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DEPARTMENT OF THE NAVY
 COMMANDER MILITARY SEALIFT COMMAND
 WASHINGTON NAVY YARD BLDG 210
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 WASHINGTON DC 20398-5540

COMSCINST 6000.1C
 N00M
 31 July 1995

COMSC INSTRUCTION 6000.1C

Subj: MILITARY SEALIFT COMMAND MEDICAL MANUAL

1. Purpose. To standardize and consolidate into one publication, directives governing the organization, functions, duties, responsibilities and procedures of the Medical Department of Military Sealift Command (MSC).
2. Cancellation. COMSCINST 6000.1B.
3. Policy. It is policy of Commander, Military Sealift Command that all portions of the Manual of the Medical Department, U.S. Navy, and other manuals and directives promulgated by the Bureau of Medicine and Surgery not in conflict with this manual, shall apply to MSC.
4. Applicability. This instruction is applicable to all MSC Force ships and commands. When ship Medical Department provisions of an 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 the provisions of this instruction. Further, addressees are directed to provide COMSCLANT or COMSCPAC Medical Office, as appropriate, with any recommended changes to the manual which result from conflict with current effective medical policies, as well as additions or deletions. Appropriate changes will then be forwarded to Headquarters, COMSC for incorporation in the manual.

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 Chief of Staff

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MSC MEDICAL MANUAL
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CHAPTER 1

MEDICAL ADMINISTRATION

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1.1 INTRODUCTION

a. Purpose. This chapter describes the policies and procedures related to Military Sealift Command (MSC) medical administration and defines the responsibilities of Medical Officers, Medical Services Officers (MSOs), medical liaison personnel, Medical Department Representatives (MDRs) and assistance/inspection personnel.

b. Acronyms. Appendix A contains a list of acronyms and definitions used in this instruction.

1.2 ORGANIZATION AND RESPONSIBILITIES

a. Organizational Responsibilities. The Medical Department is composed of the medical personnel, facilities and administrative structure allocated to provide comprehensive healthcare. Its mission is to ensure and preserve the operational readiness of personnel afloat and ashore. Medical Department personnel shall advise Commanders and ships' Masters how best to accomplish the medical mission in view of the command's overall mission.

b. General Duties. The general duties of all Medical Department personnel assigned to Commander, Military Sealift Command (COMSC) are outlined in this manual.

(1) Special Assistant, Medical, Environmental Protection, Safety and Occupational Health (N00M). The Special Assistant will advise COMSC on medical, environmental protection, safety and occupational health matters related to the mission and personnel of the organization; ensure access to and the quality of MSC medical, environmental

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protection, safety and occupational health programs; and provide for the medical, environmental protection, safety and occupational health readiness of all MSC activities. This manual addresses the specific responsibilities for medical, environmental health and occupational health programs.

(a) Advise. To provide advice, guidance and direction to all components of MSC for medical and occupational health related matters affecting the health and safety of all MSC personnel (military, civilian mariners, civil service and contractor personnel).

(b) Medical Programs. To establish and direct MSC medical programs and to provide oversight at subordinate commands.

(c) Health Care. To ensure provision of quality medical support and healthcare to all eligible personnel.

(d) Occupational Health. To ensure provision and direction of an occupational health program for all employees of MSC.

(e) Standards. To establish physical and psychological standards for employment, retention and assignment of CIVMAR and contractor personnel assigned to MSC controlled ships.

(f) Requirements. To develop and maintain medical equipment, logistic and training requirements for MSC controlled ships. This includes review of all documents related to construction, conversion or alteration of ships under the control of COMSC.

(g) Administration. To monitor medical administration at the headquarters and subordinate levels. To ensure compliance with all medical administrative requirements from MSC and higher authority. To issue instructions and directives appropriate to the management of medical and occupational healthcare.

(h) Liaison. To provide liaison with agencies and departments including, but not limited to, the U.S. Navy Bureau of Medicine and Surgery (BUMED), Medical Officers of type commands and other components of the Navy, medical components of the U.S. Public Health Service, U.S. Coast Guard, National Oceanic and Atmospheric Administration, the Maritime Administration (MARAD) sponsored Seafarers Health Improvement Program (SHIP) and other federal agencies and components of the maritime industry.

(i) Strategic Planning. To develop and maintain MSC strategic mobility medical plans and advise MSC strategic planners on medical matters pertaining to contingency planning, evacuations, mobilizations, Navy Reserve unit medical issues and other mobility issues.

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(2) Area Command Medical Officer (ACMO). The ACMO will advise Area Commanders on medical, environmental and occupational health matters related to the mission of the organization; ensure provision of quality healthcare to MSC personnel ashore and afloat and implementation of all MSC medical, environmental and occupational health programs. The ACMO is charged with the following specific responsibilities:

(a) Occupational Health. To develop, implement and maintain occupational health programs for MSC personnel ashore and afloat in compliance with OPNAV, COMSC, BUMED and other authorities.

(b) Examinations. To ensure provision of required physical examinations for active duty military personnel, civilian mariners (CIVMARs) and ashore civil service employees in compliance with this manual.

(c) Standards. To ensure CIVMARs are qualified in compliance with the physical and psychological standards described in Chapter 5 of this manual. Additionally, to provide oversight of the application of standards to contractor or sponsor personnel onboard MSC ships in compliance with individual contracts and Memoranda of Agreement/Understanding (MOA/ MOU).

(d) Waivers. To ensure waivers to the established physical standards outlined in Chapter 5 of this manual are granted only in clear cases of the employee's ability to perform his/her duties.

(e) Healthcare Services. To ensure provision of routine and emergency health care to all personnel embarked on MSC ships including CIVMARs, active duty, civil service employees, contractor personnel (as required and/or authorized by the contract), sponsor personnel and surge team personnel. Additionally, to make provisions for emergency referral of patients requiring care above the level of skill of the shipboard MSO or MDR.

(f) Oversight. To provide oversight and coordinate professional duties and training of all MSOs and MDRs in the areas of shipboard clinical practice, environmental and occupational health and Medical Department administration.

(g) Training. To make recommendations to the Civilian Personnel Officer for health and safety training of all ashore and afloat personnel.

(h) Personnel. To make recommendations to the Civilian Personnel Officer regarding the recruitment, assignment and promotion of military and civilian medical personnel.

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(i) Privileging/Certification. To manage the MSC Medical Certification Program in accordance with Chapter 7 of this manual.

(j) Inspection. To provide oversight of the MSC Medical Inspection Program including evaluation of clinical practice, occupational and environmental health and medical administration; to provide for the MSC Quality Improvement Inspection Teams (for contract operation ships) and to conduct assistance visits and medical quality improvement to MSC ships.

(k) Advise. To provide advice and guidance to the Area Commander on all matters relating to the health and medical care of MSC personnel including medical intelligence, contingency and mobilization planning and Chemical, Biological and Radiological (CBR) Defense.

(l) Administration. To ensure compliance with all administrative regulations and requirements; to maintain regulations, instructions and directives pertaining to medical care and administration; and to issue instructions and directives appropriate to healthcare system management.

(3) MSOs. Although trained at different professional levels (i.e., Physician's Assistant, Registered Nurse or current/former Independent Duty Hospital Corpsman), MSOs shall all serve in the same capacity and have the same basic responsibilities as the U.S. Navy Independent Duty Hospital Corpsman. When afloat, the MSO reports directly to the Master.

(a) Advise. The MSO will advise the Master how to best accomplish the medical mission in consideration of the ship's operational mission. When the MSO is provided by the sponsor or military detachment, he/she is responsible to the Master for medical matters affecting the command and operation of the ship and to the Officer in Charge (OIC) of the sponsor unit in medical matters pertaining to the unit's mission. Specific guidelines will be set forth in the MOAs between MSC and the sponsor.

(b) Health Care. The MSO will provide or arrange medical care for all embarked personnel. The MSO will make fitness for duty determinations for the CO/OIC/Master and advise physicians in medical treatment/examination facilities of MSC requirements. Chapter 4 of this manual discusses other medical care responsibilities.

(c) Medical Liaison. The MSO will establish liaison with medical treatment facilities (military and civilian) ashore providing medical services to embarked personnel.

(d) Administration. The MSO is responsible for Medical Department administration requirements contained in this manual.

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(e) Safety. The MSO will serve as an assistant to the Safety Officer on MSC ships, as required by COMSCINST 5100.17B. The MSO will serve as a member of the ship's Safety Council and assist the Safety Officer in administrating afloat occupational and health elements.

(f) Occupational Safety and Health. The MSO will administrate all environmental and occupational health programs onboard as prescribed in Chapter 6 of this manual.

(g) Orientation and Training. The MSO will conduct medical orientation for newly reporting personnel and training for all crewmembers as described in Chapter 3 of this manual.

(h) Certification. The MSO will ensure that he/she maintains certification as outlined in Chapter 7 of this manual.

(i) Sanitation and Hygiene. The MSO shall monitor the food service operations daily to ensure protection of the crew from foodborne illness, conduct sanitary surveillance of the storage, preparation and serving of food and the disposal of food residues and provide surveillance of food service spaces and proper cleaning of equipment and utensils. Documentation of surveillance shall be accomplished using NAVMED 6240/1 and performed at least bi-monthly. Inspect subsistence items for fitness for human consumption prior to receipt, and periodically during storage. Conduct food service examinations for food service personnel, and provide technical guidance and assistance in the presentation of food service training programs. The above shall be in accordance with NAVMED P-5010, Chapter 1; and SECNAVINST 4061.1C.

(4) MSO Assigned to Maritime Prepositioning Ship Squadron (MPSRON). The MSO will advise the Squadron Commander on medical matters related to the mission of the squadron. In addition to those responsibilities described in paragraph 1.2b(3) of this manual, the MPSRON MSO is also charged with the following specific responsibilities.

(a) Medical Assistance. Provide medical assistance and advice to the Master of any ship of the squadron when requested.

(b) Environmental and Occupational Health Program. Administrate an environmental and occupational health program as described in Chapter 6 of this manual.

1. In compliance with Chapter 6 of NAVMED P-5010, monitor testing and treatment of potable water aboard squadron ships; monitor the testing and treatment of potable water held in cargo tanks and perform testing of potable water when directed by the Squadron Commander.

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2. Conduct environmental health surveys and habitability inspections of military spaces, including surge team spaces, on all squadron ships as directed by the Squadron Commander.

NOTE: The operating contractor is responsible for providing a medical representative onboard each ship, health care to all personnel embarked and to stock medical supplies as required by union agreements.

(5) MSOs Assigned to MPSRON TWO. The MSOs assigned to MPSRON TWO may be assigned ashore as the Squadron Commander directs. The MSOs work directly under the professional supervision of COMSCPAC ACMO and will establish liaison with the Medical Officers assigned to the Naval Support Facility (NSF) Clinic. In addition to those responsibilities described in paragraph 1.2b(3) of this chapter, the MSOs assigned at Diego Garcia are charged with the following:

(a) Medical Care. Provide primary healthcare to personnel assigned to MSCU Diego Garcia and the MPSRON including CIVMARs, active duty, civil service and contractor personnel. Provide medical/dental referrals necessary to the NSF Clinic. Medical care eligibility criteria are described in detail in NAVMEDCOMINST 6320.6B and Chapter 4 of this manual.

(b) Standards. Provide Fitness for Duty recommendations to MSC Commanders and Masters regarding assigned personnel (CIVMAR, sponsor and other) within the Diego Garcia operating area; and establish liaison with the NSF Clinic regarding fitness for duty evaluations.

(c) Medical Screening. Provide medical screening of all personnel reporting to Diego Garcia not previously screened by the ACMO. This screening will include, but will not be limited to, the following:

1. Medical determination of fitness for assignment to Diego Garcia operating area or waived by ACMO.

2. Documentation of current immunizations.

3. Possession of an adequate amount of medication to maintain the mariner's medical condition for at least the duration of the assignment.

4. Possession of two (2) pair of prescription safety glasses if required by mariner's vision.

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(d) Assistance. Provide medical assistance and advice to the Master of any MSC sponsored unit.

(6) Masters/First Officers Assigned Duties of a MDR. Training requirements are based on two considerations. First, the mission of MSC ships may be compromised by time off-line and, therefore, the training is more comprehensive than Coast Guard requirements for commercial enterprises. Second, the protection of the health of the crew must be ensured. The average length of time at sea for type ship, the availability of MSC medical liaison personnel to support the Master or First Officer in port and access to Task Force medical support during operations are all elements for the determination of minimal training requirements. Masters or First Officers assigned MDR duties will be qualified equivalent to Seamen's Health Improvement Program (SHIP) Level III. Training and certification requirements are identified in Appendix F.

(7) Medical Liaison Personnel. Medical Department personnel are assigned to COMSCMED, COMSCWESTPACDET and COMSCMIDLANT to provide close operational support of MSC ships and thus ensure the provision of quality medical/dental services to MSC personnel; to increase Medical Department readiness; to conduct medical surveys, assessments, assistance visits and inspections; and to provide an effective medical support network for MSC ships. Liaison personnel are subordinate to the ACMO. Medical liaison personnel are charged with the following responsibilities.

(a) Liaison. Assigned personnel will establish liaison for all medical matters between all elements of MSC and the local civilian and military organizations.

(b) Assistance Visits. Liaison personnel will conduct Assistance Visits at every opportunity to aid the MSO/MDR in the performance of his/her duties. Identification, evaluation and assistance in the correction of environmental health, sanitation, Medical Department administration and medical training will be provided upon the request of the onboard MSO, the Master or at the direction of the ACMO. Ship visits will include contract operated ships where military, civil service or other government employees are assigned. To encourage use of the Assistance Program, written or verbal reports of findings, recommendations and resolutions will be **CONFIDENTIAL** and provided **ONLY TO THE MASTER OF THE SHIP**, unless they present immediate safety and health concerns. Findings which endanger the health and welfare of embarked personnel will be provided to the Master in writing, as well as to MSC personnel (including the Contracting Officer), if needed, to ensure corrective action.

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(8) Inspection Personnel. Individuals assigned inspection responsibilities will be fully trained and qualified to inspect all functions addressed by the medical inspection guidelist (medical, clinical, administration, occupational and environmental health and habitability). Specific responsibilities are amplified in paragraph 1.4a of this manual and include:

(a) Reporting. Written reports of surveys and inspections will be provided to the Master and other appropriate authority such as the Area Command Chief Inspector, the local MSC Commander and the ACMO.

(b) Verbal Liaison. Direct verbal communication between inspection personnel and the ACMO is authorized and recommended as an effective method of managing medical programs onboard MSC ships.

(c) Safety. The medical inspector is also responsible for ensuring that personnel are not placed in jeopardy during the inspection.

1.3 MEDICAL ADMINISTRATION

a. Medical Records Administration. This section addresses the general administration of medical records which are legal documents containing an individual's medical history. Specific medical record entry requirements are discussed in the appropriate sections of this manual.

(1) Definition. The term "medical record" encompasses all records and/or any other file in any format containing personal medical information which may identify a specific individual. NAVMEDCOMINST 6150.1 contains procedures and guidance for the management of all medical records maintained by MSC healthcare providers.

(2) Custody. Medical records will remain in the custody of the Medical Department. The records will be available to any healthcare provider to whom the patient is referred for evaluation or treatment or to any MSC medical representative requiring the record for inspection or clinical performance monitoring purposes. The MSO/MDR will ensure the safekeeping of all medical records as required by both the Federal Privacy Act and SECNAVINST 5211.5D. Medical records will be returned to the ACMO or the sponsoring agency when the patient leaves the ship.

(3) Medical Records Administration for CIVMARs. Medical records, including an original and supplemental, will be prepared for every CIVMAR during the initial hiring physical examination.

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(a) The original health record will be maintained by the ACMO and updated upon return of the supplemental record.

(b) The supplemental record will accompany the CIVMAR to every assignment and will be maintained onboard. The record will include current medical information. At a minimum, there will be a copy of the most recent physical examination (including specialty consultations), current laboratory and x-ray results, a baseline and any significant electrocardiogram report and all information regarding allergies, blood typing, immunizations, spectacle and pharmaceutical prescriptions, copies of reference and current audiograms, as well as, current problems and therapies.

(c) When a CIVMAR is referred for medical care to a source outside MSC, the supplemental record will accompany the individual to the healthcare provider. The ACMO telephone number will also be provided to facilitate further consultation. Upon completion of the consultation, the original report will be forwarded to the ACMO and a copy retained in the supplemental record.

(4) Medical Records Administration for Sponsor/Contractor Personnel. Sponsors and contractors will provide medical records meeting COMSC guidelines for CIVMAR records. Records are the responsibility and property of the employer. Records will be forwarded to the employer (for contractor and other official visitors) or to the medical facility having custody of the permanent file (for unofficial visitors) upon departure from the ship. This paragraph will be cited in each MOA where sponsor or contractor personnel will be embarked on MSC ships.

(5) Temporary Medical Records. The MSO/MDR will establish a temporary medical record for all employees reporting aboard for duty without a record and for visitors who request treatment. The temporary record will be incorporated into the individual's permanent record at the earliest opportunity. The temporary medical record will be forwarded to the employer (for contractor and other official visitors) or to the medical facility having custody of the individual's permanent file (for unofficial visitors).

b. Medical Reports and Forms. Appendix C lists required reports and forms. Appendix D contains samples of authorized reporting formats.

c. Medical Logs. The medical logs listed in Appendix E are the minimum required to be maintained aboard MSC ships. All medical logs will be maintained onboard in accordance with SECNAVINST 5212.5C.

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(1) Medical Department Daily Journal. A Medical Department Journal, containing the complete daily history of the activity of the MDR, shall be maintained on each ship. Duplication of documentation contained in any other required log is **not** encouraged or required. The journal will be signed daily by the MDR and shall contain entries relating to:

(a) Sick Call - including admissions or discharges from the ward, limited duty and time of notification to the Master

(b) Report of personnel casualties, injuries or deaths

(c) Inspection of fresh provisions outside of the continental United States

(d) Food Service sanitation inspections and inspection of food handlers

(e) Habitability inspections

(f) Any other occasions of significance or departure from normal

(g) Overtime

(2) Sick Call Log. The purpose of this log is to document all health and medical care provided onboard all MSC and contract ships. This data is also used to support required reports (i.e., the Annual Report of Tuberculosis Screening, the Quarterly Report of Navy Civilian Occupational Injuries and Illnesses and monthly Medical Department Activity Reports) and to provide an audit trail for quality improvement reviews. This log will record **all** medical visits.

(3) Training Log. Medical training for all shipboard personnel will be documented to provide supporting evidence for the Training and Drills Report forwarded to the Area Command. Further information is contained in Chapter 2 of this manual.

(4) Pest Control Log. All pest control surveys, spraying, inspections and contracted services conducted onboard will be documented in this log complying with Chapter 8 of NAVMED P-5010, OPNAVINST 6250.4A and BUMEDINST 6250.12B.

(5) Potable Water Log. Daily halogen level testing, weekly bacteriological (coliform) testing and connections to externally supplied potable water will be documented in this log using MSC 6240/1 in compliance with Chapter 6 of NAVMED P-5010. Other documents may be inserted.

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(6) Heat Stress Log. This log will document all heat stress surveys conducted by the MDR/MSO in compliance with OPNAVINST 5100.19C. Chapter 6 of this manual amplifies requirements.

(7) OPTAR Log. Chapter 3 of this manual and NAVCOMPT 3013-2 or NAVSO 3073 contain requirements for entries into this log.

(8) Medical Department Activity Report. Appendix D of this manual contains a sample of the Medical Department Activity Report.

d. Medical Department Files and Correspondence. General and administrative correspondence files will be organized by Standard Subject Identification Code (SSIC) as outlined in SECNAVINST 5210.11D. Consistent use of this system will ensure smooth turnover and reduce lost files and information. Correspondence will be prepared in accordance with SECNAVINST 5216.5C.

e. Tickler Files. Tickler files will be maintained on each crewmember to ensure compliance with required medical care. The minimum information will document the actual and due dates of the following:

- (1) Annual physical examination date
- (2) Immunizations, including PPD
- (3) Annual stool guaiac
- (4) Semi-annual blood pressure
- (5) Audiogram
- (6) Annual respirator fit testing
- (7) Blood type
- (8) Asbestos Monitoring and Surveillance Program

Ships operating with a MDR are exempt from these requirements.

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f. Medical Technical Library. The Medical Technical Library will be maintained to ensure appropriate resources are available for the healthcare provider's use. Appendix F contains minimum Medical Technical Library requirements for all MSC afloat units including contractor operated units. Resources described in the appendix which are not specifically dedicated to medical matters may be held onboard by the Master or other ship's officers.

(1) Requirements. The Special Assistant, Medical, Environmental Protection, Safety and Occupational Health (N00M) will establish requirements for a shipboard Medical Technical Library in compliance with NAVMEDCOMINST 6820.1, modified to address the specific needs of MSC. The Special Assistant will ensure that changes to the Medical Technical Library are reflected in the appropriate allowance lists and the Initial Outfitting List (IOL).

(2) Requirements for New Construction. Logisticians developing and maintaining supply requirements for construction and acquisition of new ships and ACMOs will use the information contained in Appendix F for establishing a Medical Technical Library for each ship. They will be guided in their duties by the following additional information.

(a) Revisions of publications will be procured at a minimum of every 3 years or at the discretion of the ACMO.

(b) Instructions and directives issued within DOD will be replaced upon revision.

(3) Changes. Recommended changes to the Medical Technical Library will be submitted to the Special Assistant via the appropriate ACMO. Recommendations must include the correct title and identifying data for the publication, cost and availability.

1.4 INSPECTION, ASSISTANCE AND SURVEY PROGRAM

a. Inspection, Assistance and Survey Program. Each Medical Department afloat will be inspected on a periodic basis as determined by COMSC. Inspections will be conducted by Area Command, liaison or headquarters medical personnel; other Navy sources may be used when necessary. The inspector must be filling a billet designated as a medical inspector and will be professionally qualified as:

(1) Independent Duty Hospital Corpsman (HM-8425/8402)

(2) Environmental Health Officer (2300/2305)

(3) Preventive Medicine Technician (HM-8432)

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(4) Civilian assigned inspection responsibilities under his position description

(5) ACMO

b. Guidance. An Afloat Inspection Guidelist will be provided well in advance of the inspection to ensure the inspectors are familiar with the various programs to be inspected. The checklist will be completed and returned to the Senior Inspector prior to departure from the ship.

c. Final Authority. In all cases, the ACMOs have final action authority for resolution of discrepancies found during an inspection.

d. Command Inspection Ashore. COMSC shore units vary in their involvement with medical issues. Command inspections will usually be conducted every 3 years and be tailored to the individual commands.

e. Quality Improvement Inspections/Evaluations. ACMOs will ensure that the professional performance of each MSO/MDR is reviewed at least annually. This review process is discussed in Chapter 7 of this manual.

f. Assistance Visits. Assistance Visits are made at the request of the ship's Master. The visits provide assistance to the Master and afloat Medical Department personnel in any and all Medical Department functions. To encourage the use of Assistance Visits, problem areas discovered will be reported only to the Master of the ship. Assist visits will normally be conducted by liaison personnel who may come from COMSC or other Navy medical resources (NEPMUs, NEHC, etc.) (see para. 1.2b(7)(b)).

g. Environmental/Occupational Health Surveys. The surveys required below serve the purpose of early detection of occupational and environmental health hazards and prevention of occupational health illnesses or injuries.

(1) Industrial Hygiene Survey. An industrial hygiene survey in compliance with OPNAVINST 5100.19C, required every 18 months. Assistance from the nearest Navy Environmental Preventive Medicine Unit should be requested.

(2) Hearing Conservation/Noise Hazard Surveys. Baseline noise hazard surveys are required for all CIVMAR manned ships and for spaces occupied by military and civil service personnel and for contractor operated ships in compliance with OPNAVINST 5100.19C. Update surveys are required upon major shipboard equipment configuration changes or overhauls. Assistance from the nearest Navy Environmental Preventive Medicine Unit should be requested.

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(3) Non-ionizing Radiation Survey. This survey is required by OPNAVINST 5100.19C. This is usually limited to survey of radiation emitted from shipboard antennae.

(4) Radiation Protection Survey. Afloat and ashore facilities having ionizing radiation emitting equipment will comply with the NAVMEDCOMINST 6470.6 and NAVMED P-5055. Normally this survey is conducted every 2 years or immediately after configuration or facility changes to certify equipment safety and proper radiation screening. Copies will be sent to the responsible line commander.

(5) Environmental Health Survey. A comprehensive Environmental Health Survey is required every 18 months.

1.5 PROCEDURES FOR SHIPBOARD RELIEF

a. Procedures for Shipboard Relief. Proper turnover is a critical element in the operation of a Medical Department. To ensure the quality of medical care and accountability of all MSOs, the following procedures will be accomplished prior to completion of a letter of relief. Appendix D contains a sample turnover relief letter.

b. Inspection/Survey Review. The current MSO/MDR will review the most recent reports of Inspections, Surveys and Assistance Visits with the relieving MSO, explain the discrepancies listed and describe corrective action completed or in progress.

c. Medical Records. The current MSO/MDR will review the records of chronically ill patients onboard with the relieving MSO/MDR, describing course of illness, current therapies, expected duration and anticipated outcome. The extent of any waivers of physical standards granted and the duration of such waivers will also be described.

d. Inventory. The current and relieving MSOs will complete inventories complying with Chapter 3 of this manual and certify the results in writing to the Commander/Master/OIC.

e. Tickler Files. The current MSO will review, with the relieving MSO, all tickler files, administrative files, logs and reports, document deficiencies and note items due within the next 30 days.

1.6 EXTENDED OPERATIONS PREPARATION

Special medical considerations related to extended underway periods or long term geographic isolation should be considered in preparation for extended deployments. The MSO will perform the following duties 3 months prior to and during the underway period.

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a. Disease Surveillance. The MSO will consult with the local Naval Environmental Preventive Medicine Unit (NEPMU), Naval Environmental Health Center (NEHC) or other Navy environmental health authorities on the prevalence of disease or health problems endemic to the geographic area to which the ship is being deployed. This will include determination of immunization requirements and malaria prophylaxis. Amplification is included in Chapter 6 of this manual.

b. Requirement for Supplies. The MSO will determine the requirement for additional supplies for the underway period. This requirement is described in Chapter 6 of this manual.

1.7 MEDICAL DEPARTMENT AUTOMATION

MSOs will utilize automated data processing systems (ADP) for the management of shipboard Medical Departments. Documentation for all software will be maintained and installed **only** on MSC controlled equipment. No exception to this paragraph will be allowed unless prior approval is received from the ACMO. MSOs are encouraged to forward ADP recommendations to the Special Assistant via the ACMO for development and implementation throughout the organization.

a. EZ-MED. EZ-MED is a database management program tailored to the needs of MSC and will be the only authorized ADP for medical administration when distributed in FY95. The use of EZ-MED is mandatory within 90 days of installation and training.

b. The Shipboard Non-Tactical ADP Program (SNAP) Automated Medical Systems (SAMS). SAMS was developed as an automated medical administrative management system for use by IDCs. SAMS is MS-DOS compatible and was designed to address the automation requirements of the shipboard Medical Departments of the Pacific and Atlantic Fleets. SAMS was designed to be compatible with the SNAP II System in use aboard MSC ships. Its use complies with the requirements of this manual until replaced with EZ-MED.

c. ADP Documentation. ADP systems, documented with hard copy backups, are acceptable for all required administrative records, logs and supply records.

CHAPTER 2
TRAINING

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2.1 GENERAL MEDICAL TRAINING

a. General. Medical training shall generally comply with the standards established by U.S. Navy and the International Governmental Maritime Organization (IMO) International Convention of Standards for Training, Certification and Watchkeeping for Seafarers, 1978. These requirements are further defined by the Seaman's Health Improvement Program (SHIP), a MARAD sponsored program.

b. Responsibilities

(1) Special Assistant, Medical, Environmental Protection, Safety and Occupational Health (N00M). Medical training requirements for all MSC personnel will be established by the Special Assistant, Medical and Occupational Health.

(2) Area Commands. The ACMOs are responsible for the following:

(a) Monitoring training of each healthcare provider and coordinating the scheduling of training with the Area Command Training Officer.

(b) Ensuring course completion data is reported to the Area Command Training Office and is included in each healthcare provider's Certification File.

(c) Approving attendance at courses other than those listed in Appendix B. The healthcare provider must first successfully complete the required courses. The requested training must be directly related to the performance of clinical, administrative or other Medical Department functions.

2.2 GENERAL MEDICAL TRAINING, NON-MEDICAL PERSONNEL

a. Basic Medical Training for Non-Medical Personnel. Medical training requirements exist to support operational readiness by developing individual capability to preserve and

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maintain health. Training will generally be provided by the MSO or other COMSC medical personnel. Lessons will be concise, clearly presented and appropriate to the health and safety of the crew and tailored to the operational requirements of the ship. Appendix G of this manual contains lesson objectives for required training. MSOs are encouraged to modify lesson plans to meet specific needs and to submit sample lesson plans, via the chain of command, for inclusion in this manual.

b. Training Program Administration. All shipboard training will be documented by the completion of a Training and Drill Report (MSC 12410-5), completed on MSC 12410/5. Instructions for preparation and submission of this report are outlined in CMPI 410. The MSO will retain copies of all training reports in the Medical Department Training Log.

c. Indoctrination for Newly Reporting Personnel. The MSO will provide shipboard personnel a general orientation to include:

(1) Confidential review of the crewmembers' medical and immunization records, history, current complaints and current therapies.

(2) Availability and access to medical services.

(3) Location and purpose of shipboard emergency medical equipment.

2.3 MEDICAL PERSONNEL TRAINING

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

b. Initial Training. Completion of initial training contained in Appendix B is required prior to assignment afloat. These required courses contain most information required in the performance of the healthcare providers' duties. Assignment in lieu of completion will be granted only by the ACMO in writing.

c. Recertification Training. Periodic recertification training for MSOs will be scheduled through the Area Command Training Officer upon the request of the ACMO, the ship's Master or other competent authority. The individual MSO is responsible for maintaining all certifications necessary for employment.

d. MSO Refresher Training. Completion of U.S. Navy Independent Duty Refresher Training by all MSOs is required every 3 years.

e. MDR Refresher Training. Completion of recertification at SHIP Level II is required every 3 years.

CHAPTER 3

FISCAL AND SUPPLY MANAGEMENT

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3.1 SUPPLY ADMINISTRATION

a. 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.

b. Responsibilities

(1) Special Assistant for Medical, Environmental Health, Safety and Occupational Health (N00M). The Special Assistant is responsible for the establishment of fiscal and supply management policies for MSC Medical Departments ashore and afloat. Specific responsibilities include:

(a) Approving of Authorized Medical Allowance Lists (AMALs).

(b) Designating ship's AMALs.

(c) Approving of installed equipment configuration change requests.

(d) Reviewing operating schedules, Required Operational Capabilities (ROCs), Projected Operational Environments (POEs) and any other documents which may influence onboard medical supply requirements.

(e) Reviewing costs associated with medical equipment and supplies.

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(2) Area Command Medical Officer (ACMO). The ACMO is responsible for:

- (a) Implementing policies established by the Special Assistant.
- (b) Making policy recommendations to the Special Assistant.
- (c) Reviewing requests/recommendations for AMAL changes and forwarding, with endorsement, to the Special Assistant.
- (d) Reviewing space and installed equipment configuration change recommendations.
- (e) Overseeing of MSOs in fiscal and supply management.
- (f) Validating fiscal and supply procedures during Command Inspection.
- (g) Reviewing requests for inventory changes on ships as detailed in paragraph 3.3 of this chapter.

(3) Commander/Master/OIC. The Commander/Master/OIC will exercise oversight to ensure the operational readiness of the Medical Department.

(4) Medical Services Officer (MSO). The MSO is responsible and accountable for the management of shipboard medical fiscal and supply programs. Specific responsibilities are detailed in the remainder of this chapter.

3.2 FISCAL SUPPORT

a. Fiscal Support. The Defense Business Operating Fund (DBOF) provides financial support for the operation (including medical costs) of MSC ships. The cost of operating a ship is a direct charge (per diem) to the sponsor, which may be increased or decreased annually depending upon historical costs of operations. These DBOFs are managed and distributed by the Area Commander. This support is considerably different from the funding provided active U.S. Navy ships through the operating target (OPTAR) concept. Built-in flexibility ensures financial support of unprogrammed expenditures.

b. Distribution of Funds. Based on the recommendations of the ACMO, the Area Command Comptroller will distribute funding for the projected quarterly medical operating costs for each individual ship. These projections are based on requests for fiscal support provided by MSOs and on an analysis of historical fiscal data.

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c. Projections. As required by the ACMO, the MSO will submit projected additional operating costs. This projection will be based on current resupply needs and anticipated operational requirements including extended underway periods, geographical isolation or large quantities of expiring medical shelf-life items. Funding will generally occur on a quarterly basis and the accuracy of these projections is critical to ensure proper funding of the Medical Department.

d. OPTARs. The MSO will develop a local OPTAR log to facilitate management of the Medical Department. The MSO will ensure that the proper debit entries are made in either the OPTAR log or an automated system. The MSO should anticipate quarterly funding. The MSO is responsible for management of Navy funds as described in NAVCOMPT 3013-2 or NAVSO 3073 and will maintain authorized AMALs.

e. Accountability of Funds. Using an automated system, a bound log book or the NAVCOMPT 2155 (Requisition/OPTAR Log), the MSO will record all transactions affecting the status of medical funds. This documentation provides support for future funding adjustments. The MSO will ensure the completeness and accuracy all records including:

(1) Posting of requisitions and receipts.

(2) Posting of obligations and cost adjustments.

(3) Maintaining files of outstanding and filled requisitions within the confines of the Medical Department.

NOTE: ADP support is strongly recommended. Printouts are required weekly and after any significant entries.

