

**CHAPTER 9**

**HEALTH SERVICES TECHNICIANS ASSIGNED TO INDEPENDENT DUTY**

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## CHAPTER NINE – HEALTH SERVICES TECHNICIANS ASSIGNED TO INDEPENDENT DUTY

### Section A. Independent Duty Afloat.

1. Introduction. An Independent Duty Health Services Technician (IDHS) is a Health Services Technician (HS) assigned to a unit that has no attached Medical Officer (MO). An Independent Duty Health Services (IDHS) Afloat is a Health Services Technician assigned to a cutter. The identification or term Independent Duty Health Services Technician, used in any form, only identifies those Health Services Technicians that have successfully completed one of the three recognized Independent Duty Training courses, i.e. the USCG Independent Duty Health Services Technician, USN Independent Duty Corpsman, or USAF Independent Duty Medical Technician courses. Assignment to independent duty is challenging. The role is one of tremendous responsibility.
2. Mission, General Duties and Responsibilities.
  - a. Mission. The Health Services Technician serving independently is charged with the responsibility for the prevention and control of disease and injury, and the treatment of the sick and injured.
  - b. General Duties. HSs on independent duty perform the administrative duties and, to the extent for which qualified, the clinical duties prescribed for MOs of vessels. (See United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series) and Section 1-B of this Manual.). They shall not attempt, nor be required to provide, health care for which they are not trained and qualified. They shall provide care only for AD personnel; however they may provide care to non-active duty patients on an emergency basis. The filling of prescriptions for other than AD personnel shall be strictly limited to emergency situations and to authorized stock on hand under the allowance list for the unit. They may, under the guidance set in Chapter 10 of this Manual, establish non-prescription medication programs for eligible beneficiaries.
  - c. Responsibilities. The Commanding Officer (CO) is responsible for the health and readiness of the command. The health services department is charged with advising the CO of conditions existing that may be detrimental to the health of personnel and for making appropriate recommendations for correcting such conditions. Meticulous attention to all details and aspects of preventing disease must be a continuing program. It is imperative that shipboard sanitation and preventive health practices be reviewed constantly in order that any disease promoting situation may be discovered immediately and promptly eradicated. In the absence of a permanently attached MO the vessel's Executive Officer (XO) will have direct administrative responsibility for medical matters when no MO is attached to the vessel. The role of the IDHS is to assist the command in maintaining the good health and physical readiness of the crew. To accomplish this, the IDHS must be informed of planned operations and anticipate any operational demands resulting from such operations. To this end, the IDHS will consult and advise the command in all

matters with potential to effect crew readiness or the health of personnel. Some of the duties of the IDHS include but are not limited to:

- (1) IDHSs are recognized as a critical component to managing the CG wellness home for active duty members empanelled both indirectly and directly to practice sites. In essence, the IDHS facilitates the “wellness home away from home” and serves as the conduit to the Regional Practice.
- (2) Assessment and treatment of illness and injury. Hold daily sick call. Diagnose and treat patients within capabilities. Fully document care in the electronic health record and request cosignature of 100 percent of records by the DMOA. When indicated, refer cases to facilities where Medical or Dental Officers are available or, if this is not practical, obtain help and advice by radio or other expeditious means.
- (3) Prevention of illness and injury through an aggressive environmental health program. Such a program includes inspection of living and working spaces, food service and storage areas, handling practices, integrated pest management practices, potable water quality surveillance, and recognition and management of communicable diseases.
- (4) Provision of Health Services training aligned with the needs and mission of the unit.
- (5) Security and proper use of health services supplies, material and property.
- (6) Maintenance and documentation of medical and dental readiness of unit personnel. The IDHS will assist the command in ensuring the medical and dental readiness for the personnel in their AOR by providing monthly Medical and Dental Readiness reports to the command (through CGBI), scheduling the crew for required readiness exams and procedures as needed, and informing the command when a given crew member or department fails to cooperate with the IDHS's efforts to comply with readiness requirements. The IDHS shall also maintain a tracking system to include all return appointments requested by physicians or dentists from outside referrals requested by the command.
- (7) Ensure supplies, materials and equipment necessary to carry out the mission of the Health Services Department are obtained and maintained in sufficient quantity and condition to support the unit mission and operation.
- (8) Health Services Department administration, maintenance, and security of health records. Maintain health records as required by Chapter 4 of this Manual. Ensure that all treatment records and/or consults from outside referrals are obtained and placed in the health record. In addition, ensure that each patient is notified of all physical exams, consultations, and diagnostic tests (e.g., pap smears, mammograms,

biopsies, x-rays, etc.) performed at any facility prior to filing in the health record. Maintain the security and confidentiality of all medical/dental records, databases and any other protected health information.

- (9) Strict adherence to Chapter 2 of this Manual which contains information about general and specific duties of the HS serving independently, including all required training in compliance with HIPAA privacy and security.
  - (10) Other duties as assigned by the CO. In accordance with paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), HS may not be detailed to perform combatant duties in their own defense or protection of the wounded and sick in their charge, which are not prohibited by the Geneva Conventions. However, under routine situations; HSs who bear arms forfeit the special protections for medical personnel afforded by the Geneva Convention.
- d. Chain Of Command. The IDHS will report directly to the Executive Officer (XO).
  - e. Operation of the Health Services Department. The IDHS is tasked with a wide variety and high volume of duties and responsibilities. This section sets forth policy and guidelines designed to assist the IDHS in carrying out assigned duties and responsibilities.
    - (1) Health Services Department Standard Operating Procedure. In order to successfully manage the Health Services Department the IDHS must use time management and organizational skills and tools. One such tool is a written Standard Operating Procedure (SOP) for the Health Services Department. The SOP will govern the activity of the IDHS and has as its guiding precept the goals and missions of the unit. The SOP will be developed in consultation with the Designated Medical Officer Advisor (DMOA) and submitted in written form to the CO for approval via the chain of command. In addition, the SOP will be reviewed at least annually by the IDHS, DMOA, XO and CO. The approved SOP will be kept in the Health Services Department for easy referral. Copies of pertinent sections will be posted as appropriate. The SOP will include:
      - (a) A copy of the IDHS's letter of assumption of duties as Health Services Department Representative.
      - (b) A written daily schedule of events for both underway and inport periods.
      - (c) Copies of all letters of designation, assignment, and authority that directly impact upon the IDHS or Health Services Department. Examples include those granting "By direction" authority, designation as working Narcotics and Controlled Substances custodian, and assignment of a DMOA.
      - (d) A copy of the unit's organizational structure. This document will show

graphically the IDHS's chain of command.

- (e) A listing of duties and responsibilities assigned to the IDHS and the frequency that they are to be carried out. The listing will include both primary and collateral assigned duties.
  - (f) A listing of all required reports, the format required for submission, the frequency or date required, required routing and required "copy addressees". Incorporation of this information in tabular format provides a quick and easy guide for reference purposes.
  - (g) A water bill, for the safe handling of potable water.
  - (h) A unit instruction or SOP for the management of rape or sexual assault cases. The document must provide policy for the Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. CGIS must be notified for all unrestricted reports of alleged rape or sexual assault. It must contain a prearranged mechanism for timely completion of a physical examination by a qualified forensic examiner for the purpose of evidence gathering that meets requirements of all applicable law enforcement agencies. Additionally, it must define limitations that will exist if the unit is underway at the time the incident occurs. It must contain directions on how to complete a Victim Reporting Preference Statement, Form CG-6095. Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response Program (SAPRP), COMDTINST 1754.10 (series).
  - (i) A unit instruction or SOP for the management of suicide threat or attempt. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.
  - (j) A unit instruction or SOP action required in the event of family violence. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.
- (2) Other Necessary Documents. The IDHS is an integral part of many unit activities and various unit bills and doctrines require specific action by the IDHS. Since these are changed frequently, incorporation of Health Services Department responsibilities contained in these various documents into the Health Services Department SOP is not recommended. Applicable portions should be kept in the Health Services Department for

- quick reference, however. These include:
- (a) A battle doctrine for the unit.
  - (b) Portions of the unit mass casualty bill pertaining to Health Services Department responsibility.
  - (c) Portions of the unit general emergency bill pertaining to Health Services Department responsibility.
  - (d) Portions of the unit man overboard bill pertaining to Health Services Department responsibility.
  - (e) Portions of the unit replenishment at sea, special sea detail, flight quarters and bomb threat bills pertaining to Health Services Department responsibility.
- f. Departure from the Daily Schedule of Events. The day-to-day operation of the Health Services Department is complex and impacted by the operational needs of the unit. Of necessity, it will change when events of higher priority or concern occur. If deviation from the daily schedule of events is required, notification of the XO (IDHS's Division Officer) will be made at the earliest opportunity. When deviation from daily schedule of events occurs frequently, the daily schedule of events will be reviewed and if necessary, changed. Any changes will be incorporated into the Health Services Department SOP and approved by the Commanding Officer.
- g. Relief and Assumption of Duties as the IDHS. Proper documentation of the status of the Health Services Department, the condition of its equipment, stores, and records is required at the time of relief and assumption of the duties and responsibilities as the IDHS. This must be completed in order to adequately ascertain the state of operational medical readiness of the health services department and advise the command. Operational readiness refers to the immediate ability to meet all health care demands within the unit's capabilities. The process is complex and requires both the incoming and outgoing IDHS to jointly perform the following:
- (1) A complete inventory of all medical stores, spaces, and equipment, including durable medical equipment. Obtain the unit Health Services Allowance List and inspect the inventory of all health services department equipment, supplies, and publications. Initiate action for repair, survey, or replenishment of equipment, supplies, and publications. Verify inventory records and check all logs. Report any discrepancies to the local command without delay. Amplification of requirements and procedures is contained in Chapters 8 and 10 of this Manual. The Health Services Allowance List Afloat, COMDTINST M6700.6 (series) provides a listing of supplies and the equipment required by each class of vessel.
    - (a) A controlled substances inventory must be current. Use direction provided in Chapter 10 of this Manual.
    - (b) A complete inventory of all unit property in custody of the Health

Services Department shall be completed.

- (2) A review of ongoing actions affecting the status of Health Services, e.g., outstanding requisitions, survey or repairs, and proper documentation of all such transactions.
  - (3) A review of the Health Services Department SOP.
  - (4) A review of the most recent HSWL SC Quality Assurance Assistance Survey for the unit. A copy of the survey annotated with any finding of incomplete or uncorrected discrepancies will be included as an enclosure to the letter of relief.
  - (5) A review of all health records for completeness, accuracy, privacy and security. Check health records against the personnel roster. Any missing records should be accounted for or requested from previous duty stations. If records cannot be accounted for within one month's time, open a new health record. Check health records for completeness, and if not current, obtain and enter all missing information to the fullest extent possible. (See Chapter 4 of this Manual for further instructions pertaining to health records).
  - (6) A review of the most recent Tailored Annual Cutter Training evaluation. Paragraph 4 of this section provides the outline for the training program.
  - (7) A complete health, safety and sanitation inspection of the vessel, to include status of potable water systems (records of bacteriological, halogen content and pH testing), food stores inspections, and berthing and habitability of living and berthing spaces.
- h. Letter of Relief and Assumption of Duties. Upon completion of the Health Services Department review a Coast Guard memorandum will be prepared and submitted by the oncoming IDHS via the chain of command and will advise the Commanding Officer of the status of the Health Services Department. A copy of the letter will be forwarded to the HSWL SC Senior IDHS Coordinator. The letter of Relief and Assumption of Duties will provide the following:
- (1) Date of assumption of duties. A statement shall be signed by the oncoming IDHS, that the duties and responsibilities of the IDHS have been assumed; and that a thorough review of the Health Services Department has been conducted. Any discrepancies of material or record keeping will be annotated on a copy of the unit's most recent HSWL SC Quality Assurance site survey and submitted as an enclosure to the letter of Relief and Assumption of Duties as IDHS for the vessel.
  - (2) Any discrepancies noted upon relief will be handled as a matter of individual command prerogative. Responsibility for correction, adjustment of account or inventory records, action required to replace missing items, as well as any necessary disciplinary action will be determined by the command. The district SIDHS shall be consulted for appropriate guidance.

- (3) For cases in which no on site relief occurs, all of the preceding action will be completed. The supply officer of the unit will participate as intermediary between outgoing and incoming IDHS. District SIDHS shall be consulted for additional assistance during relief process.
- i. Actions upon Proper Relief. Upon assumption of duties as the unit's IDHS, one of the first tasks to complete is a thorough review of all SOPs and department instructions. Check the references; make contact with any listed points of contact (especially with the DMOA). If possible, make visits and introductions in person. Find out how each system works and how it is accessed.
3. Providing Health Care Afloat. Provision of health care is the most challenging and rewarding duty of an IDHS. An IDHS bears a tremendous responsibility, which can never be taken lightly. This section is intended to provide a brief summary of the various facets of providing medical care afloat.
- a. Designated Medical Officer Advisor (DMOA). All IDHS shall be assigned a DMOA in accordance with Chapter 1 of this Manual. Good communication between all IDHSs and their DMOA can prevent problems affecting health care delivery to the crew. All IDHSs will schedule a visit with the DMOA as soon as is practical after reporting aboard. This visit will normally be scheduled for a period of at least two weeks. The purpose of the visit is to allow first-hand communication of expectations, support facility requirements, allow for direct oversight of IDHS rendered clinical care, and any unique needs or concerns. Open communication can be maintained through regular visits when practical, or at minimum, regular telephone calls. With regard to provision of direct care, the IDHS will seek DMOA (or surrogate's) advice whenever there are questions about a patient's condition or when the following conditions exist:
- (1) Return to sick call before assigned follow-up because of failure to improve or condition has deteriorated.
  - (2) Member cannot return to full duty status after 72 hours duration because of unresolved illness.
- NOTE:** The IDHS shall contact the Flight Surgeon on call through the closest Coast Guard Command Center when any of the following emergency conditions exist:
- (1) Fever of unknown origin of 102 degrees Fahrenheit or higher (when taken orally) persisting for 48 hours.
  - (2) Fever of 103 degrees Fahrenheit or higher (when taken orally).
  - (3) Unexplained pulse rate above 120 beats per minute.
  - (4) Unexplained respiratory rate above 28 breaths per minute or less than 12 breaths per minute.

