance with OCONUS coverage could result in the CIVMAR personally paying for all expenses or could result in delay in treatment.

(1) Duration of Entitlement. Entitlement for occupationally related care begins when the CIVMAR commences travel to the ship (unless the ship is within normal commuting distance of the CIVMAR's home), continues during the shipboard assignment and ends when the CIVMAR returns to his home (unless the ship is within normal commuting distance of the CIVMAR's home).

(2) Scope. The entitlement for occupationally related medical care includes the following:

- (a) Periodic physical examinations.
- (b) Medical Surveillance Program (MSP) examinations.
- (c) Treatment for occupational illness or injury.
- (d) Referrals to specialists for occupational illness or injury.
- (e) Medical consultations from MSC contract advisory physicians that are available to the shipboard healthcare provider.
- (f) Required vaccinations. Vaccinations will be administered in accordance with reference (j) and Combatant Commander (COCOM) AOR requirements or other guidance set forth by higher authority.
- (g) Public Health. CIVMARs are required to participate in standard, current chemoprophylactic regimens for preventable disease (e.g., tuberculosis (TB), malaria) as appropriate for their situation, and are required to undergo treatment for communicable disease (e.g., TB or latent TB infection (LTBI)) according to current public health practice guidelines. In particular, if LTBI is identified in a new hire applicant, he/she is responsible for demonstrating initiation of required treatment prior to employment. Current CIVMARs may be

17 Sep 15

eligible for treatment from U. S. Navy Occupational Medicine clinics due to possible exposure in the line of duty. (See Appendix I for MSC policy on Treatment of LTBI.) CIVMARs undergoing treatment for active TB disease are NFFD and are required to obtain treatment from an appropriate medical provider. A CIVMAR may remain FFD with LTBI.

NOTE: Required vaccinations are provided to CIVMARs at no cost. Contract operators are required by contractual agreement to comply with all Navy vaccination requirements including anthrax and smallpox. AOR-required vaccinations are provided to contract CIVMARs (CONMARs) on a non-reimbursable basis.

(3) Referral. If an occupationally related injury or illness occurs the MSO/MDR will ensure a completed Form CA-1 or CA-2 is submitted to MSC Work/Life Services (Employee Benefits) Branch for processing. Additionally the MSO/MDR will prepare a CA-16 (Authorization for Examination and/or Treatment) or a CA-17 (Duty Status Report), to be forwarded with the CIVMAR to authorize treatment at the treating medical facility, to include an MTF if eligible. The MSO must ensure that an appropriate clinical note is incorporated into the CIVMARs supplemental medical record prior to referral.

(4) Reporting. If an injury or illness occurs, a Form CA-1 or CA-2 must be completed and forwarded to MSC Work/Life Services (Employee Benefits) Branch MTFs are required to submit the charges for all occupationally related injury or illness to the Office of Workers Compensation Program (OWCP), Department of Labor (DOL), in accordance with reference (i). Specific instructions for the submission of bills for payment are also contained in reference (k).

2. Non-Occupationally Related Conditions Afloat. CIVMARs are entitled to receive care for non-occupationally related acute or emergent conditions within the capabilities of the MSO/MDR onboard the ship to which the CIVMAR is assigned. No charge will be made for any acute or emergent medical care rendered aboard MSC ships, regardless of the extent of care received or the value of the supplies used in its provision.

3. Non-Occupationally Related Care Ashore

a. The Federal Employees Health Benefit program requires that the employee be referred to a non-federal source of health care. CIVMARs are not entitled to treatment of non-occupational illnesses and injuries in federal MTFs unless TRICARE eligible

17 Sep 15

or except for humanitarian/urgent/emergent care for medical stabilization. When such care is received from military/federal medical facilities, costs are the responsibility of the CIVMAR.

b. If referral to a non-federal source of healthcare for a non-occupational condition is not possible because of medical reasons, unavailability or inadequacy of care, the CIVMAR may be retained in the federal healthcare system at the CIVMAR's personal expense (or that of the insurer) until such time as the CIVMAR is able to be referred.

4. Resolution of Disputes. Should OWC make the determination that a condition is not occupationally related, the cost for the care will be the responsibility of the CIVMAR, effective on the date of determination. Charges prior to the determination date will be paid by Office of Workman's Compensation Programs, Department of Labor (OWCP, DOL).

5. Foreign Non-Federal Care. In cases, where the overseas healthcare provider will not accept the CIVMAR's insurance and the CIVMAR is unable to pay in cash, the Master and Purser of the ship will follow procedures outlined in reference (1) and will contact the MSC N1 Ombudsman for coordination of financial support.

6. Civil Service Employees Ashore. Civil service employees are eligible for occupationally related injury or illness care from federal sources if services are available. Otherwise, non-federal care for occupationally related illness/injury will be from civilian sources at the expense of OWCP, DOL. Civilians may be provided non-occupational urgent/emergent care in an MTF. Care is generally limited to emergency care and stabilization, with preparation for transfer for further care as appropriate.

a. Contractor/Subcontractor Personnel. Government contractor and subcontractor personnel are authorized by 32 CFR 728.81 to receive, in an emergency, healthcare from DoN sources, on a reimbursable basis.

b. Prepositioning Forces (PF), Diego Garcia. The Naval Support Facility Clinic and the MSO assigned to MPSRONS are authorized to screen and provide acute and emergent medical care to contractor personnel assigned to the PF Diego Garcia. The contract personnel must maintain their own primary care managers. They are responsible for obtaining all of their own chronic medical care and follow up for all chronic medical

17 Sep 15

conditions. Reference (a) authorizes care on a reimbursable basis.

7. Dual Entitlement. Employees, whether CIVMAR, federal civil service, contractor personnel or civilian, who are otherwise entitled to federal medical care benefits are not restricted from seeking care under that entitlement. CIVMARs and MSC civil service employees who have occupationally related illnesses or injuries will notify the local healthcare administrator of the dual entitlement and will follow the administrator's direction in the submission of appropriate documents to OWCP, USDOL.

8. Dental Entitlements. Employees, whether CIVMAR, civil service, contractor personnel or civilian, are entitled to dental treatment in MTFs only as an adjunct treatment to inpatient hospital care. In the case of CIVMARs, work-related oro-facial trauma may be included. Dental care will not include dental prostheses or orthodontics. Limited care to provide short-term relief from pain and suffering is authorized. Section 4-5 of this chapter amplifies.

4-3 MEDICAL CARE AFLOAT

1. Level of Medical Care Onboard MSC Ships. The size of the crew, the mission of the vessel, the adequacy of medical facilities, and the availability of physician referral service determine the level of professional training of the healthcare provider assigned to MSC ships.

a. Medical Services Officer (MSO). MSOs will provide care per Appendix A.

b. Contract Medical Services Officer (CMSO). Similar to MSO in duties, training and medical experience. Hired and assigned by the shipping line company operating MSC-owned ships (primarily on PM2 Special Mission Program ships). The training and level of care provided by a CMSO onboard MSC ships will be equivalent to that of a U.S. Navy Independent Duty Hospital Corpsmen (IDC).

c. Medical Department Representative (MDR). The Master, Chief Mate or First Officer will normally be assigned as an MDR and designated "Person In Charge of Medical Care (M-PIC)" IAW STCW 95 standards when the ship is not assigned an MSO. They will have successfully complete a USCG approved PIC-Medical Care course and all prerequisite training prior to assuming the

17 Sep 15

duties as MDR. MDRs are authorized to provide care at the level of an Advanced First Aid Provider. Only the MSC Force Surgeon

and the MSC Contracting Officer (N10) may lessen the requirement for contractor-operated ships.

2. Access to Medical Care. Access to medical care, regardless of the level of care required, will begin with the MSO/MDR when assigned.

a. Sick Call. Sick Call will be held at a time designated by the Master and adjusted to fit the ship's work schedule to make the service available to each watch section.

b. Referrals. MSOs/MDRs will refer CIVMARs to a higher level of care when the condition is beyond the level of training of the MSO/MDR or if the CIVMAR requests evaluation at a higher level. The MSO/MDR will ensure an appropriate medical entry (in Subjective - Objective - Assessment - Plan (SOAP)) is completed, logged into the approved electronic database (if applicable), and filed in the CIVMAR's medical record.

c. Specialty Referrals. Except in emergencies, most CIVMAR should not be referred for consultation directly with a specialist without the MSO/MDR consulting the Force Medical Officer, Force Surgeon or the contract medical advisory service physician. This does not prohibit the CIVMAR self-referring for specialty care.

d. Medical and Surgical Procedures. MSOs/MDRs will not perform surgical procedures except as directed by the cognizant Force Medical Officer or the contract medical advisory service physician. This does not preclude closure of wounds, drainage and debridement of infected skin lesions or the removal of foreign bodies consistent with the MSO's training, experience and abilities. Patient consent will be completed in accordance with reference (m).

e. Consultations. At a minimum, MSO/MDRs will seek consultation with a Medical Officer (physician or physician's assistant) or contract physician medical advisor, whenever they are in doubt about a patient's condition or when any of the following conditions exist:

(1) A patient has an oral temperature of 102°F or above or a persistent (longer than 48-hours) condition.

17 Sep 15

(2) Fever (oral thermometer) equal or greater than 103°F, unresponsive to treatment after 12-hours.

(3) Return visit to Sick Call before assigned follow-up appointment because the condition has not improved or has worsened.

(4) The patient cannot be returned to full duty after 72-hours duration because of unresolved illness.

(5) Unexplained pulse rate above 120 per minute.

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

(7) The medical or dental problem is beyond the level of training of the provider.

(8) Medical evacuations, medical diversions or medical repatriations are initiated or anticipated.

(9) The ship's Master or sponsor requests the utilization of a licensed medical provider.

3. Contract Medical Advisory Service. MSC ships do not normally sail with a task force or with other ships where a physician is available for immediate referral. However, when a MSC ship is sailing with a task force or replenishing a ship with a medical officer, the MSO/MDR may seek advice from that medical officer. Otherwise, access to immediate medical advice is available from the MSC Force Medical Officer or from a contracted medical advisory service emergency medicine physician (e.g., MedAire/MedLink). Appendix G provides guidance for the use of MSC's contracted medical advisory service.

4. Medications. The MSO/MDR may prescribe only those medications listed in the ship's AMAL or those approved for use by a licensed MSC healthcare provider or contracted medical physician consultant.

5. Prescriptions and Labeling. All prescription medications issued onboard MSC ships will be dispensed in properly labeled containers in compliance with Chapter 21 of reference (a). The label will include the following:

- a. Name of the ship.

17 Sep 15

- b. Date of prescription.
- c. Patient's name.
- d. Name, strength and amount of the drug prescribed.
- e. All directions for use, precautions and expiration date.
- f. Prescription number (Controlled Substances only): the name of the manufacturer and the lot/control number will be recorded on the prescription form to assure proper identification in the event of an adverse reaction or product recall.
- g. Prescriber's name/number of refills.

4-4 INFORMED CONSENT AND REFUSAL OF CARE

1. Informed Consent. Prior to any invasive procedure (i.e., suturing, dental procedures), the MSO/MDR will inform the patient of the procedure, alternatives (including doing nothing), possible side effects, and the expected outcome of treatment. An SF 522 (Request for Administration of Anesthesia and For Performance of Operations and Other Procedures) must be completed as a patient safety goal requirement
2. Treatment Rendered Without Consent. Medical treatment may be given without the consent of the patient ONLY UNDER THE FOLLOWING CIRCUMSTANCES:
 - a. Emergency care to preserve the life or health of an unconscious patient.
 - b. Care necessary to preserve the life or health of a patient who is considered to be mentally incompetent by a physician or MSO/MDR, until the patient is transferred to a medical treatment facility. This transfer will be accomplished in the most expeditious manner.
3. Right to Refuse Care. The right to refuse medical care is affirmed. This right may be exercised at any point during the delivery of healthcare. Employees will be counseled, in writing, that a one-time refusal of care will not result in a permanent ineligibility for care. Refusal of care will be documented for each individual occurrence. Each refusal of care will be documented in the medical record and witnessed by one other person. Refusal to take a required immunization is NOT

17 Sep 15

covered under the right to refuse care, but rather is disobedience of a direct order. Appendix C contains a sample form. At a minimum, the refusal documentation will include:

- a. Date and time.
- b. Ship's location and approximate geographic location.
- c. MSO/MDR's name.
- d. Description of the condition/illness or injury.
- e. Eligibility for care explanation.
- f. List of the specific consequences discussed.
- g. Signature of the patient (or noted refusal of patient to sign).
- h. Signature of witness.
- i. Signature of MSO/MDR.

4-5 DENTAL CARE AFLOAT

1. General. Dental care aboard MSC ships will be limited to emergency treatment necessary to alleviate pain that affects the CIVMAR's ability to perform his/her duties.

a. Procedures. Personnel requiring emergency dental care will normally be sent to the nearest dental facility for treatment. After working hours, emergency dental services may be available from a nearby dental facility ashore or at an emergency room to provide pain control.

b. Request Form. A completed Medical Summary Form, indicating the primary complaint, will be appended to the medical record and accompany the patient.

c. Emergency Palliative Care. When referral of a patient for emergency dental treatment is not possible, palliative therapy should be rendered by the MSO until a Dental Officer (or dentist) can see the patient. Documentation will include medical charting use the SOAP format on a SF-600 and appropriate data recorded in the Sick Call Log.

17 Sep 15

d. Supplies. The supplies/instruments required for emergency dental treatment are provided in AEL 2-37MSC-5177 or -5477.

e. Training. Initial training will include a U.S. Navy Fleet Dental Refresher, 2-day, course (or equivalent) and must be renewed every five years during REFTRA. The course curriculum must include one day of didactics and one day of clinical (hands on) experience.

4-6 AFLOAT MEDICAL TREATMENT FACILITIES

1. General. GENSPECS for T-SHIPS and Section 24 of reference (n) provide specific guidance for these facilities.

2. Lighting. A permanently mounted, castle-type, surgical light is required for all MSC ships. All hospital and emergency treatment spaces will be equipped with a primary and secondary fixed-mounting brackets (with power source), located above the treatment table. Four relay-type battle lanterns will be installed surrounding the treatment table.

3. Sterilizer. One sterilizer will be installed in the treatment area of each MSC ship. The unit will be mounted securely and will be maintained in operating order at all times.

4. Markings. Directional markings (an interrupted arrow having a red cross in the center) will be mounted on interior bulkheads, 60-70" from the deck, indicating the route to the hospital. Sufficient decals will be mounted to ensure visibility from one arrow to the next mounted in either direction. Self-adhering decals (NSN 7690-01-032-1177) is recommended.

5. Resuscitation Posters. Up-to-date resuscitation posters, that demonstrate CPR and Airway Management, will be conspicuously displayed in all areas that have a high risk for high voltage electric shock.

6. First Aid Boxes and Mass Casualty Boxes. See Chapter 3 for amplifying information and Appendix F.

7. Resuscitator, Hand Operated. A hand operated "AMBU" type resuscitator will be maintained in the hospital/treatment room spaces and equipped to deliver oxygen.

17 Sep 15

8. Oxygen. Oxygen tanks will be located and stowed according to GENSPECS Section 652 and reference (h). Sufficient quantities to deliver 6-hours of continuous oxygen at 2-liters per minute (lpm) will be available in the hospital spaces. To the extent possible, all oxygen cylinders required by the AMAL will be mounted in the hospital/treatment room spaces. Cylinders will be filled to capacity at the beginning of each voyage and those used will either be refilled at the earliest opportunity or traded to military treatment facilities for full cylinders. All cylinders will be tagged with DD 1191, Warning Tag for Medical Oxygen. Cylinders in use will be inspected weekly. Unused cylinders in storage will be capped and inspected quarterly. Ensure oxygen-handling storage precautions are posted next to all oxygen tanks on board.

OXYGEN CYLINDER ENDURANCE CALCULATION FORMULA

Calculation:

Duration of Flow (in minutes) = Tank Constant x Remaining Tank Pressure (in psi) / Continuous Flow Rate (in LPM)

Note:

Usual safe residual pressure: 200 psi

Usual full D and H-cylinder pressure: 2200 psi

Tank size constants:

D cylinder **0.16**

H cylinder **3.14**

Example:

To calculate the duration flow in minutes for a full D cylinder being used at 2 LPM:

$$\frac{(2200 - 200) \times 0.16}{2 \text{ LPM}} = 160 \text{ minutes (or 2 hours 40 minutes)}$$

Cylinder size	3 LPM	6LPM	10LPM	12LPM	15 LPM
D	1-hr, 46min	53-min	32-min	26-min	21-min
H	34-hrs, 53min	17-hrs, 26min	10-hrs, 28min	8-hrs, 43 min	6-hrs, 58 min

9. Sterile Surgical Packs and Supplies. The MSO/MDR will ensure the hospital and emergency treatment areas are stocked

17 Sep 15

with sufficient sterile surgical supplies to provide emergent care without leaving the area for additional equipment or supplies. The surgical packs will be inspected quarterly and their sterility will be maintained.

a. Specific packs will be prepared and maintained sterile. Surgical knife blades with the foil wrapping intact and sutures packed in plastic packets are NOT to be steam sterilized due to the deteriorative effect of heat on these items. Armed-type suture material will be used in all surgical packs. All disposable items required for each pack (i.e. needles, blades) will be affixed to the outer most wrapper of the individual pack.

b. All surgical packs will be plainly marked on the outside of the pack with the name of the pack, sterilization date, expiration date, and the initials of the individual who prepared the packs.

10. Sterilization Procedures and Periods

a. Steam Method. Proven through extensive research, steam sterilization is as effective as gas sterilization (e.g., ethylene oxide) and is more cost-effective. Shipboard sterilizers are sufficient to perform steam-claving of all required surgical packs, therefore shipboard sterilization is encouraged.

b. Procedures

(1) Muslin Cloth or disposable sterilization wrap may be used.

(2) All linen products must be freshly laundered before sterilization or re-sterilization.

(3) All dressing materials will be renewed (i.e. 4x4s and 4x8s), and all surgical instruments visually inspected and cleaned as needed.

(4) Instruments will be sterilized in the open position.

(5) The center of all packs will contain an internal steam indicator. The pack will be wrapped with two layers of cloth or sterilization wrap. The pack will then be taped closed with the correct sterilization indicator tape.

17 Sep 15

(6) The sterilizers found on the MSC platforms are gravity autoclaves. To ensure microbiocidal activity sterilize at a minimum of 250° Fahrenheit, 15-PSI for 30-minutes.

(7) Pack must be allowed to cool and dry completely (approximately 1-hour).

(8) The dust cover may be heat-sealed or the end(s) folded over at least four times and taped.

(9) Shelf Life

(a) Thirty Days (no dust cover).

(b) With intact, heat or tape sealed dust cover 180-days.

4-7 SPECIAL MEDICAL ENCOUNTERS

1. Special Medical Encounters

a. Special Medical Encounters. This section discusses medical encounters outside of routine Sick Call visits. While it provides guidelines for handling difficult cases, it is not intended to be a substitute for prior preparation by the MSO/MDR or as a reference document in lieu of books contained in Appendix D. MSOs/MDRs are responsible for preparing themselves for medical situations that have a likelihood of occurring aboard their ships.

b. Substance Abuse. MSO/MDRs will handle substance abuse issues in accordance with CMPI 792. MSOs/MDRs are required to report all cases of suspected substance abuse to the Master.

c. Alcoholism. MSO/MDRs will handle alcoholism issues in accordance with CMPI 790. The following guidelines outline MSO/MDR responsibilities:

(1) Referral. Referral for evaluation of alcoholism will be considered when the use of alcohol appears to be a factor related to one or more of the following:

(a) Impaired performance of duty or alcohol-related injury.

(b) Impaired physical or mental health.

- (c) Impaired personal relationships.
- (d) Socially unacceptable behavior.
- (e) Violations of civil, military or maritime law.

NOTE: Conviction for infractions is not necessary for referral. The role of the MSO/ MDR is as a healthcare provider.

(2) Confrontation. Individuals displaying indications of alcohol abuse or addiction should be confronted and encouraged to seek counseling prior to the occurrence of any alcohol related incident or accidents.

(3) Abuse of Controlled Substances, Illegal Drugs and Other Substances. Unauthorized use of controlled substances, illegal drugs and/or other substances will not be tolerated aboard MSC controlled ships. While substance abuse treatment is beyond the scope and authorization the Medical Department, the MSOs/MDRs will be knowledgeable concerning the symptoms, referral sources, and relevant instructions. These include the Command's DON Civilian Employee Assistance Program (DONCEAP) and its representatives, CMPI 790 (alcohol) and 792 (drugs) that address post-accident/incident testing and are available from the ship's Purser. Additionally, SMS 8.20-001-ALL, combines and simplifies the two CMPIs for Master's use.

2. Competency for Duty Examinations. A Competency for Duty Examination is a medical determination of the physical and mental capability of an individual to perform his/her duties. A competency for duty exam may be warranted when the supervisor observes behavior which places doubt on the employee's ability to perform assigned work. Reference (o) provides detailed instructions on procedures and required forms.

a. Requests. Examinations will be conducted only on the written request of the Master or his/her duly designated representative. NAVMED 6120/1, Competency for Duty Examination, will be used in all incidences.

b. Examination. A physician will normally conduct the examination. If a physician is unavailable, at the Master's discretion, the MSO/MDR may conduct the examination. The MSO/MDR will consult with the cognizant MSC licensed healthcare professional or the contract medical advisory service.

17 Sep 15

c. Legal Implications. Although the competence for duty examination is primarily a medical determination of competency, its findings may be used in later administrative proceedings. All competencies for duty examinations will be carefully conducted with all observations recorded and confidentiality maintained.

d. Bodily Fluids. If the MSO/MDR has reasonable suspicion that an individual is incompetent to perform his/her duties due to substance use, testing in compliance with CMPI 792, and/or of CMPI 790 will be followed.

3. Altered State of Consciousness. Altered states of consciousness, whether depressed or hyperactive, may be induced by many causes. The danger of death from a compromised airway or respiratory depression is very real. Additional injuries or illness can compound the threat.

a. Observation. Once consciousness becomes so altered that protective reflexes are impaired, the patient must be continually monitored and the patient carefully observed. Treatment for shock and maintenance of the airway are minimum requirements.

b. Evaluation. Examination by the MSO/MDR, in consultation with the MSC Force Medical Officer, afloat military medical officer or medical advisory service physician will be completed expeditiously.

(1) Notify the Master, Task Force Commander (if applicable) and the MSC Force Medical Officer of the circumstances and request advice.

(2) Maintain the CIVMAR's airway, breathing and circulation and monitor vital signs.

c. Use of Restraints. On rare occasions it may be necessary to restrain an agitated, psychotic, delirious or violent crewmember whose actions threaten the safety of the ship and/or other crewmembers. Physical restraint is a security function not a medical function. To the greatest extent possible, the welfare of the disturbed crewmember must be carefully and deliberately safeguarded, as the individual may in fact not be in control of his or her actions. Emergency implementation of chemical restraint or seclusion (isolation) may be used to prevent harm to the agitated individual and others. Specifically prohibited by law, however, are the denial

17 Sep 15

of the individual's basic needs (such as food, water and toileting), or the use of corporal punishment. A point of emphasis is that the use of mechanical restraints while legally permitted in extreme situations is not usually a viable option as the MSC AMAL no longer contains mechanical restraints.

d. Chemical Restraints. When chemical restraints (psychotropic and sedative medications) are indicated, their use must be based on sound medical judgment, and must be absolutely justified and fully documented in the medical record. Chemical restraint is to be used only to prevent the individual from injuring themselves or others. Chemical restraint is not used as punishment or for staff convenience and "as needed" ("PRN") orders are never authorized. The three main classes of medications used for chemical restraint are benzodiazepines (mainly lorazepam/Ativan and midazolam/Versed), typical or classic antipsychotics (haloperidol/Haldol), and atypical antipsychotics (risperidone/Risperdal, olanzapine/Zyprexa and ziprasidone/Geodon). Safest among the chemical restraints are usually the mild sedatives or anti-anxiety drugs. Time-permitting, it is best to seek urgent physician advice (from MedAire/MedLink or the Force Medical Officer) before using chemical restraint. Note that there may be a medical cause for agitation or assumed psychosis, such as infection (acute delirium, sepsis), electrolyte imbalance, head trauma, endocrine problems or drug intoxication. In these cases treatment is actually NOT chemical restraint but management of the underlying disorder. If a chemical restraint is used, monitoring of vital signs after sedation is essential. Attention must be paid to ensure there are no serious adverse effects beyond the intended sedation, most notably, respiratory depression. The airway must always be protected and the patient closely observed and monitored.

e. Seclusion. Seclusion (isolation) of an agitated person in a quiet room free of stimulation (and harmful objects) may help deescalate a situation which may be dangerous to the agitated person or those around him. Seclusion must only be used in the best interest of the patient. It is considered a last resort and must not be prolonged as a form of punishment. Seclusion must be time-limited and generally should not exceed 24 hours. It must not be used in a manner that causes undue physical discomfort, harm, or pain to the individual. Appropriate attention (direct visual observation) is paid every 15 minutes to an individual in seclusion, especially regarding regular meals, bathing, and use of the toilet. An uncontrolled patient cannot be safely moved by either air or ground

17 Sep 15

transport. However, once the agitated or violent patient is controlled, it is best to arrange removal from the vessel at first safe opportunity for definitive care ashore. All patient management activities need to be meticulously documented in the medical record and logged in the medical department journal. The master of the vessel and Force Medical Officer must be kept fully aware. Patient management is best done by utilizing the contract emergency medicine consultants, MedAire/MedLink. The suicidal crewmember is a unique separate condition whereby a suicide watch needs to be invoked to prevent harm, or if already injured, the conditions treated. The homicidal crewmember is also a separate condition. The crewmember's criminal behavior requires law enforcement for security control. Medical intervention is not typically warranted, unless an injury is sustained during attempts to control or subdue the crewmember and those others who may have been harmed.

4. Rape. The evaluation and treatment of a victim of rape includes both a concern for the well-being and medical condition of the individual and sensitivity to the legal issues of gathering evidence in a precise, documented manner. The medical care provided should not, in any way, taint evidence necessary for future legal proceedings.

NOTE: After taking care of conditions that affect life or limb, prior to beginning any further rape investigation, physical examination or administrative action, notification by confidential immediate naval message to the cognizant Area Commander, Task Commander and the Naval Criminal Investigative Service (NCIS) is required in an unrestricted SAPR case.

a. Examination. Rape victims will normally be examined and treated only by a physician. If a physician is not available, either on a nearby Navy ship or ashore, or the patient's condition requires immediate intervention, the MSO will contact the MSC Force Medical Officer, Afloat Military Medical Officer, or the contracted medical advisory service physician for guidance. The principles learned from mandatory sexual assault forensic examiner (SAFE) training shall be applied. Presence of a victim's advocate during the exam is not prohibited.

b. Sexual Assault Determination Kits. A separate kit (NSN 6640-01-423-9132) is required for each patient. A minimum of two kits should be maintained on each ship. Supplies, forms and instructions for completion of an investigative examination are included.

17 Sep 15

c. Specimens/Documents. Specimens and documents obtained during the examination are considered legal evidence and will be accorded chain-of-custody treatment to ensure the evidence is admissible in any subsequent legal proceeding action. Chain-of-custody will be documented.

5. Chemical, Biological Radiological, Nuclear and High-Yield (CBRNE) Explosives

a. Treatment of CBRNE patients will be in accordance with NAVMED P-5041 and NAVMED P-5046 and other medical publications included in Appendix F of this manual. BUMED special or modified treatment regimens will be transmitted to MSC ships via routine message or SIPRNET e-mail.

b. The MSO will assist the ship's CBRD officer in monitoring Shelf Life Extension Program (SLEP) for CBRD medicinals.