3.3 MEDICAL MATERIAL MANAGEMENT

a. Medical Material Management. The quality and availability of medical care is dependent upon the appropriate medical supplies being onboard and in the proper place. The following sections provide guidance for the MSO in the performance of medical material management.

b. AMAL. MSC ships will utilize standard AMALs similar to those of U.S. Navy surface ships having similar medical care, deployment lengths and crew complements. The approved AMALs contain required consumable medical supplies, durable medical equipment and emergency medical supplies (i.e., First Aid Boxes/Antidote Locker). Appendix H of this manual lists the AMALs authorized for each class of ship.

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c. AMAL Modification Requests. Modifications to AMALs by additions/deletions of line items or increases/decreases of authorized quantities may be requested by MSOs. Requests for modification will be forwarded via the ACMO to COMSC. Appendix D contains a sample AMAL change request.

d. Ship Specific Requirements. Upon the written approval of the ACMO, MSOs may supplement their AMAL with items specific to the needs of their vessel or to meet their professional training.

e. Extended Voyage/Specific Mission Requirements. Medical materials necessary to support specific needs related to special missions, extended voyages or geographical isolation may not be included in the ship's AMAL. Recommendations for additional medical supplies may be received from local military medical facilities, regional environmental health authorities or other medical facilities. In all instances, the ACMO will be notified of these recommendations. Upon his/her discretion, the ACMO will authorize, in writing, the purchase of additional items not contained within the AMAL. The MSOs, upon their discretion, may increase AMAL stocking levels to meet operational requirements.

f. Custody of Medical Material. The MSO is responsible and accountable for all medical material onboard. Stringent controls to prevent the waste, loss or abuse of medical equipment and supplies will be established. Items with potential for drug abuse (needles, syringes, etc.) will be inspected in accordance with DLAMINST 4155.5 (para. M118), secured and inventoried at each turnover between MSOs.

g. Inventory Management. Inventory stock level definitions are:

(1) Bulk Stock. That inventory which has been received into a medical storage area and not yet expended to working stock. A bulk storage area may be located within the hospital space. However, to alleviate confusion, bulk and working stock should be separated. If this is not possible, Stock Record Cards should be clearly annotated to indicate which items are in the bulk stock category and which are in the working stock category.

(2) Reserve Stock. That portion of the inventory, contained within the bulk stock, that is distributed throughout the ship for emergencies. Reserve stock includes the inventories of first aid boxes, portable medical lockers, antidote lockers and any other emergency stocks such as stretchers and gunbags. Reserve stocks are maintained at the prescribed levels throughout the life of the ship.

(3) Working Stock. Items expended from bulk stock for use aboard the ship and not classified as reserve stock (i.e., Sick Call supplies).

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(4) Low Limit. The minimum requirement of any item as prescribed by the currently authorized AMAL. Any additional items required by the ACMO will also be maintained as part of the low limit. The low limit is considered to be the reorder point for medical material.

(5) High Limit. Equal to the low limit plus additional quantities historically required to sustain operations for 30 days. Amounts exceeding the high limit are considered excess.

(6) Reorder Point. The reorder point is the low limit plus any amount necessary to sustain operations during the interval between ordering and receiving supplies. Logistic considerations (i.e., long lead times for receipt of material), will dictate the actual reorder point, however, bulk stock may not fall below 90% of prescribed levels.

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

(1) General Supply Items. Bulkhead to bulkhead inventories of all onboard medical supplies will be conducted, at a minimum, annually. Scheduling annual inventories to coincide with MSO turnovers is highly recommended.

(2) Emergency Equipment. Inventory of emergency medical supplies (reserve stocks) and other medical equipment or supplies dispersed throughout the ship will be completed semi-annually, after use or after evidence of break-in (i.e., broken seals).

(3) Suspected Loss. Medical storage areas, first aid boxes and other medical supply containers will be inventoried immediately upon discovery of a broken or tampered seal or other evidence of unauthorized entry.

(4) Controlled Substances. Controlled medicinals will be inventoried monthly. Procedures for this inventory is contained in NAVMED P-117 and paragraph 3.6 of this chapter.

i. Turnover Inventory Requirements. A written report summarizing medical supply readiness will be provided to the Commander/Master/OIC prior to transfer of custodial responsibilities. The following inventories are required:

(1) All controlled medicinals (bulk and working stock)

(2) All controlled equipage

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(3) All reserve stock including first aid boxes, portable medical lockers, antidote lockers and any other first aid kits and supplies (meets semi-annual requirement)

(4) Medical Technical Library (see **Appendix F**)

(5) All repair parts held

(6) Other Responsibilities. The relieving MSO will:

(a) Ensure that Stock Record Cards Afloat (NAVSUP 1114M) or the ADP accurately reflects current inventories and are prepared for all items of medical supply.

(b) Ensure that all ongoing actions affecting the medical stocks are properly documented.

(c) Enclose an Acceptance of Custody of Medical Material as part of the turnover letter required by paragraphs 1.5a.

3.4 REQUISITION PROCEDURES

a. Requisition/Receipt Procedures. Guidance for preparation of requisition forms is contained in NAVSUP P-485 and COMSCINST 4000.2A.

b. Standard Stock Material. Every effort has been made to develop medical equipment and supply requirements which are supported by the Naval Supply System. The use of other sources is discouraged except in cases of extreme need or unforeseen circumstances due to the disruption of the normal acquisition process.

c. Log Entries. The MSO will retain the suspense copy of all procurement documents to support OPTAR log and Stock Records Card Afloat entries until receipt. Items received through all supply channels will be recorded on Medical Stock Record Cards Afloat in the same manner.

d. FSC 6000 Items. When requesting medical material (FSC 6505, 6510, 6515 etc. items), MSOs are advised to insert the following information:

(1) Use document identifier Code "AO5" or "AOE" in card column 1-3 to indicate exception type requisition.

(2) Use advise code "2-G" in card column 65-66 to indicate that the anticipated usage rate requires latest expiration date only.

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(3) In the "Remarks" space, enter the following:

"ADVICE CODE 2-D ALSO APPLIES. FURNISH EXACT QUANTITY REQUESTED, DO NOT ADJUST TO UNIT PACK QUANTITY."

NOTE: If packaging is such that a unit of issue may be split, less than the unit of issue may be requested. Because of the possibility of requisition cancellation, use of this code should be discussed with the Supply Officer.

e. Non-Standard Stock Material. Procurement of medical supplies outside of the Federal Supply System through open purchase is strongly discouraged unless the item requested is either not carried or not in stock.

f. Stock Record Cards. A Stock Record Card (NAVSUP 1114) is required for each item listed in the AMAL, all publications and all other items required to outfit the medical department. A Stock Record Card will be prepared upon receipt of an item and the data pertinent to the item will be entered in the appropriate blocks. The card is required even if an item is immediately transferred to Working Stock. The MSO will enter the following information:

- (1) Nomenclature
- (2) Federal Stock Number
- (3) Stock Level
- (4) Manufacturer
- (5) Expiration date/manufactured date and lot number
- (6) Location of the item in bulk or reserve stock

g. Reserve Stock Locator Cards. A Reserve Stock Locator Card will be prepared for all reserve stock items and be attached to the Stock Record Card Afloat (NAVSUP 1114). The locator card will list the following:

- (1) Nomenclature
- (2) Federal Stock Number
- (3) Manufacturer and Lot Number

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(4) Locations (i.e., First Aid Box #12, 1-54-02)

(5) Amounts at each location

h. Verification. All receipts shall be verified against the suspense copy of the original requisition to ensure that the item received is the same as the item ordered, that the amount obligated for the original requisition is the amount charged and that the number of units received is identical to the number of units ordered. When cost differences exist, the OPTAR Log will be annotated to ensure new costs are reflected. Suspense copies may be discarded upon annotation of the Stock Record Card.

i. Issue Procedures. Issue is the transfer of an item from the bulk stock to the working stock. Items are normally transferred in their units of issue. Issues will be annotated on a Stock Record Card. If this causes the bulk stock to be reduced below the low limit or reorder point, a requisition for replenishment will be issued.

3.5 EXCESS AND SURPLUS ITEMS

a. Excess. Excess items are those items which are included in the AMAL by written authority of the ACMO or are in excess of the high allowable limit (30 day supply for consumable). Excess items will be reported to the ACMO for redistribution. Excess consumable supplies, excluding controlled medicinals, may be evaluated by the MSO and retained onboard if their use prior to expiration is probable. MSOs are strongly discouraged from maintaining excess consumables.

b. Surplus. Surplus items are those items that are not included on the ship's AMALs or authorized by the ACMO. Surplus items will be returned to the Navy supply system for redistribution. The Supply Officer will provide guidance for the preparation of the required paperwork. Inspection codes used to describe equipment conditions are found in Appendix M of DLAMINST 4155.5.

c. Transfer of Equipment. Transfer of installed equipment or controlled equipage will take place only with the prior written approval of the ACMO.

d. Quality Control for Medical Supplies and Equipment. The MSO is responsible for maintaining quality control surveillance over all medical supplies and equipment. Appendix M to DLAMINST 4155.5 provides a listing of potency dated material, estimated storage life and inspection and testing criteria for all medical material. MSOs are responsible for the following surveillance actions:

(1) Review. Reviewing the Navy Medical and Dental Material Bulletin (NMDMB) monthly for guidance affecting quality control of onboard medical material.

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(2) Surveillance. Items having an "estimated storage life" will be monitored on a routine basis, during issue and inventories. Expiration dates and extensions will be recorded on NAVSUP 1114M (Stock Record Card Afloat) and/or the ADP record and screened regularly for expired items. All expired Type 1 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.

e. Reporting Unsatisfactory or Defective Material. Upon receipt or discovery of unsatisfactory, expired or defective material, a report will be made promptly in accordance with the procedures contained in BUMEDINST 6710.63. The suspected item will be suspended from use pending direction for use or survey from higher authority.

f. Survey. Losses due to damage or exceeding the service life of COMSC property will be documented in accordance with NAVSUP P-485, Revision 2, paragraphs 5127 and 5128.

g. Medical Waste. COMSC policy for handling of medical waste is contained in COMSCINST 5090.2 and is amplified in Chapter 6 of this manual.

3.6 CONTROLLED MEDICINALS AND MEDICAL MATERIAL

a. Controlled Medicinals. Specific policy and procedures for the management of controlled medicinals are found in Chapter 21 of NAVMED P-117.

b. Definition. Controlled medicinals are identified as narcotics, alcohol, barbiturates, tranquilizers and other items requiring special custodial care that are designated by the symbols "C," "Q" or "R" in the "Notes" column of the Identification Lists in the Federal Supply Catalog. Other drugs may be designated by the ACMO as "abuse drugs" requiring security measures similar to controlled medicinals.

c. Requisition Procedures. NAVSUP P-485, NAVSUPINST 6710.1A and NAVMED P-117 provide guidance for the preparation of requisitions for controlled medicinals. Requisitions for controlled medicinals are reported to the Naval Medical Logistics Command (NAVMEDLOGCOM) where the issue is validated against the AMAL for the particular ships. If a conflict exists, a request for justification of the requisition is forwarded to the ship with information copies to COMSC and the Area Commander. Masters will ensure a response to NAVMEDLOGCOM within 10 working days of receipt of the request.

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d. Non-AMAL Controlled Medicinals. Controlled medicinals not included on the AMAL for the ship will not be ordered without prior written approval from the ACMO. Requisitions forwarded for controlled medicinals not listed on the AMAL may be canceled at the stock point.

e. Appointment of Custodians. The Master will appoint, in writing, a Bulk Custodian and a Working Stock Custodian. The Bulk Custodian will normally be the Supply Officer or another officer with access to a safe. The Working Stock Custodian will normally be the MSO or MDR. These duties may not be performed by the same person. On ships having an MDR assigned, the relatively small amounts of controlled medicinals authorized precludes the requirement for a Bulk Custodian. Sample appointment letters are provided in Appendix D.

f. Storage. AMAL limits of controlled medicinals will be divided into Working Stock (no more than 1 Unit of Issue); and Bulk Stock (the remainder of the amount authorized if an MSO is assigned). Otherwise, due to the minimal quantities authorized, the MDR will have custody of the controlled medicinals.

g. Bulk Stock. The Bulk Stock will be stored in a separate safe located either in the Medical Storeroom or Supply Department. The contents will be noted on the Medical Department NAVSUP 1114M. All quality surveillance will be the responsibility of the MSO. A Bulk Custodian will be appointed and control access to the safe (see paras 3.6e and 3.6k).

h. Working Stock. The Working Stock will be stored in a separate safe located in the Medical Department. Access will be limited to the MSO or MDR only.

i. Security of Needles and Syringes. As with controlled medicinals, certain security precautions must be exercised for the use and storage of needles, syringes and other items with potential for abuse. At a minimum, these items will be kept under lock and key, with the MSO or MDR having responsibility for security and accounting of reserve stock, working stock and expended (used) items.

j. Security of Controlled Medicinals. Regulations, potential for theft and the possibility of abuse mandate storage, handling and use of security precautions above those for other medicinals. Only the appointed Bulk Custodian will have the combination for the bulk safe and only the Working Stock Custodian will have the combination for the working safe. The combinations 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 (if) compromise of the combinations occur, but not less frequently than every 12 months.

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k. Bulk Custodian. The Bulk Custodian is responsible for custody of all unissued controlled substances. The Bulk Custodian must personally maintain the necessary accounting records and documents necessary to substantiate proper receipt and expenditure of controlled substances in his/her custody and will ensure that required inventories of all controlled substances are conducted in accordance with the provisions in Chapter 21 of NAVMED P-117.

l. Working Stock Custodian. The Working Stock Custodian is responsible for custody of all controlled substances issued by the Bulk Custodian to working stock but not yet prescribed to a specific patient. The Working Stock Custodian will be guided in his/her duties by the provisions in Chapter 21 of NAVMED P-117, and must personally maintain the accounting records and documents necessary to substantiate proper receipt and expenditure of the controlled substances in their custody. The Working Stock Custodian will ensure that required inventories of working stock controlled substances are held in accordance with Chapter 21 of NAVMED P-117.

m. Controlled Substances Inventory Board. The Master/Commander/OIC will appoint, in writing, a Controlled Substances Inventory Board (CSIB) consisting of a Senior Member, one additional member and one alternate member. Sample letters are contained in Appendix D. These members will become familiar with their duties as prescribed in Chapter 21 of NAVMED P-117. Although prohibited from being a member of the board, the MSO will provide guidance to the Master and the Controlled Substances Inventory Board in the performance of the their duties.

n. CSIB Inventory. The Board will conduct a monthly, surprise inventory of all bulk and working stock controlled medicinals. The inventory will include:

(1) A review of all requisition, receipt, transfer and dispensing documents.

(2) Ensuring a complete audit trail is accurately reflected in the supporting documents.

(3) An audit of all transactions completed during the inventory period.

o. Thefts or Loss of Controlled Medicinals. The Board will also conduct a complete inventory upon discovery of loss or theft, immediately notifying the Master, the Area Commander and others as required in NAVMED P-117.

p. Reporting Requirements. The senior member is responsible for submitting to the Master, for approval, a written report of all inventories conducted. Appendix D contains a sample report containing the minimum requirements .

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q. Destruction/Survey. Destruction or survey of controlled substances will be accomplished only with the concurrence of the Master. At least one Board member will witness the destruction of controlled substances and verify, in writing, the destruction. The destruction documents will be retained in the Medical Department files. Appendix D contains a sample report.

3.7 MEDICAL EQUIPMENT

a. Medical Equipment. MSC Medical Departments will comply as much as practical with the provisions in Chapter 8 of NAVMED P-5132 (Equipment Management Manual).

b. Maintenance. The MSO is responsible for the maintenance of Medical Department equipment. Specific duties include:

(1) Spare Parts. MSOs will ensure copies of NAVMED 6700/3 are prepared and forwarded to NAVMEDLOGCOM. NAVMEDLOGCOM will determine the spare parts requirements and forward a listing to each ship. The MSO will maintain the required spare parts onboard. The parts identified by NAVMEDLOGCOM are considered to have a high rate of failure and may have to be replaced during routine operator maintenance.

NOTE: The spare parts list is not a part of any AMAL.

(2) Performance of Maintenance. The MSO will perform recurring maintenance specified in NAVMED P-5009 and the manufacturer's literature. Maintenance that is beyond shipboard capabilities will be requested from the nearest Navy medical repair facility.

c. Controlled Equipage. For shipboard Medical Departments, the term "controlled equipage" will include those items prescribed by the ship's Master, all equipment costing in excess of \$250.00 and all medical reference manuals. The ACMO may include specific items at his/her discretion. Controlled equipage will be inventoried annually and/ or upon relief of the custodian in compliance with COMSCINST 4000.2A.

3.8 EMERGENCY SUPPLIES AND EQUIPMENT

a. Medical Emergency Supplies and Equipment. Appendix I of this manual provides a comprehensive listing of emergency supplies and equipment required on MSC ships. Additional guidance is contained below.

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b. Hospital Supplies. The hospital will be stocked with sufficient quantities of medical supplies necessary to ensure that the MSO/MDR will be able to provide emergency treatment without undue delay. Prescribed sterile surgical packs will be readily available as needed.

c. First Aid Boxes. All MSC ships will have first aid supplies dispersed throughout the ship. GENSPECS for T-SHIPS 652 and Appendix I of this manual provide for location of first aid boxes onboard MSC ships. AMAL 0927 lists contents of first aid boxes.

d. Portable Medical Lockers (PML). The placement of portable medical lockers onboard ships is outlined in GENSPECS for T-SHIPS 652 and Appendix I of this manual. AMAL 0928 lists contents of PMLs.

e. Stretchers. The approximate number and location of stretchers is contained generically in GENSPEC for T-SHIPS 652 and Appendix I of this manual. Differences in design and conversion of MSC ships negates concrete location requirements. Additional guidance will be obtained from the ACMO.

f. Emergency Stimulation Kit. The minimum requirements for the Emergency Stimulation Kit are contained in Appendix I. Additional requirements may be specified by the ACMO.

g. CBR Decontamination Equipment. CBR decontamination equipment and supplies are the responsibility of the shipboard CBRD Officer. Although FSC 6505 items (i.e., Atropine Autoinjectors, Tetracycline HCL) are required in the Decontamination Lockers, these items are not part of the AMAL. Although not technically responsible for procurement, maintenance or replacement, the MSO will provide such support to the CBRD Officer.

h. Oxygen. The hospital will have two size "H" cylinders (1500 pounds) installed convenient to the treatment table. Wards will have one size "H" cylinder (1500 pounds) installed convenient to one bed.

i. Other. Other emergency medical supplies may be dispersed throughout the ship at the discretion of the MSO/MDR. All equipment will be maintained and inventoried as applicable.

CHAPTER 4

HEALTHCARE

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4.1 GENERAL

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

b. Guidance. 5 U.S. Code 8101 et seq, 5 U.S. Code 8901 et seq and Public Law 97-35 of 13 August 1981 are the source documents for this entitlement. NAVMEDCOMINST 6320.3B provides amplifying information regarding eligibility in Navy medical treatment facilities (MTFs). Other DOD agencies have similar directives.

4.2 ENTITLEMENT TO CARE

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

b. Active Duty Military Personnel. Active duty military personnel assigned to MSC 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 NAVMEDCOMINST 6320.1A.

c. Availability of Civil Service Health Insurance. 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 strongly encouraged to take full advantage of this entitlement.

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d. Civilian Marine (CIVMAR) Employees Afloat. CIVMARs are entitled to receive medical care for occupationally related conditions from federal and civilian sources.

(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) Biological monitoring (i.e., audiograms)

(c) Treatment for occupational illness or injury

(d) Referrals to specialists

(e) Medical consultations from COMSC contractor physicians which are available to the shipboard healthcare provider

(f) Immunizations required by BUMEDINST 6230.15

(g) Chemoprophylaxis for communicable diseases (i.e., tuberculosis or malaria) is considered an immunization

NOTE: Immunizations are provided to CIVMARs on a non-reimbursable basis. Contract operators are required by contractual agreement to comply with all Navy immunization requirements.

(3) Referral. If an occupationally related injury or illness occurs requiring care beyond the capabilities of the MSC provider, the MSO will ensure a completed CA-16, Authorization for Examination and/or Treatment, or CA-17, Duty Status Report, is forwarded with the CIVMAR to authorize treatment at a federal MTF. Ensure appropriate S.O.A.P. note is incorporated in medical record prior to referral.

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(4) Reporting. To recoup costs, the federal treatment facility is required to submit the charges for all occupationally related care to the Office of Worker Compensation (OWC), Department of Labor (DOL) in accordance with NAVMEDCOMINST 6320.3B. Specific instructions for the submission of bills for payment are also contained in COMSCINST 12810.1A. The MSO/MDR will provide any assistance the MTF requires.

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

f. Non-Occupationally Related Care Ashore

(1) CIVMARs are not generally entitled to treatment of non-occupational illnesses and injuries in federal MTFs (including MSC medical facilities ashore). Paragraph 4.2i of this chapter is applicable. When such care is received from federal medical facilities, costs are the responsibility of the CIVMAR. The Federal Employees Health Benefit program requires that the employee be referred to a non-federal source of care at the employee's expense.

(2) 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) only until such time as the CIVMAR is able to be referred.

g. Resolution of Disputes. If a question of whether an injury or illness is occupationally related cannot be resolved locally, copies of the medical record, accident reports and all other documents will be forwarded to OWC, DOL for a determination. 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 OWC, DOL.

h. Foreign Non-Federal Care. In extreme cases, where the overseas healthcare provider will not accept the CIVMAR's insurance and the CIVMAR is unable to pay in cash, the Master of the ship is authorized by the COMSC Comptroller to pay for the medical services provided. This procedure renders the CIVMAR personally indebted to and financially responsible for reimbursement to the government.

i. Civil Service Employees Ashore. Civil service employees are eligible for care for occupationally related conditions from federal sources if services are available. Otherwise, non-federal care will be from civilian sources at the expense of OWC, DOL.

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(1) Federal Military Treatment Facilities. NAVMEDCOMINST 6320.3B and the Federal Employees Compensation Act, 5 U.S. Code 8101, et seq. provides policy for care received in federal facilities.

(2) MSC Ashore Medical Treatment. MSC healthcare providers may render limited care onboard MSC units ashore to civil service personnel for non-occupationally related illness or injury when such care will avoid time lost from work and when the provision of such care is consistent with BUMED policies and the guidance provided in OMB Circular A-72.

j. Civilian Personnel. Civilians may be provided emergency care in a federal treatment facility to prevent undue suffering or loss of life or limb. Care will be limited to emergency care and if further treatment is required/recommended, the patient will be transferred/referred to a non-federal source as soon as practicable.

k. Contractor/Subcontractor Personnel

(1) Government contractor and subcontractor personnel are authorized by 32 CFR 72821.81 to receive healthcare from federal sources, on a reimbursable basis, for illnesses and injuries occurring at work in and outside the United States. Non-federal sources must be unavailable or inadequate. Personnel will be referred to a non-federal source as soon as practical.

(2) Afloat Prepositioning Forces (APF), Diego Garcia. The Naval Support Facility Clinic and the MSO assigned to MPSRON TWO are authorized to screen and provide primary medical care to contractor personnel assigned to the APF, Diego Garcia. NAVMED P-117 and NAVMEDCOMINST 6320.3B authorizes care on a reimbursable basis.

l. Dual Entitlement. Employees, whether CIVMAR, 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 OWC, DOL.

m. 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. This care will not include dental prostheses or orthodontia. Limited care to provide short term relief from pain and suffering is authorized. Paragraph 4.5 of this chapter amplifies.

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4.3 MEDICAL CARE AFLOAT

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

(1) Medical Services Officer (MSO). At a minimum, the training and level of care provided by an MSO onboard MSC ships will be equivalent to that of a U.S. Navy Independent Duty Hospital Corpsmen (NEC 8425/8402). Although generally lacking preventive medicine and shipboard experience, licensed Physicians Assistants and Registered Nurses with emergency medicine/occupational health experience may be considered qualified.

(2) Medical Department Representative (MDR). The Master or First Officer will be assigned as an MDR when the ship is not assigned an MSO. The level of training will be equivalent to Seafarers Health Improvement Program (SHIP) - Level II for Emergency Shipboard Medical Treatment. MDRs are authorized to provide care at the level of Advanced First Aid. The Special Assistant, Medical, Environmental Protection, Safety and Occupational Health (N00M) and the COMSC Contracting Officer (N10) may lessen the requirement for contractor operated ships.

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

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

(2) Referrals. MSOs/MDRs will refer any patient to a General Medical Officer when the condition is beyond the level of training the MSO/MDR possesses and/or the patient requests evaluation at a higher level. The MSO/MDR will ensure an appropriate S.O.A.P. note is added to the supplemental record prior to referral.

(3) Specialty Referrals. Except in emergencies, patients should not be referred for consultation with a specialist without first being seen by a General Medical Officer.

(4) Medical and Surgical Procedures. MSOs/MDRs will not perform surgical procedures except as directed by the ACMO 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. All excised tissues (except debridement tissue) will be submitted to a pathology laboratory for analysis. Paragraph 4.4a of this manual discusses informed consent.

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(5) Consultations. At a minimum, MSO/MDRs will seek consultation with a General Medical Officer (or contract medical advisor when a Medical Officer is unavailable) when:

(a) A patient has an oral temperature of 103° F or above or a persistent (longer than 48 hours) condition.

(b) A patient returns, unscheduled, within 48 hours for an identical complaint. (This does not apply to patients returning for treatment of chronic illness previously documented in their medical records or routine follow-up of resolving acute illness.)

(c) The medical/dental problem is beyond the level of training of the provider.

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

(e) The ship's Master or sponsor requests the utilization of a consultant.

c. Federal MTFs. Paragraph 4.2d of this chapter addresses referrals to federal healthcare facilities. Personnel requiring medical care should request evaluation and treatment from the shipboard MSO/MDR. The MSO/MDR will ensure proper referral to the federal MTF and track the patient's care.

d. Civilian Medical Facilities. Paragraph 4.2d of this chapter addresses access to civilian healthcare facilities. Personnel requiring medical care should request evaluation and treatment from the shipboard MSO/MDR. If federal healthcare facilities are unavailable or inadequate, a civilian hospital/clinic may be considered as a source for healthcare.

e. 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. Access to immediate medical advice is available to the shipboard healthcare provider from afloat military Medical Officers, ACMOs or from a contractor specializing in emergency care with experience in the maritime environment. Appendix J provides guidance for the use of this service.

f. Antibiotics. The MSO/MDR may prescribe only those antibiotics listed in the ship's AMAL or those approved for use by the cognizant ACMO.

g. Prescriptions and Bottle Labeling. All prescription medications issued onboard COMSC ships will be dispensed in properly labeled containers in compliance with Chapter 21 of NAVMED P-117. The label will include the following:

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- (1) Name of the ship
- (2) Date of prescription
- (3) Patient's name
- (4) Name, strength and amount of the drug prescribed
- (5) All directions for use, precautions and expiration date
- (6) Prescription number
- (7) Prescribes name/number of refills

(8) 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.

4.4 INFORMED CONSENT AND REFUSAL OF CARE

a. Informed Consent. Prior to any invasive procedure (i.e., suturing), the MSO/MDR will inform the patient of the procedure, alternatives including doing nothing and the expected outcome. An SF 522, Request for Administration of Anesthesia and For Performance of Operations and Other Procedures will be used.

b. Treatment Rendered Without Consent. Medical treatment may be given without the consent of the patient **ONLY UNDER THE FOLLOWING CIRCUMSTANCES**:

(1) Emergency care to preserve the life or health of an unconscious patient.

(2) 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 treatment facility. This transfer will be accomplished in the most expeditious manner.

c. 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. Appendix D contains a sample form. At a minimum, the refusal documentation will include:

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- (1) Date and time
- (2) Ship's location and approximate geographic location
- (3) Healthcare provider's name and social security number
- (4) Description of the condition/illness or injury
- (5) Eligibility for care explanation
- (6) List of the specific consequences discussed
- (7) Signature of the patient

4.5 DENTAL CARE AFLOAT

a. Dental Care. Dental care aboard MSC ships will be limited to emergency treatment necessary to alleviate pain that affects the mariners' ability to function.

b. Procedures. Personnel requiring emergency dental care will normally be sent to the nearest dental facility for treatment. After working hours, dental services are available from the ship assigned the dental guard or from a nearby dental facility ashore.

c. Request Form. A completed Consultation Request (SF 513), indicating the primary complaint, will be appended to the medical record and accompany the patient.

d. Emergency Palliative Care. When referral of a patient for emergency dental treatment is not possible, palliative therapy should be rendered by the MSO until the patient can be seen by a Dental Officer. Procedures for rendering emergency care are found in NAVEDTRA 10677, Dental Assistant, Basic.

e. Supplies. The supplies/instruments required for emergency dental treatment are provided in ADAL 209.

4.6 AFLOAT MEDICAL TREATMENT FACILITIES

a. Afloat Medical Treatment Facilities. GENSPECS for T-SHIPS and COMSCINST 9330.6D, Section 24, provide specific guidance.

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

c. 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. A second sterilizer is not generally required on MSC controlled ships.

d. Emergency Water Supply. Each ship will have an emergency potable water tank constructed of glass reinforced plastic or Cu-Ni (90-10). The tank will comply with GENSPECS for T-SHIPS, Section 532.

(1) Emergency Potable Water Tank Maintenance. The following criteria applies to the emergency water tank:

- (a) Bacterial analysis will be performed monthly.
- (b) Trace halogen residual will be present at filling.
- (c) The system will be drained, flushed and refilled at 90 day intervals.
- (d) The tank will be opened and visually inspected for sludge and foreign material every 3 years.
- (e) Chapter 6 of NAVMED P-5010, Water Supply Afloat, contains requirements for inspection, cleaning and disinfection.
- (f) Tanks will be labeled as follows:

EMERGENCY POTABLE WATER TANK DRAIN, FLUSH AND REPLENISH WITH POTABLE WATER EVERY 3 MONTHS
--

(2) Substitute Emergency Potable Water Supply. If ship size or design precludes an installed system, 5 gallon containers (NSN 8115-00-145-0038 or equivalent) will be used as a substitute. Sufficient containers to store a minimum of 50 gallons will be available for filling from the ship's potable water system in the event of an emergency. NAVMED P-5010 provides guidance.

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e. 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 those mounted in either direction. Self adhering decals, COG CG NSN 7690-01-032-1177, Decal, Red Cross, Arrow, U/I EA, approximate cost \$0.69 are recommended.

f. Airways. Rubber airways and resuscitation posters will be conspicuously displayed in all areas that have a high risk for high voltage electric shock.

g. First Aid Boxes, Portable Medical Lockers and Poison Antidote Lockers. Location requirements are contained in Appendix I of this manual.

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

i. Oxygen. Sufficient quantities to deliver 6 hours of continuous oxygen at 2 liters a minute will be available in the hospital spaces. To the extent possible, all oxygen 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. 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.

j. Litters. Appendix I of this manual contains location requirements for installation of litters. Litters will be inspected quarterly to include the serviceability of the litter, condition of the patient straps and handling lines.

k. Sterile Surgical Packs and Supplies. The MSO will ensure the hospital and emergency treatment areas are stocked with sufficient sterile surgical supplies to provide emergent care without leaving the area for additional equipment or supplies. The surgical packs described in Appendix I of this manual will be inspected quarterly and their sterility will be maintained.

4.7 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 F of this manual, Required Medical Reference Library. MSOs/MDRs are responsible for preparing themselves for medical situations that have a likelihood of occurring aboard their ships.

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b. Substance Abuse. Substance abuse is normally discussed in terms of use, abuse or addiction to alcohol or drugs. MSOs should be alert to signs of abuse of both legal and illegal drugs or pharmaceutical preparations. The legal principle of privileged communication or confidentiality does not apply in cases of substance abuse. MSOs/MDRs are required to report all cases of suspected substance abuse to the Master.

c. Alcoholism. Alcoholism is a disease involving excessive use, abuse and/or physical or psychological addiction to alcohol. Denial is a key indicator. The diagnosis and treatment of the illness can only be accomplished through physicians and/or counselors trained in substance abuse. The role of the MSO/MDR is the recognition of the indicators of the disease and prompt referral to care. Command cooperation leading to accurate diagnosis will prevent alcohol related injuries and aid successful rehabilitation. 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 to one or more of the following:

- (a) Impaired performance of duty
- (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 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) Antabuse. Disulfiram (Antabuse) therapy may be continued onboard an MSC ship only if prescribed by a physician and only with written approval from the ACMO.

d. Abuse of Controlled Medicinals, Illegal Drugs and Other Substances. Unauthorized use of controlled medicinals, illegal drugs and/or other substances will not be tolerated aboard MSC controlled ships. While substance abuse treatment is beyond the scope and

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authorization the Medical Department, MSOs/MDRs will be knowledgeable concerning symptoms, referral sources, the CMPI 792, OPNAVINST 5350.4B and other COMSC policies regarding substance abuse.

e. Civilian Employee Assistance Program (CEAP). COMSCINST 12792.1C outlines the responsibilities of supervisors regarding referral of suspected drug or alcohol abusers. Both COMSCLANT and COMSCPAC have full-time CEAP Administrators. Other MSC organizations use CEAP Administrators from local resources which can be made available to CIVMAR or other MSC employees.

f. 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 employees ability to perform assigned work. BUMEDINST 6120.20B provides detailed instructions on procedures and required forms.

(1) Requests. Examinations will be conducted only on the written request of the Master, his duly designated representative or the OICMILDEPT. NAVMED 6120/1, Competency for Duty Examination, will be used in all incidences. CMPI 792 applies in all cases of suspected alcohol or substance abuse; CMPI 790 applies for all suspected alcohol abuse.

(2) Examination. The examination will normally be conducted by a physician. If a physician is unavailable, at the Master's discretion, the MSO may conduct the examination. The MSO will consult with the ACMO or the contract medical advisory service.

(3) 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 Competency for Duty Examinations will be carefully conducted with all observations recorded and confidentiality maintained.

(4) Bodily Fluids. If the MSO/MDR has reasonable suspicion that an individual is incompetent to perform his/her duties due to substances use, testing in compliance with Section 4 of CMPI 792, and/or Section 3 of CMPI 790, may be done. Specimens of body fluids (i.e., blood or urine) will be subject to a strict chain of custody and documented on DD Form 1323. A sample form is included in Appendix D.

g. 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.