- (5) Psychosis or Depression with suicidal thoughts.
  - (6) Change in mental status or level of consciousness.
  - (7) Chest pain or arrhythmia.
  - (8) Unexplained shortness of breath.
  - (9) Rape or sexual assault.
  - (10) Any condition threatening life or limb.
- b. Gender Considerations. Chapter 1 Section B of this Manual provides specific direction for health services technicians about patient privacy, same gender attendant requirements, and examination restrictions.
- c. Avoiding Common Problems. Scheduling and obtaining the routine medical care needed by crewmembers during short inport periods can tax the organizational skills of even the most experienced IDHS. There are, however, actions that the IDHS can take which will enhance the chances of getting the routine appointments needed for all members. Some of these are:
- (1) Identify the routine medical and dental needs of the crew well in advance of return to port. The vessel's supporting clinic has an established appointment scheduling procedure within which the IDHS must work whenever operational schedules allow. Provide requests via message (or other written form as appropriate) for appointment scheduling ahead of "appointment schedule opening" for the inport period whenever possible. Request reply by message prior to the vessel's scheduled return to port. When routine medical or dental care is to be made directly to a DOD MTF, the IDHS must determine the facility requirements for referral of patients and follow any local procedures.
  - (2) Communicate with the vessel's supporting clinic. Visit the supporting clinic, if practical, as soon as possible after return to port. Discuss the crew's medical and dental needs with the clinic supervisor and DMOA (if located at the facility).
  - (3) Perform as many preliminary tests and as much paperwork as possible before scheduling physicals at the supporting clinic.
  - (4) Post a listing of appointment dates and times as soon as it becomes available. Provide each division officer and shop chief a listing of the appointments applicable to the division or shop.
  - (5) Hold members accountable to be at their appointed place and time. Provide feedback to division officers and shop chiefs on any appointment failure. Notify XO of more than one failure.
- d. Consultations. During the management of complex or protracted cases, consultations or specialty referral may be necessary. When such services are needed, the IDHS will normally contact a CG clinic or in some cases, a Department of Defense medical treatment facility (DOD MTF). When arranging for a patient to see a Medical Officer at a CG clinic, the IDHS shall

ensure that a Chronological Record of Care, Form SF-600 entry is completed using the SOAP format and that an appointment is scheduled. The clinic will normally provide treatment or arrange care if treatment is beyond its scope. When consultations or referral for specialty care are required, the IDHS shall coordinate with the PCM. The IDHS must determine the facility requirements for referral of patients and follow any local procedures. Referrals to a DOD MTF will normally be documented using a Consultation Sheet, Form SF-513, Consultation Sheet or a Referral for Civilian Medical Care, Form DD-2161. The consultation request shall provide a concise history of the condition to be evaluated as well as any pertinent findings and a provisional diagnosis. Chapter 4 Section B of this Manual provides direction on completion of a Consultation Sheet, Form SF-513. The patient should inform their supervisor of all referral appointment dates and times. Whenever possible, provide at least 24 hours notice for changes or cancellations.

- e. Medical Evacuation (MEDEVAC) of Injured or Ill Crewmembers. Medical evacuation must be considered when care is needed by a patient to preserve life or limb, provide pain relief beyond capability onboard, or to provide other medical or dental treatment for which delay until the unit's next scheduled port call would provide undue hardship or pain for the patient. The unit's ability to MEDEVAC a patient will be affected by the vessel's current mission, availability of air transport assets, and location. When considering or executing a MEDEVAC:
- (1) Keep the XO informed. At first indication that a MEDEVAC may become necessary, notify the XO.
  - (2) Request, via the XO, communication with the closest Coast Guard command center and request to consult with the Flight Surgeon on call. In addition to a thorough patient presentation, information about the unit's location in relation to medical resources ashore and realistic estimations of time requirements to reach a point that MEDEVAC is possible, must be available. Keep the Flight Surgeon advised of any change in the patient's condition.
  - (3) Thoroughly document the MEDEVAC process. Ensure that a complete patient record is maintained in the patient's health record. Maintain a complete record of events in the Health Services log. Make entries as events occur.
  - (4) Keep the patient informed. Explain in as much detail as possible the actions being taken and expected outcome of the actions. As time of departure approaches, describe for the patient what to expect during transport and upon arrival at destination. If a Coast Guard Beneficiary Representative is attached to the medical facility to which the patient is being MEDEVACed, provide this information to the patient.
  - (5) Ensure that all information about the patient's is current on the Adult Preventive and Chronic Care Flowsheet, Form DD-2766. The Adult Preventive and Chronic Care Flowsheet, Form DD-2766 should

accompany the patient with record of current illness/injury – Chronological Record of Care, Form SF-600. Ensure that information necessary for unit contact and contact of the unit's supporting clinic are provided and easily located by the receiving medical facility. Anticipate the patient's need for personal items, including a valid Armed Forces Identification Card, and ensure these are packaged for transport with the patient. Limit such items to those that are necessary. Encourage the patient to limit cash. Ensure proper medical preparation of the patient for medevac, particularly if to be hosted via litter or basket.

- (6) Notify the unit's supporting clinic and DMOA of the MEDEVAC and any needed assistance for the patient.
- (7) Provide an inpatient hospitalization notification e-mail in accordance with current directives. See Chapter 2 Section A of this Manual.
- f. Surgical Procedures. Most routine minor surgical procedures will be delayed until the vessel is in port. Surgical procedures while underway will be limited to only those procedures that are needed in order to return a patient to a fit for full duty status. These procedures include:
  - (1) Placing and removing sutures in a wound.
  - (2) Incision and drainage.
  - (3) Unguinectomy.
  - (4) Paring down painful plantar warts.
- g. Refusal of Treatment. Medical, dental, and surgical treatment will not be performed on a mentally competent member who does not consent to the recommended procedure except when (with DMOA endorsement):
  - (1) Emergency care is required to preserve the life or health of the member.
  - (2) Isolation and quarantine of suspected or proven communicable diseases as medically indicated or required by law to ensure proper treatment and protection of the member or others.
- h. Motion Sickness. Members that manifest chronic motion sickness, that do not respond to conventional therapy, and are unable to perform their duties as a result, will be considered for administrative separation from active duty as per the Military Separations, COMDTINST M1000.4 (series).
- i. Antibiotic Therapy. The IDHS may prescribe and administer antibiotics included on the Health Services Allowance List Afloat. Whenever possible, the IDHS shall consult with his/her DMOA or surrogate for a recommendation or concurrence prior to administering antibiotic therapy.
- j. Health Services Treatment Space. The Health Services treatment space will be manned at all times when patients are inside. All items are to be stowed in their proper place and secured. All medical records shall be locked in a cabinet. At no time should the Health Services space be left unlocked when the IDHS is not onboard.

- k. Patient Berthing. Some units have facilities for close patient observation or treatment. Absolutely no person other than the sick or injured will be berthed in the Health Services Department. The IDHS may sleep in the Health Services Department when attending an injured or sick patient, but will have a regularly assigned berthing space. Personal gear and clothing are not to be stored in the Health Services Department. The Health Services Department will not be used as berthing spaces for augmented personnel.
- l. Not Fit For Sea Duty. Members who are medically, surgically, or orthopedically unfit for sea duty (including wearing a cast or needing to use crutches) and unable to perform their duties will not be placed onboard the vessel. Personnel will either be placed on Limited Duty ashore or on Convalescent Leave.
- m. Convalescent Leave/Sick Leave. Convalescent leave/Sick leave is a period of leave not charged against a member's leave account. It can be a recommendation to the command when a patient is Not Fit For Duty (usually for a duration expected to be greater than 72 hours) and whose recovery time can reasonably be expected to improve by freedom from the confines of quarters. It should be considered only when required as an adjunct to patient treatment. The command must evaluate each recommendation. Commands are authorized to grant convalescent leave as outlined in Military Assignments and Authorized Absences, COMDTINST M1000.8 (series). The IDHS shall re-evaluate all patients at the termination of their approved convalescent/sick leave.
- n. Controlled Substances. Regulations for the handling, storage, and issue of narcotics and controlled substances are found in Chapter 10 of this Manual. The contents of this section are not intended to contradict the guidance provided there. This section serves to amplify policy provided with respect to medicinal narcotics and controlled substances onboard afloat units.
  - (1) Narcotics and controlled substances require special handling. All controlled substances shall be obtained through the unit's collateral duty Regional Pharmacy Executive (RPE).
  - (2) The CO will designate the Executive Officer as the controlled substances custodian (CSC). The CSC will follow the accounting procedure provided in Chapter 10 of this Manual. The IDHS will normally be assigned as custodian for narcotics and controlled substances working stock. Such assignment must be made in writing.
  - (3) All issues from working stock will be documented with a properly completed, written prescription. All non-emergent care requires contact with a Medical Officer before dispensing any controlled medication. The Medical Officer's orders will be documented on a prescription and in the patient's health record. The words "By verbal order of" will precede the ordering Medical Officer's initials, last name, and time of order and date of order both on the prescription and in the patient's health record. In the event of an emergency, a Medical Officer's order is not needed to

dispense a controlled substance. Once the emergency situation is over or alleviated, the IDHS will contact a Medical Officer and detail the circumstances and the controlled substances that were administered. Upon concurrence by the Medical Officer, the prescription prepared for the patient will be annotated with the words "By concurrence of" the ordering physician's initials, last name, time of concurrence and date of concurrence.

- (4) The XO will countersign all prescriptions prepared by the IDHS prior to issue of any controlled substance or narcotic.
  - (5) Controlled substances stored aboard cutters shall be limited to amounts in the Health Services Allowance List, Afloat, COMDTINST M6700.6 (series) . If the need exists for the unit to carry additional quantities of controlled substances based on use or potential for operational need, a written request signed by the Commanding Officer will be forwarded to the IDHS's DMOA. The request must include nomenclature, quantity, and brief justification.
- o. Dental. It is the duty of the IDHS to arrange for the necessary dental examinations of the crew. All personnel should be Class I or Class II prior to deployment and results shall be documented in DENCAS.
- (1) All personnel must receive an annual dental exam.
  - (2) The IDHS will arrange, via e-mail or message, for the large group of dental appointments needed for crewmembers returning from deployment. A signup sheet and announcement to the crewmembers is advised, and early communication with the staff of the dental clinic is recommended in order to allow sufficient time for the scheduling of a large amount of dental visits. Urgent cases obviously are to be scheduled first, regardless of rank or position of the member. Once back in port, active communication with a designated POC in the dental clinic is advised in order to handle cancellations, substitutions and last minute appointment changes. Although it may be time consuming, it is easier to deliver patient reminders the morning of the scheduled appointment than to try and explain a group of no-show crewmembers to a dental officer or XO.
- p. Rape or Sexual Assault. All victims of rape or sexual assault must be treated in a professional, compassionate and non-judgmental manner. Examination of rape and sexual assault victims will be limited to only visual examination of any wound or injury and treated according to present standards of care. In all cases, a Medical Officer and CGIS will be contacted for advice. In the event that no Medical Officer is available (underway), an IDHS may conduct the visual examination. A chaperone of the same gender as the patient will be present if such examination is conducted. All aspects of the patient encounter must be carefully documented. Physical examination to gather evidence of rape or sexual assault is strictly prohibited. The unit shall have a SOP for alleged rape and sexual assault. Refer to Sexual Assault Prevention and

Response Program, COMDTINST 1754.10 (series).

- q. Suicide Prevention. An encounter with a suicidal person is always a deeply emotional event. It is important for the IDHS to act in a caring and professional manner. Early intervention and good communication skills are essential. If suicidal ideation is suspected, it is important to remember:
- (1) Take all threats and symptoms seriously. Asking about suicidal thoughts will not “put the idea in the person’s head” or increase the risk of suicide. Raising the subject gives permission for open discussion. For any member considering suicide, immediately seek professional help from the nearest MTF or civilian emergency room with facilities appropriate to the situation. At no time should the person be left unattended. Once the patient is safe, contact the servicing Work-Life office for additional help or refer to Suicide Prevention COMDTINST 1734.1 (series).
  - (2) Actively listen to the patient. Do not argue, judge, attempt to diagnose, or analyze the person’s true intentions. It is important to provide a calm, caring, professional demeanor throughout the entire situation. Thoroughly document the patient encounter using the SOAP format.
  - (3) Arrange for an escort and a driver to transport the patient to the nearest Coast Guard clinic, MTF or civilian emergency room with facilities appropriate to the situation. The unit's SOP for suicide threat or attempt should contain this information for ready use if needed. If underway, then a MEDEVAC must be considered. Contact a Flight Surgeon, the IDHS’s DMOA or a Medical Officer familiar with the area of operation for advise on how to handle this patient.
  - (4) Completion of Applied Suicide Intervention Skills Training (ASIST) is highly recommended.
- r. Decedent Affairs. Chapter 5 of this Manual contains guidance about action that the Health Services Department must take when there is a death aboard a Coast Guard unit. Military Casualties and Decedent Affairs, COMDTINST M1770.9 (series) contains further guidance concerning casualties and decedent affairs, as does the Decedent Affairs Guide, COMDTINST M1770.1 (series). It is unlikely that the IDHS will be assigned as the Casualty Assistance Calls Officer (CACO) for the command, but the IDHS will undoubtedly be heavily involved with the process of proper disposition of remains, so familiarity with the information required is helpful. The IDHS should also perform the following:
- (1) An entry in the Health Services Log will be made detailing all available information concerning the death.
  - (2) The health record of the deceased member will be terminated in

accordance with Chapter 4 of this Manual.