6. Repatriations. The medical repatriation of CIVMARs to the continental United States is costly and negatively affects the mission of the ship. Repatriation of a CIVMAR should be initiated only if the medical condition of the individual precludes return to work within 3-5 days, is of a chronic nature where the likelihood of recurrence is high, or has been determined by a higher level health care provider that the CIVMAR is not fit to be at sea aboard ship and is safe to travel back to CONUS. Except in emergent situations, medical repatriations must be approved by the Force Medical Officer or designated representatives. Repatriation of CIVMARs will be reported to the MSC Force Medical Officer and COMSC via the Medical site on the MSC IS portal or e-mail to MSC_Medical navy.mil.

NOTE: Appendix C contains a sample of MEDEVAC and Repatriation messages.

4-8 CASUALTY HANDLING

1. Casualty Handling. The MSO will ensure the ship has a Medical Department Emergency Response Plan that is current and crewmembers are trained to accomplish their assigned responsibilities. Appendix C contains a sample Medical Response Plan.

2. Mishap Reports. Fatalities, injuries and occupational illnesses degrade operational readiness. Hazard awareness and

17 Sep 15

mishap prevention programs depend on accurate, timely mishap investigations and reports identifying the cause of a mishap. Guidance for conducting and reporting mishap investigations is found in reference (p).

3. Serious Illness/Injury. Any embarked personnel with illness or injury threatening to life, limb, or eyesight will be identified immediately to the Master. The Force Commander, Force Surgeon, MSC Force Medical Officer, Senior Military Medical Officer Afloat, and COMSC will be notified via message. The appropriate authority will notify the next-of-kin listed on the emergency data record, as well as other individuals requested by the patient. If able, the patient may make their own telephone notification. Additionally, the patient may request that no next-of-kin notifications be made.

4-9 DECEDENT AFFAIRS

1. Decedent Affairs. References (q) through (s) provide guidance for administrative requirements upon the death of active duty military, retired military, and CIVMAR personnel as well as other personnel embarked upon COMSC controlled ships. The following guidelines will be observed following any death:

a. Initial Report. When a death occurs on a MSC ship, the Master and MSO/MDR will ensure notification of the Area Commander, Cognizant Casualty Assistance Calls Officer (CACO) and COMSC by immediate message and direct telephone call to the MSC HQ or Force Medical Officer. All information required by reference (r), for active duty personnel, and reference (t) (Chapter 3, paragraph 3) for other than active duty personnel will be provided.

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

2. Death Certificate. Chapter 17, Sections 4 & 5 of reference (a), provides information concerning death certificates and their submission.

3. Health Record Entries. Complete the required entries concerning the death, incorporate the death certificate, if available, close and forward the record to the MSC Physician Supervisor or, in the case of active duty military personnel, to the command holding the service record of the deceased. Refer to reference (a), Chapter 17.

17 Sep 15

4. Disposition of Remains. Remains shall be transferred as soon as possible to the nearest military medical facility for disposition. When transfer cannot be accomplished immediately, the remains will be:

- a. Provided post-mortem care.
- b. Placed in a body pouch.
- c. Refrigerated at a temperature of 36°F to 40°F to prevent decomposition. DO NOT FREEZE.
- d. The space utilized must contain no other items and must be cleaned, disinfected, and inspected by the MSO/MDR prior to reuse.
- e. Remains shall be identified with waterproof tags, marked with waterproof ink and affixed with wire ties to the right great toe and at each end of the body bag.
- f. Minimum identification shall be full name, SSN and rate.

5. Autopsy. The Military Treatment Facility (MTF) accepting the remains will determine the need for an autopsy. Guidelines are contained in reference (t) concerning permission requirements. The CACO will provide support for contacting the next-of-kin for permission (no other person will intervene in this process unless directed to do so by the CACO). The MSO/MDR will provide liaison between any local authorities involved and the MSC Physician Supervisor.

4-10 MSC MEDICAL AND INJURY COMPENSATION

1. An injured worker is entitled to medical care and treatment that is reasonable, necessary and related to their work injury or illness. MSC as the employer is required to ensure CIVMARS are provided medical treatment when a job related illness or injury occurs and submit all medical reports to the US Department of Labor, the agency responsible for medical costs for approved claims. The MSC Benefits Division and Medical Department will work together to ensure appropriate follow up medical evaluations are occurring in a timely manner so that the CIVMAR can return to work as soon as possible. MSC medical case management will use evidence-based medicine best practices to monitor medical care including suitability of medical/surgical specialist selection, appropriateness of treatment and length of treatment. MSC medical staff will interpret medical reports,

render medical fitness for duty determinations IAW MSC medical standards and defer to Force Medical Officer for a determination as necessary based on work guidelines. The MSC medical case manager may periodically call or communicate in writing with the CIVMAR's treating medical provider, physical therapist, and others to obtain clarification of medical reports and request duty status updates.

2. The medical case manager will keep the MSC Benefits staff informed of duty status changes. The medical case manager will review, evaluate, and assist CIVMARs in seeking a reasonable accommodation consideration if requested. The MSC medical case manager will attempt to establish a relationship with the CIVMAR to assist them as necessary to facilitate their return to work or assist them to seek medical disability and retirement when there is no expectation of return to work. The medical case manager will actively participate in the MSC FECA (Federal Employees' Compensation Act) Working Group. CIVMARs who are not fit for duty for prolonged non-work related injuries or illnesses will also be tracked by the medical case manager even though there is no FECA reporting requirement.

3. Notice of Injury - Form CA-1. When a CIVMAR sustains a traumatic injury in the performance of duty, he or she should file a written report on form CA-1. The form should be given to the supervisor as soon as possible, but not later than 30 days from the date of injury. If the CIVMAR is incapacitated, this action may be taken by someone acting on his or her behalf.

4. Medical Treatment - Form CA-16. If a CIVMAR requires medical treatment for the injury, the supervisor should complete the front of Form CA-16 within four hours of the request or as soon as possible. If the supervisor doubts whether the CIVMAR's medical condition is related to the employment, they should indicate it on the form. The CIVMAR is entitled to select the physician who is to provide medical treatment. Upon the physician's examination and completion of Form CA-16, the form will be sent to MSC N112D Benefits Division to forward both CA-1 and CA-16 to the Department of Labor, Office of Workers' Compensation Programs.

5. Notice of Occupational Illness/Disease - Form CA-2. An occupational disease/injury is defined as a condition produced in the work environment over a period longer than one workday or shift. It may result from systemic infection, repeated stress or strain, exposure to toxicants or other continuing stressors

17 Sep 15

of the work environment. The injured CIVMAR, or someone acting on his or her behalf, should give notice of occupational disease on Form.

4-11 CIVMAR MEDICAL REPATRIATION GUIDELINES

1. Medical repatriation determinations will be made on a case-by-case basis. MSC physician and physician assistant/nurse practitioner health care providers (HCPs) have medical repatriation approval authority for CIVMARs. Medical repatriation may be authorized for non-emergent medical or dental care when locally available care fails to conform to Western medical standards as determined by MSC medical personnel.

2. Medical Services Officers (MSOs) and Medical Department Representatives (MDRs) shall seek MSC HCP approval to accept Not Fit for Duty (NFFD) determinations made by non-MSC HCPs and dentists ashore; these are usually accompanied by a request to authorize medical repatriation home for further care.

3. CIVMARs whose request for medical repatriation is not approved by MSC HCPs may request leave through established administrative channels if they prefer to seek other than local care.

4-12 ESCORTS FOR MEDICAL REPATRIATIONS

1. The requirement for an escort for a CIVMAR who must be repatriated home is determined on a case-by-case basis following communication between the Master, MSO, MSC medical department personnel and/or contracted medical consultants as needed. The CIVMAR liaison will be notified as soon as possible. Escorts may be medical or non-medical.

a. A medical escort may be indicated in the following circumstances:

(1) Medical expertise is required to best care for the CIVMAR enroute.

(2) Priority security processing and boarding is required.

(3) Oxygen, sedation, ongoing pain management, cardiac monitoring, coordination with attending and receiving facilities or other situations exist.

17 Sep 15

(4) Concerns regarding the mental stability/judgment of the CIVMAR patient.

b. A non-medical escort may be indicated when assistance is required for baggage handling, wheelchair airport movement, turnover to someone at the final destination, vision limitations, physical limitations, handling of travel changes or other non-medical matters related to transportation.

2. Physical security. There may be instances when a CIVMAR requires both medical and non-medical escorts such as if the CIVMAR is ill and is also facing investigation or criminal charges. Escorts should always be selected based their particular skills to provide care and protection for the CIVMAR.

a. Commercial Airline Supplemental Oxygen for Medical Repatriation.

b. Indications. Supplemental medical oxygen may be required for CIVMARs to safely fly, particularly those individuals who have conditions affecting the cardiac, pulmonary and circulatory systems, those with severe anemia, etc. The requirement for supplemental medical oxygen will be made by the treating physician before repatriation and airline ticketing. This may allow for the use for use of a commercial air carrier instead of an air ambulance.

c. Medical certification for travel. A letter (on letterhead) must be provided to the patient for submission to the airline carrier. The content must include at a minimum, a statement about safety to fly, patient's name/age/address, patient's date of birth, gender, height/weight, diagnosis, condition severity, departing city and home destination, physician's name and contact information (address, telephone, email), statement that patient has a non-infectious/non-contagious condition, the oxygen flow rate (in liters per minute), oxygen delivery system (nasal cannula, mask), escort required (if so, who), mobility, wheelchair needed for boarding, can patient sit upright in a normal aircraft seat, and prognosis for trip (good, poor). The airline seeks to determine ahead of time if the passenger will be able to complete the flight safely without extraordinary medical assistance during flight.

3. Procedures

a. Airlines generally require at least 48-hour advance notice.

17 Sep 15

b. Review the airlines medical oxygen policy and forms on-line, as not all airlines participate and each airline has its own policy.

c. Airlines may either furnish medical oxygen (oxygen cylinders or more usually an oxygen concentrator) or expect the passenger to provide their own approved device (each airline lists FAA approved systems).

d. Complete a medical certificate for the traveler.

e. The airline may require involvement of its own physician representative.

f. Consult with the MSC Force Medical Officer for discussion and assistance.

4. Fly America Act. DOD adheres to Fly America Act, preferentially utilizing American airline carriers. However, the traveler with justification can use a foreign carrier. Federal Travel Regulation (FTR) chapter 301-10 allows for the use of a foreign air carrier as a matter of necessity. One exception to the rule of use of a foreign carrier is for medical reasons. A medical oxygen requirement is one justifiable exception to policy, specifically "use of foreign carrier is necessary for medical reasons." Other justifications that may be applicable are "use of a foreign air carrier is required to avoid unreasonable risk to the traveler's safety;" "use of a foreign carrier significantly extends travel time (e.g., 6-hours or more); and "the foreign carrier has either a non-stop flight or fewer connecting flights."

5. Miscellaneous issues. There may be additional fees incurred for oxygen. The airline may require that a physician representative of the airline either personally examine the patient in the city of departure or review the medical certificate provided by the patient's personal physician; if they are involved, they have final approval authority for the passenger to fly on their airlines.

4-13 MSC COMMAND DIRECTED MENTAL HEALTH EVALUATION

1. Command directed mental health evaluations (CDMHE) will be done in accordance with 5 CFR 339.301 (setting forth when an agency may require a medical exam), 5 CFR 339.302 (setting forth when an agency may offer an exam), 29 CFR 1614.30 (which

17 Sep 15

addresses the process) and DODINST 6490.04 (procedures applicable for active duty).

2. CDMHE should be done in collaboration with MSC medical, human resources and legal departments.

3. This policy does not apply in a true emergency.

4. Voluntary options for assistance include confidential counseling from Navy Civilian Employee Assistance Program (DONCEAP) which may be contacted at (844) 366-2327, International: (866) 829-0270 or via DONCEAP.foh.hhs.gov, Military OneSource (active duty and retired). These services are available 24/7.

CHAPTER 5

PHYSICAL STANDARDS

5-1 GENERAL

1. Medical Standards and Physical Requirements. Physical standards are provided for the uniform interpretation of physical qualification parameters for initial entry, retention, assignment to duty assignments and training programs required for employment in positions at sea with MSC. Medical standards are based upon 5CFR 339.202, reference (a), USCG MPIC 04-08, MSC Civilian CIVMAR Personnel Instructions, consensus expert opinion, evidence-based medicine, community standards of care, and best medical judgment. These standards are subject to change to meet the needs of MSC and to reflect current clinical practice.

2. Purpose. The standards represent the minimum occupational fitness qualifications for employment. Early identification of physical defects, disease and psychological problems that would compromise a CIVMAR's ability to perform normally assigned duties reduces the potential for personal injury or illness when CIVMARs are operating in austere environments remote from physician level healthcare.

3. Exclusion. The standards are intended to preclude acceptance of individuals who would be unable to perform assigned tasks or whose conditions are likely to be aggravated by sea service considering the unique operational environment in which MSC ships routinely perform. Applicants must be physically and mentally able to perform their assigned duties without hazard to themselves or others and be able to respond to emergencies at sea (e.g., fire-fighting, damage control).

4. Prescribing Authority. Under the authority of 5 CFR 339, COMSC develops physical requirements through comprehensive review of physical demands and environmental conditions associated with each CIVMAR's position.

5-2 PERIODIC PHYSICAL EXAMINATIONS

1. Examiner Qualifications. Physical examinations will be conducted by licensed physicians, nurse practitioners or physician assistants. CIVMARs examinations will be conducted at

17 Sep 15

DOD or MSC-approved medical facilities. Examiners will be familiar with the functional requirements and environmental factors of the duties as listed in Appendix H.

a. CIVMARs may submit a copy of their complete MSC physical examination to the USCG National Maritime Center (NMC) who will consider this examination for renewal of their MMC. However, the physical examination can only be completed by a provider licensed in the United States.

b. CIVMARs are responsible for submitting a copy of the physical examination to USCG NMC. The periodicity of the MSC exam may not align with the periodicity of the exam required for NMC. MSC will not authorize, provide, or pay for any extra examinations for the purpose of USCG credential renewal when not required for MSC. NMC will accept a MSC exam for consideration if less than one year old. The CIVMAR is responsible for obtaining any examination required for NMC that is not required for MSC.

2. Final Authority. Complete examinations and supporting documents are required for final determination. Although the CIVMAR's primary care physician or specialist may indicate that the CIVMAR is FFD or NFFD, final authority resides with the MSC Force Medical Officer and designated MSC licensed healthcare providers. The MSC medical department is ultimately responsible for determining CIVMAR fitness for duty. Should any physical qualification determination be in question by an authorized delegated authority, the final approval authority for physical qualifications is the MSC Force Medical Officer. In the event of absence of the MSC Force Medical Officer, or for an appeal, the MSC Force Surgeon has final review authority. There is no higher medical appeal during a CIVMAR's first year of employment beyond the Force Surgeon, as it is considered to be a probationary period when termination without cause can occur.

3. Waivers. Waiver processing procedures are found in Section 5-7.

4. Documentation. The MSC modified DOD-forms, including, Report of Medical History (DD2807) (Appendix S1), Report of Medical Examination (DD-2808) (Appendix S2) forms MSC Mariner Physical Exam Addendum (Appendix S3) and other appropriate occupational health forms, will be used to document all required examinations. All reports of special studies and examinations must either be entered on, or appended to, these standard form examination templates. All examinations will be permanently

17 Sep 15

filed in the CIVMAR's health record. Examinations shall be conducted and documented in compliance with reference (a) to include the special studies listed in this section.

5. Disclosure. Failure to disclose medical conditions on DD forms 2807/2808 may result in a failure to hire an MSC applicant or disciplinary action for current CIVMARs.

6. Examination Requirements. Applicant and recurrent CIVMAR physical examinations will include:

a. DD Form 2807 and DD Form 2808.

b. Laboratory studies with results.

(1) Complete Blood Count.

(2) Lipid Profile to include cholesterol, LDL, HDL, and triglycerides.

(3) Fasting blood glucose preferred (if impractical use random blood glucose).

(4) Urinalysis.

(5) G-6-PD (one time).

(6) Sickle cell anemia screening (one time).

(7) Blood type (one time).

(8) Current (within 1 month) HgbA1c (diabetics only).

c. Dental health assessment and responsibilities.

(1) Dental deficiencies such as caries, fractures, abscesses or severe gingivitis will require a dentist's evaluation, treatment (at the CIVMAR's own cost) and statement that the CIVMAR's dental status is satisfactory for at least six months.

(2) There is no dental support onboard MSC ships. It is the personal responsibility of the CIVMAR to ensure that their dental health is optimal for at least the six-month period of their assignment. This will reduce the likelihood of being made NFFD and requiring a dental repatriation. Dental insurance remains optional but is strongly encouraged, and should include,

17 Sep 15

if possible, overseas dental coverage for OCONUS dental care that may be needed during deployment.

d. Eye examination. Visual acuity testing (using Snellen Chart, Armed Forces Vision Tester, TITMUS, or other equivalent) to determine far visual acuity, both corrected and uncorrected, in each eye individually and with both eyes together (binocular vision). See Appendix H.

(1) Measurement of visual fields by confrontation. Minimum standard is 100 degrees.

(2) In accordance with reference (a), chapters 15-36(d) and 46 CFR 10.215, normal color vision is required on a safety and suitability basis for hire as evidenced by passing approved objective color vision testing. Should an applicant fail a subtle screening color vision test such as the Ishihara pseudo-isochromatic plates, other approved color vision tests (Farnsworth Lantern test (FALANT) Color Vision Test, TITMUS color test) may be utilized to identify the ability to differentiate true colors (red, blue, green, yellow). Functional or performance tests such as the yarn or wire tests are not acceptable tests in ratings in which good color discrimination is essential (e.g., electrical, electronics). Medical waivers may be made on a case-by-case basis by the MSC Medical Department.

(3) Paragraph 5-6.3 amplifies visual acuity requirements.

e. Audiogram. If an applicant or CIVMAR is in a rating requiring enrollment in the Hearing Conservation Program (HCP), a Defense Occupational and Environmental Health Readiness System (DOEHRS) audiogram will be required. A non-DOEHRS screening audiogram will be acceptable for determining suitability for hire with those in the HCP obtaining a DOEHRS audiogram as soon as possible when near a DOEHRS capable facility.

f. Electrocardiogram (EKG). A baseline EKG is required as part of the pre-hire physical examination and with each periodic examination.

g. Additional laboratory testing. Any additional laboratory study or functional testing not previously listed is NOT authorized but may be recommended if deemed clinically indicated to determine the physical qualifications and health of

17 Sep 15

the CIVMAR. MSC medical staff will review and determine if the mariner will be required to obtain additional recommended tests.

h. Proof of vaccination. Applicants will be required to provide proof of vaccination for measles, mumps, rubella (MMR) and polio. If no vaccination history can be provided, a blood titer indicating antibody presence for immunity will be accepted. Further vaccination requirements are detailed in Appendix Q.

i. Tuberculosis. Applicants must undergo TB testing, and if positive are required - prior to hire - to begin and document treatment for LTBI once active TB disease is excluded. If the applicant has a prior history of LTBI he/she must submit documentation showing absence of active TB disease or initiation of an LTBI prophylactic treatment regimen, unless medically contraindicated. Current CIVMARS will be screened annually to assess exposure risk and determine whether or not testing is indicated per Section 6-2 (TB surveillance) and Appendix I.

7. Validity Periods of Medical Examinations. A medical examination is valid until the next required medical examination. To ensure continued suitability for duty, when CIVMARS are present in either the CSU East or West Coast Pools, they are to be queried by the MSC medical screening staff about changes in their health status or physical ability occurring since their previous assignment (e.g., hospitalizations, illnesses, change in medications, and new diagnoses). During interim medical screening periods, CIVMARS also have an obligation to report any changes in their medical condition to include the regular use of new prescription medications or the uses of any accommodative devices (e.g., splints, eyeglasses, CPAP use).

8. Medical Officer Final Review. Physical examinations, medical histories, and special studies are reviewed by staff Occupational Health Nurses and Physician Assistants. Should any examination finding be in question in the meeting of acceptable standards, the review will be elevated through the established chain of higher level review, per established guidelines. Appendix J, Fit for Duty/Fit for Sea Medical Screening Guide provides guidance to the medical staff on which specific conditions require higher level or Force Medical Officer (FMO) review. The FMO is available for consultation regarding interpretation of the standards for contractor personnel. The MSC Force Surgeon is the authority for organizational policy,

17 Sep 15

contract requirements, and setting physical standards and requirements for contract personnel.

5-3 PERIODICITY OF ROUTINE PHYSICAL EXAMINATIONS

1. Periodicity. Unless stated otherwise in this chapter or by competent authority, routine physical examinations will be completed as follows.

a. Entry. All individuals will be examined upon application for initial employment.

b. Every 5 years until age 50. CIVMAR medical examinations will be due upon the anniversary of the date of the previous physical.

c. Beginning at age 50, physical examinations are required every two years. When turning 50 years old, CIVMARs who have not had a physical examination within the past two years will be due. If the CIVMAR had a physical examination within the past two years they will be due two years from the date of the examination (i.e., a CIVMAR examined at age 49 will not be due until age 51).

d. Occupational examinations. Will be conducted as required by specific rating per Technical Manual NMCPHC-TM OM 6260.

2. Scheduling. Examinations may be scheduled up to 60 days prior to the due date. When ship operating schedules preclude timely examinations, the examination will be performed at the earliest opportunity. Examinations may be scheduled by the CSU East or West medical staff, the ship's MSO, or by the CIVMAR contacting CIVMAR Support Center East.

5-4 GENERAL CONSIDERATIONS

1. General. Occupational physical examination standard requirements vary between job positions.

2. Initial Employment. The standards contained in this manual apply to determining physical qualifications for initial employment.

3. Retention. The standards contained in this chapter will be used as a general guide in determining physical qualifications for continued employment.

17 Sep 15

4. Promotion or Career Change. Physical requirements may be specific to each CIVMAR position. Prior to an anticipated promotion or change of position, the MSC medical staff will screen the medical record and determine whether the physical examinations support the qualification for the anticipated change in position. Conditions previously determined to be "Not Considered Disqualifying (NCD)" for one specific position may be disqualifying (CD) for another position. Additional examination may be required to determine suitability.

5. Accommodation. A physical condition or impairment will not automatically disqualify an applicant for appointment if the condition is compensated for by satisfactory treatment, medication, prostheses or mechanical aid appropriate for duties at sea or by reasonable shipboard accommodation. Reasonable shipboard accommodation may include, but is not limited to, the use of assistance devices, minimal job modification, and/or adjusted assignments. The accommodation must be consistent with MSC Safety and U.S. Coast Guard regulations. CIVMARs who request reasonable accommodation will have their case reviewed by the MSC Reasonable Accommodation Board.

6. Special Duty. Standards for special duties are established to meet the physical qualification for CIVMARs assigned to duties requiring a level or type of physical ability or capacity different from that required for employment in the average career position with MSC (e.g. Surface Rescue Swimmer).

7. Medical Surveillance Program (MSP) and Occupational Health Examinations. Employees exposed to certain categories of occupational hazards require specialized evaluations. These examinations determine the CIVMAR's fitness for placement and continued employment in these occupations. Additionally, data from such examination assists managers and healthcare personnel in assessing the effectiveness of hazard-specific protection programs (e.g., heat, noise, fumes, asbestos). Examiners who do not feel comfortable marking "Qualified" without further evaluation or testing may instead mark "Pending" and write in "per MSC review," along with the desired recommendations. Technical Manual NMCPHC-TM OM 6260 and references (a), (g), (h), and (u) provide additional guidance. Appendix K lists the required rating-specific MSPs.

8. Additional/Special Requirements

a. Pregnancy. MSC is committed to providing safe employment opportunities for pregnant CIVMARs. There are

17 Sep 15

hazards inherent in the seafaring environment that may place a pregnant CIVMAR at risk. There is no routine prenatal or emergency obstetrical care available onboard any MSC ship. Generally, routine obstetrical care requires at minimum monthly evaluation (more frequent as pregnancy progresses). Not all MSC ships are alike and not all locales are equal. In the MSC work environment there may be platforms available and suitable for the employment of pregnant CIVMARs. The FMO will make a determination regarding continued fitness for duty on a case-by-case basis, weighing input from the obstetrical physician. Suitable work may include but is not necessarily limited to local operations and/or shorter voyages (within 60 miles) such as changes in ship's berth, ammunition anchorages, and transits to and from local shipyards, as long as this does not preclude necessary/required contact between the obstetrical physician and the pregnant CIVMAR. It is the responsibility of the pregnant CIVMAR to notify the Medical Department of her pregnancy at the earliest opportunity and provide the completed Medical Summary Form (Appendix L) from her obstetrical provider. Additionally, MSC requires an updated completed Medical Summary Form from the pregnant CIVMAR after each visit with her obstetrical physician. Appendix L will be provided to the CIVMAR to assist in obtaining the necessary obstetrical documentation.

b. Functional/Environmental Requirements. Appendix H provides physical functional requirements and environmental exposure factors for MSC CIVMAR positions. All personnel must be able to participate satisfactorily in firefighting, damage control, abandon ship and other shipboard emergency operations. The FMO has the authority to require an examination by a primary care physician, or if a more comprehensive exam is indicated, by a specialist. This more thorough exam may require a formal Functional Capacity Evaluation (FCE) and may be most appropriate to evaluate an individual's capacity to perform essential work activities related to their employment. A FCE may also be performed at the request of the CIVMAR's supervisor secondary to identification of a possible functional deficiency during the performance of duties. The MSC Medical Department can arrange an appropriate FCE to determine whether any identified functional limitations may affect the CIVMAR's fitness for duty status. CIVMARs are obligated to undergo such evaluation IAW 5 CFR 339 or may face administrative action.

c. Chronic Condition Evaluations. CIVMARs with chronic diseases or conditions must provide documentation of periodic follow-up with their private physician or dentist. This

17 Sep 15

documentation will be reviewed by MSC Medical Department screening staff to determine satisfactory control of the condition and continued fitness for duty. Guidelines for elevating particular conditions for higher level review are noted in Appendix J. Appendix M will be signed by the CIVMAR and a copy kept in their supplemental medical record indicating awareness of the chronic conditions and frequency of follow up as required by MSC Medical Department. The required frequency of providing medical documentation to MSC Medical is based on the maximal interval time in which follow-up documentation must be provided in order to maintain a fit for duty status. CIVMARs must follow their personal healthcare provider's recommendations for follow up especially if the follow up interval is more frequent than the required MSC periodicity for document submission. Follow up periodicity for any chronic medical condition not otherwise specified in Section 5-6 shall be provided at a minimum of annually.

d. Specific requirements regarding CIVMAR use of injectable medications are outlined in Appendix N.

e. All CIVMARs are responsible for reporting any new medical conditions, to include pregnancy, with supporting documentation from their provider, including any conditions that require prescription medications to the FMO to determine suitability for sea duty. Failure to report new conditions can result in disciplinary action.

f. For CIVMARs who have not yet seen an obstetrical physician regarding their pregnancy, steps will be taken as expeditiously as possible to obtain such evaluation of the CIVMAR to determine the pregnancy status.

g. All CIVMARs are responsible for bringing at least a six-month supply of all required prescription medications onboard ship at the time of assignment. CIVMARs who do not bring a six-month supply must have the means to obtain refills or renewal of the medications at their own expense including while overseas. The MSC shipboard Medical Department is not responsible for providing medications for chronic medical conditions.