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(1) Observation. Once consciousness becomes so altered that protective reflexes are impaired, the patient will be continually monitored. Treatment for shock and maintenance of the airway are minimum requirements.

(2) Evaluation. Examination by the MSO with consultation with the ACMO or medical advisory service physician will be completed expeditiously.

(a) Notify the Master, Task Force Commander and the ACMO of the circumstances and request advice.

(b) Maintain the patient's airway.

(3) Use of Restraints. If the altered state of consciousness includes violent, confused or hyperactive behavior that endangers the life or limb of the patient or others, the patient may be restrained using humane methods. The restrained individual will be constantly monitored by one of the ship's officers until the patient can be safely transferred to an MTF.

(4) Chemical Restraints. Use of chemical sedation or restraint (i.e. Thorazine, Haloperidol) may be utilized only upon the permission of the ACMO or the medical advisory service physician.

h. 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: Prior to beginning any investigation, physical examination or administrative action, notification by confidential immediate naval message to the cognizant Area Commander, Task Commander and the Naval Investigative Service (NIS) is required.

(1) Examination. Rape victims will normally be examined and treated only by a physician. If a physician is not available or the patient's condition requires immediate intervention, the MSO will contact the ACMO or the medical advisory service physician for guidance.

(2) Sexual Assault Determination Kits. A separate kit (NSN 6640-01-247-8225) is required for each patient and is a standard part of the Women At Sea AMAL. A minimum of one should be maintained on each ship. Additionally, NIS usually has kits available for replacement. Supplies, forms and instructions for completion of an investigative examination are included.

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(3) 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 on DD 1323, found in Appendix D of this manual.

i. Chemical, Biological and Radiological (CBR) Exposures. Treatment of CBR 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 regimes will be transmitted to MSC ships.

j. Repatriations. The medical repatriation of CIVMARs to the continental United States is costly and negatively effects 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 5-7 days or is of a chronic nature where the likelihood of recurrence is high. Repatriation of CIVMARs will be reported to the ACMO and COMSC via message, and is assigned RCS MSC 6320-1. Reporting requirements for repatriations are outlined below and a sample is included in Appendix D.

(1) Full name, SSN, age, sex, occupation and department

(2) Rank, rate, grade and branch of service

(3) Full name, relationship and address of next of kin (indicate in message if next of kin has been notified)

(4) Date, time, point of origin and destination

(5) Name of Master and MSO/MDR

(6) Repatriation diagnosis code (ICD-9 code only) and prognosis (e.g., not serious, guarded, serious, very serious). Do not include narrative title for ICD-9 code.

(7) Any amplifying comments, to include medications, anticipated lost days

k. MEDEVAC or Ship Diversion for Emergent Medical Care. The MEDEVAC of any crewmember at sea or diverting a ship from its mission is costly and dangerous. These operations will be initiated only in life/limb threatening situations and with concurrence from the ACMO, medical advisory service physician or at the direction of a receiving physician (i.e., Military MTF or Medical Officer onboard a USN ship). The following information will be reported via message to the ACMO, COMSC and any requirements of Task Force Commanders.

- (1) All information required by paragraph 4.7j.
- (2) Method of transport (boat or aircraft)
- (3) Time of transit to medical care
- (4) Final destination of the patient
- (5) Transit time to and from station (for diversions)

NOTE: Appendix D of this manual contains a sample of MEDEVAC and Repatriation message.

4.8 CASUALTY HANDLING

a. Casualty Handling. The MSO will ensure the ship has a Medical Response Disaster Plan that is current and crewmembers are trained to accomplish their assigned responsibilities. Appendix D of this manual contains a sample Medical Disaster Plan.

b. Mishap Reports. Fatalities, injuries and occupational illnesses degrade operational readiness. Hazard awareness and 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 OPNAVINST 5102.1C.

c. Serious Illness/Injury. Patients with illness or injury threatening to life or limb will be identified immediately to the Master. The ACMO and COMSC will be notified via message. This requirement includes CIVMARs or other embarked personnel MEDEVACed for care. The next of kin listed on the emergency data record, as well as other individuals requested by the patient, will be notified. If able, the patient may make the notification via telephone him/herself. Additionally, the patient may request that no notifications be made.

4.9 DECEDENT AFFAIRS

a. NAVMEDCOMINST 5360.1 and MILPERSMAN 4210100 provide guidance for administrative requirements upon the death of active duty military, retired military and CIVMAR personnel as well as personnel embarked upon COMSC controlled ships. The following guidelines will be observed following any death.

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(1) Initial Report. When a death occurs within an MSC Command, the Medical Officer, MSO or MDR will ensure notification of the Area Commander and COMSC by immediate message. All information required by MILPERSMAN 4210100 for active duty personnel and NAVMEDCOMINST 5360.1 (Chapter 3, paragraph 3) for other than active duty personnel will be provided. This report is assigned Report Control Symbol MED 5360-11.

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

(3) Death Certificate. Chapter 17 of NAVMED P-117, provides information concerning death certificates and their submission.

(4) Health Record Entries. Complete the required entries concerning the death, incorporate the death certificate, if available, close and forward the record to the ACMO or, in the case of active duty military personnel, to the command holding the service record of the deceased. Refer to NAVMED P-117.

b. 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:

(1) Provided post-mortem care

(2) Placed in a body pouch

(3) Refrigerated at a temperature of 36 to 40° F to prevent decomposition

(4) The space utilized must contain no other items and must be cleaned and disinfected prior to reuse

(5) 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

(6) Minimum identification shall be full name, SSN and rate

c. Autopsy. The MTF accepting the remains will determine the need for an autopsy. Guidelines are contained in the NAVMEDCOMINST 5360.1 concerning permission requirements. The ACMO will provide support for contacting the next of kin for permission. The MSO/MDR will provide liaison between any local authorities involved and the ACMO.

CHAPTER 5

PHYSICAL STANDARDS

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5.1 GENERAL

a. Physical Standards. Physical standards are provided for the uniform interpretation of physical qualification parameters for initial entry, retention, assignment to special duty and training programs required for employment in positions at sea with MSC. These standards are subject to change to meet the needs of MSC.

b. Purpose. The standards are developed to determine minimum occupational qualifications for employment. Identification of physical defects and psychological problems which would compromise a mariner's ability to perform normally assigned duties will reduce the potential for personal injury or illness when mariners are operating in remote environments.

c. Exclusion. These 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. 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.

d. Comparability. Due to the operational environment of MSC ships, the critical mission to support U.S. Navy ships and other agency requirements, these standards do not necessarily mirror that of the civilian industry.

e. Prescribing Authority. Under the authority of 5 CFR, COMSC will develop physical requirements through comprehensive review of physical demands or environmental conditions associated with each mariner's position.

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5.2 PHYSICAL EXAMINATIONS

a. Examiner Qualifications. Physical examinations will be conducted by U.S. Navy Medical Corps officers, licensed civilian physicians, family practice nurse practitioners or physician assistants.

b. Final Authority. The final approval authority for physical examinations is the ACMO.

c. Waivers. Any waivers to physical or mental qualifications will be authorized only in writing by the ACMO.

d. Documentation. SF 93, Report of Medical History, and SF 78, Report of Medical Examination, will be used to document all required examinations. All examiners will exercise the greatest care in conducting medical examinations and will ensure all findings are accurately recorded. Examiners will employ any additional available diagnostic procedures indicated to determine the true medical status of the person being examined. All reports of special studies and examination must either be entered on, or appended to, the examination by a SF 513, Request for Consultation, or letterhead stationary, in the case of private sector specialist. All addendums will be permanently filed in the mariner's health record.

e. Medical History. Examinees will be thoroughly questioned concerning their past and present physical condition, especially with regard to any serious illness, injury or operation. The completed SF 93 will assist the examiner in developing the medical history. The SF 78, U.S. Civil Service Commission Certificate of Medical Examination, will be used to the document functional requirements and environmental factors of the position.

(1) Initial Examination. For the initial medical examination, the SF 93 will be completed by the examinee to include all specifics of past hospitalizations (e.g., physicians names, hospital addresses and exact dates of events throughout their entire life). Subsequent examinations require a history only of the interval between examinations.

(2) Physician Review of SF 93. The data on the completed form will be reviewed by the examining physician. All "yes" answers, by number, will be commented on in block 25. Comments will be sufficient to provide a reviewing physician an easy comprehension of the significance of the specific comment. The examiner will indicate each item as "CD"-Considered Disqualifying, or "NCD"-Not Considered Disqualifying. A "yes" answer to the question of vision in both eyes does not require specific comment.

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(3) ACMO Review. A completed SF 93 with detailed comments will accompany all medical examinations forwarded to higher authority for review.

f. Examination Requirements. The basic physical examination will include the following components.

(1) Standard Form 88, Report of Medical Examination. At a minimum, unless stated otherwise in this chapter, the medical examination will consist of Items 18 through 43, 45, 51 through 57A, 59, 64, 71, 73 through 75, 77 and 78 of the SF 78 and the laboratory studies listed below.

(2) Laboratory Studies. All medical examinations require the following laboratory studies. All results will be accurately documented on the SF 78 unless otherwise stated in this chapter. All studies must be completed within the 90 days of the examination unless stated otherwise.

- (a) Hematocrit. A hematocrit or hemoglobin concentration.
- (b) Lipid Profile. Lipid profile, triglycerides and fasting blood glucose determination.
- (c) Urinalysis. Routine UA, chemistry and microscopic.
- (d) Serology. RPR or VDRL.
- (e) Stool Guaiac. As part of rectal examination.
- (f) G6PD & Sickle Cell. If not previously recorded.
- (g) PPD. Sensitivity test for tuberculosis unless contraindicated.
- (h) PAP Smear. Record source and date of most recent exam. Annual pap smears by a private physician are recommended.
- (i) Additional. Any additional laboratory study clinically indicated to determine the physical qualifications and health of the mariner.

NOTE: Laboratory findings will be recorded using current medical terminology and exact numerical values.

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(3) Dental Examination. To determine the ability to subsist on rations provided aboard ships, a screening examination will be conducted using mirror and tongue depressor for gross abnormalities and caries.

(4) Ocular Examination. An eye examination to include gross visual acuity (Snelling Chart) and color blindness using (PIP) plates. Paragraph 5.8 of this chapter amplifies visual acuity requirements.

(a) Intraocular Pressure. Intraocular pressure will be evaluated after age 40.

(b) Farnsworth Lantern (FALANT). A FALANT will be performed only on individual's whose duties require color perception.

(c) Refractions. Individuals whose visual acuity is less than required for the position will be referred to a contract ophthalmologist or optometrist. Initial applicants will be referred at their own expense.

(5) Audiogram. A baseline audiogram on entry. Periodicity of monitoring audiograms will be in accordance with OPNAVINST 5100.19C.

(6) Electrocardiogram (EKG). A baseline EKG on entry and with each examination beginning at age 25 or as clinically indicated.

(7) Chest Radiograph. A chest x-ray is required upon entry and at the physician's determination (PPD converters).

(8) Mammograms. Date, source and radiographic report of the most recent mammogram, if available, upon entry. Baseline and subsequent mammograms are encouraged after age 35.

g. Validity Periods of Medical Examinations. A medical examination is valid for any purpose, unless specified otherwise in this chapter, until the next required medical examination. There must be no significant change in the mariner's physical condition and the examination must be of sufficient clinical scope as specified in this chapter and other regulations to meet the position requirements.

(1) Less than 90 days. If less than 90 days have elapsed since the examination was completed, the examination will be upgraded by an interview with a Medical Officer or authorized provider. At a minimum, a review of health record, interval history and

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applicable special studies will be accomplished. If the examination is sufficient in clinical scope to meet the any additional requirements, a statement of the additional purpose and interval history will be made in block 73 of the SF 78. The examiner will sign and date the SF 78.

(2) Upgrade of 90 Days or Greater. If the examination is deficient in clinical scope and the laboratory studies are 90 days or older, the appropriate clinical studies, procedures and any physical examination determined by the examiner will be performed. This amplifying information will be recorded in block 73 of the SF 88.

(3) Upgrade of the Report of Medical History (SF 93). The SF 93 may be upgraded in the same manner as the SF 88. Block 25 will be used by the examiner for any the additional information. If an addendum SF 93 is required, all identifying information will be completed including blocks 1, 2, 5, 6, the individual's signature and date, typed or printed name of examiner, date and examiner's signature and appropriate blocks for the required information will be completed. Block 5 will indicate the new purpose of examination.

5.3 PERIODICITY OF EXAMINATIONS

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

- a. Entry. All mariners will be examined prior to initial employment.
- b. Ages 18 to 49. Beginning at age 25, periodicity between examinations will not exceed 5 years (e.g., a mariner examined at age 18 would not require an examination until age 25, a mariner examined at age 22 would not require an examination until age 27, etc.).
- c. Age 50 and Above. Beginning at age 50, examinations are required every 2 years (e.g., a mariner examined at age 46 would be examined again at age 51, 53, 55). After age 60, examinations will be conducted annually.
- d. Scheduling. Examinations will be performed no later than 1 month following the anniversary date (month and year) of the previous examination. Examinations may be performed earlier. When ship's operating schedules preclude timely examinations, the examination will be performed at the earliest opportunity.

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5.4 GENERAL CLASSIFICATIONS

a. General. Physical standard requirements may vary between duties, accession or retention. The following guidelines are provided.

b. Initial Employment. The standards contained in 5.8 of this manual apply to determining physical qualification for initial employment.

c. Retention. The Standards for Initial Employment contained in paragraph 5.8 of this chapter will be used as a general guide in determining physical qualification for continued employment. If the employee has successfully performed the functions of his/her position and, if the condition(s) which should be considered disqualifying is/are considered an acceptable risk by the examiner, a waiver of physical standards may be considered under paragraph 5.2 of this chapter.

(1) Other Disqualifying Conditions. Physical qualification for duty may be impaired by other conditions, although not usually considered physical disabilities, which interfere with the ability of the mariner to function effectively. Mental health, nutritional disorders, substance abuse or allergic conditions are only a few of these conditions. If demonstrated by the mariner's supervisor that the condition impairs the mariner's ability to function effectively in the assigned position and at the determination of the examiner, the mariner may be recommended for separation. This does not preclude reasonable accommodation in another afloat position.

(2) Preexisting Conditions. Defects or disabilities which existed prior to employment, were discovered and reviewed during the initial examination, have remained essentially the same, and have not interfered with the mariner's performance of his/her duties will not be considered disqualifying at subsequent examinations for the same position. These conditions may be disqualifying for special duties or promotions. This does not preclude the administrative separation of mariners who entered employment under fraudulent circumstances.

d. Promotion or Career Change. Physical requirements may be specific to each afloat position. At the time a mariner is promoted or wishes to change career fields, medical evaluation or interview in compliance with paragraph 5.2g of this manual will be performed to determine physical qualification for the anticipated position. The mariner must be capable of performing general shipboard duty including firefighting and other emergency or disaster related work for all positions.

e. 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

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shipboard accommodation. Reasonable shipboard accommodation may include, but is not limited to, the use of assistance devices, minimal job modification or adjusted work schedules. The accommodation must be consistent with MSC Safety and U.S. Coast Guard regulations.

f. Special Duty. Standards for special duties are established to meet the physical qualification for mariners 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.

5.5 INTERPRETATION AND APPLICATION OF PHYSICAL STANDARDS

a. Application of Physical Standards. Physical requirements were developed without regard to gender. Minor physical defects in examinees who have demonstrated their ability to function in afloat capacity will be considered less significant than in initial hiring. The total fitness of the mariner will be carefully considered in relation to the duties of his/her position. Fully qualified applicants will not be discriminated against on the basis of handicaps not specifically related to their duties. Also see paragraph 5.1c of this manual.

b. Functional Requirements and Environmental Factors. Functional requirements and environmental factors are included in Appendix K of this chapter. Any mariner who does not meet these standards will be rejected for employment or special program unless a waiver is obtained under the provisions of paragraphs 5.9 and 5.2a(2)&(3) of this manual.

c. Hazardous or Arduous Assignment. Not all afloat positions are arduous or hazardous. A physical condition or impairment may be disqualifying only if there is a direct relationship between the condition and the nature of the duties of the specific position. Participation in firefighting, damage control, abandon ship and other shipboard emergency operations is required of all personnel.

d. Interpretation of Physical Standards. Examiners will not find an applicant qualified if he/she is able to meet a particular requirement only with coaching or under unusual circumstances.

(1) Recommendations. For blood pressure, visual acuity or pulse rate, the examiner may use an average in recommending acceptance or rejection. Consideration will be given to the nature of any defect, its significance in the individual and the position or program for which the individual is being considered.

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(2) Not Considered Disqualifying (NCD). Examiners are not authorized to disregard defects or disabilities which are, according to the standards, considered disqualifying. If a usually disqualifying condition is determined by the examiner to be NCD, the examiner must state the reason on the examination form. The final arbiter for physical qualification is the ACMO.

e. Not Physically Qualified (NPQ). In the instance of a finding of NPQ, a complete copy of the examination will be maintained at the Area Command for at least 1 year. Additional documentation of any medical condition causing rejection will include the following information.

(1) Synopsis of Condition. A synopsis of the specific medical condition(s) including references to findings from previous examinations, treatment and responses to treatment.

(2) Psychiatric/Psychological Evaluation. In cases of mental disorders, the findings of mental status examinations and any psychological tests.

(3) Impact Statement. Explanation of the impact of the medical condition(s) on work activities including an estimation of the likelihood of injury or harm to the individual in the course of performing, with or without accommodation, the duties of the mariner's assigned position.

f. Second Opinions. In cases of a determination of NPQ, the mariner may seek a second opinion. The second opinion will be administered under paragraph 5.9g of this manual.

g. Appeal and Reevaluation. An applicant unfit for employment by reason of a condition not of a serious nature, which can be corrected or cured within a short time, may be advised to reapply for employment upon correction or cure. The condition will be reevaluated on its merits at that time.

5.6 SPECIAL PHYSICAL EXAMINATIONS

a. Special Physical Examinations. This section provides guidance for evaluations outside of routine annual physicals ranging from Fitness for Duty to monitoring examinations required by occupational health programs.

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b. Fitness for Duty Examinations. After having been determined Not Fit For Duty by a physician, the CIVMAR must provide a written report from the attending physician stating he/she is Fit For Duty at sea. The report will be evaluated by the ACMO. Contact with the attending physician for clarification of medical questions or issues may be necessary. The final authority for determination of Fit For Duty is the ACMO.

c. Permanent-Not-Fit-For-Sea-Duty Examinations. CIVMARs will be found Permanently Not Fit for Sea Duty (PNFSD) when in the opinion of the ACMO there is no possibility of a return to work at sea. The ACMO will consider the current position held, the CIVMAR's career path and other careers with MSC afloat prior to reaching the determination of PNFSD. When a CIVMAR is found PNFSD, he/she will be referred to the Area Command Personnel Officer.

d. Federal Employees Compensation Act Examinations (FECA). MSC may exercise the right to examine employees receiving Worker's Compensation for occupationally related illnesses or injuries. The purpose of this examination is to affirm the private physician's findings of disability, to assist MSC in planning a return to work for the employee and to reduce instances of fraud. This examination is at MSC expense and may be performed by military Medical Officers, civilian physicians employed by DOD, contract civilian physicians or a private physician of MSC's choice. MSC may choose to have one (or more) medical specialist(s) review any findings related to an FECA case.

e. Personnel Reliability Program (PRP). COMSCINST 5510.9B and OPNAVINST 5510.162 provide guidance for required evaluations. This program is designed to assure the highest possible standards of individual reliability in personnel performing duties directly and indirectly associated with nuclear weapons.

f. T-AGOS Program. Assignment of personnel to T-AGOS ships will be based on a determination that such assignment is clearly consistent with the interests of national security following evaluation of all available information. Both the presence of qualifying and the absence of disqualifying factors, as well as, motivation, professionalism and technical competence will determine suitability. The crux of a reliability decision is whether a mariner should or should not be entrusted with classified information or be placed in a high risk position. Generally, guidelines provided in SECNAVINST 5510.35 also apply to personnel assigned to T-AGOS ship. The following are guidelines for record screens and personal interviews.

(1) Qualifying Factors. Qualifying Factors include:

(a) Physical competence and mental alertness.

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(b) Evidence of dependability in accepting responsibility and flexibility in adjusting to changes in working environment.

(c) Evidence of good social adjustment and emotional stability.

(d) Ability to exercise good judgment in meeting adverse or emergency conditions.

(2) Disqualifying Factors. Any of the following shall be considered disqualifying factors unless overriding evidence of reliable duty performance exists, the sound judgment of the medical examiner.

(a) Substance abuse as defined by CMPI 792.

(b) Negligence or delinquency of performance of duties.

(c) Disciplinary or civil convictions of a serious nature.

(d) Pattern of behavior or actions which are reasonably indicative of a contemptuous attitude toward the law or regulations.

(e) Significant physical or mental conditions, character traits or aberrant behavior, substantiated by the medical examiner, which impair judgment.

(f) Poor or lack of motivation.

(g) Display of excessive worry, anxiety or apprehension concerning the dangers of the position.

(h) Conscientious objectors or those who object to bearing arms.

g. Diego Garcia. Medical facilities and care available at the Naval Support Facility, Diego Garcia, are intended to provide very basic and emergent care to otherwise healthy personnel assigned to Diego Garcia. The clinic lacks resources to provide primary care, inpatient or outpatient, for chronic disabling ailment(s) or disqualifying conditions which would preclude assignment to an isolated environment. Personnel requiring medical evacuation off-island can anticipate, even in an extreme emergency, departure delays of up to 72 hours. The level of medical care necessary to ensure satisfactory outcomes for potentially life-threatening episodes, (heart attacks, bowel obstruction, etc.) is not generally available at Diego Garcia. Dental care for mariners is limited to the relief of pain or infection and limited repair of damaged appliances. Routine dental services such as examinations, cleaning, fillings or the fabrication of appliances are not available.

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(1) Requirements. The following articles outline special requirements for personnel assigned to the Diego Garcia operating area.

(a) Examinations. A physical examination conducted in accordance with this chapter which will not lapse in periodicity during the expected length of the assignment. The physical examination will document the mariner's suitability for extended isolated duty.

(b) Certification. Block #73 of each mariner's SF 93, Report of Physical Examination, will be annotated with the following:

"Mariner (Name and SSN) has been found physically and psychologically qualified for duty at sea in an isolated environment in accordance with COMSCINST 6000.1D, Chapter 5."

(c) Marine Index Bureau (MIB) Report. If not otherwise contractually required, it is highly recommended that contractors utilize the pre-employment report and casualty report service offered by the MIB or equivalent, to ensure that all elements of the examination have been satisfied.

(d) Previous Repatriations. Previous repatriations for medical condition(s) will preclude travel to Diego Garcia unless a complete medical report from a qualified specialist provides verification that the condition has been corrected or resolved.

(e) Existing Health Condition. Any existing health condition, even though controlled by medication, that may potentially disrupt the ship's operation or constitute a hazard to the individual mariner or others aboard will be considered disqualifying.

(f) Medical Records. A medical record will be developed for each crewmember prior to assignment to the ship. The record will be available to medical personnel prior to boarding a crewing flight and upon arrival in Diego Garcia. The record will be maintained on the ship to which the mariner is assigned and will accompany the mariner to any medical evaluation. The record will include, at a minimum, the following documents.

1. Current SF 93, Report of Medical History Report, and SF 88, Report of Physical Examination.

2. Current PHS 731, Rev 2-69 indicating all immunizations as required by NAVMEDCOMINST 6230.3 have been completed, blood type, ophthalmic information and allergies.

3. A listing of all current medical diagnoses and all medications currently prescribed and utilized.

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4. Copy of current electrocardiogram (if over 40).

5. Copy of current chest x-ray report, if indicated.

6. Additional pertinent information which has been obtained since the last physical examination.

(g) Prescription Lenses. Prescription spectacles are the responsibility of the mariner. The mariner will bring two pairs of any prescription eye glasses or contact lenses and specifications for fabrication or replacement eye glasses or contact lenses. All contact lens wearers also shall have a pair of spectacles.

(h) Prescription Medication. The mariner will have sufficient quantities for any prescribed medication to last the maximum duration of the tour. Medications which are prescribed for treatment or prevention of illness (and listed in the mariner's medical record) will be retained by British Customs officials at Diego Garcia and returned to the individual mariner after being cleared by the MSC Medical Office.

(2) Contractor's Responsibility for Unfit Persons. The cost of repatriation, emergency medical care and/or MEDEVAC provided to mariners with preexisting disqualifying conditions will be borne by the contractor.

(3) Procedures. The following actions are required to ensure that only physically qualified mariners are assigned to ships at Diego Garcia.

(a) Commander, Military Sealift Command, Far East (COMSCFE). COMSCFE will ensure the MSCU Diego Garcia MSO performs screening of medical records of all mariners arriving in Diego Garcia to determine whether the requirements of this instruction have been fulfilled. Those mariners found not to be in compliance will be returned to CONUS at the contract operators expense.

(b) MSCU Diego Garcia Medical Services Officer. The MSCU MSO will submit a Repatriation Report and substantiating medical documents for each repatriated case, to COMSC (N00M) for a determination of whether repatriation was preventable. Preventable repatriation will result in a recommendation to the Contracting Officer that contractor's payment be reduced to cover the government's expenses incurred in repatriation or emergency medical treatment and evacuation.

(c) COMSCLANT, COMSCPAC and COMSCFE. COMSCLANT, COMSCPAC and COMSCFE will review the medical certification of any mariner traveling to Diego Garcia whose travel originates within their area of responsibility.

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(d) Contractor. The operating contractor will ensure only personnel medically qualified for isolated duty are employed. The contractor will submit all medical certifications specified in this section to the appropriate Area Command when mariner travel to Diego Garcia is requested. The contractor will require all employees to report to the designated area for the recrew flights in sufficient time for the Medical Department to perform the record review. Contractor cost for preventable repatriation will be determined by the Contracting Officers.

h. Medical Surveillance Physical Examinations. Employees exposed to certain categories of occupational hazards require specialized evaluations. These examinations determine the mariner's fitness for placement and continued employment in these occupations. Additionally, the examination assist managers in assessing the effectiveness of major hazard-specific programs (heat, noise, asbestos, etc.) through documentation of the health of exposed employees. OPNAVINST 5100.19C, COMSCINST 5100.17B, NAVMED P-117 and the NAVMED P-5055 provide guidance. Additional assistance may be obtained through the ACMO or the nearest Navy Environmental Preventive Medicine Unit (NEPMU).

5.7 DISQUALIFICATIONS

a. Disqualification. The examining physician will use the medical condition and physical requirements as a basis to determine qualification for individual selection or retention. A disqualification for medical reasons may not, however, be based on non-medical risks of future liability arising from conditions of employment. Disqualification is required when physical examination and review of the medical documentation reveals the individual's health presents an unacceptable likelihood that the following situations may occur.

(1) Unacceptable Risk. The mariner's health presents an unacceptable risk when the examining physician has reason to believe that the medical condition may:

- (a) Present a high probability of repatriation.
- (b) Cause an emergent disruption of ship's operating schedule or diversion from ship's mission.
- (c) Interfere with safe and efficient job performance of the mariner or other members of the crew.
- (d) Result in death from conditions at sea.

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(2) Acute or Subtle Incapacitation. Persons with progressive conditions which require treatment will be denied employment when medical facilities and personnel aboard ship are not capable of providing required care.

(3) Aggravation of an Existing Condition. If conditions at sea would aggravate an existing condition and/or result in further health impairment, the mariner is disqualified.

(4) Communicable Diseases. The presence of a communicable disease may not, in itself, be disqualifying. The examiner's determination of the likelihood of the transmission to other crewmembers will govern qualification.

b. Environmental Factors. In making determinations involving appointments overseas and aboard ship, consideration will be given to the mariner's suitability, not only in terms of the medical conditions involved, but in terms of climate, altitude, isolation, nature of available food and housing, availability of medical, dental and surgical services and to the capacity of the mariner to adjust to the new environment. See Appendix K for additional factors to be considered.

c. Chronic, Stabilized Conditions. When, after review of the medical documentation and examination, the examiner determines the individual's medical condition is well-stabilized or static with respect to performance capability, there exists no medical basis for disqualification for selection or retention. If review of the medical documentation indicates that the individual's condition is static or well-stabilized, will not likely be aggravated by work, exposure or activities or that the individual will not likely endanger themselves in the performance of, or interfere with duties, the mariner's supervisor is responsible for assessment of performance ability. Documentation of a service deficiency (inability to fully perform duties assigned) must be provided by the supervisor.

d. Notification. If review of the medical documentation indicates that the individual's medical conditions are disqualifying, the examining physician will explain the medical basis for the disqualification and the medical contraindications for performance of specific duties.

e. Appeals. Paragraph 5.9 of this chapter details the waiver and appeal process.

5.8 PHYSICAL STANDARDS

a. General. This section implements 5 CFR 339 which established physical standards for entrance into civilian employment by the Navy. The law may change before the concomitant change appears in this manual. The law always has precedence. Causes for disqualification are listed.

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b. Infections and Parasitic Diseases

(1) Fungus Infections. Fungus infections, systemic or superficial, if extensive and not amenable to treatment (e.g., Mycotic infections of internal organs including coccidiomycosis, histoplasmosis and actinomycosis).

(2) Hepatitis. Hepatitis within the preceding 6 months or persistence of symptoms after a reasonable period of time with impaired liver function (see paragraph 5.8p(2)(c)), Cirrhosis).

(3) Leprosy. Active leprosy (Hansen's Disease) or residuals that preclude functional performance.

(4) Parasitic Infections. Amebiasis, schistosomiasis, trypanosomiasis, hookworm associated with anemia, malnutrition and other similar worm or animal parasitic infestations including their carrier states until treated.

(5) Residuals. Residuals of tropical fevers and various parasitic or protozoal infestations which, in the opinion of the medical examiner, preclude the satisfactory performance of job requirements.

(6) Tuberculosis

(a) Active Tuberculosis. Active tuberculosis in any form or locations and of any degree or extent.

(b) Pulmonary Tuberculosis. A history of pulmonary tuberculosis clinically active within the past 3 years. Evidence of reinfection, active or inactive.

(7) Sexually Transmitted Diseases

(a) Active Infections. Any active sexually transmitted infection, acute or chronic, or any resulting active infection process.

(b) Residuals. Complications and permanent residuals of sexually transmitted disease, if progressive or of such nature as to interfere with the satisfactory performance of duty.

(8) Vermin Infestation. As a general rule, applicants who are extensively infested with vermin and filthy in person and clothing shall be rejected.

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(9) Other. Any communicable disease in its communicable or carrier stage is disqualifying until treated and no longer communicable.

c. Malignant Diseases, Tumors and Benign Tumors

(1) Benign Tumors. Benign tumors which interfere with the functional job requirements or which would be aggravated by job required protective clothing.

(2) Malignant Diseases and Tumors

(a) Diseases. Current malignant diseases of all kinds in any location.

(b) Tumors. History of malignant tumors chemically or surgically treated will be referred to the ACMO for Fitness for Duty determination.

d. Endocrine, Nutritional and Metabolic Diseases

(1) Addison's Disease

(2) Adiposogenital Dystrophy. Froehlich's Syndrome.

(3) Diabetes Insipidus and inappropriate ADH Syndrome.

(4) Adult Onset Diabetes Mellitus unless well controlled only with diet and/or oral hypoglycemic agents, provided there has been no prior or current insulin use.

(5) Active Pituitary or Adrenal Dysfunction

(6) Goiter. Toxic goiter, thyrotoxicosis, simple goiter with pressure symptoms or thyroid adenoma with pressure symptoms. Untreated hypothyroidism or hyperthyroidism.

(7) Gout. Recurrently symptomatic.

(8) Hyperinsulinism. Symptomatic hyperinsulinism.

(9) Parathyroidism. Hyperparathyroidism and hypoparathyroidism when the diagnosis is supported by adequate laboratory studies.

(10) Hypopituitarism. Severe hypopituitarism.

(11) Nutritional Deficiency. Nutritional deficiency diseases (including sprue, beriberi, pellagra and scurvy) and vitamin disorders.

(12) Pancreatitis. Current or prior history of pancreatitis.

e. Diseases of Blood and Blood Forming Organs

(1) Anemia. Decreased Hematocrit, Hemoglobin, RBC count or morphology and RBC indices.

(2) Blood Loss Anemia. Blood loss anemia until both condition and basic cause are corrected.

(3) Iron Deficiency Anemia. Iron Deficiency anemia until both condition and basic cause are corrected.

(4) Untreated Pernicious Anemia

(5) Active Hemolytic Anemia. Abnormal destruction of RBCs, faulty RBC construction, hereditary hemolytic anemia, thalassemia major and sickle cell anemia.

(6) Refractory Anemia. Primary refractory anemia, aplastic anemia or DiGuglielmo's syndrome.

(7) Hemorrhagic States. Hemorrhagic states due to changes in coagulation system (hemophilia, etc.), platelet deficiency or vascular instability.

(8) Leukopenia. Chronic or recurrent leukopenia associated with increase susceptibility to infection.

(9) Myeloproliferative Disease. Myeloproliferative disease (including leukemia, myelofibrosis, megakaryocytic myelosis, polycythemia vera and DiGuglielmo's disease).

(10) Splenomegaly. Splenomegaly until the cause is identified as not being disqualifying and, at the determination of the examiner, the risk of rupture is minimal.

(11) Thromboembolic. Thromboembolic conditions reviewed on a case-by-case basis.

(12) Purpuras. Other than benign with no underlying disease.

(13) Hemoglobinopathies. Waldenstroms, Heavy Chain Disease, immunological dysfunction and other dyscrasias.

f. Mental Disorders

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(1) Drug Addiction. Physiological or psychological addiction, untreated or treatment failure. Refer to ACOMO for final determination.

(2) Use of Prescription Drugs. Being under the influence of an unprescribed narcotic, barbiturate, amphetamine, hallucinogen or alcohol at the time of examination.

(3) Use of Controlled Substances. Having used an unprescribed controlled substance, Schedule 1 or 2, other than marijuana within the preceding year.