- s. Disposition of Remains. As soon as possible, remains will be transferred to the nearest Military Treatment Facility (MTF) for further disposition. When transfer cannot be accomplished immediately, the remains will be placed into a body pouch and refrigerated at a temperature of 36 to 40 degrees Fahrenheit to prevent decomposition. The space must contain no other items and must be cleaned and disinfected before reuse. Remains will be identified with a waterproof tag, marked with waterproof ink, and affixed with wire ties to the right great toe of the decedent and also to each end of the body pouch. The minimum information needed on each tag includes the full name, SSN and rate or rank of the decedent. Whenever possible, do not remove items attached to the deceased at time of death. Such items may include (for example) IV lines, needles, AED pads, ET tubes, lengths of cord or line, etc. These may be important during an autopsy. In the event of a mishap, notify the Duty Flight Surgeon and DMOA to ensure attendance at the post-mortem examination and Mishap Analysis. Additionally, do not discard or launder clothing of the deceased. These items are sometimes important to surviving family members and in some cultures is part of the mourning process for the deceased. This is a cultural consideration but should be a part of the decision process.
  - t. Physical Disability Evaluation System. The medical board process is detailed in Military Casualties and Decedent Affairs, COMDTINST M1770.9 (series) and the Physical Disability Evaluation Manual, COMDTINST M1850.2 (series).
4. Training. The purpose of training provided to the crew of an afloat unit include: assurance that crewmembers are able to provide aid for themselves and their shipmates in an emergency or a combat situation and to promote the general health and well being of the crew. To this end, a written Health Services Department Training Plan will be prepared and submitted to the unit training officer for incorporation into the unit training plan and the SIDHS for quality assurance review.
- a. Health Services Department Training Plan. A plan for training of the crew will be established. The plan will be established in written form and kept on file. It will be based on a minimum 12 month cycle and be included in the cutter training schedule. At a minimum, the following training will be given annually:
    - (1) Basic first aid.
    - (2) Shock, hemorrhage control, and bandaging.
    - (3) Airway management and assisted ventilation.
    - (4) Route to battle dressing stations (BDS) and use of items in first aid kits gunbags and boxes.
    - (5) Personal and dental hygiene.

- (6) STI/HIV prevention.
  - (7) Heat and cold stress programs, including hypothermia.
  - (8) Respiratory protection program.
  - (9) Hearing conservation.
  - (10) Sight conservation.
  - (11) Blood borne pathogens.
- b. Documentation of Training. Documentation of the training is a Tailored Annual Cutter Training requirement as well as a requirement of several Coast Guard programs. The rule of thumb to remember is “If it isn’t written down, it didn’t happen.” An outline must be prepared and kept on file for all training topics presented and a training log maintained for all training provided. The training log will contain a record of all HS training given to the crew, stretcher-bearers, and HSs. It will contain the following information:
- (1) Date.
  - (2) Topic.
  - (3) Duration.
  - (4) Group or department receiving the training.
  - (5) Instructor’s name.
  - (6) Names (signatures of those present) of members trained.
- c. Training Format. Training will normally be presented in either lecture format or demonstration and practical application. Lecture format presentations should be limited to 15 to 20 minutes and demonstrations and practical application should not exceed 1 hour. Practical application must be of high priority in training the crew and stretcher-bearers in first aid, casualty evaluation, treatment, reports to damage control central, and transporting casualties to battle dressing stations. There is no substitute for “hands on” practice in developing effective first aid and patient transport skills.
- d. Departmental Training. Specific training not applicable to the entire crew, but appropriate to individual departments, should be incorporated into the Health Services Training Plan. Such departmental training is normally needed because of workplace exposure to potential health hazards. Training subjects appropriate to various departments are listed in the following subparagraphs. The list is not all inclusive. It is provided as a guideline.
- (1) Weapons department:
    - (a) Hearing conservation.
    - (b) Heat stress (ship's laundry personnel).
    - (c) Respiratory protection.
    - (d) Basic life support (fire control personnel).

- (e) Review of prevention and treatment of electric shock casualties.
  - (f) Eyesight protection.
  - (g) Self-Aid/Buddy-Aid
- (2) Engineering department:
- (a) Hearing conservation.
  - (b) Potable water.
  - (c) Heat stress.
  - (d) Respiratory protection.
  - (e) Eyesight protection.
  - (f) Hazards associated with human waste.
- (3) Supply department:
- (a) Food service sanitation (food service personnel).
  - (b) Heat stress (scullery personnel).
  - (c) Injury Prevention.
- (4) Operations department:
- (a) Basic life support (electronics shop personnel).
  - (b) Review of prevention and treatment of burns, electric shock and hemorrhage.
- (5) Deck department:
- (a) Eyesight protection.
  - (b) Hearing conservation.
  - (c) Heat stress.
  - (d) Respiratory protection.
- e. Drills. Drills are a necessary part of unit training. Drills help to reinforce performance of skills and actions that must be completed during stressful or potentially dangerous situations. Drills that have close relation to health and safety of the crew will be incorporated into the Health Services Department Training Plan. The cutter training board should integrate Health Services Department Training Plan drills into the unit's training schedule.
- (1) The following drills will be conducted semi-annually:
- (a) Battle Dressing Station.
  - (b) Personnel casualty transportation.
  - (c) Mass casualty.

- (2) The following drills, at minimum, will be conducted quarterly:
- (a) Compound fracture.
  - (b) Sucking chest wound.
  - (c) Abdominal wounds.
  - (d) Amputation.
  - (e) Facial wounds.
  - (f) Electrical shock.
  - (g) Smoke inhalation.
  - (h) Casualty transport.
  - (i) SA/BA
- f. Training and Assignment of Stretcher-Bearers. No less than four stretcher-bearers will be assigned to the Primary Battle Dressing station (BDS). The training for stretcher-bearers will include all subjects given to the crew with emphasis on basic first aid, casualty evacuation, triage, use of all stretcher types maintained onboard the unit, casualty carrying methods, setup and organization and basic life support. Stretcher-bearers must also complete the advanced first aid portion of the Damage Control Personnel Qualification Standards (DC PQS).
- g. Training for the IDHS. Careful study, practice, and concentration on all facets of the Health Services Technician are necessary to prepare an HS to be successful as an IDHS. In addition to the requirements of the rating, successful completion of certain training and "C" schools are required as per Cutter Training and Qualification Manual, COMDTINST M3502.4 (series) These are:
- (1) Coast Guard Independent Duty Health Services Technician, Air Force Medical Services Craftsman or Navy Surface Forces Independent Duty Technician.
  - (2) Coast Guard Introduction to Environmental Health or Navy Basic Shipboard Series. (Note: This is not required for graduates of Navy Surface Forces Independent Duty Technician or Independent Duty Health Services Technician School).
  - (3) Emergency Medical Technician. IDHS assigned to a floating unit are required to maintain currency with the National Registry of Emergency Medical Technicians (NREMT) at the EMT level. Short Term Training Requests are to be completed in accordance with the Training and Education Manual, COMDTINST M1500.10 (series) and forwarded to Commandant (CG-1121). Funding will be provided by Commandant (CG-11). See the Emergency Medical Services Manual, COMDTINST M16135.4 (series) for additional information.

- (4) Instructor courses (Must maintain current certification in) CPR, BLS, AED and First Aid.
  - (5) Field Management of Chemical and Biological Casualties. The Field Management of Chemical and Biological Casualties Course (FCBC) is conducted by the US Army Medical Research Institute of Chemical Defense (USAMRICD) at Aberdeen Proving Ground, Maryland. Classroom instruction, laboratory and field exercises prepare graduates to become trainers in the first echelon management of chemical and biological agent casualties. This course is required per Cutter Training and Qualification Manual, COMDTINST M3502.4 (series).
- h. IDHS Initial Certification. All newly assigned IDHSs will participate in an orientation and certification program at their supporting clinic. Initial orientation must be completed within 60 days of reporting in to the new unit. If due to operational commitments the orientation and certification can not be completed within 60 days of reporting, a waiver request must be sent in memo format to the HSWL RP SIDHS Team Leader. If the unit is unable to fund the TDY, the IDHS shall request funding from their HSWL RP SIDHS. Initial orientation and certification is estimated to take 2 weeks. During this time, the IDHS will:
- (1) Work with his/her DMOA to complete the IDHS Operational Integration, Form CG-6000-4.
  - (2) See a minimum of 12 patients
  - (3) Perform a focused exam on each of the body's systems while using the DMOA as a guide and evaluator.
  - (4) Discuss with his/her DMOA the notification procedures for the dispensing of scheduled drugs, administration of emergency medications and antibiotics.
  - (5) Solicit documented feedback from the DMOA and work to improve any areas where required.
  - (6) Perform a minimum of 4 clinical hours with a dental preceptor.
  - (7) Solicit documented feedback from the dental preceptor and work to improve any areas where required.
  - (8) Demonstrate a verbal understanding of management of acute dental problems to include dental abscess, periodontal disease, temporary fillings, fractured teeth, etc.
  - (9) Demonstrate documentation requirements for dental problems.
- i. IDHS Annual Sustainment Training Requirements. Every 12 months, the IDHS must complete the following task:
- (1) See a minimum of 48 patients/year. The IDHS shall solicit feedback from his/her DMOA on the patients treated over the last year.

- (2) Work with his/her DMOA to complete the IDHS Operational Integration, Form CG-6000-4.
  - (3) Instruct at least one BLS certification class. Submit training roster to the district SIDHS.
  - (4) Review all CEUs acquired over the last year in order to maintain EMT certification with his/her DMOA.
- j. Training for the Junior HS Aboard Cutters. If a junior HS is assigned to a cutter TAD, he/she is considered an apprentice for training purposes. The cutter HSC is responsible for the training and mentorship of the junior HS. While assigned, the junior HS shall accomplish the following training requirements:
- (1) Completion of Enlisted Performance Quals for next paygrade.
  - (2) While inport, attend weekly training sessions at supporting CG Clinic. This shall include spending clinical time working with their assigned DMOA. If cutter is not co-located with their DMOA Clinic, the junior HS should attend formal clinical training at a local MTF if available.
  - (3) Submit 100% of their record entries to the HSC for quality assurance review and training opportunities. The HSC must provide feedback to the junior HS with a copy to the district SIDHS for filing.
5. Supply and Logistics.
- a. Custody of Health Services Equipment and Material. As directed by the Commanding Officer, the IDHS is responsible and accountable for the health services material onboard the cutter. As such, the IDHS is the custodian of all health service equipment and material. The custodian will not permit waste or abuse of supplies or equipment and will use techniques such as stock rotation, planned replacement and preventive maintenance to minimize waste of resources.
  - b. Inventory. An accurate record of medical stores and equipment must be maintained. The inventory of medical stores, spaces and equipment will be prepared using the NAVSUP-1114, Stock Record Card Afloat or in line item form (computerized database is an approved and preferred alternative if all necessary information is captured) and include
    - (1) Quantity and shelf-life of each item currently on board.
    - (2) Balance on hand, high-level, low-level (reorder point for each item).
    - (3) Manufacturer, lot number and expiration date (pharmaceuticals).
    - (4) Quantity placed on order, date received.
  - c. Unit Property. Unit property in Health Services Department custody must also be safeguarded and accounted for. The unit property custodian should be contacted before transfer or destruction of such property.

- d. Funding and Account Record Keeping. Funds used to purchase supplies and equipment and to pay for the various expenses of operating the unit are broken down into Allotment Fund Control (AFC) expenditure categories. This method allows for efficient budgeting and accounting. Fund categories generally used by an IDHS fall within the AFC subhead 30 or 57 expenditure categories.
- (1) AFC-30 is a general ship fund used by the supply department to purchase generally needed operating supplies and services. Examples include pens, paper, books, training aids, etc. AFC-30 funding can be used to pay for Health Services Department supplies and equipment not obtainable through Defense Supply Center Philadelphia Prime Vendor Program (via the unit's supporting clinic) or the major medical equipment request process (see Chapters 6 and 8 of this Manual). Restrictions exist on what may be purchased with AFC-30 funds. Specific questions can be answered by unit supply personnel.
  - (2) AFC-57 is a funding category used to purchase health care related supplies and equipment, and to pay for health care. AFC-57 funds are distributed to the HSWL SC for further distribution to the units within their areas of responsibility with HS's assigned.
  - (3) With the full implementation of the Prime Vendor programs for Pharmaceuticals and for Medical and Surgical Supplies, AFC-57 fund allocations will be made to the Prime Vendor ordering point assigned for the unit.
  - (4) All 5211 requests submitted by the IDHS shall be validated by the RP SIDHS then forwarded to HSWL SC SIDHS for approval and purchase.
- e. Budgets and Budgeting. In general, IDHSs do not need to plan and submit an AFC-57 budget request because medical supplies and equipment funding are controlled by the HSWL SC and Prime Vendor ordering points. If additional AFC-57 resource needs are anticipated, the IDHS's supporting clinic should be contacted for direction on how the resources are to be requested. The budget build process does have value for the IDHS however. AFC-30 funds will need to be planned for and requested and medical equipment in need of planned replacement must be identified and a Coast Guard Health Care Equipment Request, Form CG-5211 submitted. The budget build process is a good way to handle these needs. AFC-30 fund budget planning is relatively straight forward, although it can be time consuming. AFC-30 expenditures for Health Services should be broken into general use categories. Examples of categories are books and publications, non-consumable goods and services such as hydro testing and replacement of oxygen cylinders, annual calibration of heat stress meters, and travel for continuing education. Budgeting categories can be as simple or complicated as the IDHS desires to make it. Once categories have been established, a ledger for the Health Services Department should be "opened" and the expenditure categories entered into it. The use of a "spreadsheet" program is an efficient way to keep an accounting

record, but a ledger book works just as well. Attention to detail is the key. In general, a system using four to five categories works well.