5-5 INTERPRETATION AND APPLICATION OF PHYSICAL STANDARDS

1. Application of Physical Standards. Physical requirements were developed without regard to gender. The total fitness of the CIVMAR will be carefully considered in relation to the duties of his/her position.

a. Fit for Duty (FFD). Fully Fit for Duty and worldwide assignable to any MSC vessel.

b. Fit for Duty with Restrictions (FFD/R). A medical administrative category used to identify the need to obtain agency required physical examinations or MSP evaluations prior to next assignment. This may include the newly diagnosed pregnant CIVMAR until fully evaluated by their obstetrical provider. Occasionally on a case-by-case basis at command request, CIVMARs may be placed in the FFD/R category when a condition exists that would otherwise render them Not Fit for Duty so they may be temporarily assigned other duties ashore if medically suitable (e.g. classroom training). Anytime a requirement is due within the next 60 days a CIVMAR may be placed in a FFD/R status.

c. Not Fit for Duty (NFFD). Used for temporary periods when a CIVMAR has an illness or condition that precludes them from performing normal duties or being assigned to a vessel, or are overdue in providing personal medical documentation regarding their chronic medical conditions. NFFD is generally the required status for a CIVMAR when utilizing sick leave.

d. Fit for Hire (FFH). Used when an applicant's pre-hire physical is screened and deemed medically fit for new hire. The duty status is changed to FFD once the CIVMAR reports for New Employee Orientation (NEO).

e. Not Fit for Hire (NFFH). Used for applicants who need to provide additional medical evaluations regarding examination findings.

f. Permanently Not Fit for Hire or Permanently Not Fit for Duty (PNFFH/PNFFD). Used when a permanent disqualification is found either on an applicant or an incumbent CIVMAR.

2. Disqualification. The examining physician will evaluate an individual's health, physical abilities, compatibility of existing medical conditions in a shipboard environment (suitability), and physical requirements of the position to determine qualification for initial hiring and/or retention. Disqualification is the decision rendered when physical examination and review of the medical documentation reveals the individual's health presents an unacceptable likelihood that the following situations may occur:

17 Sep 15

a. Adverse Impact on Mission. The CIVMAR's health presents an unacceptable risk when the examining physician has reason to believe that the medical condition may:

(1) Present an unduly high probability of medical repatriation or medical evacuation.

(2) Cause an emergent disruption of ship's operating schedule or diversion from ship's mission.

(3) Interfere with safe and efficient job performance of the CIVMAR or other members of the crew, including firefighting, damage control, abandon ship and other shipboard emergency operations.

(4) Result in death from conditions at sea.

(5) Inability to be in a safety sensitive position for the welfare of self, other crew and the ship.

b. Incapacitation. Persons with conditions that put them at risk of sudden incapacitation or progressive conditions that require frequent treatment or evaluation and monitoring may be deemed NFFD when access to appropriate medical care may not be readily available due to the remoteness of MSC ships' operations.

c. Aggravation or exacerbation of an existing condition. If conditions at sea or in certain work environments would significantly aggravate or exacerbate an existing CIVMAR medical condition and/or result in further health impairment (e.g., having a CIVMAR with documented significant hearing loss work in noise hazardous areas).

d. Communicable Diseases. The presence of an infectious disease may not, in itself, be disqualifying. The determination of the likelihood of the transmission to other crew members will weigh into the decision of qualification.

3. Management of Individuals Found Not Fit for Duty (NFFD)

a. An applicant found Not fit for Hire (NFFH) for employment may obtain reconsideration upon submission of clear documentation demonstrating correction, cure, or sufficient stability of the disqualifying finding to allow safe performance of shipboard duty from an appropriate specialist. Applicants will be notified in writing and given the specific reason(s) why

17 Sep 15

they are not medically cleared and provided with guidance on what is required to obtain medical clearance. The final authority for determination of FFD status is the MSC Force Medical Officer should there be any question as to fitness, physical qualifications and suitability.

b. After having been determined NFFD by a physician (or dentist), the incumbent CIVMAR must provide a written report indicating the medical reason why they are NFFD to the MSC Medical Department. The CIVMAR is then made NFFD in the current electronic database. Prior to returning to work, the CIVMAR must provide further documentation from their physician (or dentist) that demonstrates sufficient resolution or recovery to determine fitness and suitability to return to duty. This information may be provided on a MSC standard MSF, or as a formal narrative summary. The summary must include diagnosis, treatment, prognosis, requirements for follow-up, and opinion regarding fitness for isolated, arduous sea duty remote from appropriate medical care for minimum periods of 4-6 months. The report will be evaluated by the Force Medical staff for final determination as to fitness to return to duty IAW the standards as established in this Chapter. Clarifying information may be required prior to clearing a CIVMAR as FFD with the CIVMAR ultimately responsible for obtaining and providing the required information. Should there be any question as to suitability, the final authority for determination of FFD status is the FMO.

4. Permanent Not Fit For Duty Evaluation. CIVMARS or Applicants will be found PNFFD or PNFFH when in the judgment of the FMO there is no possibility of a return to work at sea in their current rating or the rating for which they applied. As the final review authority, the FMO will consider the current position held or applied for, the CIVMAR's career path and other careers with MSC afloat prior to reaching the determination of PNFFD/PNFFH. A letter signed by the FMO indicating PNFFD/PNFFH will be filed in the CIVMAR medical record and provided to the CIVMAR. The CIVMAR will be informed in the letter whether he/she is permanently not fit for all ratings or if they may be eligible to apply for another rating. CIVMARS found PNFFD may apply to have the opportunity to have their cases evaluated by the MSC Reasonable Accommodation Board. As part of the PNFFD process, the following actions will occur:

a. When a CIVMAR is found PNFFD, they will be referred to the MSC N-1 Human Relations specialist for counseling.

b. Formal notification of PNFFD will be forwarded to MSC N-1 Human Relations division.

c. The CIVMAR will be informed of the process for reevaluation and rebuttal of the findings that led to his/her determination as PNFFH/PNFFD.

d. In the case of a finding of PNFFH/PNFFD, a complete copy of the examination will be maintained at the MSC Medical Office for at least one year. The medical records of CIVMARs who were employed by MSC and found PNFFD will be forwarded to:

National Personnel Records Center Annex
1411 Boulder Blvd.
Valmeyer, IL 62295

Medical records of CIVMAR who are terminated or resign will be forwarded after six months. Medical records of applicants who were never formally hired are destroyed after one year.

e. N1 has visibility over all duty status changes via updates in the current electronic database.

5-6 PHYSICAL STANDARDS

1. General. This section establishes physical standards for personnel embarked on vessels under the direction of, or contract to, Military Sealift Command as authorized by 5 CFR 339.

2. Disqualifying Conditions. Section III of Chapter 15 of the Manual of the Medical Department (NAVMED P-117) may be consulted on the matter of potentially disqualifying conditions.

3. Amplifying Guidance on Specific Conditions. While the guidance in NAVMED P-117 generally pertains, there are unique factors inherent to MSC service that warrant additional considerations listed below.

a. HIV. HIV sero-positivity is not disqualifying in and of itself. Frequency of required follow-up, tolerance to prescribed medications, and documentation of continued disease stability (to include continued immunocompetence) and non-progression from the CIVMAR's personal physician will assist in determining the duty status. Narrative summary or Medical Summary Forms are required to be submitted to MSC Medical at a minimum of every six months. Documented clinical stability, in

17 Sep 15

accordance with current practice guidelines, is required following any changes in condition or antiretroviral treatment regimen. CIVMARS who are HIV-positive will also be required to obtain evaluations from their healthcare providers regarding suitability to receive required MSC vaccinations, most notably live virus vaccines including but not limited to yellow fever, and MMR.

b. Conditions affecting immune competence. Other medical conditions that may affect immune competence include the use of immune modulator medications (e.g., for inflammatory bowel disease, rheumatologic or neurologic disorders) that may interfere with the force health protection requirement to receive certain vaccinations, most notably live virus attenuated vaccines or conditions that require frequent follow up visits. CIVMARS with possible diminished immune competence by either condition or medication may also be required to obtain evaluations from their healthcare providers regarding administration of required MSC travel vaccinations.

c. Hepatitis. Chronic Hepatitis B or C is not disqualifying in and of itself. Duty status will be determined by severity of disease, frequency of required follow-ups, tolerance of prescribed medications, and documentation of continued stability from personal physician. Narrative summary or MSFs are required at a minimum annually unless their provider indicates no further follow-up is necessary. There must be no evidence of acute or chronic liver failure. Special diets are not routinely available aboard MSC ships.

d. Hearing. The requirements of references (a) and (u) will be applied to CIVMARS regarding hearing and are outlined in Appendix H. Audiology evaluation including speech discrimination thresholds is indicated for those individuals who do not meet the above requirements. Duty status will be determined by documentation of stability of hearing and ability to safely perform duties. Consideration will be given to the job requirements of the CIVMAR's current or prospective rating and whether continued noise exposure will exacerbate or accelerate the CIVMAR's noise-induced sensori-neural hearing loss. Noise restriction that could result in a recommendation for removal from particular ratings or jobs may be warranted based on this evaluation. Hearing aids are disqualifying for use in noise hazardous areas. Hearing aids amplify hazardous noise which can further accelerate and exacerbate and pre-existing hearing loss. Waivers for hearing aids will be considered only for those ratings not enrolled in the Hearing

17 Sep 15

Conservation Program. Noise cancelling headphones that preserves speech discrimination may be recommended on a case-by-case basis.

e. Diabetes. Insulin-dependent diabetes mellitus (IDDM) is disqualifying and no waivers are currently considered. Non-insulin dependent diabetes (NIDDM) is not disqualifying in and of itself. Duty status will be determined by frequency of required follow-up and documentation from the CIVMAR's personal healthcare provider indicating continued glycemic control, disease stability, and HgbA1c <8.0% (mmol/mol). Detailed progress notes, narrative summary or medical summary forms are generally required at a minimum of every six months unless well-controlled and stable for over one year with HgbA1c levels less than 6.0% in which case a CIVMAR may be allowed to submit an evaluation annually. There should be no evidence of significant end-organ damage. Note that MSC's HgbA1c standard is not an optimal diabetic control standard (which is <7%) but a value to allow the CIVMAR to continue working.

f. Gout. Gout is only disqualifying if it repeatedly precipitates repatriation or frequently interferes with the CIVMAR ability to perform duties.

g. Vision

(1) Visual Standards. The following guidelines provide a reference for medical examiners to evaluate an individual CIVMAR's vision in relation to occupational requirements. For both distant and near vision, further optometric/ophthalmologic evaluation may be required. The need for further evaluation will be handled on a case-by-case basis in a manner that is fair and consistent for all employees and only if it is job-related and consistent with business necessity.

(a) Licensed Masters, Mates, Operators or watch standers must have uncorrected vision of at least 20/200 in each eye and correctable to 20/40 or better in each eye.

(b) Engineers, Radio Officers, non-watch standers, and all others must have uncorrected vision of at least 20/200 in both eyes and correctable to at least 20/50 in each eye.

(c) Monocular Vision. CIVMARs with monocular vision must have vision correctable to 20/30, or better, in the good eye. They must undergo a complete ophthalmologic/optometric evaluation prior to initial employment and as part of retention

17 Sep 15

physical examinations. Fitness for duty determinations will be made on a case-by-case basis with particular consideration of monocular depth perception as it relates to occupational safety. Waiver submissions for Masters, Mates, or watch standers with monocular vision will require additional documentation of their ability to safely perform essential duties.

(2) Prescription Safety Glasses. CIVMARs who require corrective eyeglasses are required to wear safety glasses. If eyeglasses are needed for vision correction, with a current written prescription the CIVMAR can request prescription safety glasses through the Safety Department IAW SMS Procedure 2.1-012-ALL. CIVMARs should have two pairs of eyeglasses to include a backup pair should their primary eyeglasses be broken or lost. It is also strongly recommended for the CIVMAR to have their eyeglass prescription written down should a replacement pair of spectacles be required. CIVMARs who use contact lenses must have a pair of prescription eyeglasses available in the event contact lenses cannot be worn.

(3) Color Vision Discriminatoin. MSC will accept standard color vision testing on applicants using ophthalmologic/optometric approved methods. Waivers will not be considered for Masters, Mates, watch standers and engineering department personnel found to be color vision deficient in color discrimination testing. These personnel must be tested and be able to satisfactorily distinguish red, green, blue and yellow colors.

(4) Glaucoma - Primary or Secondary. The suitability of CIVMARs diagnosed with glaucoma will be evaluated on a case-by-case basis. Untreated narrow angle glaucoma is a cause for rejection as it is a significant cause of (preventable) blindness.

h. Tuberculosis. Active TB disease in any form or body location, and to any degree or extent, is disqualifying. The CIVMAR must demonstrate absence of active TB disease following adequate treatment in order to return to work. In the case of latent tuberculosis infection (LTBI) they may remain FFD if on treatment, if they have completed treatment or if treatment is medically contraindicated and they are being followed according to reference (v).

i. Malignancy history is not disqualifying in and of itself. Duty status will be determined by frequency of required follow-ups, tolerance of prescribed medications, degree of

17 Sep 15

immunocompromise and documentation of continued stability from the CIVMAR or applicant's personal physician. In general, a narrative summary, detailed progress notes, or a MSF for malignancy history are required to be submitted to the MSC Medical Department at a minimum of every six to twelve months depending on the CIVMAR's current health status.

j. Drug or Alcohol Dependence is disqualifying unless there is demonstrated completion of drug and/or alcohol rehabilitation or treatment program. Moreover, all CIVMARS are subject to random urine testing in accordance with US Government and DoD regulations. CIVMARS seeking treatment shall be referred to the designated Department of Navy Civilian Employee Assistance Program (DONCEAP) staff personnel. Shipboard and online support programs may be available.

k. Behavioral Disorders. Personality, conduct and behavior disorders are generally disqualifying for entry unless demonstrated to be sufficiently stabilized to safely perform anticipated duties. Disposition of current CIVMARS with disruptive behavior is generally administrative vice medical.

l. Psychiatric Disorders. History of DSM Axis I psychiatric illness may be disqualifying. History of DSM Axis II is generally disqualifying. Waivers may be considered upon demonstration of the CIVMAR's ability to perform the functions required of his/her position. The conditions must be shown to be stable, non-severe, responsive to well-tolerated medications, require follow-up no more frequently than every six months, are unlikely to be exacerbated by isolated sea duty, and do not present a danger to themselves and others. A current, complete psychological/psychiatric assessment is needed for waiver consideration with periodic updates as determined by the FMO. Additional review is required for those CIVMARS who must be small weapons qualified, which is further discussed below under small-arms waivers.

m. Documentation must be sufficient in nature to assist the FMO in determining psychological suitability. In general, documentation will be required from a psychiatrist or clinical psychologist. However, on a case-by-case basis the FMO may accept documentation from a non-psychiatrist/psychologist provider (e.g., family practice, internal medicine) dependent upon the diagnosis of the condition, stability, and length of the patient-provider relationship.

17 Sep 15

n. Small Arms Waiver. MSC will generally follow guidance of reference 5.10 with documentation requirements as noted previously. Document review and waiver recommendation responsibility rests with the FMO. CIVMARs with any psychiatric diagnosis and/or on any psychotropic medications, including Selective Serotonin Reuptake Inhibitors (SSRIs) and/or anxiolytics, whose duties involve the use of small arms will be required to be evaluated by a mental health professional (i.e., psychiatrist or PhD/PsyD level clinical psychologist) specifically requesting an evaluation on the suitability to perform duties involving small arms. A waiver shall not be recommended for any individual with a diagnosis of psychosis (e.g., schizophrenia, bipolar disorder with psychotic features) for which anti-psychotic or mood-stabilizing (including anti-convulsant) medication is necessary. A small arms waiver must be recommended by the FMO and approved by the Director Marine Placement prior to being assigned small arms duties, including training, and shall remain in effect provided the requirement of periodic follow-up is maintained, normally every six months. In the case of CONMAR waivers, upon review of sufficient documentation (a formal request and a completed waiver package), the FMO will review and make a recommendation of waiver approval or disapproval. Appendix O provides a sample MSC small arms waiver.

o. Coronary Artery Disease. Coronary Artery Disease (CAD) that is symptomatic (with exercise or at rest) or precludes strenuous activity is disqualifying. Individuals with a history of coronary artery bypass surgery or acute coronary events (STEMI or non-STEMI) treated with angioplasty or stents may be considered for waiver if a minimum of four months have elapsed since the event and they are symptom free, have a recent normal graded exercise stress test, and have no activity limitations. CIVMARs with a history of intervention with angioplasty or stent placement NOT due to myocardial infarction may be considered for a waiver after one month if they are symptom free, have a recent normal exercise stress test, and have no activity limitations, and are cleared to be at sea for six months per their cardiologist. A "normal" exercise stress test is testing that utilizes the BRUCE protocol in which the patient achieves at least 8 METS. The ejection fraction must be at least 40%. A narrative summary, detailed medical progress notes or medical summary forms are required to be submitted to the FMO for review at a minimum of every six months for CIVMARs with CAD.

17 Sep 15

p. Cardiac Dysrhythmia. Dysrhythmias that are symptomatic or present an unacceptable risk for progression are disqualifying.

(1) The requirement for an Implantable Cardioverter Defibrillator (ICD) may be disqualifying. Applicants and CIVMARs will be evaluated on a case-by-case basis.

(2) Any applicant or current CIVMAR found to have any pre-excitation syndrome such as Wolff-Parkinson-White Syndrome (WPW) or an atrio-ventricular reciprocating tachycardia (AVRT) will be deemed Not Fit for Hire or Not Fit for Duty until an electrophysiological study (EPS) is completed to determine if any treatment, such as aberrant pathway ablation, is required.

(3) Waivers may be considered for those individuals who can demonstrate complete control of their dysrhythmia with medication or following a successful ablation procedure and determination by a cardiologist that the CIVMAR is suitable to perform the rigors of the job at sea remote from medical care for periods up to six months without follow-up requirements. A narrative summary or medical summary forms are required to be submitted at a minimum of every six months.

(4) Structural heart disease and surgical repairs. These warrant cardiology/cardiac surgery evaluation on a case-by-case basis to determine fitness for duty.

q. Hypertension. Controlled hypertension demonstrated by readings consistently equal to or below 140/90 while using prescription medication is not considered disqualifying. A narrative summary or MSF is required to be submitted annually at a minimum.

r. Obstructive Sleep Apnea. Sleep apnea responsive to commonly available treatment (including positive airway pressure devices, CPAP or BiPAP) is not considered disqualifying if the CIVMAR submits a device log to their sleep medicine specialist and then obtains a sleep medicine physician statement of good compliance. The CIVMAR must be able to tolerate not using the positive airway pressure device for occasional extended periods, as might occur during disruption of electrical power or equipment failure or breakage. A narrative summary, progress notes or a MSF, indicating good compliance with use of the device and/or without problems of excessive daytime somnolence are required to be submitted at a minimum of every year. The CIVMAR is responsible for bringing required supplemental

17 Sep 15

supplies (e.g., filters, straps, facemasks, tubing) as these items need to be periodically replaced (generally every 1-3 months).

s. Chronic Obstructive Pulmonary Disease (COPD). COPD that precludes using emergency fire-fighting gear and respiratory protective equipment or engaging in the strenuous activity required for shipboard emergency response is disqualifying. A narrative summary or MSF is required to be submitted at a minimum annually.

t. Asthma. Asthma after age 12 may be disqualifying. Waivers may be considered for individuals with historically mild intermittent disease on a case-by-case basis. An evaluation by a pulmonologist attesting to a low risk of significant future exacerbation and suitability to be at sea remote from medical care will be required for waiver consideration. A narrative summary or MSF is required at a minimum annually.

u. Recurrent Ureteral or Renal Calculi. Two or more separate episodes may be considered disqualifying. Waivers may be considered for CIVMARs who have undergone a thorough metabolic work-up and reliably adhere to the prescribed treatment and dietary regimen. A determination by a urologist that further risk is minimal and that the CIVMAR is suitable to be at sea remote from medical care will be required for waiver consideration. CIVMARs who have had lithotripsy (shockwave or laser) or surgery (e.g., ureteroscopy with/without a stent, or percutaneous nephrolithotomy) must be cleared by their urologist to return to work. There is no pre-determined interval of time, only that they are symptom-free and have a urologist release without need for follow-up sooner than six months.

v. Anticoagulants/Antiplatelets. Anticoagulants, including but not limited to, warfarin sodium (Coumadin), dabigatran (Pradaxa), apixaban (Eliquis) and rivaroxaban (Xarelto), Iprivask (Hirudin) and vorapaxar (Zontivity) are disqualifying as the risk of bleeding after injury is significant. Anti-platelet medications including, but not limited to, aspirin, clopidogrel (Plavix), dipyridamol (Persantine), ticlopidine (Ticlopidine), ticagrelor (Brilinta), thienopytidine (Effient), are generally acceptable.

w. Dyslipidemia. Untreated Low Density Lipoprotein (LDL) > 160mg/dl or triglyceride level >400mg/dl will require the CIVMAR be evaluated for possible treatment. Any CIVMAR on any prescription lipid lowering treatment is required to provide

17 Sep 15

follow-up documentation demonstrating compliance with a treatment regimen at least annually.

x. Neurologic disorders. Neurologic disorders, such as epilepsy or stroke with neurologic residual impairment, or conditions associated with progressive neurologic decline (e.g., Huntington's Chorea, ALS, MS) are generally considered disqualifying but may be considered on a case-by-case basis.

(1) Epilepsy. Applicants or CIVMARs on anti-seizure medication are disqualified. CIVMARs with a history of epilepsy/seizures off anti-seizure medication and seizure-free for a minimum of five years may be found physically qualified.

(2) Single seizure. CIVMARs with one seizure episode must demonstrate a six-month seizure-free period not on medication and receive clearance from their neurologist. In those cases where a seizure is the result of an episode of loss of consciousness that resulted from a known medical condition, determination of fitness will be deferred until there is full recovery from that condition and there are no residual complications, and no anti-seizure medication is used. In those cases where the seizure is the result of head trauma, fitness and required time interval post-traumatic event will be considered on a case-by-case basis.

(3) Other neurologic conditions. For any other neurologic condition, sufficient documentation of normal neurological functioning, without significant residual sequelae, and with long-term stability will be considered on a case-by-case basis.

y. Controlled medications. Use of mental status altering medications such as benzodiazepines, narcotics, opiates or hypnotics is disqualifying. Documentation of discontinuation of the medication is required. Waivers may be considered on a case-by-case basis for other controlled medications to include central nervous system stimulants.

z. Other Disqualifying Conditions. Any medical condition that affects work performance, is progressive, or in the opinion of the FMO, may cause incapacitation, or any condition that may be worsened by the CIVMAR's employment, may be considered disqualifying. Any medical condition posing a threat to the health and safety of the CIVMAR, his/her shipmates, or the ship may be considered disqualifying.

5-7 WAIVER RECOMMENDATION PROCESS

1. Waiver requests may be initiated by applicants, current CIVMARs, or the FMO. Not all abnormal physical examination findings require a waiver approval to be medically cleared. Formal medical department approval in writing will be required if the CIVMAR does not meet specific written medical standards for conditions such as vision or hearing and as required for small arms or other special duties.
2. Waivers may be appropriate when an abnormality could be considered to be disqualifying but in the judgment of the FMO will not preclude the safe performance of duty.
3. When preparing waiver requests, sufficient information about the medical condition or abnormality must be provided to permit medical reviewing officials to make an informed assessment of the condition in the context of the duties of the CIVMAR and in applying MSC medical standards.
4. The FMO will forward formal waiver recommendations for final determinations to MSC Director of Marine Placement. Any applicable position limitations or work restrictions will be recorded in the current electronic database.
5. Rating changes may require waiver review, revision and approval.
6. Waiver denials may be appealed to the Force Surgeon.

CHAPTER 6

OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE

6-1 GENERAL

1. Preventive and Occupational Medicine. The Navy Medical Department provides occupational health service support to MSC ships, per NAVMEDCOMINST 6320.3B (14May1987) and BUMED Memo 6300 (12Sep2012). MSC Preventive Medicine and Occupational Health programs follow Navy guidelines and policies as modified to meet the unique requirements of CIVMAR manned ships. Government owned, contract operated MSC ships are addressed where and when applicable.

2. Guidance. Basic guidance for occupational health and preventive medicine programs is contained in the following:

a. Manual of the Medical Department (NAVMED P-117), Chapter 22.

b. Manual of Naval Preventive Medicine (NAVMED P-5010).

c. OPNAV, SECNAV and BUMED directives in the 5100 series and 6200 series.

d. NEHC 6260 TM Series, Medical Surveillance Procedures Manual & Medical Matrix.

e. CDC, USPHS, FDA and USDA quarantine, food safety, prophylaxis and infectious disease policies.

6-2 HEALTH MONITORING AND WELLNESS PROGRAMS

1. General. Afloat health monitoring programs include the following:

a. Tuberculosis Surveillance. Annual TB screening will be performed in accordance with reference (v), Tuberculosis Control Program, utilizing the NAVMED 6224/8 Tuberculosis Exposure Risk Assessment. Additionally, latest Centers for Disease Control and Prevention (CDC) and American Thoracic Society (ATS) guidance will affect screening strategies.

17 Sep 15

(1) CIVMARs and CONMARs require skin (TST) or blood testing (e.g., QTF-TB Gold, T-spot) for LTBI at time of hire, regardless of exposure and travel history.

(2) If CIVMAR or CONMAR leaves their employment as to take another job and then applies to return to MSC, they would be required to submit to new testing like any other new applicant.

(3) There is no longer an annual requirement for TST but rather completion of the TB Exposure Risk Assessment questionnaire NAVMED 6224/8 (Rev.3-2011). If there is a positive response on the questionnaire then re-testing is required.

(4) For those who have remained TST (PPD) negative, LTBI skin or blood tests are done in accordance with reference (v) guidance and current CDC and ATS recommendations. Such testing is typically done as part of contact or outbreak investigations, positive responses on the screening questionnaire, or as directed by higher authority.

(5) Annual TB screening for those who previously had LTBI and were treated, is a questionnaire (exposure history and symptoms) not repeat skin or blood testing for LTBI. Testing and referral is required if there is a suspicion of significant exposure to case(s) of active TB or concern over the patient having active TB.

b. Physical Examinations. Chapter 5 of this instruction details physical examination requirements and health maintenance.

c. Individual Requirements. Health conditions discovered during physical exams, sick-call visits or health maintenance programs will be recorded in the shipboard electronic health record and a hard copy placed in the CIVMAR medical record(s).

d. Special Medical Surveillance. Paragraph 6.7 of this chapter details monitoring requirements for environmental and occupational hazards.

2. Health Promotion and Wellness (HP&W). Military Sealift Command encourages all federal civil service personnel to pursue an optimal level of personal wellness and physical fitness.

17 Sep 15

a. Each Activity, ashore and afloat, will develop and support an individualized Health and Wellness Promotion committee in accordance with reference (e).

b. Health Promotion and Wellness activities are defined as awareness, educational, motivational and intervention programs designed to maintain and/or improve employee health. These activities are voluntary. HP&W activities must include but are not limited to alcohol and drug abuse prevention; tobacco use prevention and cessation; overweight and obesity reduction and nutrition education; sedentary lifestyle reduction and enhancing physical fitness; illness and injury prevention; sexual health and sexual responsibility; suicide prevention; stress/anger management; and interpersonal violence reduction.

c. Participation in the Commander's Annual Health Promotion Unit Award (Green "H") is highly encouraged. Reference (e) provides further guidance and provides information on submitting nominations for Green "H" award.

d. All encounters between CIVMARS and medical personnel ashore or afloat are opportunities to promote health and wellness.

6-3 CONTROL OF COMMUNICABLE DISEASE AND IMMUNIZATIONS

1. General. MSC will follow guidance promulgated by Navy Medicine, CDC and other recognized public health experts. Disease surveillance and reporting, workplace monitoring, medical, environmental health and other assessments are preventive medicine tools used to ensure MSC mission readiness.