(4) Substance Abuse. Having a pattern of using a drug or chemical substance, including marijuana or alcohol.

(5) Current Use of Prescribed Medications. Current use of, or need to use the following medications.

(a) Methadone. Methadone or a related drug.

(b) Antabuse. Disulfiram (Antabuse) or a related drug (evaluation on a case-by-case basis).

(6) Medical Conditions Requiring Mood Modifiers. Any diagnosis requiring the continued use of any of the following medications.

(a) Neuroleptic Drugs. Phenothiazines, butyrophenones and related drugs.

(b) Antidepressants. Tricyclics, MAO inhibitors, lithium and related drugs.

(c) Antianxiety Drugs. Barbiturates, benzodiazepines and related drugs.

(d) Psychotropic Drugs. Any psychotropic drugs.

(7) Lost Time Due to Psychiatric Illness. Any lost time due to psychiatric illness shall be considered disqualifying unless adequate documentation supports the transient and nonrecurrent nature of the illness.

(8) Affective Disorders. History of schizophrenic or major affective disorder or psychotic disorder.

(9) Somnambulism. Sleepwalking after age 12.

(10) Mental Retardation. Obvious mental retardation as evidenced by inability to comprehend and/or execute the ordinary activities of the physical examination.

(11) Disturbances of Personality. Demonstrated by gross inappropriate behavior during the course of the physical examination and/or socially unacceptable behavior displayed toward the examining personnel (i.e., unwarranted hostility, aggressive behavior, abusiveness or withdrawal (in group setting)).

(12) Previous Aggressive Behavior. Evidence of previous aggressive behavior (i.e., multiple knife or gunshot wounds) without satisfactory explanation.

(13) Conversion Disorders. Hysteria, Globus hystericus, etc.

(14) Bed Wetting. Enuresis, habitual and persistent.

(15) Stress Related Incapacitation

(16) Suicidal Behavior. Suicidal behavior or attempts.

(17) Eating Disorders. Anorexia, bulimia or addiction.

(18) Deterioration of Brain Function. Evidence of deterioration of brain function in any of its spheres (intelligence, judgment, perception, behavior, motor control, sensory function, etc.).

g. Diseases of the Nervous System and Sense Organs

(1) Degenerative Disorders. Degenerative disorders (multiple sclerosis, encephalomyelitis, athetosis, muscular atrophies and dystrophies of any type, cerebral arteriosclerosis, ALS, etc.).

(2) Paroxysmal Convulsive Disorders. Any convulsive disorder resulting in an altered state of consciousness, regardless of control by medication, including blackouts, seizures, delirium tremens, drug abuse induced and other mental syndromes associated with alcoholism or alcohol related nutritional deficiencies (e.g., Wernicke-Korsakoff Syndrome). All forms of partial complex seizures or history thereof except for seizures associated with toxic states or fever during childhood up to the age of 12. Grand mal, petit mal and partial complex seizures, syncope or narcolepsy regardless of control.

(3) Headaches. Severe cluster headaches and migraine headaches are disqualifying.

(4) Peripheral Nerves. Peripheral nerve disorder (chronic or recurrent neuritis or neuralgia) of such intensity that it is periodically incapacitating.

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(5) Neuralgia and Paralysis. Persistent recurrence of incapacitating neuralgia or paralysis.

(6) Sciatica. Pain in lower back or leg which is intractable and disabling to the degree of interfering with walking, running and weight bearing.

(7) Thoracic Outlet Syndromes. Cervical ribs if symptomatic, scalenus anticus, etc.

(8) Residual Effects of Infection. Residual effects of infection, trauma or paralysis that clearly impairs the mariner's ability to perform shipboard duties efficiently and safely.

(9) Spontaneous Subarachnoid Hemorrhage. History of spontaneous subarachnoid hemorrhage, unless cause has been determined as unlikely to recur and there is no residual neurological deficit.

(10) Cerebrovascular Disorders and Diseases

h. The Eyes

(1) Visual Standards. The following guidelines provide a reference for medical examiners to evaluate an individual mariner's vision in relation to occupational requirements. The standards are based on the seafarer's ability to effectively and safely perform the occupational requirements (visual tasks) of his/her position without endangering themselves, the crew or the safety of the ship and to be able to function under all shipboard emergency conditions.

(a) Licensed Master, Mate, Operator or Watchstander. Uncorrected vision of at least 20/200 in each eye. Correctable to 20/30 in one eye and 20/40 in the other. Best correction done separately in each eye.

(b) Engineers, Radio Officers, Non-Watchstanders and All Others. Uncorrected vision of at least 20/200 in each eye. Correctable to at least 20/30 in one eye and 20/70 in the other. Best correction done separately in each eye.

(2) Best Corrected Binocular Vision. The following chart specifies Best Corrected Binocular Vision by position.

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Position	Visual Efficiency Entry	Visual Efficiency Retention
Masters	90	88
Mates	90	88
Able Seamen/Watchstanders	90	88
Chief Engineers	88	85
Engineers	85	82
Qualified Members Engineer Dept	85	82
Other Members Engineering Dept	74	74
Radio Officers	85	82
Stewards	74	74

Guidelines for determining Binocular Visual Efficiency (BVE). In the following chart, locate the uncorrected Snellen vision in the right eye at the top of the chart. Move vertically down the chart to the horizontal line that corresponds to the uncorrected vision in the left eye. The columns meet at the number representing the uncorrected BVE acuities to obtain corrected requirements for a specific program.

BINOCULAR VISUAL EFFICIENCY (BVE)

		RIGHT EYE							
L		20/20	20/30	20/40	20/50	20/70	20/100	20/200	20/400
E	20/20	100	98	96	94	92	87	80	76
F	20/30	98	92	90	88	85	81	74	69
T	20/40	96	90	84	82	79	75	68	64
	20/70	91	85	79	73	64	60	53	49
E	20/100	87	81	75	70	60	49	42	38
Y	20/200	80	74	68	62	53	42	20	16
E	20/400	76	69	64	58	49	38	16	3

(3) Corrections. Correction will be made with standard eye glasses. A degree of refractive error in excess of over a plus or minus 8.00 is disqualifying. In addition to these limitations, the difference in the refractive errors in any meridian of the two eyes (anisometropia) may not exceed 3.5 diopters.

(4) Monocular Vision. Mariners presenting with monocular vision will meet the minimum standard of 20/30 best corrected vision in the good eye and undergo complete ophthalmological evaluation prior to initial employment and as part of a retention physical examination. Fitness determination is on a case-by-case basis. Evidence of monocular depth perception and matters related to safety are of particular concern. Monocular vision waivers will NOT be granted for Masters, Mates or Watchstanders.

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(5) Prescription Safety Glasses. Mariners who require corrective eyeglasses will be required to wear safety glasses issued by the Area Commander in accordance with COMSCINST 5100.17B.

(6) Color Perception. Applicants will be tested for color perception using either Farnsworth Lantern Test or Pseudo-Isochromatic plates (Dvorine) PIP. Individuals determined deficient in color perception are ineligible for hire as watchstanders. Waivers will not be considered for Masters, Mates, Watchstanders or Engineering Department personnel.

(7) Visual Fields. All Masters, Mates and Watchstanders will be evaluated for visual fields in each eye separately by any accepted ophthalmological method including confrontation visual testing by qualified examiner.

(8) Disqualifying Diseases/Conditions. The following eye conditions may generally be cause for disqualification for hire or retention.

(a) Glaucoma - Primary or Secondary. A diagnosis of glaucoma requires definitive treatment and will be evaluated on a case-by-case basis. Untreated narrow angle glaucoma is a cause for rejection.

(b) Chronic Conjunctivitis or Xerophthalmia

(c) Pterygium. Encroaching the cornea and decreasing visual acuity or visual field.

(d) Abnormalities of the Eyelids. Including complete or extensive destruction of the eyelids, disfiguring cicatrices, adhesions of the lids to each other or to the ocular globe, scars, inversion or eversion of the eyelids, lagophthalmos, trichiasis, ptosis, blepharospasm or chronic blepharitis.

(e) Abnormalities of the Tear Ducts. Including epiphora, chronic dacryocystitis or lachrymal fistula.

(f) Abnormalities of the Corneas. Including chronic keratitis, ulcers of the cornea, staphyloma or corneal opacities encroaching on the pupillary area and reducing the visual acuity below the standard.

(g) Abnormalities of the Iris. Including irregularities in the form of the iris or anterior or posterior synechiae sufficient to reduce the visual acuity below the standard. Extensive coloboma of the choroid or iris, absence of pigment (albino), recurrent iritis or extensive or progressive choroiditis of any degree.

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(h) Cataracts. Opacities of the lens (cataracts) or its capsule sufficient to reduce visual acuity below standard or progressive cataract of any degree.

(i) Abnormalities of the Retina. Retinitis, macular degeneration, detachment of the retina, neuroretinitis, optic neuritis, atrophy of the optic nerve or a history of detached retina.

(j) Abnormalities of Muscle Control of the Eyes. Including loss or disorganization of either eye, pronounced exophthalmos, pronounced nystagmus or well-marked strabismus.

(k) Diplopia. Including any abnormal condition of the eye due to disease of the brain.

(l) Malignant Tumors. Including malignant tumors of lids or eyeballs.

(m) Night Blindness, if symptomatic.

i. The Ears

(1) External Ears and Auditory Canal

(a) Abnormalities of the External Canal. Including atresia or severe stenosis of the external auditory canal, if complicated by hearing loss and frequent infections; severe recurrent external otitis either acute or chronic and tumors of the external auditory canal.

(b) Abnormalities of the Mastoids. Including mastoid fistula, acute or chronic mastoiditis.

(2) Abnormalities of the Middle Ear. Including the following conditions:

(a) Meniere's Syndrome

(b) Otitis Media. Including recurrent, acute or chronic serous otitis media indicated by grayish, thickened drum(s) and recurrent acute or chronic suppurative otitis media.

(c) Adhesive Otitis Media. Adhesive otitis media associated with hearing loss by audiometric test of 25 dB or more average loss for the speech frequencies (500, 1000 and 2000 cycles per second) in either ear, regardless of the hearing level in the other ear, until condition resolves. (See **Hearing Loss for Residual Standard**.)

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(d) Abnormalities of the Tympanic Membrane. Including open marginal or central perforations of the tympanic membrane, otic perforation in which cholesteatoma is present or suspected and severe scarring of the tympanic membrane associated with hearing loss below entry standard of hearing.

(e) Motion Sickness. Recurrent, chronic motion sickness rendering the mariner incapable of performing his/her duties.

(3) Hearing Standards. The following chart contains the minimum acceptable pure tone air audiometric hearing levels for employment.

INTERNATIONAL STANDARD ORGANIZATION (ISO)	
<u>Cycles per second (hz)</u>	<u>Both Ears</u>
500	The average hearing level (8 readings/4 per ear) in speech frequencies (500-4000 Hz) may not exceed thirty (30) dB; and levels at any single frequency may not exceed sixty-five (65) dB in either ear.
1000	
2000	
4000	

DEFICIENCIES	
If the average of the speech frequencies (500-4000 Hz) is greater than 30 dBA (ISO), re-evaluate only the better ear. Hearing levels may not exceed those specified in the following chart.	
500 Hz	30 decibels
1000 Hz	25 decibels
2000 Hz	25 decibels
4000 Hz	35 decibels

NOTE: Marginal cases may require testing by masking.

j. Diseases of the Circulatory System

(1) Diseases or Defects. Any disease or defect resulting in an American Heart Association (AHA) classification of III or IV is considered disqualifying. The satisfactory completion of a standard stress test without symptoms or signs is considered equivalency of functional capability.

(2) American Heart Association (AHA) Cardiac Functional Classifications. Circulatory diseases will be evaluated against the following standards.

(a) Class I. The patient has cardiac disease but no resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea or anginal pain.

(b) Class II. The patient has cardiac disease resulting in slight limitation of physical activity. The patient is comfortable at rest and in the performance of ordinary, light, daily activities. Greater than ordinary physical activity, such as heavy physical exertion, results in fatigue, palpitation, dyspnea or anginal pain.

(c) Class III. The patient has cardiac disease resulting in marked limitation of physical activity. The patient is comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea or anginal pain.

(d) Class IV. The patient has cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of inadequate cardiac output, pulmonary congestion, systemic congestion or of anginal syndrome may be present, even at rest. If any physical activity is undertaken, discomfort is increased.

(3) Abnormalities. Minor asymptomatic abnormalities are acceptable. Small interventricular and atrial septal defects may be considered on a case-by-case basis.

(4) Aneurysm

(5) Arrhythmias. Major cardiac arrhythmia or irregularity; history of paroxysmal tachycardia or atrial fibrillation or flutter; electrocardiographic evidence of atrial tachycardia, flutter or ventricular tachycardia or fibrillation, regardless of control by medication or insertion of a pacemaker.

(6) Circulatory Instability. Marked circulatory instability as indicated by orthostatic hypotension, persistent tachycardia, severe peripheral vasomotor disturbances and sympathetic atonia.

(7) Claudication. Intermittent claudication.

(8) Adverse History. History or evidence of pericarditis, endocarditis, myocarditis, valvular heart disease (including patients with prosthetic heart valves), angina pectoris, coronary occlusion or coronary atherosclerosis, except for history of a single acute idiopathic or coxsackie pericarditis with no residuals.

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(9) Hypertension. Arterial hypertension, essential hypertension or pulmonary hypertension (hypertensive vascular disease).

(a) Diagnosis. Hypertension evident by preponderant (majority) readings of 140 mm or more systolic or a preponderant diastolic pressure of over 90 mm is cause for rejection. Pressure may be taken periodically for 3 days to determine if readings are consistent.

(b) Sphygmomanometer (Cuff). It is essential that the blood pressure readings be taken with the proper width cuff. The thick, very muscular arm as well as an obese arm will render a falsely elevated blood pressure reading if a wider cuff is not used. Where other than the regular cuff is used, the type cuff utilized will be annotated on the SF 88, in block #73.

(c) Controlled Hypertension. Hypertension controlled over a 3-month period to 140/90 or under by commonly available, low dose medication with no evidence of eye ground changes, cardiac enlargement or kidney involvement may be considered not disqualifying.

(10) Hypertrophy. Hypertrophy or dilation of heart. Care should be taken to distinguish abnormal enlargement from increased diastolic filling as seen in the well-conditioned subject with a sinus bradycardia.

(11) Cardiomyopathy

(12) Hypotension. Arterial hypotension if it is causing or has caused symptoms (i.e., recurrent syncopal episodes).

(13) Vascular Abnormalities. Congenital or acquired lesions of the aorta and major vessels including syphilitic aortitis, demonstrable atherosclerosis which interferes with circulation, congenital or acquired dilation of the aorta and pronounced dilation of the main pulmonary artery.

(14) Rheumatic Fever. History of rheumatic fever or chorea. Final determination by the ACMO.

(15) Cardiac Surgery. Any cardiac surgery within 1 year other than pericardial and correction of congenital atrioventricular septal defects. (Applicant must provide operative summary.)

(16) Tachycardia. History of paroxysmal tachycardia. Persistent tachycardia with a resting pulse of 100 or more, regardless of cause.

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(17) Thrombophlebitis. History of thrombophlebitis with persistent thrombus or evidence of circulatory obstruction or deep venous incompetence in the involved veins. Recurrent thrombophlebitis.

(18) Varicose Veins. Varicose veins, if more than mild or if associated with edema, skin ulceration or residual scars from ulceration.

(19) Vascular Diseases. Peripheral vascular disease including Raynaud's erythromelalgia, arteriosclerotic and diabetic vascular diseases; acrocyanosis. Special tests should be employed in doubtful cases.

k. Diseases of the Respiratory System (The Nose, Sinuses, Pharynx)

(1) Deformities. Loss of the nose, malformation or deformities interfering with speech or breathing, extensive ulcerations affecting use of respiratory protection equipment and atresia or stenosis of choana if symptomatic.

(2) Obstruction. Nasal obstruction due to septal deviation, hypertrophic rhinitis or other causes particularly if sufficient to produce mouth breathing, require chronic care and/or interfere with the wearing of respiratory protection equipment.

(3) Perforation. Perforated nasal septum causing local pathology/symptoms or likelihood of doing so, associated with interference of function, ulceration or crusting and when progressive.

(4) Inflammation. Atrophic rhinitis, Sjogrens Syndrome, acute or chronic inflammation of the accessory sinuses; acute allergic rhinitis, if in the opinion of the examiner, it is considered incapacitating, associated with hyperplastic sinusitis, nasal polyps or a history thereof, and is likely to frequently recur or cause more than minimal loss of time from duty.

(5) Laryngeal Paralysis. Laryngeal paralysis, sensory or motor, due to any cause, with history of recurrent aspiration pneumonitis or aphonia.

(6) Pharynx. Organic disease such as neoplasm, polyps, granuloma, ulceration and chronic laryngitis/pharyngitis not amenable to therapy.

(7) Sinusitis. Chronic sinusitis if evident by chronic purulent nasal discharge, large nasal polyps, hyperplastic changes of the nasal tissues, other signs and symptoms.

(8) Anosmia. If unable to detect fumes and smoke.

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(9) Tonsils. Diseased and/or enlarged tonsils.

(10) Trachea. Current tracheostomy or tracheal fistula.

(11) Sleep Apnea

l. The Bronchi

(1) Bronchitis. Acute bronchitis until the condition is cured. Chronic bronchitis if with evidence of pulmonary function disturbance or if more than mild and does not respond to therapy (FEV₁, 70)

(2) Asthma. Asthma or history of asthma including "childhood" asthma, unless there is a trustworthy history of freedom from attacks since the age of 12 and provided that attacks prior to that time were not severe or prolonged and did not require extensive therapy.

(3) Documented Bronchiectasis

(4) Fistula. Untreated bronchopleural fistula.

m. The Lungs and Pleura

(1) Abscess. Chronic abscess of the lung.

(2) Bleb Formation. On x-ray, pneumothorax. (See para. 5.8(m(14)) of this manual.)

(3) Calcification. Extensive calcification, evident by x-ray, of the pleura, lung parenchyma or hilum, of questionable stability or of such size and extent as to interfere with pulmonary function.

(4) Fistula. Untreated bronchopleural fistula.

(5) Chronic Obstructive Pulmonary Disease (COPD)/Emphysema. Complicated and PFTs below limits.

(6) Cysts. Cystic disease of the lung. Hydatid or echinococcus cysts of the lung.

(7) Foreign Body. Foreign body in the lung or mediastinum causing symptoms or active inflammatory reaction.

(8) Hydrothorax or Hemothorax. Current or history of hydrothorax or hemothorax determined on a case-by-case basis.

(9) Infiltration. Pulmonary infiltration of undetermined origin.

(10) Lobectomy. History of lobectomy for a nontuberculous, nonmalignant lesion with residual pulmonary disease. Removal of more than one lobe is cause for rejection regardless of the absence of residuals.

(11) Pleurisy. Acute or chronic pleurisy; pleurisy with effusion of undetermined origin or a history within the preceding 5 years. Acute fibrinous pleurisy associated with acute nontuberculous infection.

(12) Pleuritis. Chronic fibrinous pleurisy sufficient to interfere with pulmonary function or obscure the lung field in an x-ray. X-ray evidence of fibrous or serofibrinous pleurisy, except moderate diaphragmatic adhesions with or without blunting or obliteration of the costophrenic angle.

(13) Pneumoconiosis. Pneumoconiosis; extensive pulmonary fibrosis from any cause, producing dyspnea on exertion; includes asbestosis.

(14) Pneumothorax. Recurrent spontaneous pneumothorax within the preceding 3 years, lacking pulmonary evaluation and/or having evidence of blebs on x-ray.

(15) Pulmonary Functions. If less than 70 pulmonary function parameter and/or blebs on x-ray, will require full evaluation showing acceptable saturations and compensated function.

(16) Sarcoidosis. Symptomatic compromised pulmonary function and less than 3 years since successful treatment.

n. The Chest Wall and Breast

(1) Contractions. Pronounced contractions or markedly limited mobility of the chest wall following pleurisy or empyema.

(2) Empyema. Acute or chronic empyema, residual sacculation or unhealed sinuses of the chest wall following surgery. Scars of old operations for empyema unless the examiner is assured that respiratory function is entirely normal and condition is not expected to recur.

(3) Foreign Body. Foreign body of the chest wall causing any symptoms.

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(4) Fractures. Recent fracture of ribs, sternum, clavicle or scapula; malunion or non-union that compromises functional requirements.

(5) Lesions. Traumatic lesions of the chest or its contents.

(6) Mastitis. Acute mastitis; chronic cystic mastitis, if more than mild or new mass in breast until defined and evaluated under benign or malignant tumor specifications.

(7) Pneumonia. Acute nontuberculous pneumonia.

(8) Sinuses. Unhealed sinuses of the chest wall.

o. Conditions of the Mouth and Esophagus

(1) The Teeth and Jaws. Any dental condition which will incapacitate the individual. The applicant must be able to subsist on regular fare.

(a) Malocclusion. Malocclusion that interferes with satisfactory incisal and/or masticatory function or proper phonation.

(b) Oral Tissues. Infections or chronic disease of the soft tissue of the oral cavity.

(c) Perforation. Perforations from the oral cavity into the nasal cavity or maxillary sinus.

(d) Periodontoclasia. Advanced and extensive dental caries or degeneration of the periodontum sufficient to preclude mastication.

(e) Prosthesis. Failure to have satisfactory prosthesis and restorations for suitable mastication of regular fare.

(f) Subluxation. Chronic subluxation of the mandible associated with pain not amendable to treatment.

(g) TMJ Syndrome. Chronic or recurrent, requiring constant medication.

(2) Conditions of the Soft Tissues of the Mouth and Throat

(a) Adenoids. Adenoids interfering with respiration or associated with middle-ear disease.

(b) Sleep Apnea(c) Deformities

1. Lip. Harelip, unless adequately repaired; loss of the whole or large part of either lip; mutilations of the lips from wounds, burns or disease that interferes with speech and normal eating.

2. Palate. Perforation or extensive loss of substance or ulceration of the hard or soft palate to the pharynx or paralysis of the soft palate.

3. Pharynx. Malformations or deformities of the pharynx of sufficient degree to interfere with function.

4. Tongue. Malformation, partial loss, atrophy or hypertrophy of the tongue; split or bifid tongue or adhesions of the tongue to the sides of the mouth interfering with mastication, speech, swallowing or which appears to be progressive.

5. Stomatitis. Marked stomatitis, ulcerations or severe leukoplakia.

6. Salivary Fistula

7. Esophagus. Ulcerations, varices, achalasia or peptic esophagitis and other conditions of the esophagus if confirmed by appropriate x-ray or gastric examination. Hiatal hernia with history of significant symptoms.

p. The Abdomen and Viscera

(1) Abdominal Walls. Wounds, injuries, cicatrices or muscular ruptures of the abdominal wall sufficient to interfere with function. Sinuses of the abdominal wall.

(2) The Liver, Spleen and Pancreas

(a) Cholecystectomy. Sequelae of cholecystectomy such as post operative stricture of the common bile duct; reforming of stones in hepatic or common bile ducts; incisional hernia or post-cholecystectomy syndrome when symptoms are so severe as to interfere with normal job performance or require medical attention.

(b) Cholecystitis. Acute, chronic or recurrent with or without cholelithiasis.

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(c) Cirrhosis. Cirrhosis, regardless of the absence of manifestations such as jaundice, ascites or known esophageal varices; abnormal liver function tests with or without history of chronic alcoholism. (See para. 5.8b(2), **Hepatitis** and para. 5.8p(2)(g), **Jaundice**.) Includes Gaucher's, Hemochromatosis and Von Gierke's and Wilson's diseases.

(d) Enlargement. Chronic enlargement of the liver or the spleen, if marked, until proven idiopathic.

(e) Fistula. Fistula or sinuses from visceral or other lesions.

(f) Diseases. Acute and chronic diseases of the liver and spleen.

(g) Jaundice. History of current jaundice. Cause must be documented and unlikely to recur.

(h) Splenectomy. Splenectomy (except when performed as the result of trauma or causes unrelated to disease of the spleen), hereditary spherocytosis or diseases involving the spleen at least 2 years post-operative.

(i) Pancreatitis. History of Pancreatitis.

(3) The Stomach and Intestines

(a) Gastritis. Chronic severe hypertrophic gastritis.

(b) Ulcer. Symptomatic ulcer of the stomach or duodenum.

(c) Hernia. Hernia of any external variety. History of operation for hernia within the past 90 days.

(d) Diseases. Acute and chronic diseases of the stomach or intestine or a history thereof, including such diseases as regional ileitis, amyloidosis, Crohn's Disease, ulcerative colitis and diverticulitis, megacolon, regional enteritis, malabsorption syndromes, symptomatic diverticulosis and adult celiac disease. Irritable bowel with more than mild intensity and symptoms.

(e) Obstruction. Intestinal obstruction or history of more than one episode if either occurring during preceding 5 years if resulting condition remains producing significant symptoms or requiring treatment.

(f) Peritonitis. Chronic peritonitis or peritoneal adhesions.

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(g) Resections. Gastric or bowel resection, resection of peptic ulcer, gastroenterostomy with chronic sequelae, and ileal bypass surgery if less than 6 months.

(h) Scars. Abdominal scars, regardless of cause, which show hernial bulging or which interfere with movements. Scar pain, if severe or causing persistent or recurring complaints or is associated with disturbance of function of abdominal wall or contained viscera.

(i) Multiple Abdominal Surgeries. Including the lysis of adhesions.

(4) The Anus and Rectum

(a) Fissure. Severe fissure of the anus or pruritus ani.

(b) Fistula. Fistula in ano, ischiorectal abscess or peri-rectal abscess.

(c) Hemorrhoids. External hemorrhoids of sufficient size to produce marked symptoms. Internal hemorrhoids if large, accompanied by hemorrhage or protruding intermittently or constantly.

(d) Incontinence. Incontinence of feces.

(e) Proctitis. Chronic or recurrent.

(f) Stricture. Stricture or prolapse of the rectum.

g. The Genitourinary System

(1) Female Genitourinary Conditions

(a) Cysts. Current ovarian cysts if persistent and likely to require medical attention.

(b) Dysmenorrhea. Incapacitating to a degree which necessitates recurrent absences from routine activities.

(c) Endometriosis. Endometriosis or history thereof likely to require medical or surgical attention.

(d) Infections. Recurrent bartholinitis, cervicitis, manifested by leukorrhea, oophoritis, salpingitis or skenitis.

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(e) Menstrual Cycle. Irregularities of the menstrual cycle including menorrhagia, metrorrhagia, polymenorrhea, amenorrhea or severe menopausal symptoms.

(f) Uterus

1. Cervical Defects. Uncorrected or untreated cervical polyps or cervical ulcer.

2. Endocervicitis. Endocervicitis if more than mild.

3. Uterine Dysplasia. Any PAP Smear results other than Class I. Any Class II or higher must be assessed by biopsy; a Class II result is acceptable so long as the diagnosis is benign.

(g) Vagina. Acute or chronic vaginitis. Vaginal dysplasia, mucosal leukoplakia until biopsied and benign report; cystocele, rectocele or procidentia.

(h) Vulva. Acute or chronic vulvitis. Leukoplakia, until biopsied and benign report.

(2) Genitourinary Defects of Males

(a) Epispadias. Epispadias or hypospadias, if accompanied by recurrent or chronic infection of the urinary tract.

(b) Infantile Organs. Infantile genital organs, if interferes with urinary functions.

(c) Penis. Amputation of the penis, if the resulting stump is not sufficient to permit normal micturition without infection.

(d) Prostate. Hypertrophy, abscess or chronic infection of the prostate gland, with systemic symptoms and gross urinary retention.

(e) Testicles

1. Enlargement. Undiagnosed enlargement or mass of testicle or epididymis.

2. Undescended Testicles

3. Orchitis. Chronic orchitis or epididymitis.

4. Varicocele. Varicocele or hydrocele, if symptomatic.

(3) Genitourinary Defects Common to Both Sexes

(a) Albuminuria. Proteinuria under normal activity (at least 48 hours post-strenuous exercise) if greater than 160 mgm per 24 hours until assessed as not indicative of kidney or bladder disease.

(b) Calculi. Cystic or Renal calculi formation within the preceding 12 months.

(c) Cystitis. Acute or chronic cystitis.

(d) Hematuria. Hematuria, cylindruria or hemoglobinuria with other findings indicative of urinary tract disease.

r. Renal Conditions

(1) Anomalies. Absence of one kidney or horseshoe kidney at the determination of the examiner on a case-by-case basis. Final authority is the ACMO. Suggested Values - Serum BUN 10-20 mg Todd-Sanford or above normal range for laboratory used.

(2) Renal Failure

(3) Cystic. History of polycystic kidneys or pyonephrosis.

(4) Hydronephrosis. Hydronephrosis or pyonephrosis.

(5) Nephritis. Acute or chronic nephritis.

(6) Pyelitis. Pyelitis; pyelonephritis.

(7) Porphyria. Methemoglobinuria.

(8) Pyuria

(9) Reiter's Syndrome

(10) Urethral Strictures

(11) Urethritis. Acute or chronic urethritis.

(12) Urinary Fistula

(13) Enuresis

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s. Conditions of the Skin

(1) Acne. Severe pustular-cystic acne which would interfere with the wearing of protective clothing. Particularly disqualifying for stewards.

(2) Allergic Dermatoses. Severe or incapacitating.

(3) Cysts

(a) Non-Pilonidal. Cysts, other than pilonidal, of such a size or location as to interfere with the normal wearing of protective clothing.

(b) Pilonidal. Symptomatic pilonidal cyst or sinus without surgery or with a history of prior surgical failure.

(4) Dermatitis

(a) Atopic Dermatitis. History of incapacitating episodes of atopic dermatitis.

(b) Dermatitis Factitia

(c) Dermatitis Herpetiformis

(5) Eczema. Severe eczema of long standing or which is resistant to treatment; allergic dermatosis, if severe.

(6) Epidermolysis Bullosa. Epidermolysis bullosa or pemphigus.

(7) Furunculosis. Extensive, recurrent or chronic furunculosis.

(8) Ichthyosis. Severe ichthyosis.

(9) Impetigo. Chronic impetigo, sycosis or carbuncle.

(10) Lesions. Lupus vulgaris or other tuberculous skin lesions.

(11) Leukemia Cutis. Leukemia cutis, mycosis fungoides or Hodgkin's disease.

(12) Lichen Planus. Chronic lichen planus if on a weight bearing surface.

(13) Lupus Erythematosus. Lupus erythematosus or any other dermatosis aggravated by sunlight.

(14) Psoriasis. Extensive psoriasis or history thereof.

(15) Scars. Scars which are so extensive, deep or adherent that they interfere with muscular movements or the wearing of safety equipment or show a tendency to break down and ulcerate.

(16) Scleroderma. Diffuse types of scleroderma.

(17) Tumors. Skin malignancies, melanoma, basal and squamous cell epitheliomas, nevi, vascular and other tumors if extensive, disfiguring or exposed to constant pressure or irritation. Benign tumors of such a size or location as to interfere with the normal wearing of safety equipment.

(18) Recurrent Urticaria

(19) Warts. Plantar warts on weight-bearing areas, if interferes with job function.

(20) Xanthoma. Xanthoma if disabling.

t. Musculoskeletal Conditions

(1) Orthopedic Hardware of Surgical Implants. Plates, pins, screws, etc., used in the body for the correction of fractures and congenital defects are not disqualifying if otherwise suitable; excludes medicinal and radiation emitting device implants.

(2) The Head

(a) Abnormalities. Abnormalities which are apparently temporary in character resulting from recent injuries until a period of 6 months has elapsed. These include severe contusions and other wounds of the scalp and cerebral concussion.

(b) Deformities. Deformities of the skull including depressions, exostosis, etc., of a degree which would prevent the wearing of safety headgear.

(c) Depressions. Depressed fractures near central sulcus. Other depressed fractures or depressions, unless the examiner determines the defect is slight and the likelihood of aggravation is slight.

(d) Loss of Bony Substance. Loss or congenital absence of the bony structure of the skull unless the examiner is certain the defect is slight and will cause no future trouble. Absolutely disqualifying if:

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1. Area. Area exceeds 25 square centimeters and overlies the motor cortex or dural sinus unless covered with a permanent suitable, practical plate or protective device.

2. Bone Degeneration. There is evidence of bone degeneration, disease or other complications of such a defect.

(e) Ossification. Imperfect ossification of the cranial bones or persistence of the anterior fontanelle.

(3) Maxillary Bones and Mandible

(a) Fractures. Nonunion fractures of the maxillary bones.

(b) Deformities. Deformities of either maxillary bone interfering with mastication or speech.

(c) Cysts. Extensive exostosis, necrosis or osseous cysts.

(d) Arthritis. Chronic arthritis of the temporomandibular articulation.

(e) Dislocations. Badly reduced or recurrent dislocations of the mandible; ankylosis, complete or partial, precluding a suitable degree of mastication.

(4) Conditions of the Neck

(a) Adenitis. Cervical adenitis of other than benign origin, etc.

(b) Fistula. Fistula or chronic draining of any type. Tracheal openings, thyroglossal or cervical fistulae.

(c) Motility. Significantly restricted range of motion.

(d) Torticollis. Chronic torticollis, nonspastic contraction of the muscles of the neck to the extent that it interferes with wearing equipment. Chronic and persistent spastic contractions of the muscles of the neck.

(5) The Extremities

(a) Amputation. Amputation of any portion of a limb (see para. 5.8t(5)(k)1) or resection of a joint or absence of the toes which would preclude the ability to run, walk or balance.

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(b) Ankylosis. Complete or partial ankylosis, that interferes with required function or has residual, incapacitating symptoms.

(c) Arthritis. Active or subacute arthritis if incapacitating.

(d) Atrophy. Atrophy of the muscles of any part, contracture or muscle paralysis if progressive or of sufficient degree to interfere with function.

(e) Bone Curvature. Excessive curvature of a long bone, which precludes normal job performance.

(f) Joint Derangement. Chronic synovitis; floating or torn cartilage; osteochondritis dissecans or other internal derangement in a joint.