- (1) In preparing a budget for the upcoming year, it is important to look back over what was purchased in the previous year. To do this, collect all records of AFC 30 orders and expenditures. Review each line item and record the amount spent into the appropriate budget category. The following is a timeline on how to prepare a budget.

|                  |   |
|------------------|---|
| <p>March</p>     | <p>Look back process. Review amount of funds spent over the first two quarters of the fiscal year as well as spending patterns for the previous fiscal year. Note general categories on which funds were spent and in which quarter items were ordered. This will allow projection of quarterly funding needs into the upcoming year.</p>   |
| <p>April/May</p> | <p>Review status of the Health Services Department medical library and determine which texts and references must be updated.</p> <p>Review status of HS certifications and continuing medical education. Funding for training, conferences or seminars not normally funded by AFC 56 funds must be budgeted for as AFC 30 budget line items.</p> <p>Review preventive maintenance records and include cost projections in AFC 30 budget. Prepare and submit any Coast Guard Health Care Equipment Request, Form CG-5211 for medical equipment to be replaced.</p> <p>Seek guidance from XO on known or planned activities outside normal operations. An example is a yard period (which will require higher than normal supplies of various personal protective equipment (PPE)) or extended deployments in which normal supply is difficult.</p> |
| <p>June</p>      | <p>Submit finalized budget proposal through chain of command. AFC 30 budget information will be added to the unit budget. Be prepared to “defend” the budget request submitted. Documentation of the data gathering process and retrieval of the raw data used to justify the funding requested will likely be required. AFC 56 funds requests will be consolidated by the command and forwarded to the unit’s district, HSWL SC or Area commander, as appropriate.</p>   |

Table 9-A-1

- (2) Careful stewardship, good record keeping and accounting make existing funding and justification for increased funding levels easier.
- f. Obtaining Pharmaceuticals, Medical and Surgical Supplies. Chapter 8 of this Manual provides policy applicable to the management of Health Services supplies. Prime Vendor programs for both Pharmaceuticals and Medical/Surgical Supplies have been established and it is through these programs that essentially all pharmaceuticals and supplies will be obtained. From an "afloat" perspective important aspects of the program include:
- (1) Each afloat unit has been assigned a Prime Vendor ordering point for Pharmaceuticals and for Medical/Surgical Supplies. The HSWL SC assigns the POCs and periodically updates the information. The Prime Vendor ordering point may be different for each of the programs.
  - (2) Funding for both Prime Vendor for Pharmaceuticals and Prime Vendor for Medical/Surgical Supplies is provided to the assigned Prime Vendor ordering point by the HSWL SC. Internal accounting procedures vary among Prime Vendor ordering points. Some have established individual "accounts" for the units they are responsible for while others manage funds from a central account. Regardless of the accounting method used by the Prime Vendor ordering point, the IDHS must establish and maintain a system to track expenditures.
  - (3) Prime Vendor ordering points establish pharmaceutical and medical/surgical supply ordering procedures for their assigned units. Pharmaceutical and medical supply items ordered will be those required by the Health Services Allowance List (HSAL) in quantities required for the unit type. Deviation from the HSAL requirements will normally occur only after justification of the need is made by the IDHS to the DMOA for the unit. It will be made in writing and kept on file for review during a HSWL SC site surveys.
- g. Health Services Supporting Clinic. The supporting clinic for a vessel is the IDHS's partner in providing health care for the vessel's crew. Local agreements and resources may be available to allow the supporting clinic to provide a broader range of services to the IDHS and the vessel's crew but at a minimum, the following will be provided.
- (1) All supplies and equipment (under \$500.00) listed in the HSAL for the class of vessel and on the HS Core Formulary. The unit no longer receives AFC-57 funding for the operation of the Health Services Department. These funds are provided instead to the vessel's supporting clinic with the intent that the supporting clinic will provide all required items for the IDHS to operate the Health Services Department.
  - (2) Assign to the IDHS a DMOA in writing. The DMOA shall be available for questions about patient care, as well as completing record reviews quarterly.
  - (3) Perform medical boards for the IDHS unit as necessary.

- (4) Provide a resource for advice and support in all administrative areas of health care provision to include medical administration, physical examination review (within the approving authority of the Health Services Administrator), health benefits, medical billing and bill payment processing assistance, dental care pharmacy administration, supply and logistics, bio-medical waste management, IDHS continuing education, and quality assurance support. Any services provided at the clinic shall be extended to the IDHS to the maximum extent possible.
- h. Preventive Maintenance of Health Services Equipment. Chapter 8 of this Manual details the preventive maintenance program for Health Services equipment. Chapters 1 and 2 of the Health Services Allowance List Afloat, COMDTINST M6700.6 (series) provide guidance on the maintenance of specific items carried onboard ship (i.e. gunbags, portable medical lockers, stokes litter, etc.). An important part of medical readiness is a program of preventive maintenance and planned equipment replacement. Repair and routine replacement part costs should be recorded on a locally generated form or side B of Medical/Dental Equipment Maintenance Record, Form NAVMED 6700-3CG. Capture of this data will allow more accurate forecasting of AFC-57 funding needs for preventive maintenance.
- i. Replacement of Health Care Equipment. Chapter 8 of this Manual provides direction on how to obtain replacement of health care equipment. An effectively managed planned equipment replacement program minimizes repair costs and avoids loss of critical equipment at unscheduled times. Additionally, used but still serviceable equipment can be used by other facilities by "turn-in and reissue" through the Defense Reutilization Management Office (DRMO). At least annually, normally during the budgeting process, review the preventive maintenance costs for each piece of health care equipment. When repair and maintenance costs for the year exceed 50 percent of the current replacement cost of the equipment, then a Form CG-5211, U. S. Coast Guard Health Care Equipment Request should be submitted to the HSWL SC requesting replacement.
- j. Disposal of Unserviceable or Outdated Medical Material.
- (1) Equipment and Supplies. The Property Management Manual, COMDTINST M4500.5 (series) provides guidance on when a formal survey is required. In general, a formal survey is not required except when equipment has been lost or stolen. If uncertain about whether or not a formal survey should be done, the unit's supply officer should be consulted.
  - (2) Pharmaceuticals and Medicinals. Destruction of pharmaceuticals and medicinals will rarely be required. Chapter 8.C. of this Manual directs that materials will not be disposed of at sea, but prepared for destruction and held in a secure area until the vessel's return to port where they can be disposed of in accordance with federal, state and local laws.
    - (a) Prime Vendors provide a partial credit for some materials returned to

them. IDHSs and supporting clinics will establish local policy for transfer of expired or short shelf-life pharmaceuticals. A transfer and replacement of pharmaceuticals within 6 months of expiration should be made with the supporting clinic to minimize waste.

- (b) If destruction is required, it will be accomplished in a well-ventilated area. Liquid substances present potential exposure through splash back. At a minimum, splash proof goggles and neoprene rubber gloves will be worn when working with liquid substances that may be absorbed through the skin. The wearing of protective equipment such as a splash apron is also encouraged. Thorough hand washing after the destruction process must be accomplished. Medical material must be disposed of in a manner so as to ensure that the material is rendered non-recoverable for use and harmless to the environment. Destruction must be complete, to preclude the use of any portion of a pharmaceutical. Chapter 8. C. of this Manual provides detailed information about destruction and disposal of unsuitable medications.
- k. Disposal of Medical Waste. Federal regulation defines how medical waste must be stored and disposed of, and the records that must be kept to document the storage and disposal. The information in the following paragraphs is provided as a general explanation of program requirements rather than an in-depth instruction on handling of medical waste. Medical waste must be classified in one of two categories: potentially infectious or non-infectious waste. In depth guidance about storage, disposal and required record keeping for medical waste can be found in Chapter 13 of this Manual, in Quality Improvement Implementation Guide (QIIG) 16, and in Chapter 5 of the Safety and Environmental Health Manual, COMDTINST M5100.47 (series). An additional source of information is the unit's hazardous material control officer. In general, the disposal and record keeping requirements for the waste depend on the waste category and are:
- (1) Potentially infectious waste is defined as an agent that may contain pathogens that may cause disease in a susceptible host. Used needles, scalpel blades, ("sharps"), syringes, soiled dressings, sponges, drapes and surgical gloves will generate the majority of potentially infectious waste. Potentially infectious waste (other than sharps) will be double bagged in biohazard bags, autoclaved if possible and stored in a secure area until disposed of ashore.
  - (2) Used sharps will be collected in an approved "sharps" container and retained on board for disposal ashore. "Sharps" will not be clipped. Needles will not be recapped.
  - (3) An adequate supply of storage and disposal material (containers, bags, etc.), must be maintained on board to ensure availability even on a long or unexpected deployment.
  - (4) A medical bio-hazardous waste log must be establish and maintained,

and must be kept on file for a period of 5 years. A medical bio-hazardous waste log must include the following information:

- (a) Date of entry.
- (b) Type of waste.
- (c) Amount (in weight or volume).
- (d) Storage location.
- (e) Method of disposal.
- (f) Identification number (if required by the state regulating authority).  
If such a number is required, the authority will provide it.

- (5) Non-infectious waste includes disposable medical supplies that do not fall into hazardous waste. Non-infectious waste will be treated as general waste and does not require autoclaving or special handling. It should be placed into an appropriate receptacle and discarded with other general waste.

#### 6. Health Services Department Administration.

- a. Required Reports, Logs, and Records. Clear, accurate record keeping is of paramount importance for the IDHS. The quality of care provided to the unit's crew is reflected in the thoroughness of record and log entries completed by the IDHS. During compliance inspections, Tailored Annual Cutter Training and customer assistance visits, the IDHS and the unit will be evaluated at least in part on the accuracy and completeness of the reports and records created and maintained by the IDHS. The following records will be maintained in the Health Services Department. They will be in book/log form and in sufficient detail to serve as a complete and historical record for actions, incidents and data.
  - (1) Health Services Log. A Health Services Department log will be maintained by the IDHS. This log is a legal document. Entries will be clearly written in a concise, professional manner. The log may be either hand written or prepared using a standard workstation but must be kept on file in "hard copy" form. It is used to document the daily operation of the Health Services Department. At a minimum, it will contain the names of all individuals reporting to sickcall for treatment, inspections, inventories conducted, and the results of potable water testing. The log will be signed daily by the IDHS. It is worth noting that the Health Services Log will provide the information used in the Binnacle List (see required reports in this Chapter and Chapter 4 of this Manual), so a complete record containing information required in the binnacle list as well as other information of interest will streamline preparation of the report. All protected health information in the log must be kept private and secure in compliance with HIPAA.
    - (a) Training Log. See "Training" in this Chapter.

- (b) Potable Water Quality Log. This log will document the date, location and results of free available Chlorine residual or Bromine testing and bacteriological testing. Such logs will be maintained in chronological order, record the date and time of test, type of test, collection site, and results of testing. Potable water quality logs must be kept onboard for 2 years. A sample Potable Water Quality Log is available for local reproduction in Chapter 1, Appendix 1.A of the Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series).
  - (c) Biohazard Waste Log. This log will contain information as provided in Chapter 13 of this Manual.
  - (d) Health Records. Health records will be maintained and checked for accuracy as outlined in Chapter 4 of this Manual. A Health Record Receipt, Form NAVMED 6150-7 will be used whenever a Health Record leaves the custody of the IDHS. A quarterly check using the unit's alpha roster will ensure that any oversight is identified in a reasonably timely manner. All records checked out and not returned shall be reported to the command. In the event of Abandon Ship, make necessary arrangements to retrieve health records, if possible. Retrieving health records will be secondary to treating and evacuating casualties.
- (2) Required Reports. Numerous reports are required at various intervals. A brief explanation along with a reference is provided for those not mentioned elsewhere in this chapter. Additionally, the information is provided in tabular format at the end of this section.
- (a) Binnacle List. The binnacle list is normally a part of the Health Services Department Log. It is a listing of the names of the members provided treatment and the duty status determination resulting from the treatment. The list must be kept daily and submitted to the command for review as directed by the CO. It is normally reviewed each week by the XO and signed by the CO. A copy of the binnacle list should also be routed to the DMOA simultaneously.
  - (b) Injury Reports. See Paragraph 8. of this Section.
  - (c) Disease Alert Reports. See Chapter 7-B. of this Manual for requirements.
  - (d) Inpatient Hospitalization Report. See Chapter 2-A. of this Manual.
  - (e) Food Service Sanitation Inspection Report. See the Food Service Sanitation Manual, COMDTINST M6240.4 (series) and Paragraph 10-a-(2) of this Chapter.
  - (f) Potable Water Quality Discrepancy Report. Required by Chapter 1-K.6 of the Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series) when potable water quality fails to meet requirements or is suspect.

- (g) Readiness Report. The IDHS will assist the command in ensuring the medical and dental readiness for the personnel in their command by providing monthly Medical and Dental Readiness reports to the command.