2. Disease Surveillance. MSOs/MDRs are highly encouraged to contact the FMO, MSC Afloat Program Manager/Environmental Health Officer or local Navy Environmental Preventive Medicine Units (NEPMU) prior to deployment to ensure knowledge of current prophylaxis and treatment anticipated for endemic diseases. Ashore medical department personnel will keep shipboard MSO/MDRs apprised of disease occurrences and other medical intelligence issues that may impact mission effectiveness. Other sources for disease intelligence available to MSOs are:

a. Navy Environmental Preventive Medicine Units (NEPMU)

(1) NEPMU-2: 1285 West D St, Norfolk, VA 23511-3394.
Comm: (757) 953-6600, DSN: 377-6600, FAX: (757) 953-7212, & PLAD
NAVENPVNTMEDU TWO NORFOLK VA.

17 Sep 15

(2) NEPMU-5: 3235 Albacore Alley Naval Station, San Diego, CA 92136. Comm: (619) 556-7070, DSN: 526-7070, FAX: (619) 556-7071 & PLAD NAVENPVNTMEDU FIVE SAN DIEGO CA.

(3) NEPMU-6: 1215 North Rd Pearl Harbor, HI 96860. Comm: (808) 473-0555, DSN: 315-473-0555, FAX: (808) 473-2754, & PLAD NAVENPVNTMEDU SIX PEARL HARBOR HI.

(4) NEPMU-7: Rota Spain Officer in Charge, PSC 819 Box 67 FPO AE 09645-0085. COMM: 011-34-956-82-2230, DSN: (314) 727-2230; Email Address: NEPMU7@eu.navy.mil PLAD: NAVENPVNTMEDU SEVEN ROTA SPAIN.

b. Navy Entomological Center of Excellence (NECE).
NECE JAX: Box 43, Naval Air Station, Jacksonville, FL 32212-0043. Comm: (904) 542-2424, DSN: 942-2424, FAX: (904) 542-4324, & PLAD: NAVDISVECTECOLCONCEN JACKSONVILLE FL.

c. Preventive Medicine Departments at military medical treatment facilities (MTFs).

d. National Center for Medical Intelligence (NCMI).

e. Global Disease Surveillance Report.

f. U.S. Department of State.

g. Local Health Departments.

3. Navy Disease Reporting System (NDRS). The NDRS is incorporated into the SAMS medical program designed to report selected infectious diseases, injuries, or disease outbreaks that affect operational readiness, are internationally quarantinable or are unusual in nature. The NDRS generates a Medical Event Report (MER).

a. MSO/MDR shall ensure that the MER is submitted in accordance with reference (w).

b. Timely, accurate reporting is critical in identifying emerging infectious diseases and initiating appropriate action and resources that will protect both MSC personnel and the surrounding communities. Every report is important. Seemingly unrelated cases of disease or injury on different ships may be medically significant when viewed on a regional or fleet wide basis.

17 Sep 15

4. Disease Prevention. Prior to entering endemic areas, the MSO/MDR will ensure the following:

a. Provide comprehensive training to the crew on the prevalence, recognition and prevention of endemic diseases in the AOR and local ports.

b. Initiate appropriate preventive measures, prophylaxis and/or treatment in accordance with current protocols.

5. AOR Deployment. When deployed, the MSO/MDR will follow the operational Fleet Surgeon/COCOM guidance.

6. Management of shipboard contagious/infectious diseases. All MSC healthcare personnel will take prudent precautions to limit the spread of contagious/infectious diseases by

a. Practicing universal precautions for infectious diseases, to include the use of Personal Protective Equipment (PPE).

b. Isolating the sick CIVMAR.

c. Consulting with FMO/contracted medical advisory service.

d. Notifying the Master/OIC.

7. Immunizations. CIVMARs and CONMARs shall receive current immunizations as summarized in Appendix Q which is in accordance with reference (j), BUMEDNOTE 6230, COCOM requirements and other guidance.

a. All immunizations, except yellow fever, may be given at sea or ashore at the discretion of the MSO with concurrence of the ship's Master. Resuscitative response capabilities (notably to treat anaphylaxis) will be made available by the MSO before the administration of vaccines.

b. Yellow Fever immunizations shall be administered only in port during normal working hours and concurrence of the Master.

c. Immunization Waivers. The FMO has authority to grant waivers in the case of legitimate religious objections, medical contraindications or other mitigating circumstances. CIVMARs who have right of refusal may be removed from the ship due to inability to meet theater requirements. CIVMARs without waivers

17 Sep 15

who refuse to receive required immunizations shall be reported to the Master or Director, CSU for administrative disposition.

d. Current immunization requirements. The FMO is responsible for ensuring promulgation of current immunization requirements. Each contractor or sponsoring agency will ensure CONMAR/employee compliance with current immunization requirements.

e. Tracking Immunizations. Each immunization will be entered on the SF 601, DHHS form 731 (yellow shot card) and in the current electronic database.

8. Anthrax. Anthrax immunizations are authorized only by direction of the MSC Force Surgeon or as required by higher authority. All involved medical personnel must receive DOD and CDC approved training on the benefits and risks of the vaccines and with documentation entered in their training records. Prospective vaccines will be pre-screened for risks and medical contradictions using approved Military Vaccine Agency (MILVAX) screening forms. Anthrax screening form must be completed before immunization occurs.

9. Anthrax Program. The AVIP (anthrax vaccine immunization program) program remains in effect.

a. Providers and screeners must complete the healthcare provider briefing. A certificate will be generated if you log in as a provider.

<http://www.vaccines.mil/AdobeConnect/MultimediaDetails.aspx?SCO-ID=785476&GroupID=70163&DocID=1984>.

b. An additional informational resource for healthcare providers: <http://www.anthrax.mil/documents/864Dec2005house-inhouse-out.pdf>.

c. Only one handout is required to be given to the anthrax vaccinee:

http://www.vaccines.mil/documents/1623_AVIPTrifold.pdf.

10. Hepatitis. For guidance on the use of Hepatitis A and B vaccines, refer to Appendix T.

6-4 COMMUNICABLE DISEASE PROGRAM REQUIREMENTS

1. Communicable Disease Program Requirements. The following diseases require monitoring, prophylaxis and treatment.

17 Sep 15

a. Malaria

(1) Prevention and Control. Follow Fleet Surgeon/COCOM guidance prior to deployment to any malaria endemic area, the MSO/MDR will ensure the following:

(a) Ensure all embarked personnel are thoroughly instructed in malaria prevention and control, with emphasis on mosquito avoidance measures when operating in a malaria endemic area.

(b) Ensure all embarked personnel have documented results of G6PD and Sickle Cell Anemia testing in their health record. Consult FMO or medical advisory service physician prior to administering primaquine to G6PD deficient personnel.

(c) Maintain sufficient supplies of malaria chemoprophylaxis drugs onboard to provide all embarked personnel treatment as directed by Fleet Surgeon/COCOM requirements.

(2) Documentation and Reporting Requirement. The MSO will document:

(a) Any adverse reaction to malaria chemoprophylaxis will be documented using the current electronic and hard copy health record.

(b) A Medical Event Report will be generated by the MSO, in accordance with reference (w), if malaria is suspected or confirmed.

b. Hepatitis. Infectious Hepatitis, or Hepatitis A, is transmitted via contaminated food and water and is common in every major seaport in the world. Hepatitis B virus (HBV) and Hepatitis C (HCV) are blood borne pathogens. Additionally, HBV is a sexually transmitted disease. HCV may also be sexually transmitted.

c. Sexually Transmitted Infection (STI). Refer to reference (x) and the most current CDC MMWR Guidelines for Treatment of Sexually Transmitted Diseases for guidance on the diagnosis and management of STIs.

(1) Training. MSOs will provide training in the prevention of sexually transmitted infections and blood-borne pathogen precautions as a part of the ship's training plan in accordance with COCOM Force Health Protection guidance.

17 Sep 15

(2) Education. The MSO will be thoroughly informed on the risks, complications, symptoms and preventive measures for STIs including HIV.

(3) Treatment. Treatment for STI patients will follow the drug regimens recommended by the Center for Disease Control (CDC) in the "Morbidity and Mortality Weekly Report (MMWR) Guidelines for Treatment of Sexually Transmitted Diseases." The current treatment guidelines are available on the CDC website (<http://www.cdc.gov/mmwr>). The MSO/MDR must review the current MMWR guidelines on the website before initiating any patient treatment, as a patient safety precaution, since new drug-resistant STI strains continue to evolve.

(4) Documentation. The diagnosis and treatment of any STI will be documented in the health record.

d. Tuberculosis (TB) Control Program

(1) All MSC ships will conduct a TB control program in accordance with reference (v). The MSO/MDR will conduct the program. For medical readiness purposes, PPD/Tuberculin Skin Test (TST) converters must be 100% compliant with the TB control program as a critical element in the MSC Medical Readiness Inspection.

(2) All persons with a positive TST, QFT, or T-Spot test must be evaluated for active TB disease before a diagnosis of LTBI is given. If active TB is found, treatment must be completed before sail.

(3) Individuals with LTBI not previously completing treatment can be treated regardless of age to prevent progression to active TB, unless medically contraindicated.

(4) A history of BCG vaccination should be ignored when evaluating a positive TST or when considering LTBI treatment. Childhood BCG vaccination does not confer lifelong TST reactivity and is not protective against development of active TB disease.

(5) When LTBI treatment is initiated, MSC does not require baseline or follow-up liver function tests (LFTs). In those cases where a patient has a history of abnormal LFTs or has underlying liver disease, testing is recommended (including, AST, ALT, bilirubin) due to the increased risk of liver toxicity from drugs used to treat TB. Private healthcare providers

17 Sep 15

should be informed that in order for their patients to be cleared to sail, CIVMARs must not require any follow-up LFTs during their six month assignment as the opportunity to obtain most standard lab tests may be unavailable.

(6) For CIVMARs receiving LTBI treatment, monthly screenings are conducted in accordance with reference (v). The health care provider evaluates patient medication compliance, possible side effects, frank jaundice, and indications of active TB, to make decisions about either continuing or discontinuing the current medication regimen.

(7) Those with a history of either treated or untreated LTBI, who develop symptoms suspicious for active TB (e.g., hemoptysis, unintentional weight loss, fever) should be in shipboard respiratory isolation with infection control measures instituted until a definitive evaluation for active TB disease can be completed and, if necessary, treatment instituted.

e. Diseases of Epidemic/Pandemic Potential (e.g., Ebola, Influenza, MERS-CoV). Advisories will be provided to MSC ships as part of Force Health Protection.

f. Outbreaks (e.g., Norovirus, MRSA, TB, Legionella). MSO will inform MSC Medical Department of outbreaks for assistance with investigation and control. Outbreaks are occurrence of cases of disease in excess of what would normally be expected. An outbreak may be one case of an unexpected disease (e.g., anthrax, active TB) or multiple cases of a common disease (e.g., diarrhea outbreak).

g. Medical Intelligence Program. Collection of current medical intelligence in ports outside the U.S., with emphasis on communicable diseases and availability of medical care, will enhance operational medical support. MSOs will report any significant medical intelligence gathered during port visits, hospital visits, or gained through other sources, to the MSC Environmental Health Officer and the FMO.

6-5 PUBLIC HEALTH AND SANITATION

1. Environmental Health. Good public health management practices and high sanitary standards are primary factors in the prevention of communicable disease and directly contribute to the health, morale and well-being of the crew.

17 Sep 15

2. General Habitability. The MSO shall monitor cleanliness of the ship as a whole, adequacy of ventilation, heating and lighting, cleanliness of bedding, living spaces and heads and the identification and correction of safety deficiencies in all living and working spaces. Deficiency reports will be made to the Master as necessary.

3. Personal Hygiene. CIVMARS who appear unsanitary or have personal hygiene issues should be brought to the attention of the ship's Master or Chief Mate for counseling.

4. Pest Control. Effective control of insects, pests and rodents aboard ship shall be in compliance with SMS Procedure 2.4-003-ALL. Prudent pest control measures remain the responsibility of MSC shipboard Medical/Supply Departments. Routine surveys of stores and cargo (food and non-food areas) for the presence of insects during receipt, transfer, storage or food preparation is paramount for good pest control. When actual infestation is determined, preventive measures will be employed by certified personnel per Navy Shipboard Pest Control Manual. MSC Medical Department personnel (MSO/MDR) will be certified in shipboard pest control and responsible for the application of approved pesticides.

5. Food Safety

a. General. Food service facilities will be monitored daily by the MSO/MDR. The MSO will conduct formal, unannounced Food Safety Inspections IAW SMS Procedure 2.4-003-ALL. The MSO will:

(1) Inspect subsistence items for fitness for human consumption, ensuring that subsistence items are received from approved sources (see Article 1-4, NAVMED P-5010 for limitations of this requirement).

(2) Conduct initial screening of food service personnel newly reporting onboard 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 should be sufficient to detect evidence of diseases that may be transmitted by food. Subsequent health screenings (e.g., annual evaluation) are not routinely required but may be conducted at the discretion of the MSO. It is advisable to re-screen food service personnel who have been away from their duties for extended periods, especially those who have traveled to foreign

17 Sep 15

countries or missed duty due to illness, before resumption of food service duty.

(3) Provide technical guidance and assistance in the presentation of food service training programs.

b. Food Safety Training. All food service personnel will have a minimum of four hours training. Food service personnel will possess a current Food Safety Training Certificate in accordance with reference (y) and NAVMED P-5010. MSOs and Chief Stewards will be certified as Food Safety Instructors. All Food Safety Instructors and persons in charge shall maintain a current certification in order to comply with food safety training requirements as set forth by this instruction.

6. Potable Water

a. General. MSO/MDR are responsible for execution of ship's water sanitation procedures IAW SMS procedure 2.4-002-ALL and will be thoroughly familiar with the standards listed in NAVMED P-5010, 1-61 and Chapter 6. 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 Master. All monitoring of the potable water system will be documented in the current electronic database. Entries will include resolutions to any problems noted in the remarks section. Ships without a database must maintain entries in the Potable Water Log and/or Medical Department Journal.

b. Water Sanitation Bill. Each ship must develop a water sanitation bill either as part of the Ship's Operating Readiness Manual (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.

c. Storage of Halogens

(1) 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 Technician Manual, Chapter 670

17 Sep 15

(Stowage, Handling and Disposal of Hazardous General Use Consumables).

(2) Bromine Cartridges Storage. Bromine cartridges are the responsibility of either the engineering or supply department. Cartridges must be stowed in clean, dry ventilated storeroom/locker. Refer to NAVSHIPS Technical Manual, Chapter 533 (Potable Water Systems). Cartridges have a shelf life of two years from the manufacturer's date of manufacture.

7. Marine Sanitation Device (MSD). MSC ships will ensure that all components of the MSD are routinely inspected. All personnel operating the system will be trained in the health and safety aspects of operating the MSD. Proper protective equipment and clothing will be maintained for routine work or for use during an emergency sewage spill.

a. Hygienic Procedures. The following hygienic procedures are applicable to all shipboard MSDs.

(1) Hose Handling. Personnel disconnecting or connecting sewage transfer hoses will not subsequently handle potable water hoses without a thorough wash-up (hands, lower arms and face in that order) with hot soap and water.

(2) Protective Clothing. Personnel connecting or disconnecting sewage hoses will wear rubber gloves, rubber boots, face-shield and coveralls.

(3) Food/Drink in MSD Spaces. Eating, drinking or smoking is prohibited in all MSD spaces and while handling any component of the MSD system.

(4) Warnings. Health warning placards will be posted at the entry to all MSD spaces identifying safety procedures, location of spill cleanup kits, and prohibition on eating, drinking and smoking.

(5) Labeling. MSD valve handles and operating levers must be color-coded gold in accordance with GENSPECS 593 (Color Number 17043).

(6) Maintenance. All MSD systems will be maintained in compliance with Chapter 7 of NAVMED P-5010 and the manufacturer's instructions. The MSO will incorporate inspection of MSDs into the habitability inspection.

17 Sep 15

(7) Leak or Spill Clean-up Procedures. In the event spaces become contaminated with sewage as a result of leaks, spills or sewage system backflow, the space will immediately be evacuated and the Master, First Mate and MSO will be notified. The area will be isolated and disinfected in accordance with NAVMED P-5010.

(8) Emergency Escape Breathing Devices (EEBDs). Two EEBDs will be mounted in CHT pump rooms and MSD work areas.

(a) Contaminated Bilges. If a potable water tank forms the deck or any boundary of the bilge contaminated with sewage, daily bacteriological monitoring of the water from the tank will be conducted until such a time that the likelihood of contamination of the water tank is negligible.

(b) Contaminated Potable Water Tanks. If any portion of the potable water system is suspected of being contaminated, the system will be secured, cleaned and disinfected in compliance with Chapter 6 of NAVMED P-5010.

(c) Gas Free Engineering for MSD Systems. Compliance with reference (g), chapter 593 of NSTM 59086-T8-STM-010/CH-593R4 Pollution Control Gas Free Engineering and reference (h) is required prior to entering or breaching any component of a sewage disposal system for repair or inspection.

6-6 QUARANTINE AND SOLID WASTE DISPOSAL

1. Quarantine. In order to assist the ship in meeting quarantine requirements the MSO/MDR will comply with Chapter 22 of reference (a) and reference (z), detailing quarantine regulations.

2. Certificate of Compliance. MSO/MDR will provide appropriate certification when requested by the Master.

3. U.S. Quarantine Declaration. Public health quarantine procedures are required for ships that, in the last 15 days prior to arrival into the U.S. ports, Territories or Commonwealths or departure from the last U.S. port, Territories or Commonwealths (whichever is shorter) have or have had any crewmembers aboard with the following illnesses:

a. Persistent fever of 100-degrees F. (38° C.) or above for more than 48-hours with a rash, glandular swelling or jaundice.

b. Diarrhea, defined as three loose stools in a 24-hour period or a greater than normal stool frequency for that person.

c. Death due to illness other than battle or physical injuries.

d. When one or more of these conditions exist, the MSO/MDR will assist the Master as needed in fulfilling the reporting requirements.

4. Ships Sanitation Certificate. Required by the World Health Organization for all ships before entering most foreign ports. BUMEDNOTE 6240.1 details the requirements. This certificate replaces the DERATIZATION Certificate previously issued. This inspection will review the potential for disease onboard to include foodservice, potable water, sick call logs and vector control. Certificates will be renewed prior to expiration. Certificates may be obtained through coordination with the MSC Environmental Health Officer, the area NEPMU, MSC Norfolk Medical Department, SSU Singapore, SSU Bahrain or Navy MTF Preventive Medicine services.

5. Rat Guards. All MSC ships are required to provide rat guards at least 36-inches in diameter (cone type) on all shore service and mooring lines in ports where plague is endemic. Rat guards must be affixed to service lines at least 6-feet from the pier or any "potential jumping" surface. Care must be taken to leave no opening between the rat guard and service lines.

6. Disposal of Meat, Fish and Produce from Foreign Countries. References (z) through (ab) and U.S. Department of Agriculture (USDA) regulations prohibit the importation of plant or animal products into the United States, its territories and commonwealths.

7. Shipboard Disposal of Medical Waste. The MSO/MDR is responsible for ensuring that shipboard medical wastes are handled and disposed of in compliance with SMS Procedure 2.4-005-ALL.

8. Plastic Medical Waste. All potentially contaminated plastics used in direct patient care will be segregated and stored for proper disposal ashore per reference (ab).

6-7 OCCUPATIONAL HEALTH

1. General. As per reference (h) and NMCPHC-TM OM 6260, CIVMARs are required to undergo medical surveillance examinations based on their exposure to hazards identified by industrial hygiene assessments and/or history of past exposures.

2. Heat Stress Surveillance. Heat Stress Surveillance will be conducted IAW SMS Procedure 2.1-008-ALL.

3. MSC Medical Surveillance Program Physical by Rating (Job Description). See Appendix K.

4. Industrial Hygiene Surveys (IHS). Reference (h) requires all US Navy ships to undergo a periodic comprehensive industrial hygiene surveys. The survey will be performed by an Industrial Hygienist (IH). Contractor operated (CONMAR) ships will coordinate their own IH services as needed via their parent companies and will be enumerated in their contracts. Government occupied spaces onboard contractor operated ships are eligible for Navy IH surveys. IHS, comprehensive or focused, may be requested as operational needs mandate.

a. Scheduling. The MSC Class and Program Managers in collaboration with the MSC IH Officer will ensure that all ships under their cognizance have a baseline IHS and have required periodic and episodic IHS. The IHS should be scheduled well in advance and coordinated with the local MTF or NEPMU. For assistance with scheduling IHSs, contact the MSC IH. The IHS is the basis for the MSC Medical Surveillance Program, workplace exposure assessments and exposure mitigation measures.

b. Reports and Actions. IHS results will be retained aboard ship for review during MSC Medical Department inspections (MRI, OCI, SMART). MSC Norfolk Medical Department Shipboard Inspections Branch will maintain a copy of all MRIs, SMART, QAI and the IHS. The Medical Shipboard Inspections Branch will ensure the FMO and the Deputy Force Surgeon are provided with a copy of shipboard inspections and will initiate a plan of action to ensure timely follow-up and corrective action is taken.

CHAPTER 7

QUALITY ASSURANCE PROGRAM

7-1 GENERAL

1. Purpose. The MSC Quality Assurance (QA) program incorporates the guidance of reference (b), which details Health Care Quality Assurance (QA) Policies for Operating Forces. The MSC QA program provides professional monitoring and review of all of its healthcare workers to ensure that CIVMARs receive appropriate determinations in accordance with MSC medical standards, and any staff deficiencies are identified and non-punitively corrected by focused training and education. The overarching goals of the program are to continuously improve the quality of care and to meet Navy programmatic requirements. It establishes a commitment for QA improvement activities.

a. The QA program involves periodic collection and provider review of CIVMAR medical encounters by ashore and afloat MSC medical personnel.

b. The Force Medical Officer is the MSO physician supervisor and responsible for MSO QA review. MSC physicians and physician assistants participate in the QA process of the MSOs.

c. The reviewer for the shore-side nurses are the CSU East (Norfolk) and CSU West (San Diego) clinical branch supervisors.

Reference (ac) and COMUSFLT FORCOM/COMPACFLT related instructions govern requirements for credentialing and privileging, and also Performance Appraisal Reports (PARs) for physicians and physician assistants, and Clinical Appraisal Reports (CARs) for nurses.

7-2 ASHORE QUALITY ASSURANCE

1. The ashore QA program has two aspects

a. One part of the program provides for professional review of the physician and physician assistant providers, utilizing Appendix Q. This QA program is to be done every six months on a minimum of 25 records of varying types and complexity and submitted by the Force Medical Officer to the Force Surgeon. This will be incorporated into the annual QA summary for U.S.

17 Sep 15

Fleet Forces Command (USFFC) Credentialing and Privileging Office.

b. The second part is for professional review of the ashore nurses, using Appendix R. The QA for ashore nurses will consist of a quarterly audit of 25 records of varying types and complexity to meet the QA reporting requirement. A quarterly report will be submitted to the MSC Force Surgeon via the Deputy Force Surgeon for review and inclusion in the annual QA report to USFFC Credentialing and Privileging Office.

7-3 AFLOAT QUALITY ASSURANCE

1. Assurance

a. Purpose. The Quality Assurance Program provides professional review of healthcare to ensure that CIVMARs receive optimal care while assigned to their ships. Successful quality improvement initiatives can result in improved patient healthcare outcomes. To sustain effectiveness, the quality improvement process should be an inclusive program that draws from the expertise of each team member. In addition, the quality improvement program should be administered using commonly-accepted evaluative principles to ensure that it functions in an autonomous, proactive, and objective manner.

b. There are two-fold basis for professional oversight of the MSO program. First, reference (c) which addresses MSO certification, including periodic evaluation of core competencies and clinical review of medical encounters (similar to physician/PA PARs.) Second, meeting the USFFC requirement of complying with quality improvement indicators. See Appendix T.

7-4 PROCEDURES/PROCESSES

1. Certification of Medical Services Officers (MSO). Initial certification of MSOs is the responsibility of the FMO who issues a letter of certification that is maintained in the MSO training file.

2. Continuing Education Units (CEU). Each MSO must complete 12 CEUs per calendar year and must complete all additional required training. MSC's Force Nurse is the Program Manager.

3. Quality Assurance Evaluations (QAE). QAEs take one of two forms: The onboard QAE or the electronically submitted QAE (QAE(e)).

a. The QAE. For the onboard QAE (Appendix P) the FMO (or designated physician/PA) will conduct a comprehensive evaluation of quality, appropriateness and documentation of medical care provided by the MSO and will submit a report to the Master, the Force Surgeon and the MSO. Through the QAE, the MSO can highlight any clinical or system concerns that may negatively impact shipboard healthcare.

b. The QAE(e). Each MSO will submit 10 percent or 10 records, whichever is greater, every four months to the Program Manager. The Program Manager coordinates review with worldwide MSC physicians and PAs. Review, feedback and mentoring will be provided to the MSOs. A written copy will be placed in their training file for continued certification.

4. Training File. A training file will be maintained for each MSO by the Program Manager and by delegation to the MSO Program Manager. This file will contain MSO medical training and CEU completion documentation, copies of MSC healthcare provider evaluations and QAE/QAE(e) documentation. The training file should be reviewed by the FMO or designee at least annually at the time of recertification. This file is confidential and is not to be maintained with personnel files.

5. Improper or Substandard Medical Care. The FMO will ensure timely and proper review of all allegations of improper or substandard medical care, therapeutic misadventures, and poor outcomes of care where life, limb, or eye sight of the patient was at risk. When investigated and identified as an actual violation of standard of practice, the Force Surgeon or FMO will document the findings and institute appropriate corrective or disciplinary action in concert with MSC N1.

17 Sep 15

APPENDIX A**Medical Services Officer Duty Statement****MEDICAL SERVICES OFFICER (MSO) (902)**

The Medical Services Officer (MSO) performs a variety of administrative, patient care and department head duties pertaining to the complete operation of a shipboard medical department: general administration, medical administration, healthcare, fiscal and supply, training, pest control and sanitation, occupational health and preventive medicine, shipboard operational commitments and maintaining certification of eligibility. The MSO is directly responsible to the Master while assigned onboard MSC ships. The MSO reports to Military Sealift Command Norfolk Force Medical Officer for professional oversight and credentialing.

Everything in this Position Description is considered to be an essential function of this position.

1. GENERAL ADMINISTRATION AND FUNCTIONS. The MSO shall maintain all medical department records, including medical ledgers, logs, inventories, individual health records and Department of Labor forms such as Federal Workers Compensation Forms, in conformance with all applicable laws, rules and regulations. A standard MSC-approved electronic system will be used to manage afloat medical programs. The MSO shall be available to the ship's Master for a variety of health administration, oversight, and advisory functions and to perform other duties as assigned.

2. HEALTH CARE. The MSO on board MSC ships shall provide, at a minimum, the equivalent level of care as that provided by a Navy Independent Duty Hospital Corpsman (IDC). Documentation of all care provided will be complete, accurate, and legible in conformance with current clinical standards. The MSO will actively support required medical quality assurance and quality improvement programs.

3. FISCAL AND SUPPLY. The MSO is responsible for all supply functions unique to the medical department, executing policies and procedures concerning afloat medical equipment and supplies, including medical consumables, and maintains inventories at prescribed levels, using an approved electronic system.

17 Sep 15

4. CREW EDUCATION AND TRAINING. The MSO shall conduct on a routine basis a schedule of medical training lectures for all embarked personnel or subsets of the crew as appropriate for the topics to include Cardio Pulmonary Resuscitation/Automated External Defibrillator (CPR/AED) training and preventive health education training. Additionally, the MSO shall provide to reporting personnel a general orientation that includes review of current health issues, current medications the individual may be taking, medical services available, personal hygiene, location and use of emergency medical equipment, and voluntary participation in an annual and confidential Health Risk Assessment.