(g) Dislocations. Old dislocations, unreduced or partially reduced. Reduced dislocations with incomplete restoration of function. History of recurrent dislocations of major joints with incomplete restoration of function. History of current dislocations of major joints. Related articular ligaments permitting frequent voluntary or involuntary displacement (Instabilities-Subluxation).

(h) Osteomyelitis. Active or recurrent osteomyelitis of any bone. History of a single attack of osteomyelitis unless successfully treated 3 or more years previously without subsequent recurrence of/or disqualifying sequelae as demonstrated by both clinical and x-ray evidence. History of an attack of hematogenous osteomyelitis.

(i) Injury. Injury of a bone or joint within the preceding 6 weeks with fracture or dislocation of more than a minor nature. Healed injury of the upper or lower extremities with residual weakness or symptoms; severe sprains.

(j) Fractures. Ununited fractures, malunited fractures and fractures with shortening; united fractures with incomplete restoration of function.

(k) Hand and Fingers. Any condition of sufficient severity to limit the ability to perform assigned duties.

1. Absence or Loss. Absence of a hand or any portion thereof. Must have ability to grasp ladder rungs and tie life jackets, etc.

2. Flexion. Permanent flexion or extension of one or more fingers, as well as irremediable loss of motion of these parts.

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3. Mutilation. Mutilation of either thumb to such an extent as to produce material loss of flexion, apposition or strength of member and ability to grasp.

(1) Lower Extremities. Any condition severe enough that would or could prevent the fulfillment of job requirements including walking, climbing, lifting or carrying.

(6) The Spine and Other Musculoskeletal

(a) Abscess. Abscess of the spinal column or its vicinity.

(b) Arthritis. Active arthritic processes from any cause, partial or complete.

(c) Ankylosing Spondylitis

(d) Chronic Coccydynia. Coccydynia of a chronic type associated with acute angulation of the coccyx.

(e) Curvature. Deviation or curvature of spine from normal alignment. Congenital malfunction of structure or function (scoliosis, kyphosis or lordosis, spondylolysis, spondylolisthesis, etc.). Include angulation and ROM measurements in exam report. Curvature must affect the following:

1. Mobility. Mobility and weight bearing power is poor.

2. Function. Normal function is impaired or has a high likelihood of being impaired.

3. Symptomatic

(f) Myositis. Severe, chronic myositis or fibrositis.

(g) Surgery. Surgical procedures involving joints unless at least 6 months since the operation, full function has been restored and the joint is clinically stable.

(h) Fractures. Fracture or dislocation of the vertebrae, presenting with adverse residuals including significant wedging, malalignment or abnormal neurological findings to a degree which, preclude satisfactory performance of occupational requirements at the determination of the examiner.

(i) Abnormal Gait. Abnormal gait that precludes functional requirements.

(j) Low Back Pain. History of chronic recurrent low-back pain, especially when intractable and disabling to the degree of interfering with walking, running and weight-bearing or the ability to perform functional job requirements.

(k) Pelvis

1. Deformities. Malformation and deformities of the pelvis sufficient to interfere with function. Healed fracture of the pelvic bones with associated symptoms which preclude the satisfactory completion of job requirements.

2. Sacroiliac. Diseases of the sacroiliac or lumbosacral joints of a chronic type and associated with pain referred to the lower extremities, muscular spasm, postural deformities and/or limitation of motion in the lumbar region of the spine.

(l) Surgery. Any surgery of vertebral column or spinal cord if there are residual symptoms.

(m) Congenital Anomalies. Congenital malformation, including spina bifida, if associated with neurological manifestations and meningocele.

u. Injury and Systemic Poisoning

(1) Allergic Manifestations. Bonafide history of severe systemic, (as opposed to local) allergic reaction to insect bites or stings. Bonafide history of severe general reaction to common foods (i.e., milk, eggs, beef and pork).

(2) Chemical Intoxication. Industrial solvent and other chronic chemical intoxication, including carbon bisulfide, trichloroethylene, carbon tetrachloride and methyl cellosolve. (Consult Toxic Chemical Manual and see poisoning and radiation exposure below.)

(3) Poisoning. Chronic metallic poisoning, especially beryllium, manganese and mercury. Undesirable residuals from lead, arsenic or silver poisoning. (Also see chemical intoxication and radiation, ionizing and exposure.)

(4) Radiation. Ionizing radiation exposure, lifetime accumulation of combined whole body dose equivalent shall not exceed 5(N-18) REMS, where N=chronological age. (Health Protection of Radiation Workers, c.c. Thomas Publishers, 1975, Ed.) Evaluate on a case-by-case basis.

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(5) Pyrexia. Residual from heat pyrexia (heat stroke) or evidence of predisposition (includes disorders of sweat mechanism and previous serious episode), recurrent episodes requiring medical attention and associated injury including cardiac, cerebral, hepatic and renal involvement.

(6) Cold Injury. Residuals of cold injury (i.e., frostbite, chilblain, immersion foot or trench foot) such as deep-seated ache, paresthesia, hyperhidrosis, easily traumatized skin, cyanosis or ankylosis at the determination of the examiner.

v. General Disqualifying Conditions. Any chronic condition which affects functional performance, is progressive, or, in the physician's opinion, may be worsened by the mariner's employment; any condition which poses a threat to the health and safety of the mariner, his shipmates or the ship.

w. Additional/Special Requirements

(1) Pregnancy. CMPI 330 requires each pregnancy "be handled individually, giving consideration to the ship assignment, the mariner's medical history, her physical condition and her ability or inability to perform satisfactorily in her assigned position." It is the responsibility of the woman to notify the Medical Department upon discovery of pregnancy.

(a) CIVMARs. Upon disclosure of pregnancy, female CIVMARs will be referred to the ACMO for evaluation and management. CMPI 330, 4-7 outlines guidance.

(b) MILDEPTs. Active duty military women assigned to MILDEPTs will be managed in compliance with OPNAVINST 6000.1A.

(2) Functional/Environmental Requirements. Appendix K provides comprehensive physical functional requirements and environmental exposure factors for MSC mariner positions. The examining physician shall review this information prior to making the determination of FFD.

5.9 PHYSICAL DEFECT WAIVERS

a. Physical Defects. The term physical defect includes all defects, disorders, disabilities or conditions which may be of significance in determining a mariner's physical qualification to perform the duties of his position.

b. Documentation. All physical defects which have been noted will be recorded on the SF 88 in sufficient detail to show clearly its character, degree and significance.

c. Findings of Not Physically Qualified (NPQ). If a mariner is found NPQ, the cause(s) must be clearly established and recorded conclusively regarding the reason for rejection. If at all possible, definitive diagnosis will be noted versus symptoms of disease as the cause of disqualification. The disqualification must be directly related to the performance of the mariner's assigned duties.

d. Mariner Notification. The mariner will be notified, in writing, at the time of the physical examination and provided an opportunity to rebut the findings.

e. Relative Significance of Physical Defects. A defect not specifically addressed in this chapter and considered to be of little present or future significance by the examiner will be recorded and described on the SF 78 and annotated as **Not Considered Disqualifying (NCD)**.

f. Recommendations for Waiver. When a defect is considered to be disqualifying but is of such nature as not to preclude the performance of duty, the examiner may recommend a waiver. The SF 78 will be annotated in block #73 by the examiner. A waiver is not considered appropriate when a defect might constitute a menace or jeopardize health, general welfare or safety or is of such a nature that the individual could not reasonably perform the duties of the position.

g. Specialty Examinations. Additional examinations identified by the examiner for an applicant will be acquired at the applicant's expense. Selection of the specialist is the responsibility of the applicant. Recommendations of specialists will not be made by medical personnel.

h. Request for Waivers. Applicants, Mariners, Masters and Personnel Officers are authorized to request, in writing, a medical waiver recommendation from the ACMO. The ACMO will review the documentation and make waiver determinations. An appeal of the ACMO's recommendation may be made to the Area Commander or to COMSC. When preparing waiver requests, sufficient information about the medical condition or defect must be provided to permit reviewing officials to make an informed assessment of the condition in the direct context of the duties of the mariner. Since most delays involving waiver requests result from inadequate information, the requestor will ensure that complete documentation is forwarded.

i. Waiver Determination. ACMOs will forward to the Area Commander a recommendation for either a Conditional Waiver or an Unconditional Waiver.

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(1) Conditional Waivers. Conditional Waivers are granted for a limited specified period (usually less than 6 months) at which time the mariner is reexamined. At the second examination, the examiner will make a final recommendation of FFD, NFFD or an Unconditional Waiver to the Area Commander.

(2) Unconditional Waiver. Unconditional Waivers are granted for a disability or defect which normally would preclude employment, but which has been determined not to interfere with the mariner's performance of normal duties.

(a) Periodic Review. Mariners who have been granted an Unconditional Waiver will be found qualified for retention on subsequent examinations if the defect or disability has remained essentially the same in degree or has not interfered with the mariner's performance of his/her duties.

(b) Removal of Unconditional Waivers. Prior to removal of an Unconditional Waiver, the examiner will consider the mariner's physical ability to perform normal duties, to succeed in the afloat environment and any documentation submitted by the supervisor, Master or Personnel Officer.

CHAPTER 6

OCCUPATIONAL AND PREVENTIVE MEDICINE

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6.1 GENERAL ADMINISTRATION

a. Occupational and Preventive Medicine. The Navy Medical Department provides occupational medical support to MSC ships. MSC Occupational Health and Preventive Medicine programs will follow Navy guidelines and policies modified to meet the requirements for CIVMAR manned ships.

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

- (1) Manual of the Medical Department (NAVMED P-117), Chapter 22
- (2) Manual of Naval Preventive Medicine (NAVMED P-5010)
- (3) OPNAV, SECNAV and BUMED directives in the 5100 and 6200 series

6.2 HEALTH MONITORING PROGRAMS

a. Health Monitoring Programs

(1) General. While assigned to COMSC ships, CIVMARs will be afforded the following health screening services performed by the shipboard MSOs. All findings will be recorded in the shipboard medical record. Abnormal or questionable findings will be referred to the ACMO for evaluation.

(2) Blood Pressure. Each mariner's blood pressure will be determined and recorded every 6 months and upon reporting aboard or departing. Additionally, vital signs will be part of any medical evaluation.

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(3) Tuberculosis Testing. An annual purified protein derivative (PPD) will be provided in accordance with Tuberculosis Control Program (BUMEDINST 6224.8). Paragraph 6.4d of this chapter details program requirements.

(4) Occult Blood. Beginning at age 35, an annual test for occult blood will be provided to each mariner within 30 days of their birth date.

(5) Physical Examinations. Chapter 5 of this manual details physical examination requirements for CIVMARs.

(6) Individual Requirements. Health problems discovered during physical examinations or clinical visits will be recorded in the medical record. The mariner will be monitored on an individual basis as determined by the ACMO.

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

6.3 CONTROL OF COMMUNICABLE DISEASE

a. General. Navy disease prevention and control programs provide guidance to the MSO for advising ships' Masters and protecting the health of the crew.

b. Disease Surveillance. Current information regarding disease occurrence, preventive measures and recommended treatment for communicable diseases that may adversely affect the ship's mission is readily available through the below listed sources. MSOs will contact the local (NEPMU) prior to deployment to ensure knowledge of current prophylaxis and treatment anticipated for endemic diseases. ACMOs will keep shipboard MSC/MDRs apprised of information obtained from these sources which may impact the ship's mission.

(1) Navy Environmental Preventive Medicine Unit (NEPMUs).

(2) Disease Vector Ecology and Control Centers (DVECCs).

(3) Preventive Medicine Departments at Armed Forces medical treatment facilities.

(4) Armed Forces Medical Intelligence Center (AFMIC).

(5) Global Disease Surveillance Report.

(6) Local Health Departments.

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c. Disease Alert Reports (DAR). A DAR informs the chain of command of the possibility of serious communicable diseases and initiates appropriate action and resources to protect both MSC personnel and the surrounding communities. Masters of ships, Commanders, Commanding Officers and OICs shall ensure that a DAR is submitted in accordance with BUMEDINST 6220.12, upon suspicion or determination of any prescribed disease. DARs will be forwarded to the cognizant NEPMU, with information copies to NEHC Norfolk VA, the ACMO and COMSC.

d. Prevention. Prior to entering endemic areas, the MSO will ensure the following:

(1) Appropriate training is provided to the crew on the prevention of endemic diseases.

(2) Initiate appropriate preventive measures.

(3) Initiate appropriate prophylaxis and/or treatment in accordance with current protocols.

e. Local Health Departments. When deployed, the MSO/MDR will maintain direct liaison with local health authorities. If the protocol of local health authorities differs from that recommended by the cognizant NEPMU, the MSO/MDR will immediately notify the ACMO and COMSC by message to resolve any conflict. Information copies will be sent to the area NEPMU and NEHC.

f. Universal Precautions for Infectious Diseases. Management of any patient by an MSO/MDR is based on a presumptive diagnosis. In the time between diagnosis of a contagious disease and referral to definitive care, healthcare providers must be aware that the disease could be spread to both themselves and the crew. All MSC healthcare personnel will take prudent precautions to limit the spread of contagious diseases as explained in COMSCINST 6230.1. Isolation will be at the discretion of the MSO with concurrence of the ACMO or Medical Advisory Service physician. In any case, the dignity and emotional well-being of the patient will be respected.

g. Blood Borne Pathogens (BBP). Management of BBPs are covered in COMSCINST 6230.1.

h. Immunizations. Immunizations required by NAVMEDCOMINST 6230.3 will not routinely be given onboard MSC ships. Exceptions must be approved by the ACMO.

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6.4 COMMUNICABLE DISEASE PROGRAM REQUIREMENTS

a. Communicable Disease Program Requirements. The following diseases require monitoring, prophylaxis and treatment. This section is intended as a quick reference. MSOs/MDRs faced with these conditions will use the U.S. Navy directives specified as well as consulting with the cognizant ACMO and/or NEPMU.

b. Malaria. Malaria is the most prevalent disease on Earth. It's geographic distribution ranges from 45°N to 40°S latitude, encompassing a great part of the world's population. Its prevalence, distribution and disabling effects make it a significant concern to the military forces.

(1) Prevention and Control. Navy Environmental Health Center (NEHC) Technical Manual, NEHC-TM92-1 (Navy Medical Department Guide to Malaria Prevention and Control) details the program. As a minimum, the MSO will ensure the following.

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

(b) Ensure all embarked personnel have documented proof of G6PD testing in their health records.

(c) Contact the cognizant NEPMU or ACMO for prophylaxis guidance prior to deployment to any malaria endemic area.

(d) All MSC ships which travel to malaria endemic areas will maintain sufficient supplies of malaria chemoprophylaxis onboard to provide all embarked personnel treatment as directed by the cognizant NEPMU, ACMO or Medical Advisory Service physician.

(2) Reporting Requirement. The MSO will document, in the health record, instruction on the prevention of malaria and the use of the chemoprophylaxis provided. Any adverse or unusual reactions to the use of chemoprophylaxis will be reported promptly to the ACMO with information copies sent to COMSC, the local NEPMU and NEHC. Sample SF 600s are included in this manual.

c. Sexually Transmitted Diseases (STD). BUMEDINST 6222.10 provides basic guidance for the management of sexually transmitted diseases. Other STD protocols will be referred to the ACMO for concurrence. As a minimum, the MSO will ensure the following.

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(1) Training. MSOs will ensure training in the prevention of sexually transmitted disease is included in each ship's training plan. Preventive health brochures will be readily available.

(2) Education. MSOs will maintain proficiency in the diagnosis, treatment and management of sexually transmitted diseases through triennial refresher training, courses offered by cognizant NEPMUs or the ACMO. MDRs will be thoroughly indoctrinated as to the risks, complications, symptoms and preventive measures for STDs. Prior to any deployment, the MSO will contact the local NEPMU, MTF Preventive Medicine Department or the ACMO for information on the STDs endemic to the operating area of the ship.

(3) Treatment. Treatment for STD patients will follow the regimens recommended in BUMEDINST 6222.10. Patients with uncomplicated gonorrhea treated with single dose Ceftriaxone 125 mg IM, Cefixime 400 mg orally, Ciprofloxacin 500 mg orally, Ofloxacin 400 mg orally plus Doxycycline 100 mg orally BID x 7 days, do not require "test of cure."

(4) Contact Interviews. MSOs will conduct a Contact Interview in compliance with BUMEDINST 6222.10. Guidance and assistance may be obtained from the cognizant NEPMU, the Naval Hospital Preventive Medicine Department or local health department. The Contact Interview Report will be forwarded to the cognizant NEPMU.

(5) Documentation. The diagnosis and treatment of any STD will be documented in the health record including follow-ups and "test-of-cure" results. Additionally, an SF 602, Report of Syphilis, will be completed and filed if applicable.

(6) HIV/AIDS. Management of HIV/AIDS cases will be in accordance with OPM policy for CIVMARs and BUMEDINST 6220.10 for military personnel assigned to MSC.

d. Tuberculosis (TB) Control Program. Although relatively easy to diagnose and control, the risk of contracting tuberculosis is increasing for Navy personnel and CIVMARs who routinely deploy to TB endemic areas. The increased incidence of antibiotic resistant strains of TB is of particular concern. BUMEDINST 6224.8 outlines program requirements. Prevention of the spread of TB by a program of early detection, screening and prompt treatment of active cases will reduce the risk of transmission. ACMO and Masters will ensure that an aggressive TB control program is administered in accordance with BUMEDINST 6224.8. MSOs will ensure the following:

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(1) Screening. The Mantoux method for TB skin testing, using 5 tuberculin units (TUs) of purified protein derivative (PPD) is the method of choice for screening MSC personnel unless medically contraindicated. Chest x-rays will be taken at the discretion of the examining physician and for the yearly screening of PPD convertors. The Report of Tuberculosis Screening is assigned Report Control Symbol MSC 6224-1.

(a) Initial Screening. All CIVMAR personnel hired for periods of duty in excess of 30 days will be screened.

(b) Annual Screening. Shipboard, military and **all** medical personnel will be screened annually. All asymptomatic reactors shall be screened for symptoms of active TB annually in accordance with enclosure (4) of BUMEDINST 6224.8.

(c) Triennial Screening. All other shore based personnel in low risk areas (CONUS) will be screened every 3 years.

(2) Positive Tests. All personnel who test positive (10 mm induration or more) will be evaluated by a physician and managed in compliance with BUMEDINST 6224.8.

(3) Positive Reactions. Indurations of 5 to 9 mm will be retested with 5 TU PPD and managed in accordance with BUMEDINST 6224.8.

(4) Documentation. PPD skin test results will be recorded on the SF 601, Immunization Record. Results will be recorded with the date, strength of PPD and actual induration (e.g., 6 MAR 89 PPD (5 TU) 4 mm induration). If the patient does not return for an actual visual reading by the MDR in 48-72 hours, then "not read" will be recorded on the SF 601 and the patient re-evaluated. Reports of "NEG" or "POS" are improper. Negative results will be recorded as "zero mm."

(5) Diagnosis of Active TB. Upon diagnosis and laboratory confirmation of an active case of TB, a Disease Alert Report (MED 6220-3) and Summary of TB Contact Investigation Report (MSC 6224-2) in accordance with BUMEDINST 6224.8 will be generated. The MSO will ensure compliance.

(6) Annual Summary Record. An annual summary record of testing will be prepared by the Area Command Medical Departments. This report will be retained on file for 3 years in accordance with BUMEDINST 6224.8.

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e. Medical Intelligence Program. Collection of current medical intelligence in ports outside the U.S., with emphasis on communicable disease and availability of medical care will enhance operational medical support. MSOs will report any significant medical intelligence gathered during inport visits, hospital visits or information gained through other sources to the cognizant ACMO. The ACMO will relay significant information to COMSC and the Armed Forces Medical Intelligence Command, Ft. Detrick MD.

6.5 SANITATION

a. Sanitation. High sanitary standards and practices are primary factors in the prevention of communicable disease and directly contribute to the health, morale and well-being of the crew. NAVMED P-5010 and NAVSUPINST 4061.11G provide guidance. The Master will ensure that the ship has a systematic ongoing inspection program. NAVMED P-5010 and COMSCINST 9330.6D provide guidance. The Master, or his/her representative, usually the MSO, will conduct daily shipboard inspections.

(1) 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.

(2) Personal Hygiene. Personal hygiene and sanitation of the crewmembers will be monitored.

(3) Pest Control. Effective control of insects, pests and rodents aboard ship shall be in compliance with NAVMED P-5010.

(a) Pesticide Application. Prudent pest control measures remain the responsibility of MSC shipboard Medical Supply Departments. Routine surveys of stores for the presence of insects during receipt, transfer, storage or food preparation is paramount for good control. When actual infestation is determined, preventive measures will be employed by certified personnel per the Navy wide Shipboard Pest Control Manual. Only MSC Medical Department personnel (MSO/MDR) will be certified in shipboard pest control and responsible for the application of pesticides. Steward personnel are highly encouraged to attend Shipboard Pest Control classes for sanitation control measures, but will not be certified to handle pesticides.

(b) Environmental Health Surveys (EHS). MSC ships will utilize the assistance of NEPMU as needed. EHS are required every 18 months for MSC ships and are the preferred source for assistance in shipboard preventive medicine and pest control programs. An EHS can be scheduled from the nearest NEPMU.

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b. Food Service Sanitation Inspections. Food service facilities will be monitored daily and Food Service Sanitation Inspections will be conducted on a bi-weekly basis, unannounced, in accordance with NAVMED P-5010, Chapter 1 and NAVSUPINST 4061.11G. Emphasis will be placed on the following.

(1) Procurement. All food procured in CONUS or overseas will be from an approved source, inspected for acceptance by a qualified MSO and determined safe for human consumption in accordance with NAVMED P-5010. COMSCINST 4000.2A details approved sources and cognizant NEPMUs will have approved source list for overseas units. The procurement of subsistence from foreign sources shall be as a last resort only.

(2) Preparation. Proper quantity, quality and variety, sanitary preparation, serving and storage of food. The primary concern should be the safe handling of potentially hazardous foods with specific attention to handling times and temperatures. Strict compliance concerning the prescribed holding times and temperatures of foods will be enforced.

(3) Storage. Proper sanitary conditions in refrigerators, storerooms, galley.

(4) Utensils. Proper dishwashing methods, water temperatures, handling and storage of dishes and eating utensils.

(5) Waste Disposal. Proper methods of disposal of both foodstuffs and other materials.

(6) Food Service Training. All food service personnel will possess a current Food Service Sanitation Training Certificate in accordance with SECNAVINST 4061.1C. MSOs will be certified as Food Sanitation Instructors in compliance with Chapter 1 of NAVMED P-5010.

(7) Documentation. Food service inspections will be documented using NAVMED 6240/1, Food Service Inspection Form.

c. Potable Water. Procurement, handling, storage and treatment of potable water and its distribution system will be in compliance with NAVMED P-5010 and BUMEDINST 6240.10.

(1) Surveillance. The MSO will inspect the potable water system to ensure compliance with Chapter 6 of NAVMED P-5010 and GENSPECS for T Ships. As a minimum, the MSO will ensure:

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(a) Halogen Testing. Halogen residual testing will be taken daily from a minimum of four locations. The results will be logged in the Potable Water Log, MSC 6240/2.

(b) Bacteriological Testing (BACTI). Weekly bacteriological monitoring using the membrane filter technique, millipore coli-count or colilert methods in accordance with Standard Methods for the Examination of Water & Wastewater will be taken from four representative sites in the system and 1/4 of all potable water tanks and ice machines on a rotating basis.

(c) Potable Water System Cross Connections. The MSO will ensure the potable water distribution system is inspected for cross connections on a routine basis and during any repair period and following repairs of either the potable or non-potable water systems.

(d) Procurement. Potable water will normally be procured from approved sources. Water procured from unapproved sources will be treated in compliance with Chapter 6 of NAVMED P-5010.

(2) Treatment. Water procured from a doubtful or unapproved source will be treated with sufficient halogen to ensure a minimal level of 2.0 ppm FAC/FAB after a contact period of no less than 30 minutes. The potable water tanks shall be maintained with no less than 2.0 ppm FAC/FAB, and trace halogens will be maintained in the distribution system by Chapter 6 of NAVMED P-5010.

(3) Potable Water Log. All monitoring of the potable water system will be documented in the Potable Water Log, MSC 6240/2. This will include resolutions to any problems noted in the remarks section. Duplicate entries in the Potable Water Log and Medical Department Journal are neither required nor desired.

d. Marine Sanitation Device (MSD). The Master 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.

(1) Hygienic Procedures. The following hygienic procedures are applicable to all shipboard MSDs.

(a) 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.

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(b) Protective Clothing. Personnel connecting or disconnecting sewage hoses will wear rubber gloves, rubber boots, faceshield and coveralls.

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

(d) 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.

(e) 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.

(f) 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 compliance with Chapter 7 of NAVMED P-5010.

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

(2) 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.

(3) 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.

(4) Gas Free Engineering for MSD Systems. Compliance with COMSCINST 5100.17B and Chapter 593 of NSTM S9086-CH-0STM-030/CH74 Gas Free Engineering, is required prior to entering or breaching any component of a CHT system for repair or inspection.

e. Shipboard Disposal of Medical Waste. The MSO is responsible for ensuring that shipboard medical wastes are handled and disposed in compliance with COMSCINST 5090.2.

f. Plastic Medical Waste. All potentially contaminated plastics used in direct patient care will be segregated and stored for proper disposal ashore per COMSCINST 5090.2.

6.6 QUARANTINE

a. Quarantine. Masters of MSC ships will comply with all quarantine regulations and restrictions for the port or area where the ship is located. Chapter 22 Section X of NAVMED P-117 and SECNAVINST 6210.2A detail quarantine regulations. The Master will prohibit interchange with port areas or with other ships until consultation with local health authorities when:

- (1) Quarantinable conditions exist aboard the ship.
- (2) Arriving from a quarantined port.
- (3) Doubt exists regarding the health conditions of the port or area.

b. Certificates of Deratization or Deratization Exemption. A Certificate of Deratization or a Deratization Exemption is required of all ships before entering most foreign ports or returning to CONUS after visiting foreign ports. SECNAVINST 6210.2A and Articles 22-37 of NAVMED P-117 detail requirements. Masters and MSOs will ensure renewal of certificates prior to their expiration. Assistance may be requested from the area NEPMU or Preventive Medicine Services having a USPHS Deratization Exemption Certificate seal.

c. Disposal of Meat, Fish and Produce from Foreign Countries Aboard MSC Ships. Masters will comply with SECNAVINST 6210.2A, OPNAVINST 5090.1B, COMSCINST 5090.2 and U.S. Department of Agriculture regulations prohibiting the importation of plant or animal products into the United States, its territories and commonwealth.

(1) Notification. Upon arrival in CONUS, the Master will notify the U.S. Department of Agriculture Quarantine Inspection Division (AQI) of purchases of foreign produced foodstuffs and ensure proper quarantine and disposal procedures are observed.

(2) Action. Foreign subsistence is subject to quarantine procedures by the USDA for all MSC ships entering U.S. ports. Masters will ensure the following quarantine procedures are strictly adhered to on all MSC ships.

(a) Make all efforts to consume all foreign subsistence before entering U.S. ports.

(b) Properly dispose of all garbage produced by both U.S. and foreign subsistence at sea beyond 12 nautical miles of the U.S. coastline in accordance with COMSCINST 5090.2.

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(c) Ensure foreign subsistence not consumed is kept in its original containers or placed in double bags and segregated from U.S. subsistence.

(d) Double bag all garbage produced by foreign subsistence or that which may be mixed with U.S. procured subsistence.

(e) Seek USDA guidance for the final disposition of foreign subsistence/garbage.

(f) Notify the cognizant Area Commander via message with description and volume of the subsistence disposed.

6.7 ENVIRONMENTAL AND OCCUPATIONAL HEALTH

a. General. COMSCINST 5100.17B details program requirements for occupational health and safety aboard MSC ships. MSC programs will comply with NAVOSH requirements but are adapted to the needs of CIVMARs and MSC ships. Additional guidance is contained in the OPNAVINST 5100.19C and BUMED directives. The following programs are minimum requirements for MSC ships.

(1) Asbestos Medical Surveillance. This program is applicable to all USNS civil service manned ships. The ACMO will ensure all military and civil service employees working on MSC CIVMAR manned ships are afforded protection by an Asbestos Control Program meeting the requirements of OPNAVINST 5100.19C.

(2) Heat Stress Program. The ACMO will ensure all military and civil service employees working on MSC CIVMAR manned ships are afforded protection by a Heat Stress Program meeting the requirements of OPNAVINST 5100.19C and COMSCINST 5100.17B. Report of Heat/Cold Injury is assigned Report Control Symbol MED 6500-1.

(3) Hearing Conservation Program. The Hearing Conservation Program is described in OPNAVINST 5100.19C. The ACMO will ensure all personnel assigned to MSC CIVMAR manned ships are afforded protection by a hearing conservation program meeting these requirements.

(4) Sight Conservation Program. Medical elements of MSC Sight Conservation Program will comply with the provisions of OPNAVINST 5100.19C.

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(5) Respiratory Protection Program. OPNAVINST 5100.19C and COMSCINST 5100.17B are based on the requirements of 29 CFR 1910 and ANSI Z88.2 (1980) and apply to all USNS civil service manned ships. The ACMO will ensure all military and civil service employees working on MSC CIVMAR manned ships are afforded protection by a Respiratory Protection Program meeting and requirements outlined in OPNAVINST 5100.19C.

(6) Radiation Control Program. Each MSC ship will comply with the Radiation Control Program in accordance with requirements of NAVMED P-5055 and NAVMEDCOMINST 6470.6.

(7) Occupational Health Surveillance. MSC personnel will be monitored for occupational exposure (i.e., lead, benzene, chromate). NEHC-TM91-5 provides guidance.

b. Environmental Health Surveys (EHS). An EHS is a comprehensive evaluation of Shipboard Preventive Medicine and Occupational Health Programs. Masters are to schedule an EHS every 18 months. The survey identifies potential health risks and program deficiencies, recommends corrective action, provides on-site assistance and additional training. Upon written request, the cognizant NEPMU or COMSC Environmental Health Specialist/Officer will conduct the survey.

c. Industrial Hygiene Surveys. OPNAVINST 5100.19C requires MSC civil service manned ships to undergo a comprehensive industrial hygiene survey at least every 18 months. (**NOTE:** An IHS can be scheduled concurrently with an EHS.) The survey will be performed under the cognizance of an industrial hygienist.

(1) Scheduling. The ACMO will ensure BUMED or another appropriate activity is requested to perform surveys.

(2) Reports. The report of the survey will be retained aboard ship for review during the next scheduled command inspection. The report of the survey is for internal use only.

CHAPTER 7

AFLOAT QUALITY IMPROVEMENT

General	7.1
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Quality Improvement.....	7.4
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7.1 GENERAL

a. Afloat Quality Improvement Program. In compliance with OPNAVINST 6320.7, the quality of healthcare provided will be of the highest quality possible and access to the level of care needed will be the same for all beneficiaries. The requirements of this chapter apply to all Medical Services Officers (MSOs) in MSC controlled facilities ashore and afloat.

b. Responsibilities

(1) Special Assistant COMSC (N00M). The Special Assistant, Medical, Environmental Protection, Safety and Occupational Health (N00M) will ensure that the health care provided to MSC employees afloat and embarked personnel is the best possible quality.

(2) Area Command Medical Officer (ACMO). The ACMOs, through a program of continuous quality improvement and ship visits outlined in this chapter, will ensure quality medical care is provided aboard ships under their cognizance.

(3) Individual Medical Services Officers. Individual MSOs will ensure their personnel qualifications and training remain current.

c. Requirements. The MSC Quality Improvement Program will encompass the following three areas.

(1) Hiring. Only highly qualified personnel with medical experience and training in the maritime industry and/or isolated duty medicine will be considered for employment by MSC. Paragraph 7.2 of this chapter details minimum qualifications.

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(2) Certifications. Periodic professional qualifications review (i.e., certification) of MSOs employed by MSC will be completed by ACMOs. Paragraph 7.3 of this chapter details requirements.

(3) Records Review. Clinical care provided to MSC employees and contractor personnel by MSC and contractor healthcare providers will be monitored periodically. Paragraph 7.4 of this chapter details requirements.

7.2 PROFESSIONAL QUALIFICATIONS

a. Scope of Employment. The position of MSOs aboard MSC ships has no direct counterpart in the civilian health care or maritime industry. The scope of employment mirrors the requirements for U.S. Navy Independent Duty Corpsman (IDCs) serving both in surface ships (HM-8425) and aboard submarines (HM-8402) or their equivalents, as determined by the Special Assistant (N00M). Applicants or MSOs possessing licensure, credentials or qualifications above this level are limited to the scope of practice of an IDC.

b. Applications. Applicants for the position of MSO will complete the normal application for CIVMAR employment and an MSC 6320/3 (see Appendix D of this manual). The ACMO or his/her designated representative will advise the Personnel Officer on the suitability of the applicant for employment. Applications for MSO positions aboard contractor operated ships will be reviewed for suitability by the Special Assistant or his/her designated representative.

c. MSO Professional Qualifications. The following professional qualifications are minimum requirements for employment as MSOs. While clinical competency (i.e., Physician Assistant) is a prime factor, the scope of experience (i.e., preventive and occupational health afloat experience of the IDC) is equally important. Evaluation of the individual's level of professional competency in all areas of afloat healthcare, including supply and administration, will be considered. Applicants must meet one of the following criteria:

(1) Former Independent Duty Hospital Corpsman. Applicants must be either a retired or former Independent Duty Hospital Corpsman or other military equivalent with the following credentials.

(a) Validated USCG Certificate of Registry

(b) Emergency Medical Experience. Experience in emergency medicine within the last 3 years is highly desirable.

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(c) Documentation of Military Training. Applications will be accompanied by a DD 214 documenting one of the following Navy Enlisted Classifications (NEC) or other military designations.