Table 9-A-2

**Reports Required Weekly**

| Report Name                                  | Format or Form Required | Reference                                     | Frequency or Date   |
|--|-------------------------|---|---|
| Binnacle List                                | locally designed form   | COMDTINST M6000.1 (series) Chap 1. Section B. | Compiled daily, submitted weekly (or as directed by command). |
| Food Service Establishment Inspection Report | CG-5145                 | COMDTINST M6240.4 (series) Chap 11.           |   |

Table 9-A-3

**Reports Required Quarterly**

| Report Name                       | Format or Form Required   | Reference                            | Frequency or Date  |
|-----------------------------------|---|--------------------------------------|--|
| Controlled Substances Audit Board | Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs, NAVMED 6710/5 and CG5353. | Chapter 10. Section B of this Manual | No later than 5 <sup>th</sup> working day of the month following end of quarter. |

Table 9-A-4

**Reports Required “As Needed”**

| Report Name  | Format or Form Required | Reference  | Frequency or Date   |
|--|-------------------------|--|---|
| Readiness Report   | locally designed form   | See Paragraph 2-(g) of this section.                       | Monthly (or as directed by command).                                |
| Injury Report for Not Misconduct and In-Line-of-Duty Determination | CG-3822                 | See Paragraph 8 of this Section                            | As needed. See Paragraph 8 of this Section.                         |
| Disease Alert Reports  | RCN 6000-4              | See chapter 7-B of this Manual                             | As needed   |
| Inpatient Hospitalization Report                                   | e-mail                  | See chapter 2-A. of this Manual                            | As needed   |
| Report of Potential Third Party Liability                          | CG-4899                 | COMDTINST 6010.16 (series) and Chapter 11-B of this Manual | As needed   |
| Potable Water Quality Discrepancy Report                           |                         | COMDTINST M6240.5 (series)                                 | when potable water quality fails to meet requirements or is suspect |
| Emergency Medical Treatment Report                                 | CG 5214                 | COMDTINST M16135.4 (series)                                | As needed   |

7. Combat Operations.

- a. Battle Dressing Station (BDS). The Health Services Allowance List contains a list of all items required in the BDS. Inspect BDS supplies monthly and inventory quarterly to ensure adequate and full inventory. Check sterile supplies and re-sterilize every six months. Replace expired or deteriorated supplies and materials. Enter an appropriate entry in the health services log indicating that the inspection was conducted and the action taken. Report significant discrepancies to the Command.
- b. Route and Access Marking to the BDS. On cutters that have a BDS, the routes to the BDS shall be marked in accordance with the Coatings and Color Manual, COMDTINST M10360.3 (series). In general:
  - (1) Self adhering Red Cross decals in both photo-luminescence (internal) and nonphoto-luminescence (exterior marking) are authorized.

- (2) When establishing and marking the routes to the various stations throughout the cutter, the markers shall be located frequently enough to enable the person following the route to have a clear view of the next marker of the route to be followed.
  - (a) On the interior surfaces of the cutter, the signs shall be placed not less than 12 inches above the deck and no higher than 36 inches above the deck.
  - (b) On exterior surfaces, signs shall be placed approximately 60 inches above the deck.
  - (c) Label plates with red letters will be installed at each direct access to BDS.
  - (d) An adhesive reflective marking system will be used and maintained. The purpose of this system is to provide emergency information during a situation involving the loss of lighting.
- c. Use of BDS. On cutters with separate BDSs, the BDS is not to be used for any purpose other than the treatment of injured personnel in an emergency situation. No items are to be placed in a manner which will block access or restrict use of the BDS.
- d. First Aid Kits, Gun Bags and Portable Medical Lockers. Supplies stored in emergency medical kits (first aid kits, gun bags, and portable medical lockers) must be protected from weather and pilferage, and will be maintained as directed in the Health Services Allowance List. An inventory list for each kit will be maintained and a monthly inspection of all first aid kits, gun bags and portable medical lockers will be performed by the IDHS. Each kit will be secured with a wire seal or other anti-pilferage device that will indicate when it has been accessed. Each kit will be inspected monthly for tampering (seal intact). The inspection will be noted in the Health Services Log. Once per quarter, the contents of all first aid kits, gun bags and portable medical lockers will be inventoried. The inspection will be noted in the Health Services Log. Report significant discrepancies to the Command.
- e. Oxygen Cylinders. Ensure that oxygen handling and storage precautions are posted next to all oxygen cylinders onboard the vessel. Oxygen is considered a drug and under no circumstances will oxygen be used for any purpose other than patient care. Oxygen cylinders (for ready use) must have the content level read every morning by the HS in order to ensure readiness in case of an emergency. Empty cylinders will be clearly tagged as empty and stored separately from full cylinders. Oxygen cylinders must be hydrostatically tested every 5 years. Damage Control Department personnel will be a good source of information on where to have Oxygen cylinders refilled or hydrostatically tested. Oxygen for medical use must be grade D.
8. Environmental Health. Environmental health program related activities make up a large percentage of the daily responsibility of the IDHS. For the purposes of this chapter, environmental health encompasses the disciplines of preventive

medicine, sanitation and occupational health. An effective environmental health program requires the IDHS to have a working knowledge of a large number of unit systems and work processes. An aggressive program of inspection and observation is required. These include:

- a. Environmental Health Inspection. The IDHS will make routine daily messing and berthing space "walk through inspections" and make note of any conditions that require immediate action. These "walk through inspections" should be done in an informal manner but items requiring correction will be brought to the attention of the department head responsible for the area in question. The following shall be inspected daily:
  - (1) Living spaces.
  - (2) Heads and washrooms.
  - (3) Fresh provisions received (particularly milk and ice cream).
  - (4) Scullery in operation.
  - (5) Drinking fountains.
  - (6) Garbage disposals.
  - (7) Sewage disposals.
  - (8) Coffee messes.
  - (9) Water supplies.
  - (10) Industrial activities. (See Chapter 7 of this Manual and the Food Service Sanitation Manual, COMDTINST 6240.4 (series))
- b. Food Service Sanitation. The Food Service Sanitation Manual, COMDTINST M6240.4 (series) provides in-depth information regarding food service sanitation. This section is intended to provide information specific to the duties of an IDHS on an afloat unit. In general, the IDHS will monitor the food service operation to ensure the protection of the crew from food borne illnesses. The duties of the IDHS will include:
  - (1) Maintain sanitary oversight of the galley and all food service, preparation, storage and scullery spaces. Such oversight includes stores on-load, storage, preparation, and serving of food; disposal of garbage; proper cleaning and sanitizing of equipment and utensils; personal hygiene of food handlers; proper storage temperature of food products, and the condition and cleanliness of the spaces.
  - (2) Food service areas will be inspected weekly. Specifically including food handlers, refrigerators, chill boxes, galley spaces, and pantries. The findings will be reported on a Food Services Establishment Inspection Report, Form CG-5145 and an appropriate entry shall be made in the health services log.
  - (3) Conduct an inspection of the subsistence items and food for fitness for human consumption. Ensure that subsistence items were received from

sources approved by the U.S. Department of Agriculture (USDA) or an approved source from a foreign port that complies with all laws relating to food and food labeling.

- (4) Conduct an initial physical screening of food service personnel for detection of any condition or communicable disease that could result in transmission of disease or food borne illness.
- c. Storage of Food Items. Proper storage procedures play a major role in preventing food borne illnesses. The IDHS will make routine inspections of food storage areas to ensure that spaces are properly maintained to prevent supplies from being:
- (1) Infested by insects and rodents.
  - (2) Contaminated by sewage, chemicals, or dirt.
  - (3) Subsistence items will be inspected by the HS upon receipt to determine food quality and ensure the stores are free from insect or rodent infestation. The results of this inspection will be recorded in the Health Services Log.
- d. Coffee Mess. Food consumption, with the exception of coffee and condiments, will be limited to messing areas and lounges. Coffee messes provide a potential food source for insects and rodents if they are not properly located and kept scrupulously clean. For these reasons, permission to establish a coffee mess must be obtained from the Commanding Officer by the department desiring to establish a mess prior to its establishment. Messes will be physically located in a place that can be easily cleaned. Food contact areas (surrounding counter or table tops) must be non porous and kept free of spillage and food debris. Strict sanitary measures are to be used. Coffee mess regulations specifying sanitary operation of the mess will be posted. Use of community cups and spoons are prohibited. Inspection of coffee messes may be documented using a Food Service Sanitation Inspection Report, Form CG-5145 or through a locally generated inspection report form.
- e. Water Supply. Water is used by all members of ship's company and so a tremendous potential exists for ship wide illness should potable water not be properly loaded from sources free from contamination, protected from contamination onboard, and a halogen residual maintained in the potable water tanks and throughout the distribution system. The IDHS will be notified whenever the potable water distribution system is opened for maintenance or repair. Establishment of a working relationship with the ship's Auxiliary Engineering Department and the "Fuel Oil Water King" will aid the IDHS in maintaining a proactive stance in regard to prevention of contamination of the vessel's potable water. The IDHS will make a monthly inspection of the potable water system and report conditions with potential to affect the health of the crew to the Commanding Officer.

- (1) Halogen Residual Testing. Perform water tests for chlorine/bromine content daily outside of CONUS and at all units that make or chlorinate/brominate their own water and record the results in the Health Services Log. Consult the Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series). Chlorine/Bromine residual testing will also be performed before receiving any water onboard, and also 30 minutes after an initial halogenation has been accomplished. The Color Comparator Test set may be used for determining Halogen and pH levels. Nomenclature and ordering information is available in the HSAL. Four test sites should be selected: forward, aft, amidships and as far above the 0-1 deck as possible. This will give the widest range of sample points. Lack of a residual or a residual reading that is significantly lower than results at the other locations indicate possible contamination. Systematic testing from areas with low residuals "backward" to areas with "average" residuals will help locate the source or general area of contamination.
  - (2) Bacteriological Test of Water. Weekly, a potable water sample for bacteriological analysis will be collected from one of the four test sites selected for halogen residual testing. This includes a sample(s) collected directly from the potable water tanks and potable water retained in storage tanks when under direct service from shorelines. Samples of ice must also be collected from any machines making ice used for human consumption and tested for bacteriological growth. The results of bacteriological testing will be entered into the Potable Water Quality Log.
- f. Habitability. The need for sanitary and hygienic living and working spaces is essential for good health and morale of the crew. General guidance on habitability standards can be found in the Safety and Environmental Health Manual COMDTINST M5100.47 (series), 5-D-1. Habitability inspection can most easily be accomplished if it is made a part of the material inspection of all ship's spaces normally scheduled by each command.
  - g. Barber Shops. Any space used for cutting hair may be designated a barber shop by the command. It will not be located in food service areas or berthing areas. Sanitation inspection of the ship's barber shop will be performed on a schedule determined by the command. General guidance on standards can be found in the, Safety and Environmental Health Manual, COMDTINST M5100.47 (series), 5-D-1-d-(6).
  - h. Ship's Laundry. Laundry spaces will be maintained in a clean and sanitary condition. Because of the potential for elevated temperature and high humidity within the space when laundry equipment is in operation, the ship's laundry will be identified as a heat stress monitoring space and monitored accordingly. Sanitation inspection of the ship's laundry will be performed on

a schedule determined by the command. General guidance on standards can be found in the Safety and Environmental Health Manual COMDTINST M5100.47 (series), 5-D-1-d-(5).

- i. Fitness and Exercise Facilities. The fitness and exercise facility will be inspected for cleanliness and compliance with general sanitation standards on a schedule determined by the command. General guidance on standards can be found in Chapter 2 of Manual of Naval Preventive Medicine, P-5010 (series).
- j. Insect Control. Roaches, stored product pests, and to a lesser degree flies, can have significant impact on the health and general morale of a ship's company. Insect control starts in the warehouse from which stores are received. When practical, a visit by the IDHS to assess storage conditions can help decrease numbers of pests brought on board. Dockside inspection of all food stores brought on board is a must if insects are to be excluded. Produce with "loose" husks or skin such as onions provide common harborage for roaches as does the corrugation of cardboard boxes. Careful inspection with a good light and adjuncts such as an aerosolized flushing agent can identify harborages from which cans and stores can be removed prior to their being brought aboard. General guidance on standards can be found in the Safety and Environmental Health Manual COMDTINST M5100.47 (series), 5-D-3.
  - (1) Roach Control. A ship provides myriad harborages for roaches. Frequent and regular surveillance by the IDHS using a good light and a flushing agent can pinpoint areas of infestation. Roach traps containing pheromones work well in areas with small or isolated infestations. Larger or more widespread areas must be controlled initially with insecticide. Insecticide application will be made only by HSs that hold current certification to apply pesticides. Such personnel have been properly trained in pesticide selection, application, safety and handling precautions. This training is available through Navy Environmental Preventive Medicine Units (NEPMUs). Pesticide application may be available through Coast Guard Bases with attached Preventive Medicine Technicians. Any insect surveillance activity, general report of findings, or pesticide application, will be reported in the Health Services Log. Pest control services may also be contracted for from civilian pest control firms. Such services are paid for from ships AFC-30 funds and are contracted in the same manner as any other contract for services. While proper selection and application of the materials used is the legal responsibility of the licensed pest control operator, the IDHS must be informed of all applications made. The contractor must provide a report of pest control operations which includes, trade and chemical name of product used, strength and formulation applied, type of application (crack and crevice, etc), location of application. Requirement for such a report will be included in the contract for services. Report of pest control operations will be held on file for 3 years.

- (2) Stored Products Pests. A relatively small infestation of flour, grains, beans and cereals with stored products pests can spread quickly and lead to the loss of most or all of such products in a storage area if an infestation is not identified quickly and action taken to control it. In general, such action consists of identifying infested or suspect lots, removing them from storage with other food stuffs with the potential to become infested, and application of pesticide to control flying insects. Underway, control is limited to identification of infested or suspect lots and their removal.
- (3) Rodent Control.
  - (a) Exclusion is by far the most effective means of rodent control available to the IDHS. Proper installation of rat guards is required on all mooring and service lines when the vessel is in port. Information about proper installation of rat guards can be found in Chapter 8 of the Manual of Naval Preventive Medicine, NAVMED P-5010 (series) and in the Safety and Environmental Health Manual, COMDTINST M5100.47 (series). The IDHS will inspect all mooring and service lines upon arrival in any port, including home port, to verify the proper placement of rat guards on all of the lines.
  - (b) In the event that rodents do gain access to the vessel, an aggressive campaign using traps and/or poisoned bait (if the IDHS has been properly trained to apply and use such substances) must be undertaken. Trapping is the preferred method. Assistance may be available from Coast Guard Bases with attached Preventive Medicine Technicians or through the HSWL SC.
  - (c) A current deraterization exemption certificate (Coast Guard Shipboard Sanitation Control Exemption Certificate/Ship Sanitation Control Certificate (SSCEC/SSCC), Form CG-5100B) must be kept onboard at all times. The certificate may be obtained from Coast Guard Bases with attached Preventive Medicine Technician; Navy units or bases with attached Preventive Medicine Technicians or NEPMUs. The deraterization certificate must be renewed every 6 months and must be included as a pre-deployment checklist item.
- k. Immunizations and Prophylaxis. The IDHS will ensure that all personnel receive required immunizations in accordance with Immunizations and Chemoprophylaxis, COMDTINST 6230.4 (series). IDHS are only authorized to immunize active duty and reserve personnel. HSWL SC and NEPMUs can provide up to date information on immunization requirements, disease intelligence and preventive medicine precautions required for vessels deploying to OCONUS ports.
- l. Safety. Dangers inherent to the shipboard environment are heightened by worker's lack of attention, short-cuts, "horseplay," inadequate training or understanding of a job or process, fatigue or over-familiarity. The IDHS must remain vigilant in regard to the safety and safe work practices of the crew. A

safe work environment can't be maintained from the Health Services Department space. The IDHS must become familiar with the work processes that are on-going and be able to recognize when they are not being done in the proper manner or with the proper materials.