5. PEST CONTROL AND SANITATION. The MSO shall:

a. Ensure currency of his/her pest control managers certificate.

b. Conduct on at least a monthly basis inspections of all food services spaces, storerooms, ship stores, and any other spaces that may be of concern to preclude the presence of a stored product pest, roaches, or rodents, in accordance with the guidance provided by area preventive medicine units.

c. Monitor pest control spraying, trapping, and baiting by Navy approved pest control personnel and log results of surveys.

d. Maintain the pest control log in the electronic database and ensure that surveys, spraying, and pest control supplies are conducted by Navy approved pest control personnel and are entered in the appropriate logs.

e. Ensure that adequate supplies are maintained on board and that they are stored in accordance with existing instructions.

f. Provide for the establishment of a pest control spill kit and maintain accordingly.

g. Inspect all fresh produce and refrigerated items coming aboard to ensure quality and that it is pest free.

h. The MSO is responsible to the Master for inspecting and reporting on the sanitation of the ship and shall provide a written report to the ships Master the results of all inspections using reporting procedures as outlined in the

17 Sep 15

P-5010 Manual of Naval Preventive Medicine. The incumbent will provide the Master, Supply Officer and Chief Steward with guidance on corrective actions and provide the Chief Steward with training for his department in all aspects of food service sanitation and preparation. At the discretion of the Master, the incumbent will conduct sanitation/habitability inspections of any designated space/stateroom and report his findings/recommendations in writing to the Master.

6. OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE. The MSO shall ensure that all physicals, medical surveillance, chronic disease tracking, and immunizations remain current and are scheduled appropriately. The MSO shall act as the Master's eyes and ears on matters involving occupational and preventive medicine programs. He will inspect, train, record, and report on occupational and preventive medicine programs.

7. COLLATERAL DUTY. The MSO serves as primary Collection Site Coordinator (CSC) for the Drug Free Workplace Program (DFWP) and as alternate Breath Alcohol Technician (BAT) on CIVMAR manned ships.

8. MARITIME PREPOSITIONING SHIP SQUADRON (MPSRON). The MSO may be assigned to a Maritime Prepositioning Ship Squadron (MPSRON). The MSO assigned to a MPSRON, under routine conditions, has responsibilities that have a significant impact on the day-to-day operations of the MPSRON. When a MPSRON is called into action those MSO responsibilities will multiply in scope and importance depending on specific assigned mission and location. The below listed duties and responsibilities may apply to this assignment:

a. Provide all medical services for the Commodore and staff as required.

b. Administer anthrax and smallpox immunizations as required to all ships of the squadron.

c. Administer lifesaving aid to Contract Mariners (CONMARS) as requested by ships of the MPSRON squadron.

d. Conduct Medical Training to Contract Mariners (CONMARS) as requested by ships of the MPSRON squadron.

e. Conduct occupational health and sanitation inspections and training that may be requested by ships of the squadron.

17 Sep 15

9. KNOWLEDGE, SKILLS AND/OR ABILITIES REQUIRED

a. Ability to provide appropriate shipboard occupational and non-occupational medical treatment independent of a physician.

b. Knowledge of and ability to provide shipboard emergency medical care, including CPR and use of AED, independent of a physician.

c. Knowledge of and ability to manage occupational health and safety and preventive medicine programs.

d. Ability to administer the non-clinical aspects of a medical office.

e. Ability to provide preventive health education and training.

f. Ability to teach Cardio Pulmonary Resuscitation/Automated External Defibrillator (CPR/AED).

10. BASIC ELIGIBILITY. Must possess:

a. U.S. passport.

b. A current USCG Merchant Mariner's Document (MMD) or Merchant Mariner's Credential (MMC).

c. Transportation Worker Identification Credentials (TWIC).

d. Must have at least one of the following:

(1) Documented certification as a Licensed Physician's Assistant issued by a state, territory or commonwealth of the United States or District of Columbia or National Commission on Certification of Physicians Assistant.

(2) Documented certification as a Licensed Registered Nurse by a state, territory or commonwealth of the United States or District of Columbia.

(3) Previous Military experience equivalent to Independent Duty Hospital Corpsman/Independent Duty Health Services Technician (E-6 or above) and possess NEC 8425/8402/8403/8494, Army MOS 18D or USAF MOS 4NOX1.

17 Sep 15

11. LICENSING AND/OR CERTIFICATION REQUIREMENTS.

Certificate of Registry as one of the following: Physician's Assistant, Registered Nurse, or Hospital Corpsman.

12. PHYSICAL REQUIREMENTS. Physical standards are in accordance with COMSCINST 6000.1 series. MSO must be able to stand, walk and climb ladders for extended periods aboard ship during repair periods, loading and discharging of cargo, inclement weather, and during other hazardous conditions and situations. MSO must be able to go up and down "Jacobs Ladders." Incumbents are also subject to drug urinalysis testing in accordance with CMPI 792.

13. SECURITY REQUIREMENTS. Employee must obtain and maintain a secret clearance.

14. TRAINING REQUIREMENTS

a. Must meet current requirements of the International Safety Management (ISM) Code for the position.

b. Certification of Continuing Eligibility: The Medical Services Officer shall retain and maintain their certification of eligibility through a process of recurrent periodic training to include, but not limited to: Cardio Pulmonary Resuscitation/Automated External Defibrillator Instructor training, Pest Control Management, Food Safety (SERVSAFE) Instructor, SAMS (or SAMS replacement), NAVOSH/HM-HW, Water Sanitation Afloat, SAMS and other computer skills enhancement training.

15. WORKING HOURS. In accordance with CMPI 610.

16. TITLING PRACTICE. The title of Medical Services Officer is based on the approved manning scale of the ship.

This duty statement is certified as an accurate assessment as agreed by the following individual.

Force Medical Officer/
Force Deputy Surgeon

Signature

Date

APPENDIX B

Medical Reports and Forms

REPORTS

<u>SUBJECT</u>	<u>REFERENCE</u>	<u>FREQUENCY</u>
Repatriation/ Hospitalization Report	COMSCINST 6000.1	Situational
Medical Event Report	BUMEDINST 6220.12	Situational
Report of Death	NAVMEDCOMINST 5360.1	Situational
Report of Heat/ Cold Injury	NAVMED P-5010-3	Situational

FORMS

<u>NUMBER</u>	<u>SUBJECT</u>
CA 1	Federal Employee's Notice of Traumatic Injury and Claim for continuation of Pay/Compensation
CA 2	Notice of Occupational Illness/Disease
CA 16	Authorization for Examination and/or Treatment
CA 17	Duty Status Report
DD 1149	Requisition and Invoice/Shipping Document
MSC 6320/2	Refusal of Medical Care Form
NAVMED 6120/1	Competency for Duty Exam
SF 78	U.S. Civil Service Commission Certificate of Medical Examination
DD FORM 2807	Report of Medical History
DD FORM 2808	Report of Medical Examination
SF 513	Request for Consultation
OF 522	Request for Administration of Anesthesia and for Performance of Operation and Other Procedures (Consent Form)
SF 600	Chronological Record of Medical Care
NAVMED 6230/4	Adult Immunization Record
SF 700	Security Container Information Envelope
PHS 731	International Certificate of Vaccination
DD Form 1323	Toxicological Specimen Form
NAVMED 6224/7	Initial Tuberculosis Exposure Risk Assessment
NAVMED 6224/8	Tuberculosis Exposure Risk Assessment
NAVMED 6224/9	Monthly Evaluation for Patients Receiving Treatment for Latent Tuberculosis Infection (LTBI)

17 Sep 15

APPENDIX C

MSO Reporting Forms

1. Turnover report see SMS Checklist 7.3-004-901-ALL for Medical Services Officer
2. Medical Repatriation Message
3. Medical Records Screening Matrix
4. Medical Department Emergency Response Plan
5. Refusal of Medical Care (MSC 6320/2)
6. Six to Nine Month Medication Supply Request
7. Chronic Condition Acknowledgement
8. Repatriation Endorsement Form

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
-----------------------	---------------------------------------------

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

MEDICAL REPATRIATION MESSAGE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
	Last Name	First Name	Last 4 SSN
	Age	Gender	POSITION
	Date of Repat	Date CIVMAR Left Ship	
	Ship Name	Ship's Location	Country or Sea:
	Diversion Required		
	Master:	<input type="checkbox"/> MDR <input type="checkbox"/> MSO	
	Next of Kin	Next of Kin Relationship	
	Next of Kin Phone Number:	Next of Kin Notified	Notified By:
	Address while in NFFD status:		
	Email while in NFFD status:		Contact Phone Number:
	Primary Diagnosis		
	Secondary Diagnosis		
	Administrative Comments:		
	Workman's Comp	MSC Notified	Name of person Notified:
	Date CIVMAR Reported to Ship:	Was CIVMAR overdue for Relief at time of injury/illness?	
	MEDEVAC Required?	MEDEVAC by:	
	MEDEVAC Details		
	Supporting Documents Attached?		
	Signature		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPARTMENT/SERVICE
SPONSOR'S NAME		SOCIAL SECURITY/ID NUMBER	RECORDS MAINTAINED AT
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</i>		REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 11/2010)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

17 Sep 15

SAMPLE MEDICAL RECORD SCREENING MATRIX

NAME _____
SSN _____
POSITION _____
PROJECTED DUTY _____
ASSIGNMENT _____

YOU ARE REQUIRED TO COMPLETE THE FOLLOWING PROCEDURES PRIOR TO YOUR NEXT ASSIGNMENT.

[] Physical Examination (forms attached) Scheduled for _____ (Date/Time/Place)

[] Immunizations:

- [] Yellow Fever [] TET/DIPHTH
[] Smallpox [] Anthrax
[] Hepatitis A [] Hepatitis B
[] Typhoid [] Influenza
[] MMR [] Pneumococcus (Age 65 and older)
[] Typhoid [] PPD: Date given:
[] Meningococcal Date read:
Results:

[] Occupational Screenings:

- [] Audiogram
[] Eye Examination (safety glasses)
[] Pulmonary Function Test
[] EKG
[] AMSP Screening/Chest X-ray
[] G6PD/Sickle Cell Trait Determination
[] Blood Lead Level
[] Other Monitoring
[] Medication Requirements (6 months supply)
[] Environmental Health Interview

Date began medical screening/clearance: _____

Date completed medical screening/clearance: _____

Cleared by: _____

SAMPLE MEDICAL DEPARTMENT EMERGENCY RESPONSE PLAN

Subj: MEDICAL DEPARTMENT EMERGENCY RESPONSE PLAN

Ref: (a) COMSCINST 6000.1 series
(b) NAVMED P-117, Manual of the Medical Department, Chap. 2

1. Purpose. To serve as a guide to shipboard personnel on the facilities, material resources, procedures and personnel responsibilities in responding to emergencies at sea. Each emergency is different and the unique nature of MSC crews and ships relies upon the sound judgment of all crewmembers to respond in an appropriate manner. The intent of this instruction is to incorporate judgment and flexibility when responding to emergency situations.

2. Scope

a. Location of Emergency Medical Equipment

(1) The hospital spaces are located at _____. The Medical Department will be prepared for emergencies at all times. The Medical Services Officer will maintain his/her proficiency and familiarization of prescribed duties.

(a) Routes to the Medical Department will be indicated on interior and exterior bulkheads, access doors and hatches by standard U.S.N. routing markers. The markers will be mounted at eye level and be sufficient in number to allow an individual to maintain eye contact when between two markers.

(b) The Medical Department supplies and equipment will be maintained in compliance with reference (a).

(2) Mass Casualty Boxes are located at:

(3) Bulkhead mounted First Aid Boxes are located at:

_____ _____
_____ _____
_____ _____

REFUSAL OF MEDICAL CARE

DIRECTIONS: This form will be used to document the refusal of medical care or treatment by a patient against the advice of the Medical Services Officer, medical advisory service physician or Master.

PATIENT'S STATEMENT

1. By this instrument, I, _____, hereby certify that _____ (Name, Health Care Provider) has explained to me that my refusal to receive medical treatment or undergo further diagnostic examination for my condition _____ (include ICD-9 code of presumptive diagnosis) could have a negative impact on my state of health.

2. I certify that I understand the risks involved by my refusal of care. The risks, as explained to me are:

3. I certify that it has been explained to me that my refusal of care in no way prevents me from seeking care at this facility for my current condition or any other in the future.

PATIENT'S SIGNATURE:		DATE/TIME:
PHYSICIAN, MSO SIGNATURE:	MASTER SIGNATURE:	DATE/TIME:
WITNESS' SIGNATURE:		DATE/TIME:
NAME:	SHIP:	
SOCIAL SECURITY NO.:	LOCATION:	
POSITION:	DATE/TIME OF TREATMENT:	

MSC 6320/2 (7/06)

SAMPLE 6-9 MONTH MEDICATION SUPPLY REQUEST

(Date)

FROM: Military Sealift Fleet Support Command
Medical Department (Code NO2M)
1283 Tow Way Drive
Norfolk, VA 23511-32496
Tel: (866) 827 4955

SUBJ: REQUEST FOR SIX-NINE (6-9) MONTHS SUPPLY OF
MEDICATION IN THE CASE OF: (Last Name, First Name MI,
last 4 SSN)

TO: WHOM IT MAY CONCERN:

1. Subject named Civilian Mariner is being deployed. Because of the probability that his/her ship may be isolated for prolonged periods of time, it is required that he/she has six to nine months supply of his/her medication.

2. Our records show this Mariner is on the following medications:

- a. _____
- b. _____
- c. _____
- d. _____

NOTE: THIS IS NOT A PRESCRIPTION

3. Your cooperation in assisting the Mariner in this matter is most appreciated. Should you have any questions or desire verification, please feel free to call (866) 827-4955 and refer to this memorandum.

(Medical Department Representative)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

SAMPLE CHRONIC MEDICAL CONDITION LETTER

(Date)

MEMORANDUM

From: Force Medical Officer, Medical Office, _____

To: _____
(Name of Civmar and Last 4 SSN)

Subject: FOLLOW-UP CHRONIC MEDICAL CONDITION (S)

1. A review of your medical record indicates that you have the following chronic medical condition(s):

- a. _____
- b. _____
- c. _____
- d. _____

2. In order to ensure that you received adequate follow-up from your private physician and that you are physically qualified for sea duty, it will be necessary for you to see your private physician for follow-up of these conditions at least annually as a minimum. Your physician may recommend more frequent visits. Failure to keep the Medical Office up to date regarding your medical status may result in a finding of not fit for duty.

3. If you have been placed on medication by your physician it is your responsibility to have your medication with you or arrangements to have medication delivered to you for your assignment aboard ship.

4. It will be your responsibility to obtain the written summary from your physician(s) and return it to the Medical Office in Norfolk, VA. If there is any question, please contact that office at 1-866-827-4955 or (757) 443-5760

MSFSC HQ Force Medical Officer

I have read and understand the above.

Civmar Signature

Date

This form to be placed in Part 1 of Original and Supplemental Record as top sheet above problem sheet. (rev: 8/4/05)

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish

17 Sep 15

between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed.

ENDORSEMENT

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

	DATE <i>(Sign each entry)</i>		
Date	<input type="checkbox"/> Reporting	<input type="checkbox"/> Departing	<input type="checkbox"/> Ship to Ship Transfer to
	Medical Repatriation? <input type="checkbox"/> Yes <input type="checkbox"/> No Fit for Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No Fit for Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	NAME	SSN XXX-XX	DOB
	POSITION	SHIP	
	IMMUNIZATIONS: (check if completed or up to date)		EXAM/MEDICAL SURVEILLANCE PROGRAM
	NAME:	NEXT DUE DATE:	NAME: NEXT DUE DATE:
	HEPATITIS A <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> BSC		PHYSICAL EXAM
	HEPATITIS B <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> BSC <input type="checkbox"/> N/A		MSP 115 N/A <input type="checkbox"/>
	HEPATITIS "AB" <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> BSC <input type="checkbox"/> N/A		MSP 503 N/A <input type="checkbox"/>
	INFLUENZA- CURRENT YEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> EXEMPT	MSP 702 N/A <input type="checkbox"/>
	TD <input type="checkbox"/> TDAP <input type="checkbox"/>		MSP 704 N/A <input type="checkbox"/>
	TYPHOID (VICPS) <input type="checkbox"/> ORAL <input type="checkbox"/>		MSP 709 N/A <input type="checkbox"/>
	YELLOW FEVER EXEMPT <input type="checkbox"/>		MSP 710 N/A <input type="checkbox"/>
	MMR <input type="checkbox"/> #2 <input type="checkbox"/> Not Req: Born before 1957 MMR Titer		MSP 716 N/A <input type="checkbox"/>
	OPV <input type="checkbox"/> IPV BOOSTER <input type="checkbox"/> Polio Titer		MSP 719 N/A <input type="checkbox"/>
	ANTHRAX SERIES EXEMPT <input type="checkbox"/>		MSP 721 N/A <input type="checkbox"/>
	SMALLPOX EXEMPT <input type="checkbox"/>		LTBI

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SOCIAL SECURITY/ID NUMBER	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)</i>		REGISTER NUMBER	WARD NUMBER

Last Name First MI Last 4
 DOB

APPENDIX D

Medical Technical Library

Medical technical library resources for MSC ships are identified in this form.

1. MSO Required Reference:

CD-ROM Titles:

STAT-REF, Electronic Medical Library

2. MSO Required Publications:

- a. Control of Communicable Diseases in Man. American Public Health Association, Latest Edition
- b. Emergency Care and Transportation of the Sick and Injured. American Academy of Orthopedic Surgeons (Committee on Allied Health)
- c. Clinically Oriented Anatomy. Moore, K. L., Lippincott
- d. Guide to Physical Examination, A. Bates, Lippensott
- e. International Classifications of Diseases (ICDA), Clinical Modi Classification, current edition

Revision, Volume 1, 2 and 3. U.S. Department of Health and Human Services Publication Number (PHS) 80 1260
- f. Physician's Desk Reference (PDR). Medical Economics Co., Oraville NJ
- g. Ship's Medicine Chest and Medical Aid at Sea, The. U.S. Public Health Service (DHHS Publication Number (PHS) 84 2024)
- h. CDC Health Information for International Travel: The Yellow Book. Oxford University Press
- i. The Sanford Guide to Antimicrobial Therapy. Brunette, G. W. (latest edition). Antimicrobial Therapy Inc.
- j. Clinical Dermatology E-Book. Elsevier Health Sciences, Habif, T. P.

17 Sep 15

k. Physical Examination of the Spine and Extremities.
Appleton and Lang, Hoppenfeld, S.

3. MSO Required Directives:

SECNAVINST 5210.11 series - Department of the Navy File Maintenance Procedures and Standard Subject Identification Code (SSIC)
SECNAVINST 5216.5 series - Department of the Navy Correspondence Manual
OPNAVINST 5090.1 series - Environmental Readiness Program Manual
OPNAVINST 5100.23 series - Navy Safety and Occupational Health (SOH) Program Manual
OPNAVINST 5102.1 series - Mishap Investigation and Reporting
OPNAVINST 5350.4 series - Navy Alcohol and Drug Abuse Prevention and Control
OPNAVINST 6000.1 series - Navy Guidelines Concerning Pregnancy and Parenthood
OPNAVINST 6320.6 series - Hospitalization of Servicemembers in Foreign Medical Facilities
OPNAVINST 6320.7 series - Health Care Quality Assurance Policies for Operating Forces
OPNAVINST 6400.1 series - Training, Certification, Supervision Program and Employment of Independent Duty Hospital Corpsmen (IDCs)
OPNAVINST 9640.1 series - Shipboard Habitability Program
OPNAVINST 4061.1 series - Food Safety Training Program
COMSCINST 4000.2 series - Supply Procedures Manual
COMSCINST 5040.2 series - MSC Mission Capability Assessment
COMSCINST 5090.2 series - Disposal of Solid Waste in the Marine Environment
COMSCINST 5350.2 series - Drug and Alcohol Abuse Problem
COMSCINST 6000.1 series - Military Sealift Command Medical Manual
COMSCINST 6230.1 series - Precautions for the Transmission of Bloodborne Pathogens (BBPs)
COMSCINST 9330.6 series - Accommodation Standards Military Sealift Command Ships
DLAR 4155.37 - Material Quality Control Storage Standards
NAVMED P-5010 - Manual of Naval Preventive Medicine

4. MSO and MDR Required Nonmedical References:

a. HMIS (Hazardous Materials Information System) Defense Logistics Agency, Defense General Supply Center, Richmond VA 23297 available at: <http://www.dlis.dla.mil/hmirs/>

17 Sep 15

b. CHRIS (Chemical Hazard Response Information System), U.S. Coast Guard Commandant Instruction - M16465.11. Available at:
<http://www.uscg.mil/hq/nsfweb/foscr/ASTFOSCR/Seminar/References/CHRISManualIntro.pdf>

c. SAMS User Guide

5. MDR required publications:

a. International Medical Guide for Ships, Available at:
<http://www.stkittsnevisregistry.net/Forms/mlc/WHO%20Medical%20Guide%20for%20Ships,%203rd%20Edition.pdf>

b. Hospital Corpsman Manual, NAVEDTRA 14295b, Available at:
<http://www.navybmr.com/study%20material/NAVEDTRA%2014295B.pdf>

c. Ship's Medicine Chest and Medical Aid at Sea, Available at:
<http://www.fas.org/irp/doddir/milmed/ships.pdf>

6. Online Resources (not required to be aboard).

a. Navy Electronic Directives System, Available at:
<http://doni.daps.dla.mil>

b. BUMED Directives System, Available at:
<http://www.med.navy.mil/directives/Pages/BUMEDHQInstructions.aspx>

c. Navy Medicine Operational Training Center Library, Available at:
<http://www.med.navy.mil/sites/nmotc/Pages/NMOTCLibrary.aspx>

d. Hospital Corpsman Manual, NAVEDTRA 14295b, Available at:
<http://www.navybmr.com/study%20material/NAVEDTRA%2014295B.pdf>

APPENDIX E

Medical Training Requirements for MSOs and MDRs

Medical Training Requirements for MDRs

1. Background. International medical care and first aid training requirements are contained in the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1995, (STCW) Convention of the International Maritime Organization (IMO). The training requirements were developed to establish consistent professional training standards for seafarers assigned responsibilities for shipboard first aid, and advanced medical treatment skills. The United States Coast Guard certifies facilities and curriculums to provide training of shipboard personnel in emergency medical care delivery aboard ship to meet the STCW standards.

2. Training Requirement. In reviewing the USCG certified training courses, COMSC considered operational environments and other factors not normally associated with commercial operations. STCW Standards of competence for seafarers designated as Medical Person in Charge (MPIC) are determined the necessary level of training for designated CIVMAR assigned as MDR on MSC ships. This approximates (and exceeds) an Advanced First Aid Course of 5 to 10 days duration.

3. Periodicity. Mariners who are assigned medical responsibilities shall attend and complete courses of instruction certified by the USCG to meet STCW MPIC curriculum requirements prior to assuming medical responsibilities. Re-certification of the STCW MPIC courses is required every 5 years.

4. Training resources and course content. Only training facilities and courses certified by the USCG shall be utilized for training. Consideration of those training programs that also include other certifications, such as EMT, should be considered as beneficial augmentation and included if time is available in the shipboard assignment process.

Training Requirements for Assignments of MSOs

In order to be assigned as an MSO within MSC, the following additional courses must be successfully completed according to the schedule indicated below. (*Mandatory/Critical)

*Safety Programs Afloat Course (5 day)	Once
*NSC or AHA BCLS/AED Instructor	Initially, then Q-2 yrs
Communicable Disease for Deployed Forces	Initially, then Q-5 yrs
Hearing Conservation Afloat	Initially, Then Q-5 yrs
Heat Stress Afloat	Initially, Then Q-5 yrs
Shipboard Pest Management	Initially, Then Q-4 yrs
*Water Sanitation Afloat	Initially, then Q-5 yrs
*Navy Food Safety Manager's Course/ or ANSI/CFP equivalent	Initially, then Q-5 yrs or as delineated in ANSI/CFP course curriculum
*Respiratory Manager Afloat	Once
*CBR-E Course	Once
*SAMS (2-day trainer)	Initially, then Q-5 yrs
Dental Refresher (2-day)	Initially, then Q-5 yrs
*Drug Coordinator	Once
*Q/A Review	Every 6 months or as required
*CEUS annually	12 per calendar year*SAFE Initially, then

17 Sep 15

APPENDIX F**Emergency Authorized Medical Allowance List (AMALs)****FIRST AID BOX INVENTORY REQUIREMENTS - MAY 2013**

NSN	Item Description (Long)	Quantity per shelf*
6510002011755	BANDAGE MUSLIN OLIVE DRAB 37X37X52" TRIANGULAR WITH SAFETY PINS	2 bandages
6510002017425	DRESSING FIRST AID FIELD CAMOUFLAGED 11.5-12"W 11.5-12"LG ABS	1 dressing
6510002017430	DRESSING FIRST AID FIELD CAMOUFLAGED 7.75-8.25"LG 7.25-7.75"W	1 dressing
6510009268883	ADHESIVE TAPE SURGICAL POROUS WOVEN WHITE 2 INCHES BY 10 YARDS 6	1 roll
6510009355821	BANDAGE ELASTIC COTTON FLESH 4.5YDX3" PRESSURE BANDAGE WASHABLE	3 ace wrap
6515009357138	SCISSORS BANDAGE 7.25" LG ANG TO HDL 1.50" CUT LG BLUNT PTS CRS	1 pair
6515011061352	MARKER SKIN SURG STER FINE VIOLET	1 marker
6515012821834	AIRWAY PHARYNGEAL GUEDEL DESIGN SMALL 80MM LG PLASTIC DISP	1 airway
6515013881351	PROTECTION KIT BIOLOGICAL HAZARDS W/9X12" CLEAR PLASTIC BAG DISP	1 kit
6515014941951	SPLINT UNIVERSAL ALUM 36"O/A LG 4.25"W GRAY & OLIVE DRAB REUSE	1 splint
6515015217976	TOURNIQUET NONPNEUMATIC COMBAT APPLICATION ONE-HANDED 30.5IN LG	1 tourniquet