1. Independent Duty Hospital Corpsman (HM-8425)

2. Nuclear Submarine Medical Technician (HM-8402)

(2) Physician's Assistant. Applications will include documentation of the following requirements:

(a) Licensure. Applicant must hold, or have held in good standing, a valid license as a physician's assistant issued by a state, territory or commonwealth of the United States or the District of Columbia; or certificate from the National Commission on Certification of Physician's Assistants and be eligible for a USCG license as a physician's assistant.

(b) Emergency Medical Experience. Experience in emergency medicine within the last 3 years is highly desirable.

(3) Registered Nurse. Applications will include documentation of the following requirements.

(a) Licensure. Valid current license or certification as a Registered Nurse, issued by a state, territory or commonwealth of the United States or the District of Columbia and be eligible for a USCG license as a registered nurse.

(b) Emergency Medical Experience. Experience in emergency medicine within the last 3 years is highly desirable.

d. Medical Department Representative (MDR). When the size of the ship, its crew or the operating environment or tempo, etc., are not sufficient to justify the assignment of an MSO, the Area Commander will assign a licensed officer, usually a First Mate, trained to SHIP Level II, EMT Intermediate or the equivalent as determined by the Special Assistant, COMSC (N00M).

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7.3 CERTIFICATION OF NON-PHYSICIAN HEALTHCARE PROVIDERS

a. Certification of Health Care Providers. Certification is based on an ongoing review of a healthcare provider's training, experience, relevant knowledge and skills and the authorization to provide medical care to mariners onboard MSC ships. This administrative review will be accomplished prior to employment and annually thereafter. MSOs will be certified in compliance with the provisions of this manual and OPNAVINST 6320.3, OPNAVINST 6400.1A, OPNAVINST 6320.7, SECNAVINST 6320.23 and SECNAVINST 6401.2A.

b. Standard of Care. NAVMED P-5137, the current edition of the Merck Manual and Lange's Current Medical Diagnosis, as well as other references required in the Medical Reference Library contained in Appendix F of this manual will be the authorized standard of care. Circumstances may require skills exceeding the levels of training of an individual MSO. However, an MSO will only be held to the current standard of practice for non-physician health care providers equivalent to the U.S. Navy IDC.

c. Responsibilities

(1) ACMO. Individual MSOs providing medical care to MSC mariners are directly responsible to ACMO for all clinical care duties. The ACMO is directly responsible for the following:

(a) Approval Authority. The ACMO is responsible for certification approval or denial. His/her recommendations and endorsement will be included in the individual's certification record with an information copy to the Master of the ship on which the MSO is assigned.

(b) Program Manager. The ACMO, or his/her designate, will manage the ongoing certification and quality improvement review of all afloat MSOs. He/she will ensure compliance with all training requirements including Triannual Refresher Training.

NOTE: The responsibility for ensuring the clinical competence of any individual MSO remains with the ACMO.

(c) Quality Improvement. In compliance with this manual and OPNAVINST 6320.7, the ACMO will ensure an ongoing program of records review. At a minimum, medical documentation of care by each MSO will be reviewed semiannually (i.e., health record entries, interviews, SF-513s). Paragraph 7.4 of this chapter details quality improvement.

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(d) Relief for Cause. The ACMO will make recommendations to the Area Commander on the suitability of an MSO on the basis of quality improvement review or at the request of the ship's Master. Relief for cause may be recommended.

(2) MSO. To ensure continued employment, individual MSOs will comply with the following requirements:

(a) Training. Maintain the training, certification and licensing requirements applicable to their level of professional training.

(b) Documentation. The MSO will ensure certification records held by the ACMO are current and complete by reporting, in writing, all completed training, newly acquired skills and qualifications, as well as, any difficulties experienced in requalification.

(c) Maintain Certification. Request certification by submitting a Request for Clinical Certification/Privileges, contained in Appendix D of this manual, to the ACMO annually.

(3) Master. Masters will provide comments on the performance of each MSO in compliance with MSC instructions. These comments will include a review of the MSO's administrative performance.

(a) Clinical Care Duties. The Master will forward to the ACMO all comments regarding the clinical practice of the MSO received by the Master, from patients or other health care professionals.

(b) Negligence/Poor Outcomes. Masters will immediately inform ACMO, in writing, of all allegations of malpractice or negligence. Paragraph 7.5 of this chapter discusses investigations and adverse findings.

d. Certification Process

(1) Certification Board. A Certification Board comprised of the ACMO and two appointees selected by the ACMO, will review the qualifications of each MSO assigned clinical care duties. The board will be convened as needed to review initial and annual certification applications. The board may conduct personal interviews but will review:

(a) Applications for employment/request for clinical certification.

(b) Training completed by an applicant or current MSO.

(c) Quality Improvement screenings for current MSOs.

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(2) Reporting. Certification requires the affirmative signature of all three members of the Certification Board. This document becomes a permanent part of the employee's Certification Record.

e. Initial Certification. Initial Certification is granted by the ACMO after review of all documentation submitted by employee upon application for employment and after completion of required training prior to assignment afloat. An MSO will **not** be assigned afloat unless he/she is certified.

f. Annual Recertification. This process considers the same criteria as the Initial Certification but also reviews QI monitoring and continuing education requirements. Recertification will be accomplished no less than every 12 months and no more than every 15 months.

g. Certification File. A certification file will be developed for each MSO within the MSC organization and maintained by the cognizant ACMO. This requirement also applies to liaison personnel assigned to subarea commands. This file is confidential, is not to be incorporated with personnel files and may not be used as the basis for disciplinary action (a separate investigation must be completed for that purpose). The certification file will be retained in compliance with SECNAVINST 5212.5C.

(1) Certification File Review. The entire certification file will be reviewed by the ACMO during Annual Recertification or upon adverse relief for any reason.

(2) Contents. All performance reports or statements by previous Masters or other authorities on the MSO's clinical performance will be included in the file as well as the following:

(a) Completed application for employment/current request for clinical certification.

(b) Previous certification/privileging actions.

(c) Quality Improvement review reports as per paragraph 7.4.

(d) Any other information relating to training, competence, performance and conduct which influences healthcare delivery.

7.4 QUALITY IMPROVEMENT

a. Clinical Care Quality Improvement. This section applies to MSOs providing medical care independent of a physician. This program will monitor their clinical performance in routine and emergency situations. MSOs will be held to the current standard of practice for nonphysician healthcare providers as defined by the limits of the U.S. Navy Independent Duty Hospital Corpsman. Monitoring will be of sufficient scope to ensure delivery of quality patient care. The findings of this program will be included in the certification file for periodic review.

b. Responsibilities. Responsibilities associated with this program are outlined below.

(1) Special Assistant, Medical, Environmental Protection, Safety and Occupational Health. The Special Assistant will develop policy based on standards established by COMSC, CHBUMED and other higher authority.

(2) ACMO. The ACMOs will:

(a) Monitor and supervise clinical care delivered by MSOs, IDCs and MDRs.

(b) Ensure comprehensive evaluation of quality, appropriateness and documentation of medical care provided by each MSO. These evaluations may be performed aboard ship or accomplished at Area Commands. Appendix D of this manual contains a suggested Quality Improvement Review Screening matrix. Copies of the screenings will be included in the MSO's certification file.

(c) Ensure timely and proper review of any allegation of improper conduct, substandard medical care by a MSO or any unexpected outcomes (i.e., deaths, repatriations, MEDEVACs and diversions).

(d) Ensure assessment of any poor outcome where the life or limb of the patient was at risk. Paragraph 7.4b(3) of this chapter details Assessment Team responsibilities.

(e) Identify, document and monitor all reported performance deficiencies of individual MSOs.

(3) Assessment Team. An assessment team will be formed to conduct preliminary investigation of therapeutic misadventures. The team will be comprised of MSC personnel from outside the operational unit. The ACMO will be the Senior Member. He/she may request assistance in the investigation from other MSC medical resources or from local military medical facilities. The team will consist of sufficient members to ensure a thorough evaluation. At a minimum, the team will review:

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(a) Documentation of clinical procedures, medical logs and medical records to assess care rendered.

(b) All medical records for completeness, logic of differential diagnosis, laboratory/x-ray requests, patient instructions, follow-up and appropriateness of referrals.

(c) Patterns of healthcare, consultation and referrals (to include MEDEVAC).

(d) MSO's current training status.

(e) Interviews at the discretion of the Senior Member.

(4) Assessment Team Reporting. A report of findings will be provided to the Master, Area Commander and COMSC. The assessment team report will be included in the MSO certification file to document clinical performance. The report of findings will include, at a minimum, the following information.

(a) Documents reviewed during the assessment.

(b) Findings of the Assessment Team.

(c) Any corrective action recommended or instituted during the assessment process.

(d) Any further investigative action recommended.

7.5 DECERTIFICATION ACTIONS

a. Decertification Actions. ACMOs and Masters will take prompt action to investigate any case of actual or alleged improper, unethical, unprofessional conduct or substandard patient care by an MSO. This section applies to situations where the outcome of the investigation warrants removal of certification.

b. Non-Clinical Performance. This section does not address failures of performance in non-clinical practice. All instances of poor performance will be administered under applicable Civilian Mariner Personnel Instruction (CMPI) or civil service policies.

c. Decertification for Cause. The ACMO, based on an Assessment Team investigation, annual recertification review, quality improvement evaluation or other reason (i.e., medical condition of the MSO), may relieve the MSO of his or her duties and transfer the individual to the Area Command for further evaluation.

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d. Certification Board. The Certification Board (see 7.3d) will review all cases of decertification. Based on review of all available documents and interview of the MSO, the board may determine recertification, decertification with refresher training (either in individual areas or the complete course) or permanent decertification. Usually, a finding of permanent decertification will be made only after corrective training has been completed and clinical care deficiencies can not be expected to improve. The MSO may only appeal a finding of permanent decertification.

e. Appeal. The MSO will be afforded due process throughout any adverse action. The ACMO will provide written notice of the adverse action to the MSO with a copy to the Special Assistant, COMSC (N00M). During the appeal process, the MSO will be limited to administrative duties.

(1) MSO Responsibilities. The MSO will be afforded the opportunity to appeal the decision to the Special Assistant, COMSC (N00M) via the chain of command. The appeal will:

(a) Be submitted in writing, within 10 working days of the Certification Board decision. (A 10-working day extension may be granted by the ACMO.)

(b) State clearly the grounds for appeal.

(c) State clearly the expectations of the MSO.

(2) Area Commander. The Area Commander will endorse and forward the appeal within 10 working days of receipt. In no case will the appeal be forwarded later than 15 days after receipt. The Area Commander's endorsement will include:

(a) Assessment Team Report.

(b) Copy of the initial decertification action.

(c) Copies of the subsequent corrective actions.

(d) Documentation supporting the action taken.

(e) Final decertification.

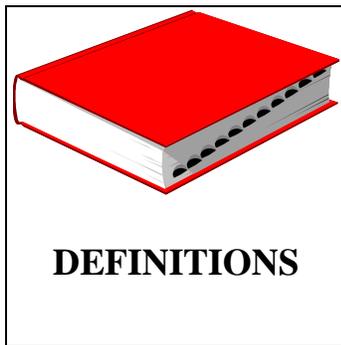
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(3) Special Assistant, COMSC (N00M). The Special Assistant's decision will be based on all available information, which may include results of the Assessment Team investigation, personal interviews and consultation with higher authority. The appeal response will be provided in writing to the MSO via the Area Commander within 30 days. The decision of the Special Assistant is final.

APPENDIX A

Glossary



Action Level - one-half the concentration of chemicals in air allowed by Navy occupational health standards.

Assistance Visit - visits made at the request of the Master or Medical Services Officer (MSO) and conducted to provide assistance to Medical Department personnel in any and all Medical Department functions.

Authorized Medical Allowance List (AMAL) - minimum requirements for specific ships by name, class or structural design. AMALS include consumable medical supplies, durable medical equipment and emergency medical supplies.

Biological Monitoring - the process in which individuals suspected of having been exposed to hazardous substances are clinically monitored for the presence of those substances. Biological monitoring is specific to the type of exposure suspected.

Certification - the process by which the credentials of prospective healthcare providers are reviewed by a Certification Board for appropriate training, experience, relevant knowledge and skills to ensure the provision of quality and appropriate care to patients.

- **Interim Certification** - granted by the Area Command Medical Officer as a temporary authorization to provide care until Initial Certification.
- **Initial Certification** - granted by the Certification Board after review of all documentation submitted by employee or applicant.
- **Recertification** - consideration by the Certification Board of updated documentation submitted since Initial Certification adding considerations for QA monitoring and continuing education. Accomplished no less often than every 3 years.

Certification Board - the professional non-physician healthcare provider certification authority for MSC. The Board consists of the COMSC Special Assistant and the Area Command Medical Officers.

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Controlled Medicinals - narcotics, alcohol, barbiturates, tranquilizers and other items requiring special custodial care. These items are designated by the symbols "C," "Q" or "R" in the **Notes** column of the Identification Lists in the Federal Supply Catalog. Controlled medicinals require special storage, security and accounting procedures due to their potential for abuse.

Disease Alert Report (DAR) - the prompt reporting of communicable diseases for the purpose of alerting commands of specific diseases that may adversely affect their mission. By the use of DARs, action may be initiated to protect personnel and the surrounding communities from the spread of communicable diseases.

General Military Training (GMT) - GMT requirements are imposed to support operational readiness by developing individual capability to preserve and maintain health. GMT courses include basic first aid, safety and environmental health.

Independent Duty Corpsman (IDC) - a Navy Hospital Corpsman, in paygrades E-5 through E-9, who has successfully completed an advanced Hospital Corps "C" School or sanctioned equivalent training (listed in the CANTRAC) for the NEC. They are trained to perform duties independent of a Medical Officer. The following designations are considered IDCs:

- Submarine Force IDC (HM-8402)
- Special Amphibious Reconnaissance IDC (HM-8403/5345)
- Surface Force IDC (HM-8424/8425)
- Special Operations IDC (HM-8491)
- Deep Sea Diving IDC (HM-8494)

The following are considered equivalent to an IDC:

- USA Field Medical Specialist (MOS 91B30)
- USCG Health Services Technician (with a 2D designator)

Inspection Personnel - responsible for ensuring that the health of embarked personnel is not jeopardized by poor safety, habitability, environmental health or industrial hygiene conditions. These personnel must be fully trained and qualified to inspect all functions addressed by the medical inspection checklists (i.e., medical, clinical, Navy Occupational Safety and Health (NAVOSH), environmental health and habitability).

Medical Advisory Service - in cases in which a physician may not be available for immediate referral, advice may be received from nearby military Medical Officers, Area Command Medical Officers or from a contractor service specializing in emergency care.

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Medical Service Officer (MSO) - The MSO has the basic responsibilities of a Navy Independent Duty Hospital Corpsman, but may be educated at different professional levels (e.g., Physician's Assistant, Registered Nurse or current/former Independent Duty Hospital Corpsman). The MSO's/IDC's mission is to advise the Master in all areas affecting the health of embarked personnel, in medical administration, in monitoring environmental health and industrial hygiene, and in medical readiness of the ship.

Medical Waste - may be categorized as "potentially infectious waste" if it contains pathogens that could cause disease in a susceptible host. If this harmful potential is not considered to be probable, medical waste is categorized as "other waste." Medical waste may be liquid, paper/cloth or disposable plastic, and must be disposed in accordance with federal, state and local guidelines.

Permissible Exposure Limit (PEL) - the concentration of chemicals in air allowed by Navy occupational health standards and are generally the same as specified in 29 CFR 1910.

Primary Care - an approach to patient care which emphasizes first contact health assessment, health maintenance and treatment.

Privileging - the granting of authorization by the Area Command Medical Officer to a healthcare provider to perform certain duties and procedures.

Quality Improvement Program - addresses the commitment to quality medical care for all COMSC employees.

Quarantine - applies to vessels in which doubt exists regarding the sanitary or health conditions existing onboard. Ships under quarantine are not allowed entrance to port areas until the Master has consulted the appropriate health authorities.

Repatriation, Medical - The act of removing a CIVMAR from assigned duties aboard ship due to a medical condition which precludes successful performance of required duties.

Seaman's Health Improvement Program (SHIP) - a set of standards, developed by a MARAD sponsored committee and based on an IMO/ILO/WHO Convention, for pre-employment physical examinations and crewmember medical training. SHIP standards are available for all career fields within the maritime industry.

Scope of Care - the medical procedures an MSO is qualified to practice by virtue of documented training, certification and observance.

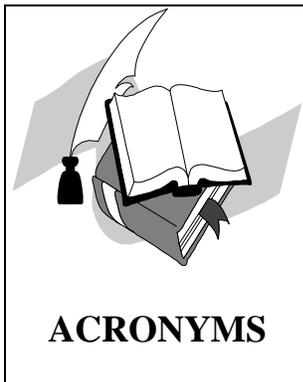
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Shipboard Non-Tactical ADP Program (SNAP) Automated Medical System (SAMS) - an automated medical administrative management system designed to address the requirements of shipboard Medical Departments. Included in SAMS are features for the management of health care, administration functions, monitoring functions, medical supplies and health protection programs.

Special Assistant Special Assistant for Medical, Environmental Protection, Safety and Occupational Health (COMSC, N00M).

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ACDUTRA	Active Duty for Training
AFMIC	Armed Forces Medical Intelligence Center
AL	Action Level
APF	Afloat Prepositioning Force
AMAL	Authorized Medical Allowance List
BUMED	Bureau of Medicine and Surgery, U.S. Navy
CBR	Chemical, Biological and Radiological
CHT	Collection/Holding Transfer
CINC	Commander in Chief
CIVMAR	Civilian Mariner
CME	Continuing Medical Education
COMSC	Commander, Military Sealift Command
COMSCLANT	Commander, Military Sealift Command Atlantic
COMSCPAC	Commander, Military Sealift Command Pacific
DAR	Disease Alert Report
DBOF	Defense Business Operating Funds
DC	Damage Control
DOL	Department of Labor
EHS	Environmental Health Survey
FF	Fire Fighting
GMT	General Military Training
HSETC	Health Sciences Education and Training Command
ILO	International Labor Organization
IMO	International Maritime Organization
IOL	Initial Outfitting List
ITP	Individual Training Plan
MANMED	Manual of the Medical Department, P-117
MARAD	Maritime Administration
MDR	Medical Department Representative
MEDEVAC	Medical Evacuation
MOA	Memorandum of Agreement
MOS	Military Occupational Specialty
MOU	Memorandum of Understanding
MPSRON	Maritime Prepositioning Ship Squadron
MSC	Military Sealift Command
MSCU	Military Sealift Command Unit
MSD	Marine Sanitation Device
MSDS	Material Safety Data Sheets
MSO	Medical Services Officer

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NAVMEDLOGCOM	Naval Medical Logistics Command
NAVOSH	Navy Occupational Safety and Health
NCIS	Naval Criminal Investigative Service
NCPI	Navy Civilian Personnel Instruction
NEC	Navy Enlisted Classification Code
NEHC	Navy Environmental Health Center
NEPMU	Navy Environmental Preventive Medicine Unit
NIF	Navy Industrial Funds (replaced by DBOF)
NIOSH	National Institute for Occupational Safety and Health
NIS	Not in stock
NMDMB	Navy Medical and Dental Material Bulletin
NSF	Naval Support Facility
NSN	National Stock Number
OIC	Officer in Charge
OMB	Office of Management and Budget
OPTAR	Operating Target
OSHA	Occupational Safety and Health Administration
OWC	Office of Worker Compensation
PEL	Permissible Exposure Limit
POE	Projected Operational Environment
PPD	Purified Protein Derivative
PPNG	Penicillinase - Producing Neisseria Gonorrhoea
QI	Quality Improvement
ROC	Required Operational Capability
SAMS	SNAP Automated Medical System
SHIP	Seafarers Health Improvement Program
SNAP	Shipboard Non-Tactical ADP Program
SSIC	Standard Subject Identification Code
STD	Sexually Transmitted Disease
STO	Ships Training Officer
USCG	United States Coast Guard
WHO	World Health Organization

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APPENDIX B

1. Background. The Seafarer's Health Improvement Program (SHIP) proposed a curriculum to provide for the training of shipboard personnel in emergency medical care delivery aboard ship. This training program was developed in an effort to establish professional training standards for seafarers with responsibilities for shipboard first aid and advanced medical and practical skills. Medical care, medical aid and first aid requirements are contained in the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, (STCW Convention) of the International Maritime Organization (IMO).
2. Training Requirement. In reviewing the SHIP recommended training, COMSC considered operational environments and other factors not normally associated with commercial operations and determined that SHIP Level II was an appropriate level of training for First Officers assigned as MDRs on MSC ships. This is roughly equivalent to an Advanced First Aid Course of 5 - 10 days duration.
3. Periodicity. Mariners assigned medical responsibilities will be provided an initial course of instruction and periodic updates at required intervals.
4. Knowledge, Skills and Abilities. Tables I and II are taken from SHIP training documents and describe medical functions to be performed and skills necessary for successful performance of medical duties.
5. Training Curriculum Development. Each training facility must submit a training plan to COMSC for approval prior to enrolling MSC mariners. The plan will be reviewed to ensure that all elements are sufficiently developed to provide the skills and abilities outlined in Table II.

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TABLE I

SEAFARERS' HEALTH IMPROVEMENT PROGRAM (SHIP)

S/EMT CURRICULUM DEVELOPMENT

PROCEDURES TO BE PERFORMED	LEVEL		
	1	2	3
First Aid	X	X	X
CPR	X	X	X
Basic Assessment (History, Physical Exam, Vital Signs)	O	X	X
Communications	X	X	X
BLS Treatment (Non-invasive)	O	X	X
Airway Maintenance and Adjuncts (Oxygen, EOA, Suction)	O	X	X
IV (Trauma)	O	X	X
Patient Record	O	X	X
Differential Diagnosis	O	O	X
Primary Care (including Nursing Care)	O	O	X
Dispensing Meds	O	O	X
ALS Treatment (Invasive)	O	O	X
Administrative Duties	O	O	X

O = Recommended

X = Required

TABLE II
S/EMT CURRICULUM DEVELOPMENT

PROCEDURES TO BE PERFORMED	LEVEL		
	1	2	3
Emergency			
First Aid	X	X	X
CPR	X	X	X
Emergency Medical Communications for Patient Care	X	X	X
Fracture Treatment	X	X	X
Differential Diagnosis (Triage) BLS Level	X	X	X
BLS	X	X	X
EOA	O	X	X
IV Insertions and Solution	O	X	X
IM Injection	O	X	X
Wound	O	X	X
Psychiatric and Alcohol	O	X	X
Ongoing Care of Critically Ill	O	O	X
Emergency Drugs	O	O	X
Primary Care			
Provide Medication from Protocols	O	X	X
Patient Evaluation (Assess History, Physical Exam)	O	O	X
Assess and Define Medical Problem	O	O	X
Lab Work (Urine Dipstick; Hemoglobin; Culturing; Serum Glucose)	O	O	X
Healthcare (Definitive and Sustained Treatment)	O	O	X
Fracture Treatment	O	O	X
Dental Care (Emergency)	O	X	X
Nursing Care (Short term and sustained - isolation technique)	O	X	X
Administer Medication from Protocols and Directions	O	X	X
SC Medication	O	O	X
IM Medication	O	O	X
IV Medication	O	O	X
Urinary Catherization	O	O	X
Enemas	O	O	X
Aseptic Technique	O	O	X
Incision and Drainage	O	O	X
Occupational Safety and Health	O	O	X
Nasal Gastric Tube	O	O	X

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PROCEDURES TO BE PERFORMED	LEVEL		
	1	2	3
Administrative Duties			
Communication	X	X	X
Recordkeeping	O	X	X
Postmortem Care	O	O	X
Transportation	X	X	X
Care and Maintenance of Medical Supplies and Equipment	O	X	X

O = Recommended

X = Required

ALS - Advanced Life Support

BLS - Basic Life Support

CPR - Cardiopulmonary Resuscitation

EKG - Electrocardiograph

EOA - Esophageal Obturator Airway

I&D - Incision and Drainage

IM - Intramuscular

IV - Intravenous

MAST - Military Anti-Shock Trouser

SC - Subcutaneous

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STANDARDS FOR ASSIGNMENT OF MSOs TO MSC

In order to practice as an MSO within MSC, the following courses must be successfully completed according to the schedule indicated.¹

COURSE TITLE	LENGTH	CANTRAC COURSE ID NUMBER	SCHEDULE		FREQ
			A	B	
Hearing Conservation Afloat	1 day	B-322-2310		X	3 years
Heat Stress Afloat	1 day	B-322-2320		X	3 years
Asbestos Hazards and Control Program	1 day	B-322-2331		X	3 years
Water Sanitation	1 day	B-322-2120	X		3 years
Water Analysis, Membrane Filter Technique	1 day	B-322-2503	X		3 years
Health Aspects of Marine Sanitation Devices	½ day	B-322-2130	X		3 years
Industrial Hygiene Program Afloat	1 day	B-322-2301	X		N/A
Tuberculosis Control Program	½ day	B-322-2241		X	N/A
Viral Hepatitis	½ day	B-322-2240		X	N/A
Shipboard Pest Management	1½ day	B-000-0075	X		3 years
Food Service Sanitation Instructor Cert.	5 days	B-322-2101	X ²		3 years
Certified Emergency Medical Technician Intermediate or Equivalent			X		3 years
Sexually Transmitted Diseases: Epidemiology, Treatment, Diagnosis & Intervention Techniques	1 day	B-322-2220		X	N/A
Fundamentals of Respiratory Protection	1 day	B-322-2340	X		3 years
Laboratory Refresher or Equivalent	5 days	B-322-2590	X		5 years
Treatment of Chemical Agents Casualties (Correspondence Course)		NAVEDTRA #13116-A		X	N/A
Independent Duty Refresher Training	6 weeks		X		3 years
Hazardous Material Information System	1 day	B-322-2360		X	N/A
Certified CPR Instructor ³					
Aviation Physiology				X ⁴	N/A

A Prior to ship assignment
B Within 1 year of initial assignment

NOTE: Courses may be considered complete if employee is certified during independent duty corpsman refresher training.

¹ Required of reference training.

² Recertification Course B-322-2102 (2 days)

³ Recommended, not required.

⁴ Only when required by assignment to Helicopter Operations configured ships (not T-AO or T-AE).

APPENDIX C
REPORTS AND FORMS

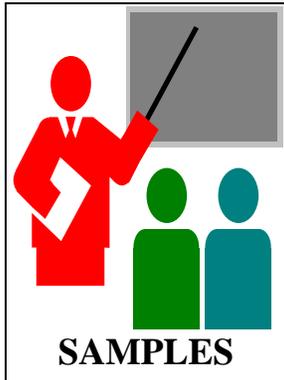
REPORTS

<u>NUMBER</u>	<u>SUBJECT</u>	<u>PARAGRAPH</u>	<u>FREQUENCY</u>
MSC 6224-1	Report of Tuberculosis Screening	6.4d(1)(a)	Annual
MSC 6000-1	Medical Department Activity Report	1.3h(8)	Monthly
MSC 6320-1	Repatriation/Hospitalization Report	4.7j(1)	Situational
MED 6220-3	Disease Alert Report	6.4d(1)(e)	Situational
MED 5360-11	Decedent Affairs Death Report	4.9a(1)	Situational
MED 6500-1	Report of Heat/Cold Injury	6.7a(2)	Situational

FORMS

<u>NUMBER</u>	<u>SUBJECT</u>
CA 16	Authorization for Examination and/or Treatment
CA 17	Duty Status Report
DD 1141	Record of Occupational Exposure to Ionizing Radiation
DD 1149	Requisition and Invoice/Shipping Document
DD 1323	Toxicological Examination
MSC 6240/1	Potable Water Log
MSC 6320/2	Refusal of Medical Care Form
MSC 6320/3	Request for Clinical Certification/Privileges
MSC 12410/5	Training and Drill Report
NAVCOMPT 2155	Requisition/OPTAR Log
NAVMED 6120/1	Competency for Duty Exam
NAVSUP 1114M	Stock Record Card, Afloat
SF 78	U.S. Civil Service Commission Certificate of Medical Examination
SF 88	Report of Medical Examination
SF 93	Report of Medical History
SF 513	Request for Consultation
SF 522	Request for Administration of Anesthesia and for Performance of Operation and Other Procedures (<i>Consent Form</i>)
SF 600	Chronological Record of Medical Care
SF 601	Immunization Record
SF 700	Security Container Information Envelope
PHS 731	International Certificate of Vaccination

APPENDIX D



This appendix includes samples of routine correspondence, reports and forms used by the Medical Services Officer. Included in this appendix are the following:

- Sample Turnover Report
- Sample Medical Department Activity Report Format
- Sample Controlled Substances Letters/Reports
 - Bulk Stock Custodian Letter
 - Working Stock Custodian Letter
 - Controlled Substance Inventory Board Letter
 - Controlled Substance Inventory Board (Senior Member) Letter
 - Controlled Substance Inventory Report
 - Narcotic Destruction Report
- Sample AMAL Change Recommendation Letter
- Sample Repatriation Message
- Sample Medical Record Screening Matrix
- Sample Department Emergency Response Plan
- Sample Special SF 600 (G6PD/Blood Type)
- Sample Quality Improvement Review Screening Matrix
- Sample Request for Clinical Certification/Privileges (MSC 6320/3)
- Sample Refusal of Medical Care (MSC 6320/2)
- Sample Toxicological Examination

31 July 1995

SAMPLE TURNOVER REPORT

(Date)

From: John J. Smith, MSO
To: Master, USNS Jungleheemer (T-AFS 93)

Subj: MEDICAL TURNOVER REPORT

1. General Appearance (acceptable/unacceptable)
2. Narcotics
 - a. Report made and filed
 - b. Count current
 - c. RXs processed correctly
 - d. All expiration dates current
3. AMAL
 - a. Percentage of 6505 items onboard with current expiration dates
 - b. Emergency equipment onboard and functional
 - c. Medical equipment onboard and functional
 - d. NAVSUP 1114M - Stock Cards - present/current/in use
4. Administrative
 - a. Logs. Present and in current use (hard binders).
 - (1) Daily Medical Journal
 - (2) Training Log
 - (3) Pest Control Log
 - (4) H₂O Log
 - (5) Sick Call Log
 - (6) Heat Stress Log
 - (7) Supply Log
 - (8) Medical Supply/Equipment Log
 - b. Reports. Current copies of required reports are present and filed.

Comments: _____

SAMPLE TURNOVER REPORT (Cont'd)

- c. Health Records
 - (1) Health records checked against current crew list.
 - (2) Health records formatted correctly.
 - (3) Physical exams current.
- d. NAVOSH. Programs established and current.
- e. Turnover Report. Review previous Medical Department turnover reports.

I ACCEPT THE SHIP'S MEDICAL OFFICE AND EQUIPMENT IN THE CONDITION STATED ABOVE.

(Signature of relieving MSO)

I HAVE REVIEWED AND CONCUR () I DO NOT CONCUR ()

(Signature of relieved MSO)

Comments: _____

Copy to:
N00M
MSCPAC/FILE

31 July 1995

SAMPLE MEDICAL DEPARTMENT ACTIVITY REPORT FORMAT

USNS _____

MONTH OF _____

Date:

From: MSO, USNS _____

To: Medical Officer, MSC PAC

Via: Master, USNS _____

1. STATISTICAL POPULATION ONBOARD

CIVMAR: MALES _____ FEMALES _____
MILITARY: MALES _____ FEMALES _____
SPONSOR: MALES _____ FEMALES _____

2. SICKCALL: NUMBER OF VISITS

- **OCCUPATIONAL ILLNESS:**
MARINER _____ MILITARY _____ SPONSOR _____
- **OCCUPATIONAL INJURY:**
MARINER _____ MILITARY _____ SPONSOR _____
- **OCCUPATIONAL ILLNESS (WITH LOST TIME):**
MARINER _____ MILITARY _____ SPONSOR _____
- **OCCUPATIONAL INJURY (WITH LOST TIME):**
MARINER _____ MILITARY _____ SPONSOR _____
- **NONOCCUPATIONAL ILLNESS:**
MARINER _____ MILITARY _____ SPONSOR _____
- **NONOCCUPATIONAL INJURY:**
MARINER _____ MILITARY _____ SPONSOR _____

3. MORBIDITY/MORTALITY: NUMBER OF NEW CASES

BIOLOGICAL

AGENTS _____
S.T.D _____
CONJUNCTIVITIS _____
DIARRHEA _____

CHEMICAL

AGENTS _____
DERMATITIS _____
DETERGENTS (ALLERGY) _____
SOLVENTS (ORGANIC) _____

31 July 1995

SAMPLE MEDICAL DEPARTMENT ACTIVITY REPORT FORMAT (Cont'd)**BIOLOGICAL**

FEVER (IDIOPATHIC) _____
 FOODBORNE _____
 HEPATITIS _____
 INFLUENZA _____
 TUBERCULOSIS _____
 U.R.I. (ACUTE) _____

CHEMICAL

ACIDS/ALKALIES _____
 DUSTS _____

PHYSICAL

HAZARDS _____
 NOISE _____
 THERMAL _____

INJURY

FATAL _____
 NON-FATAL _____
 LOWER BACK _____
 MUSCULOSKELETAL DISORDER _____

4. MEDICAL CONSULTATIONS TO OTHER FACILITIES**• OCCUPATIONAL:**

MARINER _____ MILITARY _____ SPONSOR _____

• NONOCCUPATIONAL:

MARINER _____ MILITARY _____ SPONSOR _____

5. NFFD/REPATRIATED

NAME _____ SSN _____
 ICDA _____ REPAT MSGDTG _____

6. NFFD/RETAINED ONBOARD

NAME _____ SSN _____
 ICDA _____ MSGDTG _____

7. MEDEVAC

NAME _____ SSN _____
 ICDA _____ DATE _____
 FACILITY _____
 MARINER _____ MILITARY _____ SPONSOR _____

31 July 1995

SAMPLE MEDICAL DEPARTMENT ACTIVITY REPORT FORMAT (Cont'd)

8. PHYSICAL EXAMINATIONS COMPLETED

NAME _____	SSN _____	DATE/N00M _____
NAME _____	SSN _____	DATE/N00M _____
NAME _____	SSN _____	DATE/N00M _____
NAME _____	SSN _____	DATE/N00M _____

9. DATES FOR CONDUCTING THE FOLLOWING:

FOOD SERVICE SANITATION/HABITABILITY INSPECTION (EVERY 2 WEEKS)

Date/Score: _____

Date/Score: _____

CONTROLLED SUBSTANCES INVENTORY _____

PEST CONTROL SURVEY/SPRAYED (QUARTERLY)

10. MEDICAL TRAINING CONDUCTED ONBOARD

SUBJECT _____ DATE _____

11. OCCUPATIONAL HEALTH SERVICES

ASBESTOS MSP WORKUP _____

AUDIOGRAMS _____

LAB/BIOLOGICAL MONITOR _____

TUBERCULOSIS (MD EVAL) _____

FITNESS TESTING _____

RESPIRATOR QUALITY _____

12. MEDICAL SUPPLY

DIFFICULT OR SPECIAL ORDER ITEMS _____

AMAL/ADAL RECOMMENDED ADDITIONS/DELETIONS _____

13. ADDITIONAL COMMENTS FOR MEDICAL OFFICER

31 July 1995

SAMPLE BULK STOCK CUSTODIAN LETTER

MEMORANDUM

(Date)

From: Master, USNS XENO
To: Mr. J. J. Holton, Supply Officer

Subj: APPOINTMENT AS BULK STOCK CUSTODIAN FOR CONTROLLED SUBSTANCES

Ref: (a) NAVMED P-117, Manual of the Medical Department, Chapter 21
(b) COMSCINST 6000.1D

1. You are appointed as Bulk Stock Custodian for controlled substances, defined in references (a) and (b), for the duration of your assignment to this ship or until relieved of these duties in writing.
2. You shall read and become familiar with the parts of references (a) and (b) which concern your duties as Bulk Custodian.
3. You shall maintain the necessary accounting records and documents, as set forth in references (a) and (b), to show the proper receipt and expenditure of items in your custody.
4. You shall ensure that the proper security is maintained for items in your custody and change the combination of the safe containing the bulk stock items in accordance with existing regulations. You shall ensure that an OPNAV 5511/2 (Combination Change Envelope) has been placed in the custody of the Master or his designee.
5. An inventory of all drugs in your custody will be held by the inventory board appointed for this purpose monthly, or more frequently, if necessary.
6. You will report directly to the Master in the performance of the above duties.