- (1) Mishap Reporting. When accidents or mishaps do occur, certain reports or action may be required. The Safety and Environmental Health Manual, COMDTINST M5100.47 (series) contains requirements and guidance about mishap reporting. Such reports are not normally completed by the IDHS, but input may be required regarding severity of injury and required treatment.
  - (2) Accident Reports. The Administrative Investigations Manual, COMDTINST 5830.1 (series) contains a requirement that an Injury Report for Not Misconduct and In-Line-of-Duty Determination, Form CG-3822 be completed whenever an injury results in temporary or permanent disability. This report is referred to in the Physical Disability Evaluation System, COMDTINST M1850.2 (series) as a "Line of Duty (LOD) Report" and must be completed for all initial medical boards involving or resulting from trauma. Since it is difficult to determine the outcome of a serious injury in the early stages of treatment, an Injury Report For Not Misconduct and In Line of Duty Determination, Form CG-3822 (also commonly known as an "Accident Report") is usually completed in such cases. It is not necessary to complete an "Accident Report" for any and all injuries unless command policy dictates otherwise.
- m. Vessel's Safety Board. The IDHS is a required member of the vessel's Safety Board. The IDHS should strive to be an active participant in the board, to identify potential problems or accident trends and suggest solutions to current or potential safety problems. Be proactive. Educate supervisors whenever possible.
  - n. Hazard Communication. The Hazard Communication Program is a unit wide program. Each unit will have appointed a Hazardous Materials Control Officer with overall responsibility for carrying out the program. Safety and Environmental Health Manual, COMDTINST M5100.47 (series) and Hazard Communication for Workplace Materials, COMDTINST 6260.21 (series) contain in-depth information about this program. The IDHS must be aware of the program requirements and its impact upon the operation of the Health Services Department. Additionally, the IDHS must know the location of the unit's central MSDS file and have immediate access to product information which may be needed to render proper treatment to exposed crewmembers. Computerized databases available on CD-ROM are acceptable for this purpose if the Health Services Department contains appropriate access to the information.
  - o. Heat Stress Program. Cutter Heat Stress Program, COMDTINST M6260.17 (series) provides details about this program. All areas of the vessel that expose crewmembers to extreme heat will have a dry bulb thermometer

installed. Such areas normally include (but are not limited to) ship's laundry, scullery and engine room spaces. A Wet Bulb Globe Thermometer (WBGT) apparatus must be used to determine stay times of personnel working within heat hazardous spaces or areas and so familiarity with this equipment is required. The apparatus is normally operated by the IDHS or member of the engineering department. Recommendations for safe work rest cycles will be provided by the IDHS to the Engineering Watch Officer (EWO). Cutter Heat Stress Program, COMDTINST M6260.17 (series) provides information about the program. The WBGT is listed on the Health Services Allowance List (HSAL) and is procured as health care equipment. A Coast Guard Health Care Equipment Request, Form CG-5211 should be submitted to the HSWL SC. Current calibration of the ship's WBGT apparatus is a Tailored Annual Cutter Training "critical" item. Delinquent calibration can result in cancellation of some or all TACT drills by the training evaluation team. Contact the HSWL SC for locations to send WBGTs for calibration.

- p. Sight Conservation Program. Eye protection and safety should be stressed in the workplace. Safety glasses or goggles will be provided for all crewmembers involved in eye-hazardous tasks. Tools with strong potential for eye hazard will be identified with an adhesive warning label. Fixed machinery with eye hazard potential will have posted nearby an easily visible warning placard, and eye protection will be easily accessible and clearly visible.
- q. Eyewash Stations. Eyewash stations will be located in any space or work area with strong potential for splashes to, or foreign body injury of the eye. Eyewash stations will be maintained in accordance with the station's manufacturer requirements. Eyewash stations shall be flushed weekly for 15 seconds and flushed and drained according to the recommendations of the biostat ingredient manufacturer used in the station. This interval is usually every six months. Eyewash stations will be "tagged" with a maintenance record tag and inspection or maintenance activities will be recorded when performed. Inspections of eyewash stations will be recorded in the Health Services Log.

Independent Duty Ashore at Sectors, Sector Field Offices, Air Stations, and Small Boat Stations.

1. Introduction. The identification or term Independent Duty Health Services Technician, used in any form, only identifies those Health Services Technicians that have successfully completed one of the three recognized Independent Duty Training courses, i.e. the USCG Independent Duty Health Services Technician, USN Independent Duty Corpsman, or USAF Independent Duty Medical Technician courses. Assignment to independent duty is challenging. The role is one of tremendous responsibility and at times can tax even the most experienced HS's skill, knowledge and ability. Along with the increased responsibility and sometimes arduous duty comes the potential for personal satisfaction unsurpassed by any other job assignment. An Independent Duty Health Services (IDHS) Ashore is a Health Services Technician assigned to an ashore unit such as a Sector, Sector Field Office, Air Station, or Small Boat Station without an MO attached.
2. Mission, General Duties and Responsibilities.
  - a. Mission. The Health Services Technician serving at an ashore unit is charged with the responsibility for the prevention and control of disease and injury, and the treatment of the sick and injured. It is recognized that IDHSs assigned to an ashore unit are responsible for ensuring personnel assigned to units within their parent command's area of responsibility (AOR) maintain their fitness for duty and medical readiness. This oversight requires the IDHS to work closely with unit Executive Officers (XO)/Executive Petty Officers (XPO) to ensure unit personnel are up to date on medical readiness items such as, immunizations, required lab tests, physical and dental exams and are receiving the necessary medical training in order to perform their jobs.
  - b. General Duties. HSs on independent duty perform the administrative duties and, to the extent for which qualified clinical duties (See United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series)). They shall not attempt, nor be required to provide, health care for which they are not professionally qualified. They shall provide care only for AD personnel; however, they may provide care to non-active duty patients on an emergency basis. The filling of prescriptions for other than AD personnel shall be strictly limited to emergency situations and to authorized stock on hand under the allowance list for the unit. They may, under the guidance set in Chapter 10 of this Manual, establish non-prescription medication programs for eligible beneficiaries.
  - c. Responsibilities. The Commanding Officer (CO) is responsible for the health and readiness of the command. The health services department is charged with advising the CO of conditions existing that may be detrimental to the health of personnel and for making appropriate recommendations for correcting such conditions. Meticulous attention to all details and aspects of preventing disease must be a continuing program. It is imperative that unit sanitation and preventive

health practices be reviewed constantly in order that any disease promoting situation may be discovered immediately and promptly eradicated. In the absence of a permanently attached MO the CO will designate a member (generally the Executive Officer (XO) or Logistics Officer (LOGO)) to have direct responsibility for medical matters. The role of the IDHS is to assist the command in maintaining the good health and physical readiness of the crew. To accomplish this, the IDHS must be informed of planned operations and anticipate any operational demands resulting from such operations. To this end, the IDHS will consult and advise the command in all matters with potential to effect crew readiness or the health of personnel. Some of the duties of the IDHS include but are not limited to:

- (1) Assessment and treatment of illness and injury. Hold daily sick call if applicable. Diagnose and treat patients within capabilities. When indicated, refer cases to facilities where Medical or Dental Officers are available or, if this is not practical, obtain help and advice by radio or other expeditious means.
- (2) Prevention of illness and injury through an aggressive environmental health program. Such a program includes inspection of living and working spaces, food service and storage areas, and food storage and handling practices, integrated pest management practices, potable water quality surveillance, and recognition and management of communicable diseases.
- (3) Provision of Health Services training aligned with the needs and mission of the unit.
- (4) Security and proper use of health services supplies, material and property.
- (5) Maintenance and documentation of medical and dental readiness of personnel within their unit's AOR. The IDHS will assist the command in ensuring the medical and dental readiness for the personnel in their AOR by providing monthly CGBI Medical and Dental Readiness, scheduling the crew for required readiness exams and procedures as needed, and informing the command when a given crew member or command fails to cooperate with the IDHS's efforts to comply with readiness requirements. The IDHS shall also maintain a tickler system to include all return appointments requested by physicians or dentists from outside referrals requested by the command.
- (6) Supply and logistics to ensure supplies, materials and equipment necessary to carry out the mission of the Health Services Department are obtained and maintained in sufficient quantity and condition to support the unit mission and operation.
- (7) Health Services Department administration, maintenance, and security of health records. Maintain health records as required by Chapter 4 of this Manual. Ensure that all treatment records and/or consults from outside referrals are obtained and placed in the health record. In addition, ensure that each patient is notified of all physical exams, consultations, and diagnostic tests (e.g., pap smears, mammograms, biopsies, x-rays, etc.) performed at any facility prior to filing in the health record. Maintain the security and

confidentiality of all medical/dental records, databases and any other protected health information

- (8) Strict adherence to Chapter 2 of this Manual which contains information about general and specific duties of the HS serving independently, including all required training in compliance with HIPAA privacy and security.
  - (9) Other duties as assigned by the CO. In accordance with paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), HS may not be detailed to perform combatant duties in their own defense or protection of the wounded and sick in their charge, which are not prohibited by the Geneva Conventions. However, under routine situations; HSs who bear arms forfeit the special protections for medical personnel afforded by the Geneva Convention.
3. Chain Of Command. The IDHS will report directly to the Executive Officer (XO) or Logistics Officer as dictated by the CO.
  4. Operation of the Health Services Division. The IDHS Ashore Health Services Division is classified as a 1-D (ashore) sickbay. The unit may request a waiver from maintaining the full allowance list. This request will be routed to the assigned Designated Medical Officer advisor (DMOA), SIDHS and HSWL SC for approval. The IDHS is tasked with a wide variety and high volume of duties and responsibilities. This section sets forth policy and guidelines designed to assist the IDHS in carrying out assigned duties and responsibilities.
    - a. Health Services Division Standard Operating Procedure. In order to successfully manage the Health Services Division, the IDHS must use time management and organizational skills and tools. One such tool is a written Standard Operating Procedure (SOP) for the Health Services Division. The SOP will govern the activities of the IDHS, and has as its guiding precept, the goals and missions of the unit. The SOP will be developed and submitted in written form to the CO for approval via the chain of command. In addition, the SOP will be reviewed, updated to reflect current policies and procedures and signed at least annually by the IDHS, DMOA, XO and CO. The approved SOP will be kept in the Health Services Division for easy referral. Copies of pertinent sections will be posted as appropriate. The SOP will include:
      - (1) A copy of the IDHS's letter of assumption of duties as Health Services Division Representative.
      - (2) A copy of the IDHS's prescribing formulary approved by the DMOA.
      - (3) A written daily schedule of events for both on base and deployed periods.
      - (4) Copies of all letters of designation, assignment, and authority that directly impact upon the IDHS or Health Services Division. Examples include those granting "By direction" authority, designation as working Narcotics and Controlled Substances custodian, written certification to provide immunizations (see Chapter 7 Section C) and assignment of a DMOA.

- (5) A copy of the unit's organizational structure. This document will show graphically the IDHS's chain of command.
  - (6) A listing of duties and responsibilities assigned to the IDHS and the frequency that they are to be carried out. The listing will include both primary and collateral assigned duties.
  - (7) A listing of all required reports, the format required for submission, the frequency or date required, required routing and required "copy addressees". Incorporation of this information in tabular format provides a quick and easy guide for reference purposes.
  - (8) Guidance on how any change in a member's duty status is relayed from the member through the IDHS to the XO or Logistics Officer as dictated by the CO.
  - (9) A unit instruction or SOP for the management of rape or sexual assault cases. The document must provide policy for the Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. CGIS must be notified for all unrestricted reports of alleged rape or sexual assault. It must contain a prearranged mechanism for timely completion of a physical examination by a qualified forensic examiner for the purpose of evidence gathering that meets requirements of all applicable law enforcement agencies. Additionally, it must define limitations that will exist if the unit is underway at the time the incident occurs. It must contain directions on how to complete a Victim Reporting Preference Statement, Form CG-6095. Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response Program (SAPRP), COMDTINST 1754.10 (series).
  - (10) A unit instruction or SOP section for the management of suicide threat or attempt. The document must provide policy for Health Services Division action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.
  - (11) A unit instruction or SOP section for the management of family violence. The document must provide policy for Health Services Division action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.
- b. Departure from the Daily Schedule of Events. The day-to-day operation of the Health Services Department is complex and has the potential to be

impacted by the operational needs of the unit. It will, of necessity, change when events of higher priority or concern occur. When deviation from the daily schedule of events is required, notifying the chain of command will occur at the earliest opportunity. When deviation from the daily schedule of events occurs frequently, the daily schedule of events will be reviewed and if necessary, changed. Any changes will be incorporated into the Health Services Division SOP and approved by the Commanding Officer.