17 Sep 15

MASS CASUALTY BOX INVENTORY REQUIREMENTS - MAY 2013

NSN	Item Description (Long)	Quantity per box
6505004917557	POVIDONE-IODINE 7.5% SOAP 118ML (4 fl oz)	2 bottles
6505012804733	SULFADIAZINE SILVER CREAM 1% TOPICAL 85GM TUBE	2 tubes
6505014623025	RINGER'S INJECTION LACTATED USP 1000 ML BAG 14 PER PACKAGE	7 bags
6510002011755	BANDAGE MUSLIN OLIVE DRAB 37X37X52" TRIANGULAR WITH SAFETY PINS	6 ea
6510002017425	DRESSING FIRST AID FIELD CAMOUFLAGED 11.5-12"W 11.5-12"LG ABS	5 ea
6510002017430	DRESSING FIRST AID FIELD CAMOUFLAGED 7.75-8.25"LG 7.25-7.75"W	5 ea
6510005827993	BANDAGE GAUZE CONFORMING 2INX2.5YD STERILE LATEX-FREE	1 ea
6510007822698	SPONGE SURG GAUZE ABS WHITE 4X4"8-PLY U/F INJURIES OR SURGERY200	1 package
6510007863736	PAD ISOPROPYL ALCOHOL IMPREGNATED NONWVN COTTON/RAYON WHITE 200S	1 box
6510009268883	ADHESIVE TAPE SURGICAL POROUS WOVEN WHITE 2 INCHES BY 10 YARDS 6	3 rolls
6510009355821	BANDAGE ELASTIC COTTON FLESH 4.5YDX3" PRESSURE BANDAGE WASHABLE	6 ea
6510010087917	PREP SOLUTION PVP IODINE SCRUB SWAB STICK 3/PK 10% SATURATION	1 box
6510011077575	PAD COTTON GAUZE COVERED 6.28X5.39CM CREAM OR WHITE EYE PAD 50S	10 ea
6510012399781	DRESSING,BURN,FIRST AID	6 ea
6510015623325	BANDAGE GAUZE IMPREGNATED 3"X4YD KAOLIN HEMOSTATIC QUIK CLOT	3 bandages
6510015730300	DRESSING CHEST SEAL WOUND 8X6" RECTANGULAR STERILE IN POLYURETHA	1 seal
6515001179021	SET IV ADMINISTRATION PRIMARY 15GTT 78INL NON VENTED MACRODRIP CHAMBER CAIR CLAMP INJECTION PORT OPTION LOK	7 sets
6515003245500	DEPRESSOR TONGUE 6X0.75X0.062" STRAIGHT 100S	25 ea
6515003447800	HANDLE SURGICAL BLADE #3 GRADUATED	1 ea
6515003634100	CUTTER RING COMPLETE	1 ea
6515003634150	BLADE FINGER RING SAW .018" THICK .75" DIAMETER 90 TEETH STEEL	1 ea
6515006600010	BLADE SURGICAL #11 STAINLESS STEEL STERILE	2 blades
6515006600011	BLADE SURG KNIFE DET NO.10 SMALL TANG U/W 3 3L 7 9 HANDLE CS 6S	2 blades
6515009357138	SCISSORS BANDAGE 7.25" LG ANG TO HDL 1.50" CUT LG BLUNT PTS CRS	1 pr
6515009608192	SUTURE ETHILON/DERMALON/MONOSOF/DAFILON 663 FS-1/C-14/CE-6/C7/DS24 3-0 18IN BLACK	6 packets
6515010617812	RESUSCITATOR HAND OPERATED INTERMITTENT POSITIVE PRESSURE	1 unit
6515011061352	MARKER SKIN SURG STER FINE VIOLET	6 ea
6515011190018	PROBE GEN OPER 5" LG .062" DIA CRS SPATULATE HANDLE BULBOUS TIP	1 ea
6515011498841	GLOVES SURGEONS GEN SURG SZ 7.5 RBBR PREPOWDERED STER DISP 50S	12 pr
6515012468225	MULTI-DIRECTIONAL RELEASE, REGULAR, 35 STAPLES	2 units
6515012761417	MASK ORONASAL UNIV SZ C/O HEAD STRAP COUPLING&PREINFLATE CUSHION	1 mask
6515012821834	AIRWAY PHARYNGEAL GUEDEL DESIGN SMALL 80MM LG PLASTIC DISP 10S	3 ea
6515013110360	SUTURE KIT SURGICAL 12 COMPONENTS FOR WOUND CLOSURES DISP 20S	3 kits

17 Sep 15

MASS CASUALTY BOX INVENTORY REQUIREMENTS - MAY 2013

NSN	Item Description (Long)	Quantity per box
6515013146694	STETHOSCOPE COMBINATION LITTMAN CLASSIC II 28"LG BELL-DIAPHRAGM	1 ea
6515013333165	SET DIAGNOSTIC POCKET SIZE 2.5V OPHTHALMOSCOPE OTOSCOPE SOFT CASE (with batteries)	1 set
6515013373681	CATHETER & NDL UNIT IV 18GAX1.25" W/NDL GUARD BEVELED TIP 200S	14 units
6515013380165	PRO 20 X 1 200/CATHETER & NDL UNIT	14 units
6515013881351	PROTECTION KIT BIOLOGICAL HAZARDS W/9X12" CLEAR PLASTIC BAG DISP	3 kits
6515014211388	TUBE TRACHEAL 4AFR PLASTIC NOT WOVEN STERILE DISP DOUBLE LUMEN4S	2 ea
6515014524435	SUPPORT CERVICAL LAERDAL DESIGN ADJUSTABLE ADULT COLLAR	2 ea
6515014615798	TOURNIQUET, NONPNEUMATIC VACUTAINER BRAND LATEX FREE 1"X18" 25S	2 ea
6515014915719	GLOVE PATIENT EXAMINING & TREATMENT SZ 10LG PURPLE 4.3MIL 100S	1 box
6515014941951	SPLINT UNIVERSAL ALUM 36"O/A LG 4.25"W GRAY & OLIVE DRAB REUSE	6 ea
6515015217976	TOURNIQUET NONPNEUMATIC COMBAT APPLICATION ONE-HANDED 30.5IN LG	2 ea
6515015305160	SPHYGMOMANOMETER ANEROID DIAL ADULT ONE PIECE CUFF W/CASE	1 unit
6515016116489	10.0CM GUEDEL AIRWAY	3 ea
7210009356666	BLANKET CASUALTY PLASTIC FILM ALUM COATED 96X56INCHES GREEN	2 ea
8465013376792	TAG ID PERSONNEL CARDBOARD 8.188INX4.062IN FIELD TRIAGE 50S	1 package

17 Sep 15

FULL TIME MSO/MDR RESPONSE KIT REQUIREMENTS - JUN 2013

NSN	Item Description (Long)	Quantity in kit
6505001060875	AMMONIA INHALANT SOLUTION AROMATIC 0.333 CC AMPUL 10 PER PACKAGE	1 pkg
6505002998760	EPINEPHRINE 1 MG/ML (1:1,000) (1 ML) INJECTIONML	3 ampules
6505006873662	NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET 100S	1 bottle
6505010339866	ASPIRIN TABLETS USP 81MG FLAVORED ORAL CHEWABLE 36 TABS/BOTTLE	1 bottle
6505014253168	DEXTROSE ORAL GEL 15 GRAMS IN SQUEEZE TUBE 3S	2 tubes
6505014623025	RINGER'S INJECTION LACTATED USP 1000 ML BAG 14 PER PACKAGE	2 bags
6505015015408	DEXTROSE INJECTION USP 50 ML CARTRIDGE NEEDLE UNIT 10/PACKAGE	1 unit
6505015182962	DIPHENHYDRAMINE HYDROCHLORIDE INJ USP 50MG/ML 1ML CARPUJECT 10S	2 carpujects
6505015334126	NALOXONE HYDROCHLORIDE INJ 0.4 MG/ML 1ML VIAL 10S	2 vials
6505015990353	EPINEPHRINE AUTO-INJECTOR 0.3MG LATEX FREE EPIPEN 2S	1 autoinjector
6510000186184	PAD NONADHERENT 2.875/3.125X1.875/2.125"MIN/MAX I.S. F/WOUNDS 10	4 ea
6510000583047	BANDAGE GAUZE CONFORMING 4.5INX147IN 6 PLY STERILE LATEX-FREE	4 rolls
6510002011755	BANDAGE MUSLIN OLIVE DRAB 37X37X52" TRIANGULAR WITH SAFETY PINS	2 ea
6510002017425	DRESSING FIRST AID FIELD CAMOUFLAGED 11.5-12"W 11.5-12"LG ABS	1 ea
6510002017430	DRESSING FIRST AID FIELD CAMOUFLAGED 7.75-8.25"LG 7.25-7.75"W	1 ea
6510007863736	PAD ISOPROPYL ALCOHOL IMPREGNATED NONWVN COTTON/RAYON WHITE 200S	12 pads
6510009268883	ADHESIVE TAPE SURGICAL POROUS WOVEN WHITE 2 INCHES BY 10 YARDS 6	1 roll
6510009355821	BANDAGE ELASTIC COTTON FLESH 4.5YDX3" PRESSURE BANDAGE WASHABLE	3 ea
6510011077575	PAD COTTON GAUZE COVERED 6.28X5.39CM CREAM OR WHITE EYE PAD 50S	4 pads
6510012399781	DRESSING,BURN,FIRST AID	1 dressing
6510015623325	BANDAGE GAUZE IMPREGNATED 3"X4YD KAOLIN HEMOSTATIC QUIK CLOT	4 bandages
6510015730300	DRESSING CHEST SEAL WOUND 8X6" RECTANGULAR STERILE IN POLYURETHA	1 seal
6515001179021	SET IV ADMINISTRATION PRIMARY 15GTT 78INL NON VENTED MACRODRIP CHAMBER CAIR CLAMP INJECTION PORT OPTION LOK	2 sets
6515001491206	SYRINGE & NEEDLE HYPODERMIC DISPOSABLE 23GAGE 1IN NDL 3ML 100S	5 units
6515003447800	HANDLE SURGICAL BLADE #3 GRADUATED	1 handle
6515006600010	BLADE SURGICAL #11 STAINLESS STEEL STERILE	2 blades
6515009357138	SCISSORS BANDAGE 7.25" LG ANG TO HDL 1.50" CUT LG BLUNT PTS CRS	1 pr
6515010617812	RESUSCITATOR HAND OPERATED INTERMITTENT POSITIVE PRESSURE	1 unit
6515012761417	MASK ORONASAL UNIV SZ C/O HEAD STRAP COUPLING&PREINFLATE CUSHION	1 mask
6515012821834	AIRWAY PHARYNGEAL GUEDEL DESIGN SMALL 80MM LG PLASTIC DISP 10S	1 ea
6515013146694	STETHOSCOPE COMBINATION LITTMAN CLASSIC II 28"LG BELL-DIAPHRAGM	1 unit
6515013373681	CATHETER & NDL UNIT IV 18GAX1.25" W/NDL GUARD BEVELED TIP 200S	3 units
6515013380165	PRO 20 X 1 200/CATHETER & NDL UNIT	3 units

17 Sep 15

FULL TIME MSO/MDR RESPONSE KIT REQUIREMENTS - JUN 2013

NSN	Item Description (Long)	Quantity in kit
6515013881351	PROTECTION KIT BIOLOGICAL HAZARDS W/9X12" CLEAR PLASTIC BAG DISP	1 kit
6515014211388	TUBE TRACHEAL 4AFR PLASTIC NOT WOVEN STERILE DISP DOUBLE LUMEN4S	1 tube
6515014524435	SUPPORT CERVICAL LAERDAL DESIGN ADJUSTABLE ADULT COLLAR	1 collar
6515014553402	HEADLAMP BLACK F/USE IN SURGICAL PROCEDURES	1 ea
6515014607008	PNEUMOTHORAX KIT	1 kit
6515014615798	TOURNIQUET, NONPNEUMATIC VACUTAINER BRAND LATEX FREE 1"X18" 25S	1 ea
6515014915719	GLOVE PATIENT EXAMINING & TREATMENT SZ 10LG PURPLE 4.3MIL 100S	2 pr
6515014941951	SPLINT UNIVERSAL ALUM 36"O/A LG 4.25"W GRAY & OLIVE DRAB REUSE	2 splints
6515015217976	TOURNIQUET NONPNEUMATIC COMBAT APPLICATION ONE-HANDED 30.5IN LG	1 ea
6515015305160	SPHYGMOMANOMETER ANEROID DIAL ADULT ONE PIECE CUFF W/CASE	1 unit
6515015571136	OXIMETER PULSE PORTABLE FINGERTIP PEDIATRIC-ADULT INCL SOFT CASE	1 unit
6515015590741	HOLDER INJECTOR SYRINGE PLASTIC REUSABLE FULL-LENGTH	1 ea
6630015963282	ANALYZER BLOOD GLUCOSE MONITOR METER (w/test strips)	1 unit
7210009356666	BLANKET CASUALTY PLASTIC FILM ALUM COATED 96X56INCHES	1 ea

17 Sep 15

PART-TIME MDR/MPIC RESPONSE KIT - MAY 2013

NSN	Item Description (Long)	Quantity in kit
6505006873662	NITROGLYCERIN 0.3 MG SUBLINGUAL TABLET 100S	1 bottle
6505014253168	DEXTROSE ORAL GEL 15 GRAMS IN SQUEEZE TUBE 3S	2 tubes
6505001060875	AMMONIA INHALANT SOLUTION AROMATIC 0.333 CC AMPUL 10 PER PACKAGE	5 ampules
6505010339866	ASPIRIN TABLETS USP 81MG FLAVORED ORAL CHEWABLE 36 TABS/BOTTLE	1 bottle
6505014623025	RINGER'S INJECTION LACTATED USP 1000 ML BAG 14 PER PACKAGE	2 bags
6505015182962	DIPHENHYDRAMINE HYDROCHLORIDE INJ USP 50MG/ML 1ML CARPUJECT 10S	2 carpujects
6505015990353	EPINEPHRINE AUTO-INJECTOR 0.3MG LATEX FREE EPIPEN 2S	1 autoinjector
6510000186184	PAD NONADHERENT 2.875/3.125X1.875/2.125"MIN/MAX I.S. F/WOUNDS 10	4 pads
6510000583047	BANDAGE GAUZE CONFORMING 4.5INX147IN 6 PLY STERILE LATEX-FREE	4 rolls
6510002011755	BANDAGE MUSLIN OLIVE DRAB 37X37X52" TRIANGULAR WITH SAFETY PINS	2 ea
6510002017425	DRESSING FIRST AID FIELD CAMOUFLAGED 11.5-12"W 11.5-12"LG ABS	1 ea
6510002017430	DRESSING FIRST AID FIELD CAMOUFLAGED 7.75-8.25"LG 7.25-7.75"W	1 ea
6510007863736	PAD ISOPROPYL ALCOHOL IMPREGNATED NONWVN COTTON/RAYON WHITE 200S	12 pads
6510009268883	ADHESIVE TAPE SURGICAL POROUS WOVEN WHITE 2 INCHES BY 10 YARDS 6	1 roll
6510009355821	BANDAGE ELASTIC COTTON FLESH 4.5YDX3" PRESSURE BANDAGE WASHABLE	3 ace wraps
6510011077575	PAD COTTON GAUZE COVERED 6.28X5.39CM CREAM OR WHITE EYE PAD 50S	4 pads
6510012399781	DRESSING,BURN,FIRST AID	1 dressing
6510015730300	DRESSING CHEST SEAL WOUND 8X6" RECTANGULAR STERILE IN POLYURETHA	1 seal
6515001179021	SET IV ADMINISTRATION PRIMARY 15GTT 78INL NON VENTED MACRODRIP CHAMBER CAIR CLAMP INJECTION PORT OPTION LOK	2 sets
6515003447800	HANDLE SURGICAL BLADE #3 GRADUATED	1 handle
6515006600010	BLADE SURGICAL #11 STAINLESS STEEL STERILE	2 blades
6515009357138	SCISSORS BANDAGE 7.25" LG ANG TO HDL 1.50" CUT LG BLUNT PTS CRS	1 pr
6515010617812	RESUSCITATOR HAND OPERATED INTERMITTENT POSITIVE PRESSURE	1 unit
6515012761417	MASK ORONASAL UNIV SZ C/O HEAD STRAP COUPLING&PREINFLATE CUSHION	1 ea
6515012821834	AIRWAY PHARYNGEAL GUEDEL DESIGN SMALL 80MM LG PLASTIC DISP 10S	1 ea
6515013146694	STETHOSCOPE COMBINATION LITTMAN CLASSIC II 28"LG BELL-DIAPHRAGM	1 unit
6515013373681	CATHETER & NDL UNIT IV 18GAX1.25" W/NDL GUARD BEVELED TIP 200S	3 units
6515013380165	PRO 20 X 1 200/CATHETER & NDL UNIT	3 units
6515013881351	PROTECTION KIT BIOLOGICAL HAZARDS W/9X12" CLEAR PLASTIC BAG DISP	1 kit
6515014211388	TUBE TRACHEAL 4AFR PLASTIC NOT WOVEN STERILE DISP DOUBLE LUMEN4S	1 tube
6515014524435	SUPPORT CERVICAL LAERDAL DESIGN ADJUSTABLE ADULT COLLAR	1 ea
6515014553402	HEADLAMP BLACK F/USE IN SURGICAL PROCEDURES	1 ea

17 Sep 15

PART-TIME MDR/MPIC RESPONSE KIT - MAY 2013

NSN	Item Description (Long)	Quantity in kit
6515014615798	TOURNIQUET, NONPNEUMATIC VACUTAINER BRAND LATEX FREE 1"X18" 25S	1 ea
6515014915719	GLOVE PATIENT EXAMINING & TREATMENT SZ 10LG PURPLE 4.3MIL 100S	2 pr
6515014941951	SPLINT UNIVERSAL ALUM 36"O/A LG 4.25"W GRAY & OLIVE DRAB REUSE	2 ea
6515015217976	TOURNIQUET NONPNEUMATIC COMBAT APPLICATION ONE-HANDED 30.5IN LG	1 ea
6515015305160	SPHYGMOMANOMETER ANEROID DIAL ADULT ONE PIECE CUFF W/CASE	1 unit
6515015571136	OXIMETER PULSE PORTABLE FINGERTIP PEDIATRIC-ADULT INCL SOFT CASE	1 unit
6515015590741	HOLDER INJECTOR SYRINGE PLASTIC REUSABLE FULL-LENGTH	1 ea
6630015963282	ANALYZER BLOOD GLUCOSE MONITOR METER (w/test strips)	1 unit
7210009356666	BLANKET CASUALTY PLASTIC FILM ALUM COATED 96X56INCHES GREEN	1 ea

17 Sep 15

APPENDIX G**Medical Advisory and Medical Evacuation Services**

1. COMSC has two medical service contracts providing twenty four hours per day, seven days a week (24/7) emergency medical assistance for CIVMAR manned ships and the Afloat Pre-positioning Squadron staffs. Requests for assistance may be made by the MSO, MDR, Master, or squadron leadership.

a. MEDICAL ADVISORY SERVICE. Provided by MedLink, a service of MedAire, Incorporated (a subsidiary of ISOS).

(1) 24/7 emergency number: 602-239-3627

(2) Provide information: "MSC," ship name, location, destination and ETA to nearest port.

(3) Use MedLink Medical Handbook to describe medical condition of patient to the MedLink physician.

(4) MSC shipboard medical personnel or Masters may also request medical advice from physicians embarked on ships of the accompanying Task Force, from physicians of military medical facilities ashore in the next port, and the Contract Medical Advisory Service. For non-emergency issues, personnel may contact MSC's N13 Force Medical Officer or other MSC privileged healthcare providers (physicians, physician assistants).

b. MEDICAL EVACUATION SERVICE (MEDEVAC). Provided by On Call International.

(1) 24/7 emergency number: 800-575-5014.

(2) Notes:

(a) Once an emergency medical evacuation requirement is identified and approved, MSC ships should first exhaust all available MEDEVAC opportunities from port services, DOD, and others before requesting assistance from On Call International. The patient's condition and nature of the emergency should drive the evacuation process.

(b) DOD is the primary method for MEDEVAC from Diego Garcia (DGAR). On Call International provides CIVMAR MEDEVAC as a back-up to DOD's MEDEVAC services from DGAR.

17 Sep 15

(c) The Force Surgeon and Deputy Force Surgeon should be notified of the MEDEVAC as soon as possible.

2. The ship will use the most expeditious and available means of communication (e.g. INMARSAT) unless under EMCON, to communicate with the contractors. Collect calls are not authorized. When naval messages are used, addressees will include the MSC Force Medical Officer, Force Surgeon, and COMSC. The ship's ADCON must be kept informed of all ongoing actions when a diversion or medical evacuation is anticipated.

3. All requests for assistance will be noted in the Medical Department Log, documented in the health record, and an entry made in the medical encounters module of SAMS or the SAMS replacement system.

APPENDIX H

Minimum Functional Requirements applicable to all MSC CIVMARS

1. Minimum Functional Requirements applicable to all MSC CIVMARS

a. Crew members must be physically fit to respond to and operate ship's emergency equipment including the ability to:

- (1) Pull a 1.5-inch uncharged fire hose 50-feet.
- (2) Lift a charged fire hose.
- (3) Wear Self Contained Breathing Apparatus (SCBA).
- (4) Don flotation devices and exposure suits without assistance.

b. Minimum physical standards also include:

- (1) Ability to lift and carry at least 40-pounds.
- (2) Ability to crouch and crawl, climb vertical ladders, step over a door sill of 24-inches, fit through a restricted opening of 24x24-inches, and stand for up to 4-hours.

2. Potential Environmental Factors for all MSC CIVMARS include:

a. Exposure to temperature extremes both inside and outside the ship.

b. Exposure to noise, fumes, smoke, gases, grease, oils and solvents.

c. Climbing ladders; walking on uneven, crowded or rolling decks.

d. Extended or irregular working hours.

4. Additional specific functional requirements are delineated in the following table

	Masters, 1 st , 2 nd , 3 rd Officers	Boatswain, Boatswain mate, Carpenter	AB (M), OS (D)	AB (W), OS (W)	CHENG, 1 st , 2 nd , and 3 rd Asst. Eng.	Chief and 2 nd Electrician, Electronics Technician	Refrigeration Engineer, Pump man	Deck Engineer Machinist,	Wiper Unlic. Jr. Engineer, Eng. Utility,	Chief Steward, Chief Cook, Cook/Baker, 2 nd and Asst. Cooks, 3 rd	Supply Utility man	Laundryman	Supply Officer, Jr. Supply Officer	Storekeeper, Asst. Storekeeper	Purser	Medical Services Officer	Radio Electronics technician	Communications Officer		
Adequate unaided hearing*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Adequate aided hearing*																				
Is under maximum Fall Protection Equip. Wt. limit (<295lbs)		X	X	X		X														
Is over min Fall Protection Equip. Wt. limit (> 100-lb)		X	X	X																

17 Sep 15

5. Hearing Standards

a. IAW OPNAVINST 5100.23 series high frequency totals of 3000, 4000, and 6000 frequencies should not total > 270db in both ears combined ("270dB-Rule").

b. IAW NAVMED P-117 (Manual of the Medical Department), pure tone at 500, 1000, and 2000 Hz should not exceed 30dB on average, with no individual level >35dB. Additionally, pure tone levels should not exceed 45dB at 3000 Hz and 55db at 4000-Hz.

c. Should the mariner not meet the above criteria, MSC will require the mariner is tested for word discrimination. Word Discrimination Scores (WDS) of 80% or better tested at the 65db level is required for waiver consideration.

d. Mariners exceeding the above standards will be reviewed by the Force Medical Officer for possible waiver consideration.

APPENDIX I

Treatment of Latent Tuberculosis Infection (LTBI)

1. The MSC TB screening program and management of LTBI are based on US Navy Regulations (BUMEDINST 6224.8 series), latest CDC recommendations and current clinical practice guidelines.
2. Testing. As a condition of employment, MSC requires all applicants to be tested for LTBI. Usually the TST is the preferred test due to low cost and simplicity. Besides the TST (Tuberculin Skin Test), other acceptable options now include Interferon-Gamma Release Assays (IGRAs), which are whole-blood tests to aid in diagnosing *Mycobacterium tuberculosis* infection. These blood based assays include Quantiferon-TB Gold In-Tube test (QFT) and T-SPOT.TB test (T-Spot). The IGRAs are particularly useful when the TST results are equivocal, when there is concern over recent BCG interference, or if the patient cannot return for follow-up in 48-72 hours to have a TST read.
3. MSC uses the following criteria for determining a positive TST reaction
 - a. TST >5mm or greater and:
 - b. HIV positive or immunosuppressed.
 - c. Close contact with an active TB case.
 - d. Recipient of organ transplant.
 - e. Fibrotic changes on CXR consistent with old TB.
 - f. Immunosuppressed for other reasons (i.e., taking the equivalent of >15 mg/day of prednisone for 1-month or longer or taking TNF- α antagonists (as for Rheumatoid Arthritis, Crohn's disease, psoriasis)).
4. TST \geq 10mm and
 - a. An immigrant from a high risk country within the past five years.
 - b. Active diabetes mellitus.

17 Sep 15

c. Chronic cardio-pulmonary disease (COPD, asthma, heart failure).

5. TST ≥15mm. Any TST with >15 mm induration regardless of other risk factors should be considered for prophylaxis treatment.

6. LTBI Treatment. MSC requires that mariners with LTBI be treated in accordance with current CDC guidelines unless a valid medical contraindication exists. Individuals with a positive TST, QFT, or T-spot should be considered for treatment regardless of age. Medical contraindications may be considered on a case-by-case basis. A history of BCG vaccination should be ignored when evaluating a positive TST or when considering LTBI treatment particularly in adults.

7. A standard course of INH for nine months (also consider adding daily vitamin B-6/pyridoxine), or using other appropriate LTBI prophylaxis treatments* should be started unless there is a valid medical risk/contraindication for the treatment. When LTBI treatment is initiated for new hire applicants, MSC does not require baseline or follow-up LFTs but providers may consider testing if there is underlying liver disease or elevated risk for liver disease or INH-induced hepatotoxicity exists. Providers should be aware that in order to be cleared to sail for MSC, mariners must not require any follow-up LFTs as the opportunity to obtain most standard lab tests may not be available for periods of up to 6 months.

* The treating provider may also consider alternative courses of prophylaxis such as:

(1) A 4-month course of daily rifampin (Rifadin).

(2) A 4-month course of a weekly dose of isoniazid (INH) and rifapentine (Priftin).

APPENDIX J

Fit for Duty/Fit for Sea Medical Screening

1. The following diagnoses/medical conditions require referral to the Clinical Branch staff (physician assistants, nurses) for review/determination:
 - a. Asthma
 - b. Diabetes mellitus or any of the following:
 - (1) Fasting blood glucose of 126 mg/dl or greater.
 - (2) HgbA1C level of 8.0% or greater.
 - (3) Use of insulin.
 - (4) Use of any non-oral medications for the treatment of diabetes.
 - c. Coronary artery disease (newly diagnosed) to include surgical procedures such as bypass grafts, angioplasty, pacemaker implantation or stent placement.
 - d. Uncontrolled hypertension cases (BP > 140/90 mm/Hg).
 - e. Psychiatric diagnoses.
 - f. Seizure disorder.
 - g. Recently diagnosed cancer.
 - h. New diagnosis of TB infection.
 - i. Suspected Permanently Not Fit for Duty cases.
 - j. Use of the following specific classes of medications:
 - (1) Psychiatric medication.
 - (2) Controlled/narcotic analgesics or other controlled Medications.
 - (3) Anti-coagulant therapy medication.

17 Sep 15

2. The following diagnoses and medical conditions require direct referral to Force Medical Officer for review:

- a. Pregnancy.
- b. Newly diagnosed cases of active tuberculosis.
- c. Sexual assault.
- d. Promotion review of Masters or Mates with any mental health diagnosis.

3. For Physician Assistant staff. The following diagnoses/medical conditions warrant direct referral to Force Medical Officer for review/determination.

- a. Pregnancy.
- b. All newly diagnosed cases of Coronary Artery or Ischemic Heart Disease to include surgical procedures such as bypass grafts, angioplasty, pacemaker implantation or stent placement.
 - (1) Cardiac cases with abnormal test results such as EKG, stress test, or echocardiogram.
 - (2) Cardiac cases with uncontrolled hypertension or other co-morbid risk factors.
- c. Psychiatric diagnoses beyond simple depression, on anti-psychotic medication, or with guarded prognosis or with higher risk.
- d. Uncontrolled or newly diagnosed seizure disorder cases.
- e. Recently diagnosed cancer cases including all undergoing extensive treatment (chemotherapy or radiation treatments).
- f. New diagnosis of Latent TB Infection (positive Tuberculin Skin Test or positive Quantiferin TB-Gold or T-Spot).
- g. New diagnosed or exacerbated asthma cases.
- h. Newly diagnosed active tuberculosis cases.
- i. Newly diagnosed cerebrovascular disease.
- j. Newly diagnosed neurologic disease.

17 Sep 15

- k. Sexual assault cases.
- l. Suspected PNFFD cases.
- m. Use of the following specific medications classes:
 - (1) Anti-psychotic medications.
 - (2) Anti-coagulant therapy medications.
 - (3) Parenteral diabetes medications.