(Signature of Master)

31 July 1995

SAMPLE WORKING STOCK CUSTODIAN LETTER

MEMORANDUM

(Date)

From: Master, USNS VIRTUAL

To: Mr. James G. Smith, Medical Services Officer

Subj: APPOINTMENT AS WORKING STOCK CUSTODIAN FOR CONTROLLED SUBSTANCES

Ref: (a) NAVMED P-117, Manual of the Medical Department, Chapter 21

(b) COMSCINST 6000.1D

1. You are appointed as Working Stock Custodian for controlled substances, defined in references (a) and (b), for the duration of your assignment to this ship or until relieved of these duties in writing.
2. You shall read and become familiar with the parts of references (a) and (b) which concern your duties.
3. You shall maintain the necessary accounting records and documents, as set forth in references (a) and (b), to show the proper receipt and expenditure of items in your custody.
4. You shall ensure that the proper security is maintained for items in your custody and change the combination of the safe containing the working stock items in accordance with existing regulations. You shall ensure that an OPNAV 5511/2 (Combination Change Envelope) has been placed in the custody of the Master or his designee.
5. An inventory of all drugs in your custody will be held by the inventory board appointed for this purpose monthly, or more frequently, if necessary.
6. You will report directly to the Master in the performance of the above duties.

(Signature of Master)

31 July 1995

SAMPLE CONTROLLED SUBSTANCE INVENTORY BOARD LETTER

MEMORANDUM

(Date)

From: Master, USNS ORION

To: Ms. Wilma Stevensen, Third Mate

Subj: APPOINTMENT AS MEMBER OF CONTROLLED SUBSTANCES INVENTORY BOARD

Ref: (a) NAVMED P-117, Manual of the Medical Department, Articles 21-24 through 21-26
and 21-47

(b) COMSCINST 6000.1D

1. You are appointed as a Member of the Controlled Substances Inventory Board as defined in reference (a).
2. You shall become familiar with the functions of this board as set forth in references (a) and (b).
3. You will assist in the physical inventory of all controlled substances onboard this ship. These inventories are held monthly, or more frequently if necessary, and in compliance with references (a) and (b). A Controlled Substances Inventory Report of each inventory conducted shall be made to the Master.
4. In your report to the Master you shall include the following:
 - a. Report of inventory.
 - b. Discrepancies noted in checking all receipt and expenditure vouchers, prescriptions and logs, showing receipt and expenditures of all controlled substance inventories.
 - c. Whether prescribed accounting records were properly prepared as set forth in references (a) and (b).
 - d. Whether closures of vials, bottles and other containers indicate evidence of tampering. (If so, the contents must be inventoried and checked for quantity or held for Medical Officer review.)

(Signature of Master)

31 July 1995

**SAMPLE CONTROLLED SUBSTANCE INVENTORY BOARD
(SENIOR MEMBER) LETTER**

MEMORANDUM

(Date)

From: Master, USNS HIRSUTE
To: Mr. L.T. Adolpho, Chief Mate

Subj: APPOINTMENT AS SENIOR MEMBER OF CONTROLLED SUBSTANCES INVENTORY BOARD

Ref: (a) NAVMED P-117, Manual of the Medical Department, Articles 21-24 through 21-16 and 21-47
(b) COMSCINST 6000.1D

1. You are hereby appointed as Senior Member of the Controlled Substances Inventory Board as defined in reference (a). In addition, Mr. S. Halifax and Ms. Wilma Stevensen will assist you as members of this board.
2. You shall become familiar with the functions of this board as set forth in references (a) and (b).
3. You will cause a physical inventory of all controlled substances onboard this ship to be held monthly, or more frequently if necessary, in compliance with references (a) and (b). A Controlled Substances Inventory Report of each inventory conducted shall be made to the Master.
4. In your report to the Master, you shall include the following:
 - a. Report of inventory.
 - b. Discrepancies noted in checking all receipt and expenditure vouchers, prescriptions and logs, showing receipt and expenditures of all controlled substance inventories.
 - c. Whether prescribed accounting records were properly prepared as set forth in references (a) and (b).
 - d. Whether closures of vials, bottles and other containers indicate evidence of tampering. (If so, the contents must be inventoried and checked for quantity or held for Medical Officer review.)

(Signature of Master)

SAMPLE CONTROLLED SUBSTANCE INVENTORY REPORT

MEMORANDUM

(Date)

From: Senior Member, Controlled Substances Inventory Board
To: Master, USNS JUSTICE

Subj: CONTROLLED SUBSTANCES INVENTORY REPORT FOR APRIL 1994

Ref: (a) NAVMED P-117, Manual of the Medical Department, Chapter 21
(b) COMSCINST 6000.1C

1. In accordance with reference (a) and (b), a controlled substance inventory was conducted with the following results.

Name	Strength	NSN	UI	Quantity Last Report	Balance Received	Expended	On Hand
------	----------	-----	----	-------------------------	---------------------	----------	---------

2. Discrepancies noted are as follows: (Either state "none" or list each discrepancy with corresponding explanation.)

Senior Member

Member

Member

Master

Copy to:
Sick Bay File
Members

SAMPLE NARCOTIC DESTRUCTION REPORT

6710
(Date)

From: Mr. John J. Smith, MSO...
To: Master, USNS VIRTUAL (T-AGOS 42)

Subj: SURVEY OF CONTROLLED MEDICINALS

Ref: (a) Manual of the Medical Department, Article 21-26

1. In accordance with reference (a), authorization to survey and destroy the following medicinals is requested:

	Drug	Lot#	Manufacturer	Amount	Reason
1.					
2.					
3.					
4.					
5.					

Requested by: _____
(Master's signature)

FIRST ENDORSEMENT

From: Master
To: Chairman, Controlled Substance Inventory Board

1. I hereby direct the destruction of the controlled medicinals listed above with documentation of this action in accordance with the requirements of reference (a).

Action by the Controlled Substance Inventory Board:

The controlled medicinals listed above were destroyed on (date) by flushing (or list other means of destruction).

(Board Member)

(Board Member)

31 July 1995

SAMPLE AMAL CHANGE RECOMMENDATION LETTER

**USNS PLATO
T-AXX 1
FPO AE 09599-9999**

MED
6700
4 DEC 94

From: Medical Services Officer, USNS PLATO T-AXX 1
To: Commander, Military Sealift Command, Code N00M
Via: Area Command Medical Officer (LANT/PAC)

Subj: AUTHORIZED MEDICAL ALLOWANCE LIST (AMAL) CHANGE RECOMMENDATION

Ref: (a) COMSCINST 6000.1D

1. In accordance with reference (a), the following AMAL change is recommended:

a. Item to be added/deleted to AMAL #_____:

(1) Standard Stock Number

(2) Nomenclature

(3) Cost/Cube/Weight

b. Justification for recommendation: (Examples include cost upgrades, new technology, space limitations, duplication, medical care and medical administrative support.)

c. Alternatives and reason for rejection of alternatives: (Alternatives may be non-traditional, e.g., the substitution of lozenges for bottled cough syrup where ship configuration does not allow for the storage of bottles. This may not be the better clinical alternative, but may be superior in terms of overall cost.)

d. Estimated cost of change per ship: (Cost projection must include any hull, electrical or installed systems changes, labor and the difference in cost between current AMAL requirements and recommended AMAL requirements.)

GEORGE M. COHEN

31 July 1995

SAMPLE REPATRIATION MESSAGE

R 111420Z NOV 94 ZYB PSN 873473M32

FM USNS SATURN

TO COMSCLANT BAYONNE NJ//NOOM/N1/N3//

INFO COMSC WASHINGTON DC//NOOM/N1/N3//

UNCLAS //N06000//

MSGID/GENADMIN/USNS SATURN//

SUBJ/SERIOUS ILLNESS, INJURY, REPATRIATION REPORT//

RMKS/1. PERSONAL INFORMATION FOR OFFICIAL USE ONLY IN PERSONNEL ADMINISTRATION.

- A. HOLMES, JULEIANA, 262-87-8036, 31 Y/O FEMALE ST UTIL, SUPPLY**
- B. N/A**
- C. NOK NOTIFIED BY PATIENT**
- D. 2010, 10 NOV 94, ROTA SPAIN/BAYONNE NJ**
- E. CAPT P. M. JULIENNE, MASTER, T. F. JOHNSON, MEDSVSOFF**
- F. DIAG: ICD9 CODE: 879.9/VERY SERIOUS**
- G. CIVMAR INJURED IN A FALL ON BOARD SHIP. CIVMAR TREATED AND STABILIZED BY SHIP'S MSO. FLOWN TO USS GUAM WHERE SURGEONS REPAIRED WOUND. ANTICIPATE P NFFD.**
- H. SHIP DIVERTED 10 HOURS STEAMING TO AND 10 FROM STATION**
- I. MEDEVAC BY HELO, 0.5 FLYING HOURS INVOLVED.//**

BT

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

Typhoid

TET/DIPHTH

PPD: Date given:

Date read:

Results:

Occupational Screenings:

Audiogram

Eye Examination (safety glasses)

Pulmonary Function Test

EKG

AMSP Screening/Chest X-ray

G6PD

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

**USNS ASPERNICIOUSINST 6010.1
N001**

USNS ASPERNICIOUS INSTRUCTION 6010.1

Subj: MEDICAL DEPARTMENT EMERGENCY RESPONSE PLAN

Ref: (a) COMSCINST 6000.1D
(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) Portable Medical Lockers are located at:

USNS ASPERNICIOUSINST 6010.1

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

(4) Medical Department Unit One (First Aid Kit). A Unit One will be maintained in the Medical Department for use by the Medical Services Officer or First Officer.

(5) Gun Bag (Crew First Aid Kit). A Gun Bag is located in the following areas:

(6) Stretchers. The Medical Services Officer will ensure stretcher bearers are identified by name and receive proper training in compliance with reference (a). A current list of trained stretcher bearers is attached. The following types of stretchers are located in the following areas:

(a) Neil-Robertson (semi rigid):

(b) Stokes (rigid)

(c) Flotation-Rigged Stokes _____
(Note: Maintained by the Deck Department IAW NWP-14.)

(d) Sea-Air Extrication Litter _____

(7) Water-tight Boat First Aid Kits are located:

(8) Antidote Locker: A Poison Antidote Locker is located outside the Medical Department at _____.

b. Order of Treatment

- (1) First aid treatment given by the first personnel responding at the scene of a casualty (Buddy Aid).
- (2) First aid care provided by Stretcher Bearers.
- (3) Care provided by the First Officer/MDR.
- (4) Care provided by the Medical Services Officer.

**SAMPLE QUALITY IMPROVEMENT REVIEW
SCREENING MATRIX**

Ship Name:
MSO Name:
Date:
Reviewer's Name:

	YES	NO
Is the demographic data correct and current?	<input type="checkbox"/>	<input type="checkbox"/>
Are vital signs present (T/P/R/BP/WT)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the entry follow the SOAP format or a similar model?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a chief complaint?	<input type="checkbox"/>	<input type="checkbox"/>
Is the history consistent with the chief complaint(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the physical examination c/w the chief complaint(s) and the history?	<input type="checkbox"/>	<input type="checkbox"/>
Is the assessment or diagnosis c/w the history and physical findings?	<input type="checkbox"/>	<input type="checkbox"/>
Are lab, x-rays and/or consults ordered as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate lab, x-rays and/or consults commented on in the record and in a timely fashion by the clinician?	<input type="checkbox"/>	<input type="checkbox"/>
Is the treatment plan c/w the chief complaint(s), history, physical findings and lab/special studies ordered?	<input type="checkbox"/>	<input type="checkbox"/>
Is the amount of medication or the duration of treatment clearly evident?	<input type="checkbox"/>	<input type="checkbox"/>
Is follow-up mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Problem Summary List current?	<input type="checkbox"/>	<input type="checkbox"/>
Are immunizations current?	<input type="checkbox"/>	<input type="checkbox"/>
Does the entry meet acceptable medical standards?	<input type="checkbox"/>	<input type="checkbox"/>

REQUEST FOR CLINICAL CERTIFICATION/PRIVILEGES

PERSONAL AND PROFESSIONAL INFORMATION

The purpose of this multi-page form is to collect initial information regarding the professional qualifications of Medical Service Officer applicants and to collect new information from current Medical Service Officers undergoing annual professional review. This form will be retained by the Area Command Medical Officer as part of Quality Assurance Program files. Forms for each employee will be maintained in a separate file and will not be assimilated into personnel files until the employee detaches from MSC.

PERSONAL AND PROFESSIONAL INFORMATION

SCHOOL/HOSPITAL/CLINIC NAME/LOCATION	FIELD OF STUDY	DATES ATTENDED	DEGREE AWARDED

PROFESSIONAL CORRESPONDENCE COURSES	DATE COMPLETED

CONTINUING EDUCATION (PAST TWO YEARS)	DATES ATTENDED	CME CREDITS

MEDICAL/NURSING LICENSES (PRESENT/FORMER)	DATE ISSUED	DATE EXPIRED

CERTIFICATION (SPECIALTY/SUBSPECIALTY/OTHER)	DATE OF CERTIFICATION

Other information. (If yes, explain on reverse)	YES	NO
Were you certified/privileged in any way by previous employers?	YES	NO
If licensed, has your license to practice ever been suspended, revoked or withdrawn?	YES	NO
Have you ever been denied appointments or had privileges suspended, revoked, limited, restricted, not renewed or withdrawn by any health care institution or licensing organization?	YES	NO
Have you ever been involved in a malpractice investigation, settlement, judicial or administrative adjudication, or any other resolved or open charges of inappropriate, unethical, unprofessional or substandard medical care?	YES	NO
Do you have any physical handicap that might limit your clinical practice or your ability to respond to shipboard emergencies?	YES	NO

NAME:	SSN:	DATE:

Attach originals of the following documents. (if applicable)

1. Current professional staff appointments and privileges granted.
2. Prior professional staff appointments and privileges granted (May be copies).
3. Current Local, State, and Federal licenses.
4. EMT Certification.
5. Certification of qualifying degree and/or completion of professional school or other specialty program. (RN, PA, etc.)
6. Discharge from active duty (DD214).
7. Continuing education documents.
8. CPR and CPR Instruction Certification.
9. Any other applicable documents (military training certificates).
10. A current photograph (passport size).

OTHER INFORMATION *(Include any additional information that you wish to bring to the attention of the Certification Committee in establishing the extent of your clinical privileges).*

PROFESSIONAL MEMBERSHIPS:

_____	_____
_____	_____
_____	_____
_____	_____

PRIVACY ACT STATEMENT:

Under 5 U.S.C. 532a and Executive Order 9397, the above information is requested for use in the establishment of staff appointment and the extent of clinical privileges; disclosure of the information is voluntary; failure to provide information may result in the denial of a staff appointment or clinical privileges, or in the limitation of your clinical privileges.

SIGNATURE:

DATE:

DISCLOSURE STATEMENT:

I further understand that any false or incomplete information knowingly provided on or with application may be grounds for disciplinary action, nonemployment or accession, or grounds for dismissal or release if already employed or serving and may be punishable by fine or imprisonment under U.S. Code, Title 18, Section 1001.

SIGNATURE:

DATE:

NAME:

SSN:

DATE:

RECORD OF COMPLETION OF REQUIRED TRAINING

	RECERT			
--	---------------	--	--	--

COURSE	PERIOD	YES	NO	DATE
1. Certified Emergency Medical Technician Intermediate or Equivalent	1 yr.			
2. Water Sanitation Afloat	2 yr.			
3. Water Analysis, Membrane Filter Technique	2 yr.			
4. Health Aspects of Marine Sanitation Devices	2 yr.			
5. Shipboard Pest Management	2 yr.			
6. Food Service Sanitation Instructor Certification	2 yr.			
7. Fundamentals of Respiratory Protection	2 yr.			
8. Laboratory Refresher or Equivalent	2 yr.			
9. Radiation Health Indoctrination	5 yr.			
10. Independent Duty Refresher Training	3-5 yr.			
11. Certified CPR (Instructor)	1-5 yr.			
12. Hearing Conservation Afloat	3 yr.			
13. Heat Stress Afloat	3 yr.			
14. Asbestos Hazards and Control Program	3 yr.			
15. Epidemiology & Infectious Diseases AFLOAT	3 yr.			
16. Tuberculosis Control Program	3 yr.			
17. Viral Hepatitis	3 yr.			
18. Treatment of Chemical Agent Casualties	3 yr.			
19. STDs - Epidemiology, Treatment, Diagnosis and Intervention Techniques	3 yr.			
20. Hazardous Material Information System	3 yr.			
21. Industrial Health Program Afloat	3 yr.			

NAME: _____ SSN: _____ DATE: _____

Do you have experience, feel comfortable doing the following, or do you want more training?	YES	MORE TRAINING	NO
---	------------	--------------------------	-----------

Do you have experience, feel comfortable doing the following, or do you want more training?	YES	MORE TRAINING	NO
EMERGENCY CARE			
Perform emergency medical and dental procedures.			
Perform CPR.			
Perform mass casualty triage and treatment.			
Perform basic first aid to poison victims.			
Perform emergency procedures for chest pain.			
Perform an EKG.			
Perform IV therapy.			
Perform venipuncture.			
Treat heat and cold (including immersion) injuries.			
Cast/splint application for simple fracture.			
Treat acute substance intoxication.			
Treat animal and human bites.			
MINOR SURGERY			
Remove foreign body by forcep or superficial incision.			
Suture lacerations and wounds.			
Incision and drainage of abcess.			
Administer local and topical anethesia.			
DENTAL CARE			
Routine oral diagnosis.			
Treatment of localized oral infections.			
Splinting of loosened teeth.			
Minor repair of prosthetic appliances.			
Removal of decay from a tooth.			
Apply temporary filling.			
NAME:	SSN:	DATE:	

Do you have experience, feel comfortable doing the following, or do you want more training?	YES	MORE TRAINING	NO
ADMINISTRATION			
Maintain Medical Department Logs and Medical Outpatient Records. Submit medical and administrative reports as required.			
Maintain inventory control of all Navy medical equipment and supplies on board.			
OCCUPATIONAL HEALTH			
Maintain occupational health medical surveillance programs (including Hearing Conservation, Heat Stress, Asbestos Abatement, etc.)			
Administer immunizations, when required.			
Conduct Food Service and Habitability Inspections.			
Identify problem areas in habitability, environmental health, occupational health and safety.			
Operate a Wet Bulb Globe Thermometer.			
APPLICANT/EMPLOYEE SIGNATURE:		DATE:	
NAME:	SSN:	DATE:	

MEDICAL SERVICE OFFICER AUTHORIZED SCOPE OF CARE

ROUTINE CLINICAL CARE ITEMS	APPROVED		
	YES	NO	LIMITED
Visual screening			
Basic interpretation of an audiogram			
Counseling for adjustment reaction/substances abuse			
Removal of foreign body by forceps or superficial incision			
Incision and drainage of abcess			
Suture of minor laceration			
Treatment of common musculoskeletal problems			
Cast/splint application for simple fracture			
Evaluation and treatment of weakness and malaise			
Treatment of acute substance intoxications			
Local infiltration, topical anesthesia application procedures			
Treatment of uncomplicated minor dermatological conditions			
Treatment of uncomplicated allergic conditions			
Treatment of uncomplicated gastrointestinal conditions			
Treatment of mild, uncomplicated, previously diagnosed hypertension			
Treatment of uncomplicated, previously diagnosed metabolic or endocrine diseases			
Treatment of uncomplicated, previously diagnosed pulmonary diseases			
Treatment of uncomplicated otorhinolaryngological conditions			
Treatment of uncomplicated urological complaints			
Treatment of uncomplicated heat and cold injuries			
Treatment of uncomplicated, routine headaches			
Treatment of animal and human bites			
Treatment of uncomplicated eye trauma and infection			
Treatment of conditions associated with water immersion			
Venipuncture			
NAME:	SSN:	DATE:	

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TOXICOLOGICAL EXAMINATION - REQUEST AND REPORT				
(Submit in Triplicate)				
TO:		FROM:		
SECTION A - MEDICAL REPORT				
(If examining physician is other than recording authority, his signature must appear on this medical report)				
1. NAME OF PATIENT (Last, first, middle initial)		2. SERVICE NUMBER	3. AGE	4. SEX
				5. RACE
EXAMINATION			9. TIME & DATE OF DEATH	
6. HOUR	7. PLACE	8. DATE		
RECENT MEDICATION				
10. PRESCRIBED OR ADMINISTERED				
11. IN POSSESSION OF PATIENT				
12. CONTAINERS FOUND IN PROXIMITY OF PATIENT				
SPECIMEN COLLECTION			13. HOUR AND DATE	
SPECIMEN	AMOUNT		PRESERVATIVE (Freezing preferred)	
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22. SUMMARY OF EXAMINATION AND/OR AUTOPSY (Include clinical history, any routine or special laboratory tests performed, and other pertinent information which may suggest drug or poison ingestion)				
23. DATE	24. NAME AND TITLE OF REQUESTER		25. SIGNATURE	

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SECTION B - CHAIN OF CUSTODY				
(Each individual charged with custody of specimen must complete information below)				
SIGNATURE	ORGANIZATION	HOUR	DATE	CONDITION OF SPECIMEN
26.				
27.				
28.				
29.				
30.				
SECTION C - TOXICOLOGY REPORT				
31. LABORATORY			32. DATE	33. CASE NUMBER
LABORATORY ANALYSES				
34. GASES Hydrogen Cyanide; Carbon Monoxide				
35. VOLATILES Cyanide; Ether; Ethanol; Acetaldehyde; Methanol; Formaldehyde; Chloral Hydrate; Chloroform; Phenols and Cresols; Methyl Salicylate; Common Aromatic Hydrocarbons, (e.g. Benzene, Aniline, etc.)				
36. ACIDIC COMPOUNDS Barbiturates; Salicylates; Dicoumarol; Acetanilid; Phenacitin; Antipyrine; Tri- and Di- Hydric Phenols; Theophylline; Caffeine				
37. BASIC COMPOUNDS Alkaloids, Amphoteric Alkaloids, (i.e. Morphine and Morphine Derivatives); Antihistaminics; Tranquilizers				
38. METALS AND METALLOIDS Antimony; Lead; Mercury; Silver; Bismuth; Arsenic				
39. CORROSIVES Sulfuric; Hydrochloric and Nitric Acids Sodium and Potassium Hydroxides and Carbonates				
40. INORGANIC NONMETALLIC COMPOUNDS Bromides, Fluorides, Borates				
41. SPECIAL ANALYSES Any analyses not included above which are specifically requested or warranted by case history				
42. REMARKS				
43. DATE COMPLETED	44. TOXICOLOGY		45. OFFICER-IN-CHARGE	

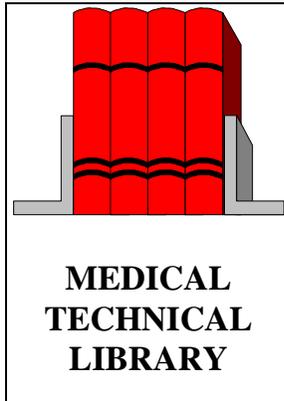
APPENDIX E

LOGS

NAME	REFERENCE PARA	FORM	FREQ	PREPARATION INSTRUCTIONS	SUBMISSION REQUIREMENTS
MEDICAL DEPT. DAILY JOURNAL	1.3h(1)	BOUND LOG	DAILY	PARA 1.3h(1)	NONE
SICK CALL LOG	1.3h(2)	BINDER	DAILY	PARA 1.3h(2)	NONE
PEST CONTROL LOG	1.3h(4)	BINDER	SITUATIONAL	NAVMED P-5010	NONE
POTABLE WATER LOG	6.5c(3)	MSC 6240/1	DAILY	NAVMED P-5010	NONE
HEAT STRESS LOG	6.7a(2)	BINDER	SITUATIONAL	OPNAV 5100.19C COMSC 5100.17B	NONE
OPTAR LOG	3.2d	NAVCOMPT 2155	SITUATIONAL	NAVSUP P-485	NONE
TRAINING LOG	2.2b	MSC 12410/5	SITUATIONAL	CMPI 410	COMSC 3120.2D

NOTE: Any log produced by an MSC authorized/controlled software program may be substituted for those formats required above.

APPENDIX F



1. Purpose. To promulgate the minimum technical resource list for MSC Medical Departments.

2. Background. Medical technical library resources for MSC ships are somewhat unique from those of the Navy and are influenced by several factors. The patient population is generally older and operational commitments often mean ships travel alone, as opposed to traveling in the company of a Task Force or Group.

a. To develop the onboard medical resource requirements, COMSC medical personnel reviewed requirements, established in NAVMEDCOMINST 6820.4L, and considered recommendations for other publications made by professionals within the maritime industry and the surface medicine community.

b. Ships without Medical Service Officers have a lesser requirement and will stock only those publications and directives indicated by footnotes.

3. Responsibilities

a. Special Assistant, Medical and Occupational Health. It is the responsibility of the Special Assistant to maintain and update the requirements of this appendix as necessary. Updates will generally occur when medical care requirements change, when medical technology changes occur or when medical publications require updating.

b. Area Command Medical Officer (ACMO). It is the responsibility of the ACMO to recommend changes to this appendix to the Special Assistant.

c. Medical Services Officer (MSO). It is the responsibility of the MSO to recommend changes to this appendix to the ACMO.

4. Required Publications

NAVMED P-117	Manual of the Medical Department, U.S. Navy (Note 1)
NAVMED P-5009	Preventive Maintenance Procedures and Serviceability Standards for Medical Equipment
NAVMED P-5010	Manual of Naval Preventive Medicine (Note 1)
NAVMED P-5055	Radiation Health Protection Manual (Note 3) (NSN 0510-LP-075-0020)

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NAVMED P-5059	NATO Handbook on the Medical Aspects of NBC Defensive Operations (NSN 0510-LP-078-0002) Change 1 (NSN 0510-LP-078-0003)
NAVMED P-5041	Treatment of Chemical Agent Casualties and Conventional Military Chemical Injuries (Feb 90) (NSN 0510-LP-205-1200)
NAVMED P-5095	Drugs, Poison Overdoses, and Antidotes and Emergency First Aid (NSN 0510-LP-096-9000)
NAVMED P-5113	Occupational Preventive Medicine (NSN: 0510-LP-100-0500)
NAVMED P-5116	Drug Abuse (clinical recognition and treatments, including diseases often associated with)
NAVMED P-5132	Equipment Management Manual (NSN not yet assigned)
NAVEDTRA 10081-D	Standard First Aid Training Course, Training Manual (NSN 0510-LP-050-4070)
NAVEDTRA 10677-A1	Dental Assistant, Basic (NSN 0502-LP-053-3860)

- Anatomy Coloring Book, The. Kapit and Elson, Lippincott
- Control of Communicable Diseases in Man. Benenson, Abram S., American Public Health Association
- Current Medical Diagnosis and Treatment. Krupp, Marcus, Lange; current edition
- Dorland's Illustrated Medical Dictionary. Dorland, W.A., Saunders
- Emergency Care and Transportation of the Sick and Injured. American Academy of Orthopedic Surgeons (Committee on Allied Health)
- Guide to Physical Examination, A. Bates, Lippensott (**Note 2**)
- Handbook of Poisoning, Prevention, Diagnosis, and Treatment. Dreisbach, R. H., Lange
- International Classifications of Diseases (ICDA), Clinical Modi-Classification, 9th revision, Volume 1, 2 and 3. U.S. Department of Health and Human Services Publication Number (PHS) 80-1260
- Manual of Skin Diseases. Sauer, Gordon C., Lippincott (**Note 2**)
- Merck Manual. Merck, Sharp & Dohme Research Laboratories; current edition
- Obstetrics and Gynecologic Diagnosis and Treatment. Lange
- Physician's Desk Reference (PDR). Medical Economics Co., Oraville NJ; current edition

- Ship's Medicine Chest and Medical Aid at Sea, The. U.S. Public Health Service (DHHS Publication Number (PHS) 84-2024)

5. Required Directives

SECNAVINST 4061.1C	Food Service Personnel Training Program
SECNAVINST 5210.11D	Department of the Navy File Maintenance Procedures and Standard Subject Identification Code (SSIC)
SECNAVINST 5216.5C	Department of the Navy Correspondence Manual
SECNAVINST 6210.2A	Medical Service Quarantine Regulations of the Armed Forces
SECNAVINST 6222.1	Policy on Venereal Disease Control
SECNAVINST 6320.23	Credentials Review and Clinical Privileging of Providers
SECNAVINST 6401.2A	Licensure and Certification of Health Care Providers
OPNAVINST 5090.1B	Environmental and Natural Resources Protection Manual
OPNAVINST 5100.19C	Navy Occupational Safety and Health (NAVOSH) Program Manual
OPNAVINST 5100.20	Shipboard Heat Stress Control and Personnel Protection
OPNAVINST 5100.21B	Afloat Mishap Investigation and Reporting
OPNAVINST 5350.4B	Alcohol/Drug Abuse Prevention
OPNAVINST 6000.1A	Management of Pregnant Service Women
OPNAVINST 6110.1	Physical Readiness Program
OPNAVINST 6250.4A	Pest Management Program
OPNAVINST 6320.3	Non-Physician Health Care Providers
OPNAVINST 6320.6	Hospitalization of Servicemembers in Foreign Medical Facilities
OPNAVINST 6320.7	Health Care Quality Assurance Policies for Operating Forces
OPNAVINST 6400.1A	Certification, Training, and Use of Independent Duty Hospital Corpsmen (IDCS)
OPNAVINST 9640.1	Shipboard Habitability Program
NAVMEDCOMINST 5360.1	Decedent Affairs Manual
NAVMEDCOMINST 6150.1	Health Care Treatment Records (NAVMED 6150/10-19)
NAVMEDCOMINST 6220.2	Disease Alert Reports
NAVMEDCOMINST 6230.1	Preventive Measures Against Viral Hepatitis
NAVMEDCOMINST 6230.2	Malaria Prevention and Control
NAVMEDCOMINST 6230.3	Immunization and Chemoprophylaxis
NAVMEDCOMINST 6260.3	Occupational Health Medical Surveillance

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NAVMEDCOMINST 6260.4	Department of the Navy Occupational Health Program; Implementation of
NAVMEDCOMINST 6260.5	Occupational Noise Control and Hearing Conservation
NAVMEDCOMINST 6320.1A	Non-Naval Medical and Dental Care
NAVMEDCOMINST 6320.3B	Medical and Dental Care for Eligible Persons at Naval Medical Department Facilities
NAVMEDCOMINST 6320.7	Quality Assurance (QA) Program
NAVMEDCOMINST 6470.6	Radiation Protection Survey and Equipment Performance Test of Diagnostic X-Ray Equipment
NAVMEDCOMINST 6710.9	Guidelines for Controlled Substances Inventory
NAVMEDCOMINST 6820.1	Professional Reference Materials and Publications; Procurement of
BUMEDINST 6120.20B	Competency for Duty Examination, Evaluation of Sobriety and Other Bodily Views and Intrusions Performed by Medical Personnel
BUMEDINST 6210.3	Etiological Agents, Biomedical Medical Materials; handling of
BUMEDINST 6222.10	Management of Sexually Transmitted Diseases
BUMEDINST 6224.8	Tuberculosis Control Program
BUMEDINST 6250.12B	Vector Control Certification for Medical Department Personnel
BUMEDINST 6280.1	Management of Medical Waste
BUMEDINST 6300.2	Medical Services and Outpatient Morbidity Reporting System
BUMEDINST 6340.10	Standards for Potable Water
BUMEDINST 6710.62A	Disposal of Dated Medical/Dental Material
BUMEDINST 6710.63	Defective or Unsatisfactory Medical and Dental Material Reporting and Processing
COMSCINST 4000.2A	Supply Procedures Manual
COMSCINST 5040.2C	MSC Command Inspection Program
COMSCINST 5090.2	Disposal of Plastic, Medical and Other Waste in the Marine Environment
COMSCINST 5100.17B	MSC Afloat Safety and Occupational Health Manual
COMSCINST 5350.2A	Drug and Alcohol Abuse Problem
COMSCINST 6000.1C	Military Sealift Command Medical Manual
COMSCINST 6000.2	Potable Water Carriage and Retention Aboard MSC Tankers
COMSCINST 6110.1	Health and Physical Readiness Program
COMSCINST 6230.1	Precautions for the Transmission of Bloodborne Pathogens (BBPs)

COMSCINST 9330.6D Accommodation Standards for Nucleus Fleet Ships of the
Military Sealift Command
DLAM 4155.5 Quality Control Depot Serviceability Standards
(Appendix M)

6. Other Required Resources

- Navy Medical and Dental Material Bulletin, NAVMEDLOGCOMNOTE 6700 (issued monthly; retained for 2 years), Navy Medical Logistics Command, Fort Detrick, Frederick MD 21701-5015
- HMIS (Hazardous Materials Information System) Defense Logistics Agency, Defense General Supply Center, Richmond VA 23297 (microfiche format)
- CHRIS (Chemical Hazard Response Information System), U.S. Coast Guard Commandant Instruction - M16465.11, U.S. Government Printing Office, Washington DC 20402; Stock Number 050-012-00215-1
- Navy Medical Department Guide to Malaria Prevention and Control, NEHC-TM92-1, Navy Environmental Health Center, Norfolk VA
- Medical Surveillance Procedures Manual and Medical Matrix, NEHC-TM91-5, Navy Environmental Health Center, Norfolk VA
- Clinical Aspects of Cold Weather Operation, HSETC Publication, February 1982
- Hypothermia Report, NAVSUBMED Research Laboratory, Groton CT
- Navy-wide Shipboard Pest Control Manual, Navy Disease Vector Ecology and Control Center, Building 130, Naval Air Station, Alameda CA 94501
- Current Medical Terminology, American Medical Association, Chicago IL
- Current Surgical Diagnosis and Treatment, Dunphy, J.E. and Way, L.W., Lange Chicago IL
- Gray's Anatomy of the Human Body, Goss, C.M., ed., Lea/Febiger, Philadelphia PA

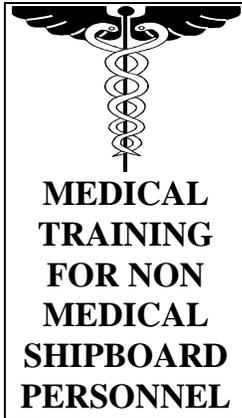
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- Problem Oriented Medical Diagnosis, 5th ed., Freidman, H. Harold, MD. Little & Brown, Boston MA

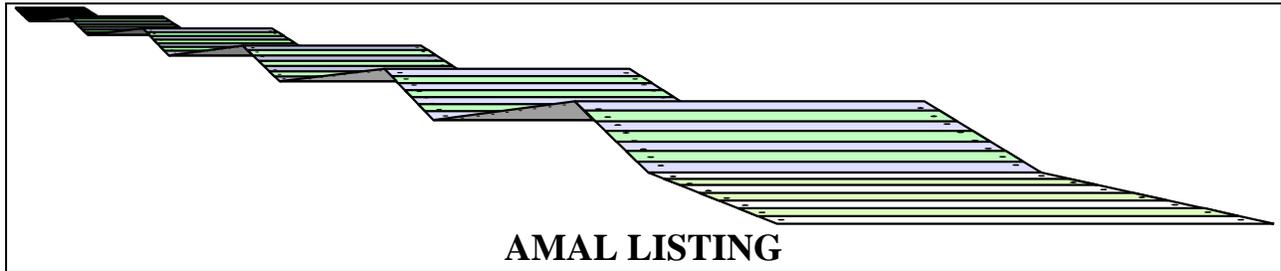
**NOTE: (1) These publications require separate purchase orders for each chapter.
(2) Not required on ships without MSO onboard.
(3) Required only on T-AE and T-AK-FBM class ships.**

APPENDIX G



1. Below are the minimum training requirements to be covered during a 6-month period.
 - a. Basic Self and Buddy First Aid: burns, shock, fractures, bandaging, hemorrhage control, hygiene, heat stroke/exhaustion, etc.
 - b. CPR
 - c. Obstructed Airway
 - d. Casualty Transporting
 - e. CBR Warfare (Treatment of Casualties/Decontamination)
 - f. Personal Hygiene, STDs, Physical Fitness
 - g. Dental Hygiene
 - h. Heat Stress
 - i. Hearing Conservation
 - j. Industrial Hazards
 - k. Substance Abuse
 - l. Cold Weather Operations
 - m. Poisons, Overdoses and Antidotes
 - n. Respiratory Protection
2. Special Groups. Some personnel require special training from MSC.
 - a. Steward Department personnel require food services courses in accordance with SECNAVINST 4061.1C.
 - b. Engineering Department personnel require special training from the MDR in water sanitation, marine sanitation device (MSD), heat stress monitor training.