- c. Relief and Assumption of Duties as the IDHS. Proper documentation of the status of the Health Services Division and the condition of its equipment, stores, and records is required at the time of relief and assumption of the duties and responsibilities as the IDHS. This must be completed in order to adequately ascertain the state of operational medical readiness of the health services department and advise the local command. Operational readiness refers to the immediate ability to meet all health care demands within the unit's capabilities. The process is complex and requires both the incoming and outgoing IDHS to jointly perform the following:
  - (1) A complete inventory of all medical stores, spaces, and equipment, including durable medical equipment. Obtain the unit Health Services Allowance List and inspect the inventory of all health services department equipment, supplies, and publications. Initiate action for repair, survey, or replenishment of equipment, supplies, and publications. Verify inventory records and check all logs. Report any discrepancies to the local command without delay. Amplification of requirements and procedures is contained in Chapters 8 and 10 of this Manual. Health Services Allowance List, Ashore COMDTINST M6700.5 (series) provides a listing of supplies and the equipment required.
    - (a) A controlled substances inventory must be done. Use direction provided in Chapter 10 of this Manual.
    - (b) A complete inventory of all unit property in custody of the Health Services Division if the IDHS is the custodian of the property shall be completed.
  - (2) A review of ongoing actions affecting the status of the Health Services Division such as, outstanding requisitions, survey or repairs, and proper documentation of all such transactions.
  - (3) A review of the Health Services Division SOP.
  - (4) A review of the most recent HSWL SC Quality Improvement Survey for the unit. A copy of the survey annotated with any finding of incomplete or uncorrected discrepancies will be included as an enclosure to the letter of relief.
  - (5) Check health records against the personnel roster. Any missing records should be accounted for or requested from previous duty stations. If records cannot be accounted for within one month's time, open a new health record. Check health records for completeness, and if not current, obtain and enter

all missing information to the fullest extent possible. (See Chapter 4 of this Manual for further instructions pertaining to health records).

- d. Letter of Relief and Assumption of Duties. Upon completion of the Health Services Division review, a memorandum will be prepared and submitted by the incoming IDHS via the chain of command and will advise the Commanding Officer of the status of the Health Services Division. A copy of the letter will be forwarded to the HSWL SC Senior IDHS Team Leader. The letter of Relief and Assumption of Duties will provide the following:
    - (1) Date of assumption of duties; a statement that the duties and responsibilities of the IDHS have been assumed; and a thorough review of the Health Services Division has been conducted. Any discrepancies of material or record keeping will be annotated on a copy of the unit's most recent HSWL SC Quality Improvement Survey and submitted as an enclosure to the letter of Relief and Assumption of Duties as IDHS.
    - (2) Any discrepancies noted upon relief will be handled as a matter of individual command prerogative. Responsibility for correction, adjustment of account or inventory records, action required to replace missing items, as well as any necessary disciplinary action will be determined by the command.
    - (3) In cases in which no on site relief occurs, all of the preceding action will be completed. The supply officer of the unit will participate in the review process in place of the outgoing IDHS.
  - e. Actions upon Proper Relief. Upon assumption of duties as the unit's IDHS, one of the first tasks to complete is a thorough review of all SOPs and department instructions. A check of the references should be accomplished in order to ensure established point of contacts for the local area are verified and updated as needed. If possible, make visits and introductions in person. The IDHS must find out how each system works and how it is accessed.
5. Providing Health Care. Delivery of health care is undoubtedly the most challenging and rewarding part of the job of any IDHS. The IDHS assigned to an ashore unit will face the challenges of determining when to deliver care to patients and when it is necessary to refer patients to a higher level of care at a local health care facility (military or civilian). At times, the IDHS will be called upon to assist his/her command or a unit in his/her command's AOR in determining a member's fitness for duty. This section is intended to provide a brief summary of the various facets of providing this medical care.
- a. Medical Officer Advisor (DMOA). Each IDHS ashore shall be assigned a DMOA in accordance with Chapter 1 of this Manual. Good communication between the IDHS and DMOA can prevent many problems affecting health care delivery to personnel. The IDHS shall schedule a visit to the DMOA as soon as is practical after reporting to their unit or upon completion of IDHS School. The purpose of the visit is to allow first-hand communication

between the DMOA and IDHS on expectations, support facility requirements, and any unique needs or concerns. This visit will normally be scheduled for a period of at least two weeks. This time frame will allow for the DMOA to evaluate the IDHS's performance factors and qualifications, and to develop a formulary for the IDHS. Open communication should be maintained through regular site visits when practical, or at minimum, regular telephone calls. With regard to provision of direct care, the IDHS will seek the DMOA's or another Medical Officer's (MO) advice whenever there are questions about a patient's condition or when the following conditions exist:

- (1) Return to sick call before assigned follow-up because of failure to improve or condition has deteriorated.
  - (2) Member cannot return to full duty status after 72 hours duration because of unresolved illness or injury.
- b. The IDHS should contact his/her DMOA when any of the following emergency conditions exist.
- (1) Fever of unknown origin of 102 degrees Fahrenheit or higher (when taken orally) persisting for 48 hours.
  - (2) Fever of 103 degrees Fahrenheit or higher (when taken orally).
  - (3) Unexplained pulse rate above 120 beats per minute.
  - (4) Unexplained respiratory rate above 28 breaths per minute or less than 12 breaths per minute.
  - (5) Psychosis or Depression with suicidal thoughts.
  - (6) Change in mental status or level of consciousness.
  - (7) Chest pain or arrhythmia.
  - (8) Unexplained shortness of breath.
  - (9) Rape or sexual assault.
  - (10) Any condition threatening life or limb.
- c. Gender Considerations. Chapter 1. Section B of this Manual provides specific direction for health services technicians about patient privacy, same gender attendant requirements, and examination restrictions.
- d. Avoiding Common Problems. Scheduling and obtaining the routine medical care required by personnel can tax the organizational skills of even the most experienced IDHS. There are, however, actions that the IDHS can take which will enhance the chances of getting the routine appointments needed for all members. Some of these are:
- (1) Identify the routine medical and dental needs of unit personnel. The IDHS's supporting Coast Guard (CG) clinic, Department of Defense Medical Treatment Facility (DoD MTF) or civilian primary care manager have established appointment scheduling procedures which the IDHS must work within whenever time allows. Follow the requirements for

scheduling all appointments. When routine medical or dental care is to be made directly to a DoD MTF, the IDHS must determine the facility's requirements for referral of patients and follow any local procedures.

- (2) Communicate with the supporting clinic often. Discuss the unit's medical and dental needs with the clinic supervisor and DMOA (if located at the facility).
  - (3) Perform all preliminary tests and complete all necessary paperwork before scheduling physical exams at the supporting clinic.
  - (4) Post a listing of appointment dates and times as soon as they become available. Provide each Department/Division Chief with a listing of the appointments applicable to their division or shop.
  - (5) Hold members accountable for being at their appointed place and time. Provide feedback to division officers and shop chiefs on appointment failures. Notify the XO or XPO if members fail to show for more than one appointment.
- e. Consultations. During the management of complex or protracted cases, consultations or specialty referral may be necessary. When such services are needed, the IDHS will normally make referral to a CG clinic, or in some cases, a DoD MTF. When referring a patient to see a Medical Officer at a CG clinic, the IDHS shall ensure that a Chronological Record of Care, Form SF-600 entry is completed using the SOAP format and that an appointment is scheduled. The clinic will normally provide treatment or arrange care if treatment is beyond its scope. When consultations or referral for specialty care are made directly to a DoD MTF, the IDHS must determine the facility requirements for referral of patients and follow any local procedures. Referrals to a DoD MTF will normally be documented using a Consultation Sheet, Form SF-513 or a Referral for Civilian Medical Care, Form DD-2161. The consultation will provide a concise history of the condition to be evaluated as well as any pertinent findings. A provisional diagnosis is normally expected by the consultant. Chapter 4 Section B. of this Manual provides direction on completion of a Consultation Sheet, Form SF-513. The patient and the patient's supervisor must be informed of all consultation or referral appointment dates and times. Professional courtesy is an important part of maintaining good working relationships with the facilities that the IDHS accesses for consultation and referral. Timely notification to the referral facility when appointment changes or cancellations occur (along with a brief explanation of why the change is required) helps maintain those relationships. Whenever possible, provide at least 24 hours notice for changes or cancellations.
- f. Antibiotic Therapy. The IDHS may prescribe and administer antibiotics included on the Health Services Allowance List. Whenever possible, the IDHS shall consult with their DMOA or other Medical Officer for a recommendation or concurrence prior to administering antibiotic therapy.

- g. Health Services Division Treatment Space. The Health Services Division treatment space will be manned at all times when patients are inside. All items are to be stowed in their proper place and secured. All medical records shall be locked in a cabinet. At no time should the Health Services space be left unlocked when the IDHS is not in the space.
- h. Convalescent Leave/Sick Leave. Convalescent leave/Sick leave is a period of leave not charged against a member's leave account. It can be a recommendation to the command when a patient is Not Fit For Duty (usually for a duration expected to be greater than 72 hours) and whose recovery time can reasonably be expected to improve by freedom from the confines of quarters. It should be considered only when required as an adjunct to patient treatment. The command must evaluate each recommendation. Commands are authorized to grant convalescent leave as outlined in Military Assignments and Authorized Absences, M1000.8 (series).
- i. Dental. The IDHS is responsible for arranging for the necessary dental examinations of unit personnel. All personnel must receive an annual dental exam and the results must be documented in DENCAS. See Chapter 2 of this Manual for guidance on obtaining dental services from contract dental providers.
- j. Sexual Assault. All victims of sexual assault must be treated in a professional, compassionate and non-judgmental manner. The unit shall have an SOP for dealing with reported cases of sexual assault. Refer to the Sexual Assault Prevention and Response Program (SAPRP), COMDTINST 1754.10 (series) for further guidance.
- k. Suicide Prevention. An encounter with a suicidal person is always a deeply emotional event. It is important for the IDHS to act in a caring and professional manner. Early intervention and good communication skills are essential. If suicidal ideation is suspected it is important to remember:
  - (1) Take all threats and symptoms seriously. Immediately seek professional help from the nearest MTF or local health care facility for any member considering suicide. At no time should the person be left unattended. Once the patient is safe, contact the servicing Work-Life office for additional help or refer to Suicide Prevention COMDTINST 1734.1 (series).
  - (2) Actively listen to the patient. Do not argue, judge, attempt to diagnose, or analyze the person's true intentions. It is important to provide a calm, caring, professional demeanor throughout the entire situation. Thoroughly document the patient encounter using the SOAP format.
  - (3) Arrange for an escort and a driver to transport the patient to the nearest CG clinic, DoD MTF or civilian emergency room with facilities appropriate to the situation. The unit's SOP for suicide threat or attempt should contain this information for ready use if needed.
- l. Decedent Affairs. Chapter 5 of this Manual contains guidance about action that the Health Services Division must take when there is a death of a CG

member. Military Casualties and Decedent Affairs, COMDTINST M1770.9 (series) contains further guidance concerning casualties and decedent affairs. It is unlikely that the IDHS will be assigned as the Casualty Assistance Calls Officer (CACO) for the command, but the IDHS will undoubtedly be heavily involved with the process of proper disposition of remains, so familiarity with the information required is helpful. The IDHS should also perform the following:

- (1) Make an entry in the Health Services Log will be made detailing all available information concerning the death.
  - (2) Terminate the deceased member's health record in accordance with Chapter 4 of this Manual.
- m. Disposition of Remains. As soon as possible, remains will be transferred to the nearest Military Treatment Facility (MTF) for further disposition. When transfer cannot be accomplished immediately, the remains will be placed into a body pouch and refrigerated at a temperature of 36 to 40 degrees Fahrenheit to prevent decomposition. The space must contain no other items and must be cleaned and disinfected before reuse. Remains will be identified with a waterproof tag, marked with waterproof ink, and affixed with wire ties to the right great toe of the decedent and also to each end of the body pouch. The minimum information needed on each tag includes the full name, SSN and rate or rank of the decedent. Whenever possible, do not remove items attached to the deceased at time of death. Such items may include (for example) IV lines, needles, AED pads, ET tubes, lengths of cord or line, etc. These may be important during an autopsy. Additionally, do not discard or launder clothing of the deceased. These items are sometimes important to surviving family members and in some cultures is part of the mourning process for the deceased. This is a cultural consideration but should be a part of the decision process.
- n. Physical Disability Evaluation System. The medical board process is detailed in Military Separations, COMDTINST M1000.4 (series) and the Physical Disability Evaluation System, COMDTINST M1850.2 (series).
6. Training. The purpose of training for both the assigned IDHS and that provided to the unit includes: assurance that the IDHS and crewmembers are able to provide aid for themselves and their shipmates in an emergency situation and to promote the general health and well being of the unit.
- a. Training for the IDHS. In addition to the requirements of the rate, the ashore IDHS must complete certain "C" schools. These are:
- (1) CG Independent Duty Health Services Technician, Air Force Medical Services Craftsman or Navy Surface Forces Independent Duty Technician.
  - (2) CG Introduction to Environmental Health or Navy Basic Shipboard Series. (Note: This is not required for graduates of Navy Surface Forces Independent Duty Technician or Independent Duty Health Services Technician School).