17 Sep 15

APPENDIX K**MSC Medical Surveillance Program Requirements by Position**

RATING	REQUIRED MSP
Master	None
1 st , 2 nd OFFICERS	503, 721
3 rd OFFICERS	721 for New Hire, then as requested by Medical
BOSUN, BOSUNMATE, ABLE BODIED SEAMAN (AB (M)) and (AB (W)) M = Non-watch stander W = Watch stander	716*, 503, 704, 721
CARPENTER ORDINARY SEAMAN (OS (D)) and (OS (W)) D = Non-watch stander W = Watch stander	716*, 503, 721
CHIEF ENGINEER; 1 st and 3 rd ASSISTANT ENGINEERS, CHIEF and 2 nd ELECTRICIAN, ELECTRONIC TECHNICIAN	716*, 503
2 nd ASSISTANT ENGINEERS	716*, 503, 710
REFRIGERATION ENGINEER	716*, 503
DECK ENGINEER MACHINIST	716*, 503, 702*
UNLICENSED JR ENGINEER, ENGINE UTILITY, OILER, WIPER	716*, 503, 702*
PUMPMAN	716*, 503
CHIEF STEWARD, CHIEF COOK, NIGHT COOK BAKER, 3 rd STEWARD, STEWARD COOK, 2 nd COOK, ASSISTANT COOK	709*
UTILITYMAN	503, 709*
LAUNDRYMAN	716*, 503
SUPPLY OFFICER, JR SUPPLY OFFICER	None
STOREKEEPER, ASST. STOREKEEPER	710
PURSER	None
MEDICAL SERVICE OFFICER	716*, 719*
RADIO ELECTRONICS TECHS,	None
OPERATIONS CHIEF	None
DCO – ATT(East and West), and FF School East and West	Individually Tailored

17 Sep 15

MEDICAL SURVEILLANCE PROGRAM	PCMATRIX REFERENCE NUMBER	FREQUENCY / PERIODICITY OF EXAM
ASBESTOS SURVEILLANCE	115	Years Since First Exposure: > 10 15 – 35 years old = Every 5 years 36 – 45 years old = Bi-Annual > 45 years old = Annually
	116	Years Since First Exposure: 0 – 10 years = Every 5 years
HEARING CONSERVATION**	503**	ANNUALLY
WASTE WATER & SEWAGE	702 *	PENTA-ENNIAL
FORKLIFT OPERATOR	710	< 60 years old = every 5 years > 60 years old = ANNUALLY
WEIGHT HANDLING EQUIPMENT	704	BI-ANNUAL
FOOD SERVICE (completed by shipboard MSO/MDR)	709*	BASELINE ONLY (Repeated if out of work for medical reasons or > 30 days)
RESPIRATOR CERTIFICATION	716*	15 – 34 years old = every 5 years 35 – 44 years old = every 2 years 45 years old = ANNUALLY
HEALTH CARE WORKER	719*	BASELINE ONLY
EXPLOSIVE HANDLER (EXPLOSIVE MHE/FORKLIFT) OPERATORS	721	< 60 years old = every 5 years > 60 years old = ANNUALLY

Notes

- *702,709 and 716 are completed by the MSO.
- 702, 709, 716 and 719 are not tracked in HRMS.
- **DON facilities are not required to complete the 503 MSP matrix if there are no changes to hearing.

17 Sep 15

MILITARY SEALIFT COMMAND
Medical Department (CODE: N13X)
Bldg. SP-64, 471 C Street, Norfolk, VA 23511-2419
E-mail address to submit forms: MSC_Medical@navy.mil
VOICE: 1-866-827-4955 FAX: 1-866-324-4955
(757) 443-5760 (757) 443- 5767

 Mariner name /last 4 SSN

MEDICAL SUMMARY FORM

(ALTERNATIVELY, A NARRATIVE SUMMARY ADDRESSING THE ELEMENTS BELOW MAY BE PROVIDED)

Note to examining provider: The seafaring environment is arduous and may expose civilian mariners (CIVMARS) to chemical and physical hazards. It is essential that CIVMARS be physically fit to perform the duties of their position. CIVMARS must be fit for worldwide assignment; however there is the potential for reasonable accommodation. CIVMARS may work long hours, and are occasionally required to engage in strenuous activity. CIVMARS may also be required to work outside on deck in extreme temperatures. As part of their work CIVMARS may be required to don emergency gear. An assignment may last up to six months at sea. CIVMAR work assignments may take them to remote medical environments.

MEDICAL SPECIALTY RECOMMENDED:

1. HEALTH STATUS / MEDICAL CONDITION TO BE ADDRESSED

2. SIGNIFICANT HISTORY AND PHYSICAL FINDINGS (If being evaluated for elevated blood pressure, readings must be equal to or less than 140/90.)

BP reading(s):

3. SIGNIFICANT ANCILLARY TESTING RESULTS

Provide results: (*Note:* For individuals with diabetes mellitus, a current (within past 1 month) HbA1c result is required. Results must be below 8.0%.)

4. DIAGNOSIS/DIAGNOSES

CONTINUE ON REVERSE OF FORM

17 Sep 15

APPENDIX M

Acknowledgement Letter

N13X

Date:

MEMORANDUM

From: Military Sealift Command, Force Medical Officer

To:

Subj: FOLLOW-UP OF CHRONIC MEDICAL CONDITION(S)

1. A review of your medical records indicates that you have a chronic medical condition(s). The condition(s) that require periodic follow-up and the frequency of these visits are as follows:

Condition	Frequency of Evaluation
_____	_____
_____	_____
_____	_____
_____	_____

2. To ensure adequate control of your condition(s), we will require that you are evaluated by your private physician and submit supporting documents that you are physically qualified for continued sea duty for extended periods of time, on ships that have limited medical care onboard. Our required frequency for submitting documents is noted above although your physician may want you to be seen more frequently.

3. If you have been prescribed medication by your physician, it is your responsibility to take your medication as directed and have an adequate supply (normally a minimum of 6-months) to last for the duration of your ship assignment (with ability to get medication refills). Should justification for a 6-month supply of medications be needed, a letter is available from MSC Medical to assist you with getting such approvals from your private physician and/or insurance company.

4. Failure to comply with MSC's requirement to maintain an adequate supply of medication as noted above, and/or failure to keep MSC Medical up to date regarding your medical conditions may result in a finding of "Not Fit for Duty" and you may be subject to disciplinary action. Should you have any questions, please contact the MSC Medical Office in Norfolk, VA at 1-866-827-4955 or (757) 443-5760. Medical documents can be faxed to 1-866-324-4955 or (757) 443-5767.

FMO Signature
CAPT, MC, USN

I have read and understand the above.

SIGNATURE

DATE

APPENDIX N

Injectable Medications

N13
Date:

MEMORANDUM

From: Military Sealift Command, Force Medical Officer
To:

Subj: CIVMAR RESPONSIBILITY REGARDING INJECTABLE MEDICATIONS

Ref: (a) COMSCINST 6000.1 (series)

1. A review of your medical records indicates that you have been prescribed an injectable medication requiring the use of a syringe and needle. Below are your responsibilities regarding MSC's requirements pertaining to the use of injectable medications onboard MSC ships:

a. It is your responsibility to ensure you have a sufficient supply of medication with you to last a usual ship tour. A six-month supply is recommended, as is a reliable resupply mechanism should your tour be extended unexpectedly. Should justification for a six-month supply of medications be needed, MSC Medical will provide a letter to your personal healthcare provider and/or insurance company with your permission. It is your responsibility to have your medication with you or delivered to you for your ship assignment.

b. It is your responsibility to properly store your medication(s). You are responsible for knowing the storage requirements, as many require proper refrigeration including during travel. The use of a small cooler with ice packs may be required. Many ships will allow small refrigerators in rooms, but you are responsible for maintaining your own refrigeration. If your assignment does not allow you to have personal refrigeration, you may seek the assistance of the Medical Service Officer (MSO) or Medical Department Representative (MDR) on your ship. It is ultimately your responsibility to ensure that you have proper storage for your medication.

c. You are responsible for providing your own medically approved biological "sharps container," with lid, for proper needle disposal. You are not permitted to dispose of used

17 Sep 15

syringes and needles in the regular trash as this may result in needlestick injuries to your crewmates. MSOs/MDRs may provide assistance in proper disposal of filled containers.

d. You are responsible for ensuring that your medication, needles and syringes can be cleared through all travel check points. It is your responsibility to know and follow all travel precautions and requirements for your medical supplies. Mariners are encouraged to hand carry their medications onboard planes in case their checked luggage is lost; however, there may be restrictions for carrying needles through Transportation Security Administration (TSA) checkpoints or through customs inspections. We recommend that you contact TSA via their website at www.tsa.gov for specific guidance when traveling within the United States. You can obtain international travel guidance from the U.S. Department of State via their website at www.state.gov. Any special documents required for clearing such agencies are your sole responsibility and should be obtained from your personal physician. Usually copies of prescriptions from your physician to accompany the medications, needles and syringes, are sufficient documentation to show to airport inspectors.

2. Failure to comply with the above requirements and responsibilities, and/or failure to keep MSC Medical up-to-date regarding your medical conditions may result in a finding of Not Fit for Duty and may be subject to disciplinary action. Should you have any questions, please contact the MSC Medical Office in Norfolk VA at 1-866-827-4955 or (757) 443-5760. Medical documents may be faxed to 1-866-324-4955 or (757) 443-5767.

By my signature below, I hereby acknowledge that I have read and understand the above.

SIGNATURE

DATE

APPENDIX O

Small Arms Waiver Example

Date:

MEMORANDUM

From: MSC Force Medical Officer
To: Director Marine Placement

Subj: MEDICAL WAIVER FOR SMALL ARMS TRAINING, QUALIFICATION,
AND DUTY ICO DOE, JOHN, XXX-XX-7777

Ref: (a) OPNAVINST 3591.1F (series)

1. Based on reference (a), CIVMAR does not meet the medical standards for small arms training and qualification.
2. After a review of the medical record and documentation from the CIVMAR's personal health care provider, a waiver of the standard is RECOMMENDED.
3. The waiver is valid as long as the CIVMAR's chronic medical evaluation of the disqualifying condition is kept current per the periodicity that the mariner has acknowledged in writing.

FMO SIGNATURE
[RANK], MC, USN

Date:

From: Director, Marine Placement
To: Force Medical Officer

1. Waiver forwarded APPROVED / DISAPPROVED.

N11 Director Signature

2. Mariner acknowledgement:

I understand that this waiver is valid only if:

a. I provide periodic documentation of medical evaluations as required per my Chronic Medical Condition Acknowledgment Memorandum.

b. My treating provider's documentation specifically states that my condition is stable and that I am suitable to continue duties involving the use of small arms.

c. I have enough medication to complete a ship tour and/or deployment.

d. I report any changes in this medical condition.

If this waiver lapses I will report such to my Chain of Command and not perform small arms duties without a current waiver.

Name

Date

APPENDIX P

MSO Quality Improvement (QI)

Vessel:

Date:

Inspector:

MSO:

MSO Email:

MSO Report Date:

Vessel's Prior MSO:

MSO rotation date:

Last in person QAI:

Last electronic QAI:

MSO Years with MSC:

Years of military active duty:

Date of USN retirement:

Rate at time of retirement:

MSO # of vessels sailed and names of vessels:

Crew size (licensed, unlicensed):

Crew medical satisfaction surveys:

Master:

Master's email:

Telephone# (Comms Ctr):

Location:

Mission:

SHIP PHOTO (Google Images)

Force Medical Officer Remarks:

Instructional Information Discussed with MSO (mentoring):

Any unique aspects of this QAI visit:

Clinical Proficiency (done onsite): See attachment for results on the cases reviewed.

Additional Medical Record Inspectional Items:

1. Compliance with USFFC Universal Procedure Form:
2. Compliance with USFFC Do Not Use Abbreviations:

Overall Clinical Assessment:

/s/

FORCE MEDICAL OFFICER

Copy to:

Master:

MSO Credentialing File:

MSC Medical Department Afloat Inspectors

Medical Force Master Chief

(Joint Commission Official) "Do Not Use" List

IU (International Unit)	Mistaken for IV (intravenous) or the # 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write "daily"
Q.O.D., QOD, q.o.d., qod	Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "every other day"
Trailing zero (X.0 mg)	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)		Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write "morphine sulfate"
MSO 4 and MgSO 4	Confused for one another	Write "magnesium"

USFFC REQUIRED UNIVERSAL PROTOCOL

In case of an emergent procedure or emergent surgery, site marking and documentation are not required as long as the provider deems the surgery/procedure to be an emergency. In this instance, the provider must document the circumstances in the medical record. The provider will be responsible for identifying the correct patient, correct procedure, and correct site and will document that in the medical record.

Check appropriate blocks, either performed (yes) or not applicable/required (N/A)

1. Pre-procedure Verification Process – all are required for all procedures
 - a. Consent form completed and signed by patient, provider, witness Yes
 - b. Patient verbalized two personal identifiers Yes
 - c. Correct patient identification information on all paperwork Yes
2. Marking the Operative/Procedure Site - include the patient if possible. Site marking is required for procedures involving right/left distinction, multiple structures such as fingers/toes, or multiple levels such as spinal procedures. Site marking is not required for single organ cases, teeth and obvious wounds or lesions.
 - a. Site verified Yes
 - b. Site marked – before draping to be visible after draping Yes N/A
3. Pre-procedure “Time Out” – ALL MEMBERS of the surgical team or procedure team pause to before starting to verify:
 - a. Correct procedure Yes N/A
 - b. Correct site Yes N/A
 - c. Correct patient position Yes N/A
 - d. Antibiotic administered Yes N/A
 - e. Correct type and concentration of local anesthetic on hand Yes N/A
 - f. Sufficient quantities of all necessary supplies on hand Yes N/A
 - i. Correct size syringes Yes N/A
 - ii. Correct gauge needles Yes N/A
 - iii. Correct suture material Yes N/A
 - iv. Post procedure dressing Yes N/A
 - g. All required equipment present, in working order and with sufficient power source for entire procedure Yes N/A

Verified by: _____
Signature/date/time

Quality Assessment Screening Matrix Military Sealift Command

Privacy Protected Document

Clinical Proficiency Electronic Medical Record Review

Date: _____

MSO Name: _____

Vessel USNS _____

PRECEPTOR REVIEWER: MSC Force Medical Ofcr

PURPOSE OF REVIEW: Monthly QA on sick call encounters (10 encounters maximum or 100% of sick call encounters if less than ten)

LEGEND: BLANK = STANDARD/COMPLIANCE MET		X = Discrepancy/Deficiency (FOLLOW WITH NOTE ON REVERSE)									
Encounter#	1	2	3	4	5	6	7	8	9	10	
Date Of Visit:											
Pt's Last Name/Last 4-SSN											
SUBJECTIVE: Chief complaint & pertinent PMH/FH, demographic data (age, sex) are documented. HPI addresses current symptoms with pertinent positives & negatives.											
OBJECTIVE: Physical exam is appropriate (c/w with C/C), complete, & abnormal findings are documented. Abnormal V/S addressed.											
ASSESSMENT: Final diagnosis is appropriate & supported by the documented H&P											
UTILIZATION: Labs, x-rays, ECGs, & consults are appropriate for diagnosis & are documented.											
PLAN/MANAGEMENT: Plan is documented, within standard of care, & follow up recommendations are appropriate. Clinical practice guidelines are followed when indicated & any significant deviation documented. (SAMS generated note is signed and name stamped and put in medical chart.)											
MEDICATIONS: Medications prescribed are within standard of care and appropriate dosage (and duration of treatment or # dispensed) for patient and diagnosis.											
IF a FOLLOW-UP: Test results & interval change documented. New plan developed if needed											
HEALTH PROMOTION: Risk reduction activities associated with lifestyle habits are addressed. Occupational health & safety measures are addressed.											
PROCEDURES: Informed consent, to include TIME OUT DOCUMENTED. Procedure note documented. Post procedure pain assessed.											
(1) NO DISCREPANCIES or DEFICIENCIES found:											
(2) MINOR DISCREPANCIES ONLY, discussed & resolved:											
(3) SIGNIFICANT DEFICIENCIES noted and will be documented and trended											
Diagnosis:											
OVERALL AVERAGE / AVERAGE / BELOW AVERAGE											

Summary remarks:

MSO Competency and Qualification							
Demonstrate sufficient competency in:	Method	Initial	Date	Demonstrate sufficient competency in:	Method	Initials	Date
Complete medical history, Technically proficient physical exam with vital signs				Acute ocular pain			
Complete and accurate documentation in the SOAP format				Acute vision change			
Develop an appropriate diagnosis and treatment plan				Conjunctivitis			
Demonstrate professionalism, respect empathy, sensitivity to psychosocial concerns, privacy awareness, discretion, confidentiality, etc.				Corneal abrasion			
Demonstrate knowledge and skill to safely remove a casualty from danger				Conjunctival foreign body			
Demonstrate knowledge and skill in positioning a patient appropriate to an injury				Iritis / keratitis			
Demonstrate knowledge and skill in triaging of mass casualties				Psoriasis			
A) Airway management/maintenance				Glaucoma			
B) using oral, nasopharyngeal and endotracheal airways				Acne			
C) Assisted ventilation with oxygen therapy via nasal catheter, cannula or mask				Warts			
D) Control hemorrhage via direct pressure, pressure points, pressure dressing, tourniquet, hemostat or hemostatic agent				Herpes (simplex, zoster, etc.)			
E) Manage respiratory distress, including sucking chest wound				Scabies			
Demonstrate proficiency in preliminary assessment/initial treatment/stabilization and/or referral of:				Lice			
Chest pain differential				Rashes and Contact dermatitis			
Fluid and electrolyte disorders				Plantar warts			
Heat or cold injuries				Corns and calluses			
Chemical and thermal burns				Initial Dx and Tx of intrauterine pregnancy			
Cardiovascular shock				Pelvic pain			
Headache				Pelvic Inflammatory disease			
Altered levels of consciousness				Abnormal vaginal bleeding			

17 Sep 15

				Ectopic pregnancy			
Gastrointestinal disorders				Vaginitis			
Respiratory distress				Sexually transmitted disease (Female) cervix culture			
Demonstrate sufficient competency in:				Demonstrate sufficient competency in:			
Drug overdose or poisoning				Family planning (using approved contraceptive protocols)			
Uncomplicated hypertension				Vaginal trauma			
Uncomplicated diabetes				Breast mass			
Communicable or infectious diseases (including antibiotic prescription)				Initial response for Sexual assault and exam.			
Adverse drug reactions				Dental abscess			
Acute pain				Symptomatic caries			
Weakness and malaise				Emergent Dental replacement for temporary fillings			
Fractures				Fractured tooth			
Strains and sprains				Lip or tongue laceration			
Low back pain				Jaw fracture			
Minor musculoskeletal injury / sports medicine				Traumatically mobilized teeth			
Abdominal pain versus acute abdomen				Otitis media and external			
Inguinal hernia				Cerumen impaction			
Triage multiple trauma patients				Foreign body, external auditory canal			
Penetrating wounds				Pharyngitis / tonsillitis			
Animal and human bites				Epistaxis			
Psychosis and delusional thinking				Rhinitis or upper respiratory infection			
Suicidal ideation or attempt				Uncomplicated allergic conditions			
Mental status examination				Acute sinusitis			
Substance use and abuse				Acute Nasal Fracture			
Testicular torsion				Peritonsillar abscess/cellulitis			
Renal calculi / nephroureterolithiasis				Acute barotrauma			
Sexually transmitted disease (Male)				Eustachian tube dysfunction			
Acute cystitis, uncomplicated				Tympanic membrane rupture/puncture			
Prostatitis				Medical surveillance programs to include:			
Pyelonephritis				A) Hearing conservation afloat			

17 Sep 15

Epididymitis				B) Asbestos exposure			
GU Trauma				C) Heat exposure / stress afloat			
Local anesthesia				D) Immunization programs			
Digital block anesthesia				E) Sanitation inspections			
Primary and Secondary skin closure and suture removal (to include suture and skin staples)				F) Diving-related disorders			
Demonstrate sufficient competency in:				Demonstrate sufficient competency in:			
Wound care including debridement, wound irrigation and applying and changing sterile dressings				Apply chemical decontamination kit			
Insertion of nasogastric tube				Administer antidotes and pretreatments			
Perform venipuncture				Assess, process and decontaminate the contaminated wounded patient			
Vision screening				Initiate, maintain, discontinue and document intravenous fluid therapy			
Obtain and basic interpretation of audiograms				Dipstick urinalysis			
Removal of foreign object by forceps or superficial incision				Microscopic urinalysis			
Penile trauma				Interpretation of White blood cell count and differential			
Kidney infection				Hematocrit			
Penetrating eye injuries				Serological test for syphilis			
splint application for nondisplaced extremity fractures				Gram stain			
Perform urethral catheterization				Mono-spot			
Incise and drain superficial abscesses				Malaria smear: thick and thin smear			
Apply hot and cold therapy				Wet (Saline) prep			
Comfortable use of vaginal speculum to visualize cervix				KOH prep (potassium hydroxide)			
Basic bimanual pelvic exam				Wright stain			
Basic breast exam (before referral)				Point of care testing			
Administer medication (oral, sublingual, subcutaneous, intramuscular, topical, rectal and intravenous)				Urine pregnancy test (HCG)			
Pack and prepare sterile packs							

Perform the following emergency treatment					Program Management:			
A) Parenteral IV therapy					medical surveillance (NEHC Manual NEHC-TM OM 6260)			
					Food Sanitation			
B) Needle thoracotomy					Immunizations			
C) Gastric lavage					Hazardous Materials			
D) Endotracheal intubation					Waste water/sewage Surveillance			
Demonstrate sufficient competency in:					Demonstrate sufficient competency in:			
CPR - Provider					Shipboard pest control			
SAMS Training					Potable water program			
Repat and MEDEVAC reporting					Respiratory Protection Program			
MedAire / OnCall process					Sight Conservation Program			
Navy Disease reporting Program					Hearing Conservation Program			
					Heat Stress Program			
Malaria Prophylaxis					TB (TST) Program			
					Explosive Handlers Surveillance			
					Blood-Borne Pathogens Program			
					Isocyanides Surveillance Program			
					Health Care Worker Surveillance			
					Weight Handling Surveillance			
					Food Service Worker Surveillance			
					Mixed Solvents Surveillance			
Preceptor Name Signature								
Initials Date								
Preceptor Name	Signature		Date					

Comments:

Technical Assist Visit (TAV) – HMC/IDC Portion

Material items:

1. Supply: The AMAL (medical supplies) percentage on the USNS _____ is ____ % within expiration date is good.
2. AED: How many? _____ Locations: _____ Inspection schedule IAW manufacturer's recommendations: __ Yes / No _____ Battery expiration dates: _____ Pads expiration dates: _____
3. Stretchers (Stokes and Reeve Sleeve litters) / Locations: #: _____
4. Oxygen Cylinders (H & D sizes): H-tanks _____ / D-tanks _____
2. Storerooms: _____
3. Other medical equipment, in working condition (microscope, suction, sterilizer, centrifuge, etc.): _____
4. AMAL "9999" items: _____

Miscellaneous items:

1. Medical Readiness: The level of surveillance program periodicity, physical exams and chronic disease follow- up is at ____ % overall. MSO _____ does / does not maintain entries in SAMS. Per MSC instruction 6000.1 Series the MSO shall place all physicals, PMDs, and PHA expiration dates into SAMS to facilitate delivery of deficiency lists to crew. The tuberculosis surveillance program is at ____ %.
2. Medical Reference Library: STAT-Ref (current edition) is onboard and is considered current – Yes/No _____. Other texts: _____
3. Personnel Casualty Response Team (#members, drills): _____
4. Cleanliness / Orderliness: _____
5. Health Promotion & Safety Bulletin Board: _____

6. Patient satisfaction survey and box: _____

17 Sep 15

MSC Staff Prep for Medical Officer QA & Medical Readiness Oversight**Required Reports:** (note status of life-saving items in table below)**Supply:**

- Percentage of Inventory on Board: _____%
- Expiring Shelf Life Report (projected 2 months out): _____
- Warning Requirement List: _____
- Outstanding Requisition Report (compare vs. Exp. Shelf Life & Warning)
- AMAL 5100 & 5151 Location Inventory Report: _____
- AED Pad Qty and Expiration date from SAMS: _____

MSO:

Vessel:

Last QA Date:

Next Scheduled QA Date:

Data Analysis:**Immunizations:**

- Typhoid (All types) _____% Hepat _____
- Tetanus _____% TST Total _____%
- Yellow Fever _____%

Annual TB Screening Questionnaires _____%

Lifesaving Items Checklist:

AMAL	Item Name	Required	# On Board	Exp. Date	Date On Order
5100	Activated Charcoal	8 BT			
5100	Insulin	1 VI			
5100	Nitroglycerin Tablets	1 BT			
5100	AED Pads	1 PG			
5151	Pulse Oximeter	1 EA			
5100	Epinephrine Inj.	1 PG			
5100	Sodium Chloride Inj. (1000 mL)	2 PG			
5100	Sodium Chloride Inj. (250 mL)	1 PG			
5100	Lactated Ringers Inj. (1000 mL)	1 PG			
5151	Lactated Ringers Inj. (1000 mL)	1 PG			
5100	Albuterol Aerosol	4 PG			
5100	Diazepam Inj.	1 PG			

Controlled substances:CSIB and MSO Appointment Letters: **YES / NO**Controlled substance inventory reports (four quarters): **YES / NO**DD 1289(Rx) used for all narcotics dispensed and counter signed by the ship's Captain **YES / NO**All narcotics are within expiration date **YES / NO**Program Binder Review: **SAT / UNSAT****Physicals:**

Completion %'s: CIVMAR Medical Surveillance Programs _____%

CIVMAR Physical Exam _____%

CIVMAR Chronic Disease F/U _____%

MILDET Preventive Health Assessment _____%

Supply:

% of Authorized Medical Allowance on board

 %

Notes/Comments:

Verify Med Ref Library Status:

Required & Recommended Publications per COMSCINST 6000.1	Current Edition Year	Recommend Replacement
REQUIRED:		
Current STAT!Ref Electronic Med Library	2010	No
OPTIONAL:		
Bates Guide to Physical Examination & History Taking, Latest Ed.	N/A	Yes / No
Clinically Oriented Anatomy, Latest Ed.	N/A	Yes / No
Control of Communicable Diseases Manual, Latest Ed.	N/A	Yes / No
Dermatology Text, Latest Ed.	N/A	Yes / No
Current Year Physician's Desk Reference	N/A	Yes / No
ICD-9 Clinical Modification Volumes 1-3	N/A	Yes / No
Dorland's Illustrated Medical Dictionary	N/A	Yes / No
PMT Toolbox CD-ROM	N/A	Yes / No
Emergency Care & Transportation of the Sick & Injured, Latest Ed.	N/A	Yes / No
Handbook of Poisoning, Prevention, Diagnosis & Treatment, Latest Ed.	N/A	Yes / No
Ship's Medicine Chest & Medical Aid at Sea, Latest Ed.	N/A	Yes / No

Prepared by:

Date Prepared:

Crew Survey of Healthcare Satisfaction (Optional)

"To Ensure & Preserve the Operational Readiness of Personnel Afloat"

The Military Sealift Command Medical Department strives to provide you the best employee health service possible. We need your help in evaluating our service to you. Please take a moment to complete part 1 of this survey, make any comments that would help us better meet your needs, & return to the Master.

Reason for your visit: _____ Date of visit: _____

Optional Information

Name: _____ Rate: _____ Ship: _____ E-mail: _____

Rating Scale

1 Strongly Disagree	2 Disagree	3 Neither Agree Nor Disagree	4 Agree	5 Strongly Agree
---------------------------	---------------	------------------------------------	------------	------------------------

- | | | | | | |
|---------------------------------------------------------------|---|---|---|---|---|
| 1. Was the MSO courteous and professional? | 1 | 2 | 3 | 4 | 5 |
| 2. Were you assisted in a timely manner? | 1 | 2 | 3 | 4 | 5 |
| 3. Did the provider explain all findings on your examination? | 1 | 2 | 3 | 4 | 5 |
| 4. Were you given clear instructions? | 1 | 2 | 3 | 4 | 5 |
| 5. Were all your questions answered to your satisfaction? | 1 | 2 | 3 | 4 | 5 |
| 6. Was the need for follow-up, if any, clearly explained? | 1 | 2 | 3 | 4 | 5 |
| 7. Overall were you satisfied with the care you received? | 1 | 2 | 3 | 4 | 5 |

Please take the time to provide any comments, compliments, complaints, and/or suggestions on how we may serve you better. Feel free to use the back of this form, too.