APPENDIX H



USNS ABLE (TAGOS 20)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AE 09564-4088	
UIC: 21866	

USNS APACHE (TATF 172)	705(1) 925(1) 927(4) 928(1)
FPO AE 09564-4003	
UIC: 21091	

USNS ASSERTIVE (TAGOS 9)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AP 96660-4011	
UIC: 21305	

USNS AUDACIOUS (TAGOS 11)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AP 96660-4042	
UIC: 21305	

USNS SILAS BENT (TAGS 26)	705(1) 925(1) 927(4) 928(2)
FPO AP 96661-4005	
UIC: 74027	

USNS BIG HORN (TAO 198)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09565-4072	
UIC: 21621	

USNS BOLD (TAGOS 12)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AE 09565-4065	
UIC: 21472	

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USNS CAPABLE (TAGOS 16)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AE 09566-4094	
UIC: 21578	

USNS CATAWBA (TATF 168)	705(1) 925(1) 927(4) 928(1)
FPO AP 96662-4007	
UIC: 21015	

USNS CONCORD (TAFS 5)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09566-4089	
UIC: 22193	

USNS WALTER S DIEHL, (TAO 193)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96663-4020	
UIC: 21579	

USNS EFFECTIVE (TAGOS 21)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AP 96664-4031	
UIC: 21867	

USNS JOHN ERICSSON (TAO 194)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96664-4071	
UIC: 21524	

USNS LEROY GRUMMAN (TAO 195)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09570-4095	
UIC: 21525	

USNS GUADALUPE (TAO 200)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96666-4030	
UIC: 21856	

USNS HAYES (TAG 195)	705(1) 925(1) 927(4) 928(1)
FPO AE 09573-4017	
UIC: 21812	

USNS ANDREW J HIGGINS (TAO 190)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96667-4001	
UIC: 21469	

USNS JOSHUA HUMPHREYS (TAO 188)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09573-4087	
UIC: 21419	

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USNS INDOMITABLE (TAGOS 7) 703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AE 09574-4067
UIC: 42487

USNS HENRY J KAISER (TAO 187) 721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09576-4086
UIC: 21307

USNS KANAWHA (TAO 196) 721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09576-4075
UIC: 21581

USNS KANE (TAGS 27) 705(1) 925(1) 927(6) 928(1)
FPO AE 09576-4021
UIC: 74030

USNS KILAUEA (TAE 26) 721(1) 911(1) 925(1) 927(9) 928(2) 942(1) 209(1)
FPO AP 96670-4023
UIC: 05838

USNS JOHN LENTHALL (TAO 189) 721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09577-4032
UIC: 21845

USNS LITTLEHALES (TAGS 52) 705(1) 925(1) 927(6) 928(1)
FPO AE 09577-4032
UIC: 21845

USNS LOYAL (TAGOS 22) 703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AE 09577-4018
UIC: 21868

USNS MARS (TAFS 1) 721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96672-4016
UIC: 22194

USNS JOHN MCDONNELL (TAGS 51) 705(1) 925(1) 927(6) 928(1)
FPO AE 09578-4013
UIC: 21844

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USNS MOHAWK (TATF 170)	705(1) 925(1) 927(4) 928(1)
FPO AE 09578-4033	
UIC: 21051	

USNS NARRAGANSETT (TATF 167)	705(1) 925(1) 927(4) 928(1)
FPO AP 96673-4035	
UIC: 21014	

USNS NAVAJO (TATF 169)	705(1) 925(1) 927(4) 928(1)
FPO AP 96673-4036	
UIC: 21016	

USNS NIAGARA FALLS (TAFS 3)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96673-4009	
UIC: 22197	

USNS OBSERVATION ISLAND (TAGM 23)	721(1) 911(1) 925(1) 927(7) 928(2) 942(1) 209(1)
FPO AP 96674-4043	
UIC: 03952	

USNS PATHFINDER (TAGS 60)	705(1) 925(1) 927(4) 928(1)
FPO AE 09582-4026	
UIC: 21904	

USNS PECOS (TAO 197)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AP 96675-4099	
UIC: 21582	

USNS POWHATAN (TATF 166)	705(1) 925(1) 927(4) 928(1)
FPO AE 09582-4048	
UIC: 21010	

USNS PREVAIL (TAGOS 8)	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
FPO AE 09582-4002	
UIC: 21284	

USNS RANGE SENTINEL (TAGM 22)	721(1) 911(1) 925(1) 927(7) 928(2) 942(1) 209(1)
FPO AA 34092-4049	
UIC: 01735	

USNS SAN DIEGO (TAFS 6)	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
FPO AE 09587-4044	
UIC: 22195	

USNS SAN JOSE (TAFS 7) FPO AP 96678-4045 UIC: 22196	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
USNS SATURN (TAFS 10) FPO AE 09587-4052 UIC: 21651	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
USNS SIOUX (TATF 171) FPO AP 96678-4063 UIC: 21090	705(1) 925(1) 927(4) 928(1)
USNS SIRIUS (TAFS 8) FPO AE 09587-4064 UIC: 21542	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
USNS SPICA (TAFS 9) FPO AP 96678-4066 UIC: 21546	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
USNS STALWART (TAGOS 1) FPO AE 09587-4077 UIC: 21179	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)
USNS SUMNER (TAGS 61) FPO AE 09587-4038 UIC: 21905	705(1) 925(1) 927(4) 928(1)
USNS TIPPECANOE (TAO 199) FPO AP 96679-4040 UIC: 21622	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
USNS VANGUARD (TAG 194) FPO AA 34093-4069 UIC: 12607	721(1)911(1) 925(1) 927(7) 928(2) 942(1) 209(1)
USNS VICTORIOUS (TAGOS 19) FPO AP 96682-4014 UIC: 21814	703(1) 911(1) 925(1) 927(4) 928(1) 942(1) 209(1)

31 July 1995

USNS WATERS (TAGS 45) FPO AP 96683-4025 UIC: 21903	703(1) 911(1) 925(1) 927(9) 928(1) 929(1) 209(1)
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USNS WILKES (TAGS 33) FPO AP 96683-4073 UIC: 20252	705(1) 925(1) 927(6) 928(2)
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USNS WYMAN (TAGS 34) FPO AE 09591-4074 UIC: 20253	705(1) 925(1) 927(6) 928(2)
--	------------------------------------

USNS YUKON (TAO 202) FPO AP 96686-4068 UIC: 21869	721(1) 911(1) 925(1) 927(12) 928(2) 942(1) 209(1)
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USNS ZEUS (TARC 7) FPO AP 96687-4076 UIC: 21323	721(1) 911(1) 925(1) 927(8) 928(2) 942(1) 209(1)
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APPENDIX I



- MEDICAL SPACE AND EQUIPMENT REQUIREMENTS
- UNIT ONE INVENTORY
- EMERGENCY RESUSCITATION/STIMULATION KIT
- FIRST AID KIT (GUN CREW)
- MINOR SUTURE SET
- EMERGENCY TRACHEOTOMY KIT

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MEDICAL SPACE AND EQUIPMENT REQUIREMENTS

1. First Aid Boxes. Bulkhead mounted first aid boxes, NSN 2090-00-368-4792, shall be provided in the following spaces:

- a. Bridge
- b. Engine and machinery spaces
- c. Galleys
- d. Electronic control spaces
- e. Communication spaces
- f. Air control spaces
- g. Laundry spaces
- h. Anchor handling areas

2. Medical Lockers. Two portable medical lockers, NSN 2090-00-368-4795, containing the inventory of Authorized Medical Allowance List 928, shall be provided and mounted at or near damage control (DC) lockers. Where only one DC locker exists, the other medical locker shall be located in a major passageway or other space easily accessible to repair parties. Portable medical lockers shall not be located in or near medical spaces.

3. Poison Antidote Locker. One poison antidote locker, NSN 2090-00-368-4792, containing the inventory of Authorized Medical Allowance List 925, shall be provided and mounted in the passageway adjacent to the medical treatment room. The locker shall be fitted with a metal label plate with letters at least 13mm (0.5") and inscribed as follows:

WARNING
POISON ANTIDOTE LOCKER

4. Litters. The following litters shall be provided:

a. Stokes Litters (NSN 6530-00-181-7767), steel, without leg dividers, with plastic coating, will be mounted in the following locations:

- (1) In an interior passageway near the hospital

- (2) Near each galley/messing area
- (3) Near each shop space
- (4) Near the helicopter platform
- (5) For transfer-at-sea, rigged with flotation gear

b. An Air-Sea Rescue/Medical Evacuation Litter (NSN 6530-01-187-0104) will be mounted near the VERTREP/hover area. This litter may be substituted for the Stokes Rigid Litter required in subparagraph 4a(4) above.

c. One Miller Full Body Splint/Litter (NSN 6530-01-199-1969) will be installed near the top of each vertical trunk rising more than two levels where other means of extrication could not be used. The trunk will also have a steel padeye of sufficient strength to permit vertical lifting of injured personnel. Each ship will have a minimum of one such litter.

5. Eye Wash Stations/Deluge Showers. Eye wash stations shall be provided in the following locations.

- a. Machinery space
- b. Marine sanitation device room or other sewage treatment areas
- c. Battery lockers
- d. Lockers containing acids and other caustic substances
- e. Weather deck over cargo tanks (tank vessels only)
- f. Flammable liquids storerooms

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UNIT ONE INVENTORY

LOCATION: _____

NSN	NOMENCLATURE	ALLOW	ON HAND
5335-00-373-2800	WIRE FABRIC	2 RO	
0102-LF-013-5800	US FIELD MED CARD DD1380	1 EA	
6510-00-083-5573	DRESSING FLD 4"X7"	8 EA	
6510-00-935-5821	BAND COT ELAS 3"X4 1/2 YDS	1/3 PG	
6510-00-201-1755	BAND MUSLIN 37"X37"X52"	4 EA	
6510-00-201-7430	DRESSING FLD 7 1/2"X8"	2 EA	
6510-00-203-5000	TAPE ADHES 2"X10 YDS	1 SL	
6510-00-597-7469	BAND ADHES 3/4"X3" 100s	0.3 BX	
6515-00-149-1405	THERMOMETER ORAL	1 EA	
6515-00-300-2900	AIRWAY PHAR RUBB LG ADULT	1 EA	
6515-00-300-2910	AIRWAY PHAR RUBB SM ADULT	1 EA	
6515-00-383-0565	TOURNIQUET NON-PNEU	1 EA	
6515-00-935-7138	SCISSORS, SURG 7 1/4"	1 EA	
6545-00-912-9870	CASE NYLON	1 EA	
6545-00-957-7650	SURG INST SET MINOR SURG	1 SE	
7520-00-724-5606	PENCIL MECHANICAL	1 EA	

EMERGENCY RESUSCITATION/STIMULATION KIT

LOCATION: _____

NSN	NOMENCLATURE	ALLOW	ON HAND
6140-00-331-5496	BOX, TOOL PORTABLE	1 EA	
6135-00-835-7210	BATTERY DRY ALKA A CELL	0.17 BX	
6230-00-079-7867	FLASHLIGHT BLACK + YELLOW	1 EA	
6505-00-083-6537	RINGER'S LAC 1000ML 12'S	.08 BX	
6506-00-083-6544	NACL INJ USP 0.9% 1000ML 12's	0.08 BX	
6505-00-106-0875	AMMONIA INHAL AMPS 10'S	1 PG	
6505-00-133-4449	EPINEPHRINE INJ 1ML 10'S	2 BX	
6505-00-139-4460	DEXITROSE INJ 50	.1 BX	
6505-00-148-7177	DIPHENHYD HCL INJ	.1 BX	
6505-00-268-8530	HALOPERIDOL 5MG 1ML 10'S	.2 PG	
6505-01-687-3662	NITROGLY TAB 0.3MG 100'S	1 PG	
6505-01-026-8403	PHYSOSTIG SAL INJ	.2 BX	
6505-01-092-0415	AMINOPH INJ 10ML 10'S	.2 BX	
6510-00-083-5573	DRESSING FLD 4"X7	2 CA	
6510-00-201-1755	BAND MUSLIN 37"X37"X52"	2 EA	
6510-00-201-7425	DRESSING FLD 11 3/4"	1 EA	
6510-00-201-7430	DRESSING FLD 7.5"X8"	2 EA	
6510-00-582-7992	BAND GZ 6 PLY 4 1/2" X 4 YDS	.3 PG	
6510-00-721-9808	SPONGE SURGICAL 4"X4" 1200'S	.01 PG	
6510-00-890-1372	ADHES TAPE SURG 1"X360" 12'S	.08 PG	
6510-00-010-0307	PAD POVIDINE-IODINE, IMP 100'S	0.06 BX	
6510-01-115-9167	ADH TAPE SURG 2"X180" WHT 12'S	0.08 PG	
6515-00-105-0744	TUBE TRACH MURPHY 7MM	0.1 PG	
6515-00-105-0759	TUBE TRACH MURPHY, DISP 10'S	0.10 PG	
6515-00-115-0032	IV INJ SET W/O NEED DISP 48'S	0.04 PG	
6515-00-149-1206	SYRINGE NEEDLE DISP SML 100'S	0.04 PG	
6515-00-300-2900	AIRWAY PHARY RUBB LG ADULT	1 EA	
6515-00-300-2910	AIRWAY PHARY RUBB SM ADULT	1 EA	
6515-00-334-3800	FORCEPS HEMO KELLY CURVED	1 EA	
6515-00-334-6800	FORCEPS HEMO KELLY STR 5 1/2"	1 EA	
6515-00-346-0480	LARYNGOSCOPE WISCONSIN	1 EA	
6515-00-368-8840	SCISSORS BAND ANGULAR 7 1/4"	1 EA	
6515-00-754-0412	SYR HYPO 10ML 100'S	.04 BX	
6515-00-754-2834	NEEDLE HYPO 18 GA 100'S	.06 BX	
6515-00-904-0116	SPLINT, LEG, PLAS ADULT PNEUM	1 EA	
6515-00-935-6592	SPLINT, ARM PNEUM, ADULT 32"	1 EA	
6515-01-008-5210	CATH/NEED I/V 18GA DIS 1/3 50S	0.04 PG	
6515-01-008-5211	CATH/NEED I/V 20GA DIS 1/3 50'S	0.04 PG	
6515-01-039-4884	SPHYGMOMANOME NONCOND ANERO	1 EA	
6515-01-061-7812	RESUSCITATOR, HAND OPER	1 EA	
6515-01-076-3577	SUCTION APP, OROPHARNGEAL PORTABLE	1 EA	
6515-01-146-7794	TOURNIQUET NON-PNEUM	2 EA	
6515-01-149-8842	GLOVES SURG SIZE 8	0.04 PG	
6515-01-264-0363	DEPRESSOR TONGUE WOOD 10'S	0.10 PG	

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FIRST AID KIT (GUN CREW)

NSN	NOMENCLATURE	ALLOW	ON HAND
6545-00-911-8725	BAG, GUN CREW FA KIT	1 EA	
5335-00-373-2800	WIRE FABRIC	4 RO	
6505-00-106-0875	AMM ARO SOL AMPS 1/3CC	1 PG	
6505-00-914-3593	POVIDINE IODINE SOL NF 50'S	3/25BX	
6510-00-083-5573	DRESSING FA 4"X7"	4 EA	
6510-00-200-3180	BAND GZ COMP 2"X6 YDS	3 EA	
6510-00-201-1755	BAND MUSLIN 37"X37"X52"	1 EA	
6510-00-201-7425	DRESSING FIELD 11 3/4"	2 EA	
6510-00-202-0800	GZ PETRO IMPREG 3"X18"	1 PG	
6510-00-505-4000	GZ ABSORB 18"X36" 2'S	4 PG	
6510-00-550-8501	ADHESIVE TAPE SURG 2"X10 YDS	2 SL	
6510-00-913-7909	BAND ADHESIVE 3/4"X3" 300'S	3/50BX	
6515-00-383-0565	TOURNIQUET NON-PNEUM	2 EA	
6510-00-201-7430	DRESSING FLD 7 1/2"X8"	2 EA	
6515-00-300-2900	AIRWAY PHAR RUBB LG ADULT	1 EA	
6515-00-300-2910	AIRWAY PHAR RUBB SM ADULT	1 EA	
8105-00-660-0046	BAG PLASTIC	1 EA	

MINOR SUTURE SET

NSN	NOMENCLATURE	ALLOW	ON HAND
6515-00-341-9100	HOLDER, NEED HEG-MAYO 6"	1 EA	
6515-00-334-3800	FORCEPS HEMO, CURV KELLY	2 EA	
6515-00-334-6800	FORCEPS HEMO, STR KELLY	2 EA	
6515-00-337-7800	FORCEPS, TISSUE, ADSON 4 1/2"	1 EA	
6515-00-337-9800	FORCEPS, TISSUE, ST 5"	1 EA	
6515-00-365-1820	SCISSORS, GEN SURG ST 5 1/2"	1 EA	
6515-00-334-7800	HANDLE SURG KNIFE #3	1 EA	
6515-00-320-4590	FORCEPS, TOWEL	4 EA	
6515-00-660-0011*	BLADE, KNIFE #10	2 EA	
6515-00-660-0010*	BLADE, KNIFE #11	2 EA	
6510-00-782-2700	SPONGE, SURG 2"X2", 200'S	1/20 BX	
6510-00-782-2698	SPONGE, SURG 4"X4", 200'S	1/20 BX	
7210-00-299-9610	TOWEL, HAND GREEN	2 EA	

* Taped outside package

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EMERGENCY TRACHEOTOMY KIT

NSN	NOMENCLATURE	ALLOW	ON HAND
6530-00-793-9945	TRAY, INST. 10 1/2"X8"X2"	1 EA	
6515-00-325-4400	DILATOR, TRACHEAL, 5 1/2"	1 EA	
6515-00-334-5600	FORCEPS, HEMO STR HALSTEAD	1 EA	
6515-00-334-3800	FORCEPS, HEMO CUR KELLY 5 1/2"	1 EA	
6515-00-337-9800	FORCEPS, TISSUE, ST 5"	1 EA	
6515-00-338-0300	FORCEPS, TISSUE, ALLIS, ST 6"	1 EA	
6515-00-364-4600	SCISSOR, IRIS, CURVED, 4 1/2"	1 EA	
6515-00-365-1820	SCISSOR, GEN SURG ST 5 1/2"	1 EA	
6515-00-356-9100	PROBE, GENERAL, OR 5"	1 EA	
6515-00-361-8950	RETRACTOR, TRACH. HOOK	1 EA	
6515-00-361-8980	RETRACTOR, TRACH 3 SHARP PRONG	1 EA	
6515-00-914-0245	CANNULA, TRACH. JACKSON, #4	1 EA	
6515-00-914-0248	CANNULA, TRACH. JACKSON, #6	1 EA	
6515-00-914-0250	CANNULA, TRACH. JACKSON, #8	1 EA	
6515-00-320-4590	TOWEL, CLIPS 3 1/2	4 EA	
6515-00-344-7800	KNIFE HANDLE, #3	1 EA	
6515-00-782-2698	SPONGE, SURG. 4X4, 200'S	1/10 BX	
6510-00-782-2700	SPONGE, SURG. 2X2, 200'S	1/10 BX	
7210-00-299-9610	TOWELS, HAND, GREEN	4 EA	
6515-00-660-0011*	KNIFE, BLADES, #10	2 EA	
6515-00-660-0010*	KNIFE, BLADES, #11	2 EA	
6515-00-663-0008*	KNIFE, BLADES, #15	2 EA	

* Taped outside package

APPENDIX J



1. Policy. Shipboard medical personnel will first request medical advice from physicians embarked on ships of the accompanying Task Force, from physicians of military medical facilities ashore in the next port or, in non-emergencies, from the ACMO.

2. Definition of Services. The contractor will provide medical advice to CIVMAR manned ships and to Maritime Prepositioning Ship Squadrons when requested by the MSO/MDR or Master. The advice will include recommendations for seeking consultation ashore/repatriation.

3. Communications. The contractor shall provide information on communication systems/methods as part of an operations manual which will be provided to each CIVMAR manned ship. The communications will be designed to ensure rapid contact with the ships, or delivery and receipt of message traffic.

4. Procedural Requirements. The MSO/MDR will follow the requirements outlined in the operations manual provided by the contractor. Generally:

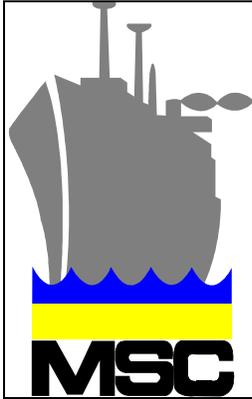
a. Before contacting the contractor, the MSO/MDR must fully evaluate the patient to maximize the value of the physician contact, ensuring information being provided to the physician is appropriate and complete.

b. The ship will use INMARSAT, unless under EMCON, to communicate with the contractor. Collect calls are not authorized. When naval messages are used, addressees will include the ACMO and COMSC.

c. The ship's ADMINCON must be kept informed of all ongoing actions when a diversion or medical evacuation is anticipated.

d. All requests for assistance will be noted in the Medical Department Log, fully documented in the health record and summarized in the next monthly Medical Department Activity Report.

APPENDIX K



POSITIONAL FUNCTIONAL REQUIREMENTS AND ENVIRONMENTAL EXPOSURE FACTORS

TABLE I: Describes the functional requirements of each civilian mariner position, including requirements for standing, walking, lifting, vision, hearing and other categories.

TABLE II: Describes the environmental exposure factors of each civilian mariner position, including weather, noise, work environment, explosives, isolation and others.

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A. FUNCTIONAL REQUIREMENTS																				
	Masters, First Officers	Second Officer, Third Officer	Purser/Nurse	Yeoman Storekeeper/UNREP Chief	OS(D), ABM, BOSUM, Carpenter, Carp./Maint	AB (Watch), Ordinary Seaman	Asst. Laundryman, Laundryman	Radio Officer	Chief Steward & Third Steward	Chief Cook, Asst. Cook, Night Cook (Baker), 2nd Cook (Baker)	Galleyman, Utilityman and 3rd Pantryman	Messman	Chief Engineer	First Assistant Engineer	Second Assistant Engineer	Third Assistant Engineer (W) (D)	Electrician	Refrigeration Engineer	Oiler, Fireman, Watertender, Wiper, Unlic. Jr. Engr., Engine Utilityman	Machinist, Pumpman, Deck Engr., Machinist, Plumber-Machinist
Heavy lifting, 45 pounds and over	OCC	OCC	OCC	X	X	X	X	X	X	X	X			X	X	X	X	X	X	X
Moderate lifting, 15-44 pounds												X	X							
Light lifting, under 15 pounds																				
Heavy carrying 45 pounds and over	OCC	OCC	OCC	X	X	X	X	X	X	X	X				X	X				X
Moderate carrying, 15-44 pounds												X	X	X			X	X		X
Light carrying, under 15 pounds																				
Straight pulling (hours)	OCC	OCC	OCC	2H	X	OCC	OCC	OCC			OCC		OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC
Pulling hand over hand (hours)	OCC	OCC	OCC	2H	X	OCC	OCC	OCC			OCC								OCC	
Pushing (hours)	X	OCC	OCC	2H	X	OCC	OCC	OCC			OCC		OCC	OCC	OCC	OCC	OCC	OCC	X	OCC
Reaching above shoulder	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Use of fingers	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Both hands required	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Walking () Steel decks	8H	8H	8H	2H	4H	4H	4H	4H	4H	6H	6H	6H	4H	4H	4H	4H	4H	4H	4H	4H
Standing (hours) Steel decks	8H	8H	8H	2H	4H	4H	4H	4H	4H	6H	6H	6H	4H	4H	4H	4H	4H	4H	4H	4H
Crawling (hours)					OCC							OCC	1H	1H	1H	1H	1H	1H	1H	1H
Kneeling (hours)	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC				OCC	OCC	OCC	OCC	OCC	OCC	OCC	X	X
Repeated bending (hours)	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC	X	X	OCC
Climbing, legs only (hours)																				
Climbing, use of legs and arms	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Both legs required	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Operation of crane, truck, or motor vehicle					OCC															

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A. FUNCTIONAL REQUIREMENTS																				
	Masters, First Officers	Second Officer, Third Officer	Purser/Nurse	Yeoman Storekeeper/UNREP Chief	OS(D), ABM, BOSUM, Carpenter, Carp./Maint.	AB (Watch), Ordinary Seaman	Asst. Laundryman, Laundryman	Radio Officer	Chief Steward & Third Steward	Chief Cook, Asst. Cook, Night Cook (Baker), 2nd Cook (Baker)	Galleyman, Utilityman and 3rd Pantryman	Messman	Chief Engineer	First Assistant Engineer	Second Assistant Engineer	Third Assistant Engineer (W) (D)	Electrician	Refrigeration Engineer	Oiler, Fireman, Watertender, Wiper, Unlic. Jr. Engr., Engine Utilityman	Machinist, Pumpman, Deck Engr., Machinist, Plumber-Machinist
Ability for rapid mental & muscular coordination simultaneously	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ability to use and desirability of using firearms	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Near vision correctable at 13" to 16" to Jaeger 1 to 4	X	X	X	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X
Far vision correctable in one eye to 20/20 & to 20/40 in the other	X	X				X														
Far vision correctable in one eye to 20/50 & to 20/100 in the other																				
Specific visual requirement (specify)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Both eyes required	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Depth perception	X	X	X		X	X	X	X	X				X	X	X	X	X	X	X	X
Ability to distinguish basic colors	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ability to distinguish shades of colors								X					X	X	X	X	X	X		
Hearing (aid permitted)			X	X	X	X	X		X	X	X	X								
Hearing without aid	X	X						X					X	X	X	X	X	X	X	X
Specific hearing requirements (specify)																				
Other (specify)																				

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B. ENVIRONMENTAL FACTORS																				
	Masters, First Officers	Second Officer, Third Officer	Purser/Nurse	Yeoman Storekeeper/UNREP Chief	OS(D), ABM, BOSUM, Carpenter, Carp./Maint	AB (Watch), Ordinary Seaman	Asst. Laundryman, Laundryman	Radio Officer	Chief Steward & Third Steward	Chief Cook, Asst. Cook, Night Cook (Baker), 2nd Cook (Baker)	Galleyman, Utilityman and 3rd Pantryman	Messman	Chief Engineer	First Assistant Engineer	Second Assistant Engineer	Third Assistant Engineer (W) (D)	Electrician	Refrigeration Engineer	Oiler, Fireman, Watertender, Wiper, Unlic. Jr. Engr., Engine Utilityman	Machinist, Pumpman, Deck Engr., Machinist, Plumber-Machinist
Outside																				
Outside and inside	X	X	X	X	X	X	X	X	X	X	X	X								X
Excessive heat	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Excessive cold	X	X	X	OCC	X	X	X	X	X	X	X	OCC	OCC	OCC	OCC	OCC	OCC	OCC	X	OCC
Excessive dampness or chilling	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dry atmospheric conditions																				
Excessive noise, intermittent	OCC	OCC	OCC	X	OCC	OCC	OCC	OCC	OCC	OCC	OCC	OCC							OCC	
Constant noise													X	X	X	X	X	X		X
Dust					OCC								X	X	X	X	X	X	X	X
Silica, asbestos, etc.													X	X	X	X	X	X	X	X
Fumes, smoke, or gases													X	X	X	X	X	X	X	X
Solvents (degreasing agents)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Grease and oils		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Radiant energy							X					X	X	X	X	X				
Electrical energy							X					X	X	X	X	X				X
Slippery or uneven walking surfaces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Working around machinery with moving parts	OCC	OCC	OCC	X	OCC	OCC	OCC	OCC	OCC	X	X	X	X	X	X	X	X	X	X	X
Working around moving objects or vehicle	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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B. ENVIRONMENTAL FACTORS	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> OCC - Occasional H - Hour's X - Full time </div>																			
	Masters, First Officers	Second Officer, Third Officer	Purser/Nurse	Yeoman Storekeeper/UNREP Chief	OS(D), ABM, BOSUM, Carpenter, Carp./Maint.	AB (Watch), Ordinary Seaman	Asst. Laundryman, Laundryman	Radio Officer	Chief Steward & Third Steward	Chief Cook, Asst. Cook, Night Cook (Baker), 2nd Cook (Baker)	Galleyman, Utilityman and 3rd Pantryman	Messman	Chief Engineer	First Assistant Engineer	Second Assistant Engineer	Third Assistant Engineer (W) (D)	Electrician	Refrigeration Engineer	Oiler, Fireman, Watertender, Wiper, Unlic. Jr. Engr., Engine Utilityman	Machinist, Pumpman, Deck Engr., Machinist, Plumber-Machinist
Working on ladders or scaffolding	OCC	OCC	OCC			X	X		X								X		OCC	
Working below ground																				
Unusual fatigue factors (specify)	X	X	X		X	X							X							
Working with hands in water	OCC	OCC	OCC			X	X		X	X	X	X	OCC	OCC	OCC	OCC	OCC		OCC	OCC
Explosives																				
Vibration					X	X							X	X	X	X	X	X	X	X
Working closely with others	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Working alone	X	X	X	X	X	X	X											X		
Protracted or irregular hours of work	X	X	X	X	X	X									X	X	X	X	X	X
Other (specify)																				