Thanks for your feedback. Please place in the Captain's Suggestion Box
SHIP'S RESPONSE TO FEEDBACK

Comments Given to Patient: _____

Patient Satisfied? _____ Yes _____ No

Root Cause Identified: _____

Forward to:
_____ Ship's Master for Information and/or Action

Copy to:
_____ Medical Service Officer for Information & Quality Improvement
_____ MSC Force Medical Officer (or designee) for Process Improvement Suggestion
_____ No Action Necessary

Comments: _____

MASTER SIG

MSO SIG

MSC Force Medical Ofcr (or designee)

APPENDIX Q

MSC PAR FORM FOR OM PROVIDERS

The following information is submitted to the MSC Force Surgeon as part of the every 6-month Occupational Medicine (OM) healthcare provider (MD/DO,PA) Professional Performance Review (PAR) on _____ for the period covered of _____

A. PATIENT CARE- as measured by peer review and chart extraction.

Competency (Circle one)	S	U
A. Patient Care		
1. Percentage of charts reviewed as satisfactory by peer review (No. of charts reviewed _____, Total number of encounters _____)	> 90%	< 90%
2. Percentage of patient/worker encounters where the medical note accurately conveyed the issues under discussion, and with appropriate patient disposition determination.	> 95%	< 95%
3. Percentage of patient/worker encounters are signed and dated by the provider	> 90%	< 90%

B. MEDICAL KNOWLEDGE- as measured by direct observation as well as chart review.

Competency	S	U	N/O
B. Medical Knowledge			
1. Adaptable and flexible			
2. Fund of information appropriate			
3. Knows and applies fundamental principles to practice of OM			
4. Applies sound clinical judgment in primary care medicine			

C. PRACTICE-BASED LEARNING- as measured by direct observation, chart review and discussion with other individuals involved in the management of each patient.

Competency	S	U	N/O
C. Practice-Based Learning and Improvement			
1. Applies knowledge of current state of literature to OM practice			
2. Facilitates the learning of peers and other healthcare professionals			
3. Analyzes own practice for needed improvements			
5. Practitioner is able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices			

Name: _____ Date: _____

D. INTERPERSONAL AND COMMUNICATION SKILLS- as measured by direct observation and discussion with other individuals involved in the care of each patient.

Competency	S	U	N/O
D. Interpersonal and Communication Skills			
1. Communicates/works effectively with colleagues			
2. Creates ethically sound relationships with patients			
3. Quality of listening skills			
4. Able to work well with a team			

E. PROFESSIONALISM- as measured by direct observation.

Competency	S	U	N/O
E. Professionalism			
1. Demonstrates ethical and moral behavior			
2. Demonstrates sensitivities to patient's culture, age, gender, disabilities			
3. Reacts to stressful situations appropriately			
4. Demonstrates commitment to continuing education			

Evaluated Medical Staff Member: _____

Evaluator: _____

- Provider is qualified and competent to perform privileges as requested.
- Provider has not demonstrated competency in the following areas:

- Provider has demonstrated significant problems in the following areas:

Notes: S = Satisfactory; U = Unsatisfactory; N/O = Not Observed

APPENDIX R

MSC NURSE QA SCREENING GUIDE

- QA on each nurse to be done quarterly using medical charts and HRMS reviews.
- QA file to be maintained by MSC Clinical Branch Supervisor.
- To be submitted annually to MSC Force Surgeon.

QA review (components are variable across forms reviewed by nurses, as includes, chronic medical condition, new hire, medical surveillance exam, or medical summary form to return to work submissions):

Components examined by nurses, variably include the following:

1. Audiogram (MANMED hearing standards, OPNAV 270-rule)
2. Vision (VA, color perception, IOP varies ratings)
3. Immunizations (vaccinations, titers)
4. LTBI (TST/PPD, Quantiferon TB-Gold)
5. Labs (CBC, U/A, Lipids, FBS, G6PD, Sickle Cell Trait, etc.)
6. Spirometry/PFT
7. EKG (normal/abnormal)
8. Significant clinical findings addressed
9. DD-2807 , DD-2808 and MSP's (complete, abnormalities noted)
10. Abnormal findings warranting further evaluation
11. Weight limit standards &/or BMI > 40 (Physical Ability Testing, weight limits for rating)
12. Chronic medical condition follow-up periodicity met (6 or 12-month)
13. CIVMAR disposition (FFD/NFFD)
14. HRMS entries completed
15. Medical chart entries with legible handwriting, signature, name stamp

RN Review for Evaluation:

Element	Charts									
	1	2	3	4	5	6	7	8	9	10
Over all clinical skills & knowledge										
Performs assessments & identifies appropriate diagnoses										
Correctly applies MSC standards										
Above 15 elements addressed as appropriate										

HRMS used appropriately, completing all appropriate fields										
Appropriately elevates reviews to either physician assistant or physician										
Medical chart entries have legible note, signature, stamped name										
Makes appropriate disposition (FFD, FFD/R, NFFD)										

Code: A=Acceptable, U=Unacceptable, NO=Not-observed

Comments: _____

Recommendations: _____

Employee
Signature: _____

Date: _____

Printed name: _____

Evaluator
Signature: _____

Date: _____

Printed name: _____

Position: _____

APPENDIX S

MSC Mariner Physical Exam Addendum

Mariner Name: _____ Last 4-SSN : _____

The medical examiner should assess the mariner's strength, range of motion and flexibility. Limitations and/or the degree or severity of the mariner's inability should be noted. Further follow-up evaluation requirements will then be determined by the MSC Medical Department. NOTE: Per 46 CFR 10.304(c)(1)(i), the medical examiner does not need to specifically test each of the abilities in the Related Physical Ability column unless the examiner "is concerned that an applicant's physical ability may impact maritime safety." If that is the case, or if the examinee's BMI is 40 or greater, the examiner should mark the appropriate box on the last page.

SHIPBOARD TASKS, FUNCTION, EVENT OR CONDITION	RELATED PHYSICAL ABILITY	PHYSICAL EXAM
Routine movement on slippery, uneven and unstable surfaces Stand a routine watch or station	Maintain balance (equilibrium) Intermittently stand on feet for up to 4-hours with minimal rest periods	Posture, gait and balance: Within normal limits <input type="checkbox"/> Abnormal <input type="checkbox"/>
Routine access between levels; routine movement between spaces and compartments	Climb up and down vertical ladders and stairways; step over high door sills and coamings (24-inches in height) and move through restricted opening (24-inches x 24-inches)	Range of motion and muscle strength of upper and lower extremities and spine: Within normal limits <input type="checkbox"/> Abnormal <input type="checkbox"/>
Participate in fire-fighting activities and emergency response procedures, including escape from smoke-filled spaces	Able to carry and handle fire hoses and fire extinguishers; pull an uncharged 1.5-inch diameter, 50-ft fire hose with nozzle to full extension; lift a charged 1.5-inch diameter fire hose to a fire-fighting position; feel way in dark	
Abandon ship	Agility, strength and range of motion to don a personal flotation device and exposure suit without assistance	
Open and close watertight doors, hand cranking systems, open/close valve wheels	Manipulate mechanical devices using manual and digital dexterity and strength; open and close watertight doors of up to 55	

17 Sep 15

SHIPBOARD TASKS, FUNCTION, EVENT OR CONDITION	RELATED PHYSICAL ABILITY	PHYSICAL EXAM
	pounds; open and close valve wheels; rotate wrists to turn handles; reach above shoulder height	
Handle ship's stores	Lift at least a 40-pound load off the ground and carry, push or pull the same	
General vessel maintenance	Crouch, kneel, bend and stoop	Range of motion and muscle strength of upper and lower extremities and spine: Within normal limits <input type="checkbox"/> Abnormal <input type="checkbox"/>
Work and tool hand dexterity	Grasp, lift, feel, and manipulate tools such as spanners, valve wrenches, hammers, screwdrivers, pliers	Strength, range of motion and sensation of fingers, hands, wrists and arms: Within normal limits <input type="checkbox"/> Abnormal <input type="checkbox"/>
Weight: _____ (lbs) Height: _____ (in) BMI: _____		
The mariner requires further evaluation because of limiting medical conditions and/or BMI >40 Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments (e.g., list any prosthesis, and enumerate any limitations and restrictions identified): 		
Recommendations (e.g., such as formal Functional Capacity Evaluation): 		
Signature of Physician/Examiner	Date	Telephone number
Name of Physician/Examiner (MD, DO, PA, NP)	Name and address of Facility	

REPORT OF MEDICAL EXAMINATION			1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
PRIVACY ACT STATEMENT						
<p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>						
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)			4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)		5. HOME TELEPHONE NUMBER (Include Area Code)	
6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN		12. AGENCY (Non-Service Members Only)		13. ORGANIZATION UNIT AND UIC/CODE		
14.a. RATING OR SPECIALTY (Aviators Only)		b. TOTAL FLYING TIME		c. LAST SIX MONTHS		
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission Retirement <input type="checkbox"/> Retention U.S. Service Academy <input type="checkbox"/> Separation ROTC Scholarship Program		18. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)						
			Normal	Abnorm	NE	44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp						
18. Nose						
19. Sinuses						
20. Mouth and throat						
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)						
22. Drums (Perforation)						
23. Eyes - General (Visual acuity and refraction under items 61 - 63)						
24. Ophthalmoscopic						
25. Pupils (Equality and reaction)						
26. Ocular motility (Associated parallel movements, nystagmus)						
27. Heart (Thrust, size, rhythm, sounds)						
28. Lungs and chest (Include breasts)						
29. Vascular system (Varicosities, etc.)						
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)						
31. Abdomen and viscera (Include hernia)						
32. External genitalia (Genitourinary)						
33. Upper extremities						
34. Lower extremities (Except feet)						
35. Feet (See Item 35 Continued)						
36. Spine, other musculoskeletal						
37. Identifying body marks, scars, tattoos						
38. Skin, lymphatics						
39. Neurologic						
40. Psychiatric (Specify any personality deviation)						
41. Pelvic (Females only)						
42. Endocrine						
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in item 44.)			35. FEET (Continued) (Circle category)			
<input type="checkbox"/> Acceptable			Normal Arch	Mild	Asymptomatic	
<input type="checkbox"/> Not Acceptable Class			Pes Cavus	Moderate	Symptomatic	
			Pes Planus	Severe		

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)						SOCIAL SECURITY NUMBER											
LABORATORY FINDINGS																	
45. URINALYSIS			a. Albumin			48. URINE HCG			47. H/H			48. BLOOD TYPE					
			b. Sugar														
TESTS			RESULTS			HIV SPECIMEN ID LABEL			DRUG TEST SPECIMEN ID LABEL								
49. HIV																	
50. DRUGS																	
51. ALCOHOL																	
52. OTHER																	
a. PAP SMEAR																	
b.																	
c.																	
MEASUREMENTS AND OTHER FINDINGS																	
53. HEIGHT		54. WEIGHT lbs.		55. MIN WGT - MAX WGT BMI:		MAX BF %		56. TEMPERATURE		57. PULSE							
58. BLOOD PRESSURE				59. RED/GREEN (Army Only)				60. OTHER VISION TEST									
a. 1ST		b. 2ND		c. 3RD													
SYS.		SYS.		SYS.													
DIAS.		DIAS.		DIAS.													
61. DISTANT VISION				62. REFRACTION BY AUTOREFRACTION OR MANIFEST				63. NEAR VISION									
Right 20/		Corr. to 20/		By		S. CX		Right 20/		Corr. to 20/ By							
Left 20/		Corr. to 20/		By		S. CX		Left 20/		Corr. to 20/ By							
64. HETEROPHORIA (Specify distance)																	
ES°		EX°		R.H.		L.H.		Prism div.		Prism Conv CT		NPR		PD			
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT									
Right		Left		PIP		/14		Uncorrected		Corrected							
68. FIELD OF VISION				69. NIGHT VISION (Test used and score)				70. INTRAOCULAR TENSION									
Minimum 100 degrees								O.D.		O.S.							
71a. AUDIOMETER		Unit Serial Number				71b. Unit Serial Number				72a. READING ALOUD TEST							
Date Calibrated (YYYYMMDD)						Date Calibrated (YYYYMMDD)											
HZ		500		1000		2000		3000		4000		5000		SAT		UNSAT	
Right																	
Left																	
72. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																	
66. If other color vision test used please document which type (e.g. Titmus, FALANT, etc.) If failed any test must document the ability to differentiate red, green, blue, and yellow colors.																	
71. Hearing: Normal or Impaired (Circle one)																	
Hearing standards for MSC must meet the following two criteria:																	
1. OPNAV INST 5100.23G:																	
Add db loss in each ear at 3, 4, and 6 Hz frequencies - should not exceed 270 db																	
2. NAVMED P-117, US Navy Manual of the Medical Department:																	
a. Pure tone at 500, 1000, and 2000 cycles per second for each ear of not more than 30 dB on the average with no individual level greater than 35 dB at those frequencies.																	
b. Pure tone level not more than 45 dB at 3000 cycles per second or 55 dB at 4000 cycles per second for each ear.																	
If hearing is impaired, please perform Functional Speech Discrimination test at 55db. Right ear _____% Left ear _____%																	

17 Sep 15

LAST NAME · FIRST NAME · MIDDLE NAME (SUFFIX)						SOCIAL SECURITY NUMBER			
74.a. EXAMINEE/APPLICANT <i>(check one)</i>						75. I have been advised of my disqualifying condition.			
<input type="checkbox"/> IS QUALIFIED FOR SERVICE						a. SIGNATURE OF EXAMINEE		b. DATE (YYYYMMDD)	
<input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE									
b. PHYSICAL PROFILE									
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)
78. SIGNIFICANT OR DISQUALIFYING DEFECTS									
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE (YYYYMMDD)
77. SUMMARY OF DEFECTS AND DIAGNOSES <i>(List diagnoses with item numbers) (Use additional sheets if necessary.)</i>									
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED <i>(Specify) (Use additional sheets if necessary.)</i>									
79. MEPS WORKLOAD <i>(For MEPS use only)</i>									
WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL		
80. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE
81 a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE			
82 a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE			
83 a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN <i>(Indicate which)</i>						b. SIGNATURE			
84 a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY						b. SIGNATURE			
85. This examination has been administratively reviewed for completeness and accuracy.									
a. SIGNATURE						b. GRADE		c. DATE (YYYYMMDD)	
86. WAIVER GRANTED <i>(If yes, date and by whom)</i>								87. NUMBER OF ATTACHED SHEETS	
<input type="checkbox"/> YES									
<input type="checkbox"/> NO									

REPORT OF MEDICAL HISTORY		OMB No. 0704-0413 OMB approval expires Aug 31, 2014
(This information is for official and medically confidential use only and will not be released to unauthorized persons.)		
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.		
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.		
PRIVACY ACT STATEMENT		
AUTHORITY: 10 U.S.C. 136, DoD Instruction 6130.03, and E.O. 9397, as amended (SSN). PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted. Completed forms are covered by recruiting, medical evaluation board, and official military personnel file SORNs maintained by each of the Services. ROUTINE USE(S): The Blanket Routine Uses found at http://privacy.defense.gov/blanket_uses.shtml apply to this collection. DISCLOSURE: Voluntary. However, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.		
WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.		
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2. SOCIAL SECURITY NUMBER
3. TODAY'S DATE (YYYYMMDD)		
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)
b. HOME TELEPHONE (Include Area Code)		
X ALL APPLICABLE BOXES:		7.a. POSITION (Title, Grade, Component)
6.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION
<input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	<input type="checkbox"/> Regular <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	<input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program
		b. USUAL OCCUPATION
8. CURRENT MEDICATIONS (Prescription and Over-the-counter)		9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance)
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.		
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		
10.a. Tuberculosis YES NO b. Lived with someone who had tuberculosis YES NO c. Coughed up blood YES NO d. Asthma or any breathing problems related to exercise, weather, pollen, etc. YES NO e. Shortness of breath YES NO f. Bronchitis YES NO g. Wheezing or problems with wheezing YES NO h. Been prescribed or used an inhaler YES NO i. A chronic cough or cough at night YES NO j. Sinusitis YES NO k. Hay fever YES NO l. Chronic or frequent colds YES NO		
11.a. Severe tooth or gum trouble YES NO b. Thyroid trouble or goiter YES NO c. Eye disorder or trouble YES NO d. Ear, nose, or throat trouble YES NO e. Loss of vision in either eye YES NO f. Worn contact lenses or glasses YES NO g. A hearing loss or wear a hearing aid YES NO h. Surgery to correct vision (RK, PRK, LASIK, etc.) YES NO		
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.) YES NO b. Arthritis, rheumatism, or bursitis YES NO c. Recurrent back pain or any back problem YES NO d. Numbness or tingling YES NO e. Loss of finger or toe YES NO		12. (Continued) YES NO f. Foot trouble (e.g., pain, corns, bunions, etc.) YES NO g. Impaired use of arms, legs, hands, or feet YES NO h. Swollen or painful joint(s) YES NO i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.) YES NO j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint YES NO k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back supports, lifts or orthotics, etc. YES NO l. Bone, joint, or other deformity YES NO m. Plate(s), screw(s), rod(s) or pin(s) in any bone YES NO n. Broken bone(s) (cracked or fractured) YES NO
		13.a. Frequent indigestion or heartburn YES NO b. Stomach, liver, intestinal trouble, or ulcer YES NO c. Gall bladder trouble or gallstones YES NO d. Jaundice or hepatitis (liver disease) YES NO e. Rupture/hemorrhoids YES NO f. Rectal disease, hemorrhoids or blood from the rectum YES NO g. Skin diseases (e.g. acne, eczema, psoriasis, etc.) YES NO h. Frequent or painful urination YES NO i. High or low blood sugar YES NO j. Kidney stone or blood in urine YES NO k. Sugar or protein in urine YES NO l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.) YES NO
		14.a. Adverse reaction to serum, food, insect stings or medicine YES NO b. Recent unexplained gain or loss of weight YES NO c. Currently in good health (If no, explain in Item 29 on Page 2.) YES NO d. Tumor, growth, cyst, or cancer YES NO

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO	YES NO
<p>15.a. Dizziness or fainting spells <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Frequent or severe headache <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. A head injury, memory loss or amnesia <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Paralysis <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Seizures, convulsions, epilepsy or fits <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. Car, train, sea, or air sickness <input type="radio"/> YES <input type="radio"/> NO</p> <p>g. A period of unconsciousness or concussion <input type="radio"/> YES <input type="radio"/> NO</p> <p>h. Meningitis, encephalitis, or other neurological problems <input type="radio"/> YES <input type="radio"/> NO</p>	<p>19. Have you been refused employment or been unable to hold a job or stay in school because of:</p> <p>a. Sensitivity to chemicals, dust, sunlight, etc. <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Inability to perform certain motions <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Inability to stand, sit, kneel, lie down, etc. <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Other medical reasons (If yes, give reasons.) <input type="radio"/> YES <input type="radio"/> NO</p>		
<p>16.a. Rheumatic fever <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Prolonged bleeding (as after an injury or tooth extraction, etc.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Pain or pressure in the chest <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Palpitation, pounding heart or abnormal heartbeat <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Heart trouble or murmur <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. High or low blood pressure <input type="radio"/> YES <input type="radio"/> NO</p>	<p>20. Have you ever been treated in an Emergency Room? (If yes, for what?) <input type="radio"/> YES <input type="radio"/> NO</p>		
<p>17.a. Nervous trouble of any sort (anxiety or panic attacks) <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. Habitual stammering or stuttering <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Loss of memory or amnesia, or neurological symptoms <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. Frequent trouble sleeping <input type="radio"/> YES <input type="radio"/> NO</p> <p>e. Received counseling of any type <input type="radio"/> YES <input type="radio"/> NO</p> <p>f. Depression or excessive worry <input type="radio"/> YES <input type="radio"/> NO</p> <p>g. Been evaluated or treated for a mental condition <input type="radio"/> YES <input type="radio"/> NO</p> <p>h. Attempted suicide <input type="radio"/> YES <input type="radio"/> NO</p> <p>i. Used illegal drugs or abused prescription drugs <input type="radio"/> YES <input type="radio"/> NO</p>	<p>21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.) <input type="radio"/> YES <input type="radio"/> NO</p> <p>28. Have you ever been denied life insurance? <input type="radio"/> YES <input type="radio"/> NO</p>		
<p>18. FEMALES ONLY. Have you ever had or do you now have:</p> <p>a. Treatment for a gynecological (female) disorder <input type="radio"/> YES <input type="radio"/> NO</p> <p>b. A change of menstrual pattern <input type="radio"/> YES <input type="radio"/> NO</p> <p>c. Any abnormal PAP smears <input type="radio"/> YES <input type="radio"/> NO</p> <p>d. First day of last menstrual period (YYYYMMDD) <input type="text"/></p> <p>e. Date of last PAP smear (YYYYMMDD) <input type="text"/></p>			
<p>29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)</p> <p>Additional history questions for MSC:</p> <p>Have you ever had or do you have now: (circle answer)</p> <p>a. History of tracheostomy Yes No</p> <p>b. Restless leg syndrome Yes No</p> <p>c. Narcolepsy Yes No</p> <p>d. Sleep Apnea Yes No</p> <p>e. Sleep walking Yes No</p> <p>f. Bed wetting (after age 12) Yes No</p> <p>g. ADD/ADHD Yes No</p> <p>h. HIV or AIDS Yes No</p> <p>i. Sex change Yes No</p> <p>j. Hearing aid Yes No</p> <p>k. Heart surgery/stent/angioplasty Yes No</p> <p>Any circled "yes" responses, please add examiner comment.</p>			
NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."			

APPENDIX T

MSC IMMUNIZATION REQUIREMENTS

Immunizing Agent	Dose & Administration	CIV MARS	CON MARS	AD USN (shipboard)
Anthrax	5 shot series (0, 1, 6, 12, 18 months) followed by annual booster (only specific fleets and AORs)	1,2	1	1,2
Hepatitis A	2 dose series given at 0 and 6-12 months (see additional notes below)	X	X	X
Hepatitis B	3 dose series at 0,1, and 6 months (see additional notes below)	X	X	X
Influenza	Annually	X	X	X
Meningococcal vaccine	1 dose every 5-years for AFRICOM AOR	X	X	X
Measles, Mumps, & Rubella	1 or more documented doses for those born after 1957 (see additional notes below)	3	3	3
Poliovirus	1 adult IPV dose for those traveling to polio-endemic areas (see below)	4	4	4
Tetanus-Diphtheria-Pertussis (Tdap)	Substitute 1-time dose of Tdap for Td booster; then boost with Td every 10 yrs (see below)	5	5	5
Tetanus-Diphtheria (Td)	1 dose every 10 years (except as delineated below)	5	5	5
Typhoid	IM – 1 dose every 2 years Oral – 4 capsule series every 5 years	X	X	X
Varicella	2 dose series (see below)	6	6	6
Yellow Fever	1 dose with booster every 10 yrs (if <60yo) (see below)	7	7	7

Non-verifiable history of disease or vaccination to hepatitis A, hepatitis B, measles, mumps, rubella or varicella can have appropriate antibody testing performed to document immunity.

Legend:

X = Immunization required

1. Given when vessel meets DON/MSC criteria for inclusion in mandatory AVIP

2. May be required according to MILVAX AVIP guidelines and MSC guidance

3. All CIVMARS/military are subject to the guidelines for MMR. Persons born 1957 or earlier are presumed to be immune through infection and therefore do not require MMR. For those mariners/military born after 1957 (and for Health Care Workers, HCWs) 2-lifetime doses of MMR vaccine are required. Unless there is reason to suspect otherwise (for example, childhood spent in a developing country or childhood immunizations not administered), one childhood dose of MMR vaccine may be assumed which would necessitate one additional dose. If there is inadequate documentation MMR dose(s) should be given or a blood test performed to demonstrate immunity. When doubt exists about

MMR status the patient can be vaccinated as antibody titers are not recommended by ACIP to precede vaccination. However, if the patient wants titers done, all three viral antibody titers must be performed and if any are negative the component vaccine must be administered.

4. All CIVMARs/military are subject to the guidelines for poliovirus. Purpose of the immunization for poliovirus is to prevent poliomyelitis primarily by boosting immunity acquired from childhood immunization. If it is known personnel did not receive the primary series, they are required to complete the full series using IPV. Receipt of the basic immunizing series of IPV may be assumed unless there is reason to suspect otherwise (e.g., childhood spent in a developing country, childhood immunizations not administered). CIVMARs will require the single adult booster dose of IPV if traveling to polio endemic countries based on mission and theater requirements (currently if spending 4 weeks or greater in country).

5. Tdap and Td

a. Routine use:

(i) Tdap: Adults aged 19-64 years should receive a single dose of Tdap regardless of time interval since last Td vaccination. According to CDC/ACIP, the benefits of Tdap outweigh the risks for local or systemic reactions of vaccination.

(ii) Td: Td boosters should be given every 10 years; if a dose is given sooner as part of wound management, the next booster is not needed until 10 years thereafter.

b. Wound management. For adults aged 19-64 years who need tetanus prophylaxis as part of wound management, a single dose of Tdap is preferred to Td if they have not previously received Tdap. For clean and minor wounds, a booster dose is recommended if the patient has not received a dose within 10 years. For all other wounds, a booster is appropriate if the patient has not received tetanus toxoid during the preceding 5 years.

c. After getting one dose of Tdap, individuals should receive Td booster immunizations against diphtheria and tetanus according to previously published guidelines, as Tdap is not licensed for multiple administrations.

6. Varicella is a 2-dose series for all adults without evidence of immunity. Evidence of immunity is medical documentation of 2-doses of varicella vaccine at least 4-weeks apart; US born before 1980 (except HCWs); history of chickenpox diagnosis made by a HCP; history of shingles diagnosis made by a HCP; or lab evidence of immunity by titers.

7. YF required for all mariners/military personnel. However, if age 60 or greater, provider screening is required before vaccinating to determine risk/benefit. If granted a medical exemption, the mariner will still be considered deployable and the medical waiver is acceptable by WHO for international travelers.

8. ADDITIONAL NOTES

a. If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, give 3 doses at 0, 1, and 6 months; alternatively, a 4-dose accelerated Twinrix schedule, administered on days 0, 7, and 21 to 30 followed by a booster dose at month 12 may be used.

b. A Hepatitis A antibody titer will be ordered if there is a history of disease or history of vaccinations but no written medical documentation.

c. If the mariner believes they had Hepatitis B vaccinations in the past but has no medical record proof, a Hepatitis B surface antibody can be substituted for the vaccination.

d. Certain immunizations (e.g., pneumococcal, herpes zoster, HPV) are personal health maintenance issues. They are not considered mandatory travel vaccines. Instead they are medically recommended as they can prevent illnesses that would render mariners NFFD.

e. Pneumococcal vaccine is generally recommended for those age 65 years and older and mariners may seek this vaccine from their private physicians.

f. Herpes zoster vaccine is recommended for those 60 years of age or older. Mariners should seek this vaccine from private physicians.

17 Sep 15

g. HPV vaccine is recommended for men and women. For those in appropriate younger age ranges (up to age 26), vaccinations from private physicians are recommended for those interested.

h. Smallpox (SVP) vaccination requirement has been eliminated.

9. Additional information, including updates and dose scheduling, may be found in BUMEDINST 6230.15 (series) and the most current CDC/ACIP guidelines.