- (3) Emergency Medical Technician. IDHS are required to maintain currency with the National Registry of Emergency Medical Technicians (NREMT). Short Term Training Requests are to be completed in accordance with the Training and Education Manual, COMDTINST M1500.10 (series) and forwarded to Commandant (CG-1121). Funding will be provided by Commandant (CG-11). See the Emergency Medical Services Manual, COMDTINST M16135.4 (series) for additional information.
  - (4) Instructor courses (Must maintain current certification in) CPR, BLS, AED and First Responder.
  - (5) Field Management of Chemical and Biological Casualties. The Field Management of Chemical and Biological Casualties Course (FCBC) is conducted by the US Army Medical Research Institute of Chemical Defense (USAMRICD) at Aberdeen Proving Ground, Maryland. Classroom instruction, laboratory and field exercises prepare graduates to become trainers in the first echelon management of chemical and biological agent casualties.
- b. IDHS Initial Certification. All newly assigned IDHSs will participate in an orientation and certification program at their supporting clinic. Initial orientation must be completed within 60 days of reporting in to the new unit. If due to operational commitments the orientation and certification can not be completed within 60 days of reporting, a waiver request must be sent in memo format to the HSWLSC, SIDHS Team Leader. If the unit is unable to fund the tdy, the IDHS shall request funding from their HSWL SIDHS. Initial orientation and certification is estimated to take 2 weeks. During this time, the IDHS will:
- (1) Work with his/her DMOA to complete the IDHS Operational Integration Form, CG-6000-4.
  - (2) See a minimum of 12 patients
  - (3) Perform a focused exam on each of the body's systems while using the DMOA as a guide and evaluator.
  - (4) Discuss with his/her DMOA notification procedures for the dispensing of scheduled drugs, administration of emergency medications and antibiotics.
  - (5) Solicit documented feedback from the DMOA and work to improve any areas where required.
  - (6) Perform a minimum of 4 clinical hours with a dental preceptor.
  - (7) Solicit documented feedback from the dental preceptor and work to improve any areas where required.
  - (8) Demonstrate a verbal understanding of management of acute dental problems to include dental abscess, periodontal disease, temporary fillings, fractured teeth, etc.
  - (9) Demonstrate documentation requirements for dental problems.

- c. IDHS Annual Sustainment Training Requirements. Every 12 months, the IDHS must complete the following task:
  - (1) See a minimum of 48 patients/year. The IDHS shall solicit feedback from his/her DMOA on the patients treated over the last year.
  - (2) Work with his/her DMOA to complete the IDHS Operational Integration Form, CG-6000-4.
  - (3) Instruct at least one BLS certification class.
  - (4) Review all CEUs acquired over the last year in order to maintain EMT certification with his/her DMOA.
- d. Health Services Department Training Plan. A plan for training of unit personnel will be established in written form and kept on file. It will be based on a minimum 12 month cycle and be included in the unit training schedule. At a minimum, the following training will be given:
  - (1) Basic first aid (to include shock, hemorrhage control, dressing, airway management and assisted ventilation and the use of items in first aid kits).
  - (2) Personal and dental hygiene.
  - (3) STI/HIV prevention.
  - (4) Heat and cold stress programs, including hypothermia.
  - (5) Respiratory protection program.
  - (6) Hearing conservation.
  - (7) Sight conservation.
  - (8) Blood borne pathogens.
- e. Documentation of Training. Documentation of the training is a requirement. An outline must be prepared and kept on file for all training topics presented and a training log maintained for all training provided. The training log will contain a record of all HS training given to unit personnel. It will contain the following information:
  - (1) Date.
  - (2) Topic.
  - (3) Duration.
  - (4) Instructor's name.
  - (5) Names and signatures of members attending training.
- f. Training Format. Training will normally be presented in either lecture format or demonstration and practical application. Lecture format presentations should be limited to 15 to 20 minutes and demonstrations and practical application should not exceed 1 hour. Practical application must be of high priority in training unit personnel in first aid, casualty evaluation, and

treatment. There is no substitute for "hands on" practice in developing effective first aid skills.

7. Supply And Logistics.

- a. Custody of Health Services Equipment and Material. As directed by the Commanding Officer, the IDHS is responsible and accountable for the health services material onboard the unit. As such, the IDHS is the custodian of all health service equipment and material. The custodian will not permit waste or abuse of supplies or equipment and will use techniques such as stock rotation, planned replacement and preventive maintenance to minimize waste of resources.
- b. Inventory. An accurate record of medical stores and equipment must be maintained. The inventory of medical stores, spaces and equipment will be prepared using the Stock Record Card Afloat, NAVSUP-1114 or in line item form (computerized database is an approved and preferred alternative if all necessary information is captured) and include:
  - (1) Quantity and shelf-life of each item currently on board.
  - (2) Balance on hand, high-level, low-level (reorder point for each item).
  - (3) Manufacturer, lot number and expiration date (pharmaceuticals).
  - (4) Quantity placed on order, date received.
- c. Unit Property. Unit property in Health Services Department custody must also be safeguarded and accounted for. The unit property custodian should be contacted before transfer or destruction of such property.
- d. Funding and Account Record Keeping. Funds used to purchase supplies and equipment, and to pay for the various expenses of operating the unit are broken down into Allotment Fund Control code (AFC) expenditure categories. This method allows for efficient budgeting and accounting. Fund categories generally used by IDHSs fall within the AFC subhead 30 or 57 expenditure categories.
  - (1) AFC-30 is a general unit fund used by the supply department to purchase generally needed operating supplies and services. Examples include pens, paper, books, training aids, etc. AFC-30 funding can be used to pay for Health Services Department supplies and equipment not obtainable through Defense Supply Center Philadelphia Prime Vendor Program (via the unit's supporting clinic) or the major medical equipment request process (see Chapters 6 and 8 of this Manual). Restrictions exist on what may be purchased with AFC-30 funds. Unit supply personnel can answer specific questions.
  - (2) AFC-57 is a funding category used to purchase health care related supplies and equipment, and to pay for health care. AFC-57 funds are distributed to the HSWL SC and further allocated by them to the units within their areas of responsibility with IDHSs assigned.

- (3) With the full implementation of the Prime Vendor programs for Pharmaceuticals and for Medical and Surgical Supplies, AFC-57 fund allocations will be made to the Prime Vendor ordering point assigned for the unit.
- e. Budgets and Budgeting. In general, IDHSs do not need to plan and submit an AFC-57 budget request because medical supplies and equipment funding are controlled by the HSWL SC and Prime Vendor ordering points. If additional AFC-57 resource needs are anticipated, the IDHS's supporting clinic should be contacted for direction on how the resources are to be requested. The budget build process does have value for the IDHS however. AFC-30 funds will need to be planned for and requested from your unit. Medical equipment in need of replacement costing less than \$500.00 must be requested from the supporting clinic. Medical equipment in need of replacement costing \$500.00 or more must be requested from the HSWL SC via a Health Care Equipment Request, Form CG-5211. The budget build process is a good way to handle these needs. AFC-30 fund budget planning is relatively straight forward, although it can be time consuming. AFC-30 expenditures for Health Services should be broken into general use categories. Examples of categories are books and publications, non-consumable goods and services such as hydro testing and replacement of oxygen cylinders and annual calibration of heat stress meters, and travel for continuing education. Budgeting categories can be as simple or complicated as the IDHS desires to make it. Once categories have been established, a ledger for the Health Services Division should be "opened" and the expenditure categories entered into it. The use of a "spreadsheet" program is an efficient way to keep an accounting record, but a ledger book works just as well. Attention to detail is the key. In general, a system using four to five categories works well.
- (1) In preparing a budget for the upcoming year, it is important to look back over what was purchased in the previous year. To do this, collect all records of AFC-30 orders and expenditures. Review each line item and record the amount spent into the appropriate budget category. The steps for preparing a budget and carrying it out along with general timelines are contained in this paragraph. They are:

Table 9-B-1

|                  |  |
|------------------|--|
| <p>March</p>     | <p>Look back process. Review amount of funds spent over the first two quarters of the fiscal year as well as spending patterns for the previous fiscal year. Note general categories on which funds were spent and in which quarter items were ordered. This will allow projection of quarterly funding needs into the upcoming year.</p>  |
| <p>April/May</p> | <p>Review status of the Health Services Division medical library and determine which texts and references must be updated.</p> <p>Review status of HS certifications and continuing medical education. Funding for training, conferences or seminars not normally funded by AFC-56 funds must be budgeted for as AFC 30 budget line items.</p> <p>Review preventive maintenance records and include cost projections in AFC-30 budget. Prepare and submit U.S. Coast Guard Health Care Equipment Request, Form CG 5211s for medical equipment to be replaced.</p> <p>Seek guidance from XO on known or planned activities outside normal operations.</p> |
| <p>June</p>      | <p>Submit finalized budget proposal through chain of command. AFC 30 budget information will be added to the unit budget. Be prepared to “defend” the budget request submitted. Documentation of the data gathering process and retrieval of the raw data used to justify the funding requested will likely be required. AFC-56 funds requests will be consolidated by the command and forwarded to the unit’s district, HSWL SC or Area commander, as appropriate.</p>  |

(2) Careful stewardship, good record keeping and accounting make existing funding and justification for increased funding levels easier.

- f. Obtaining Pharmaceuticals, Medical and Surgical Supplies. Chapter 8 of this Manual provides policy applicable to the management of Health Services supplies. Prime Vendor programs for both Pharmaceuticals and Medical/Surgical Supplies have been established and it is through these programs that essentially all pharmaceuticals and supplies will be obtained. From an IDHS’s perspective important aspects of the program include:

- (1) Each unit has been assigned a Prime Vendor ordering point for Pharmaceuticals and for Medical/Surgical Supplies. The HSWL SC assigns the POCs and periodically updates the information. The Prime Vendor ordering point may be different for each of the programs.
  - (2) Funding for both Prime Vendor for Pharmaceuticals and Prime Vendor for Medical/Surgical Supplies is provided to the assigned Prime Vendor ordering point by the HSWL SC. Internal accounting procedures vary among Prime Vendor ordering points. Some have established individual accounts for the units they are responsible for while others manage funds from a central account. Regardless of the accounting method used by the Prime Vendor ordering point, the IDHS must establish and maintain a system to track expenditures.
  - (3) Prime Vendor ordering points establish pharmaceutical and medical/surgical supply ordering procedures for their assigned units. Pharmaceutical and medical supply items ordered will be those required by the Health Services Allowance List (HSAL) in quantities required for the unit type. Deviation from the HSAL requirements will normally occur only after justification of the need is made by the IDHS to the DMOA for the unit. It will be made in writing and kept on file for review during HSWL SC site surveys.
- g. Health Services Supporting Clinic. The supporting clinic is the IDHS's partner in providing health care for the crew. Local agreements and resources may be available to allow the supporting clinic to provide a broader range of services to the IDHS and the crew but at a minimum, the following will be provided.
- (1) All supplies and equipment (under \$500.00) listed in the HSAL for the type of unit and on the HS Core Formulary. The unit no longer receives AFC-57 funding for the operation of the Health Services Division. These funds are provided instead to the supporting clinic with the intent that the supporting clinic will provide all required items for the IDHS to operate the Health Services Division.
  - (2) Assign the IDHS a DMOA in writing. The DMOA shall be available for questions about patient care, as well as completing record reviews quarterly.
  - (3) Perform medical boards for the IDHS unit as necessary.
  - (4) Provide a resource for advice and support in all administrative areas of health care delivery to include medical administration, physical examination review (within the approving authority of the Clinic Administrator), health benefits, medical billing and bill payment processing assistance, dental care, pharmacy administration, supply and logistics, bio-medical waste management, IDHS continuing education, and quality assurance support. Any services provided at the clinic shall be extended to the IDHS to the maximum extent possible.

- h. Preventive Maintenance of Health Services Equipment. Chapter 8 Section D of this Manual details the preventive maintenance program for Health Services equipment. An important part of medical equipment readiness is a program of preventive maintenance and planned equipment replacement. Repair and routine replacement part costs should be recorded on a locally generated form or on side B of a Medical/Dental Equipment Maintenance Record, Form NAVMED 6700-3CG. Capture of this data will allow more accurate forecasting of AFC-30 funding needs for preventive maintenance.
- i. Replacement of Health Care Equipment. Chapter 8 Section D of this Manual provides direction on how to obtain replacement of health care equipment. An effectively managed planned equipment replacement program minimizes repair costs and avoids loss of critical equipment at unscheduled times. Additionally, used but still serviceable equipment can be used by other facilities by "turn-in and reissue" through the Defense Reutilization Management Office (DRMO). At least annually, normally during the budgeting process, review the preventive maintenance costs for each piece of health care equipment. When repair and maintenance costs for the year exceed 50 percent of the current replacement cost of the equipment, then a U.S. Coast Guard Health Care Equipment Request, Form CG-5211, U. S. Coast Guard Health Care Equipment Request should be submitted to the HSWL SC, through the supporting clinic, requesting replacement.
- j. Disposal of Unserviceable or Outdated Medical Material.
  - (1) Equipment and Supplies. Property Management Manual, COMDTINST M4500.5 (series) provides guidance on when a formal survey is required. In general, a formal survey is not required except when equipment has been lost or stolen. If uncertain about whether or not a formal survey should be done, the unit's supply officer should be consulted.
  - (2) Pharmaceuticals and Medicinals. Destruction of pharmaceuticals and medicinals will rarely be required. When disposal is necessary it must be done in accordance with federal, state, and local laws as well as applicable CG policy, if any (e.g. AVIP, SVP).
    - (a) Prime Vendors provide a partial credit for some materials returned to them. IDHSs and supporting clinics will establish local policy for transfer of expired or short shelf-life pharmaceuticals. A transfer and replacement of pharmaceuticals within 6 months of expiration should be made with the supporting clinic to minimize waste.
    - (b) If destruction is required, it will be accomplished in a well-ventilated area. Liquid substances present potential exposure through splash back. At a minimum, splash proof goggles and neoprene rubber gloves will be worn when working with liquid substances that may be absorbed through the skin. The wearing of protective equipment such as a splash apron is also encouraged. Thorough hand washing after the destruction process must be accomplished. Medical material must be

disposed of in a manner so as to ensure that the material is rendered non-recoverable for use and harmless to the environment. Destruction must be complete, to preclude the use of any portion of a pharmaceutical. Chapter 8 Section C of this Manual provides detailed information about destruction and disposal of unsuitable medications.

- k. Disposal of Medical Waste. Federal regulation defines how medical waste must be stored and disposed of, and the records that must be kept to document the storage and disposal. The information in the following paragraphs is provided as a general explanation of program requirements rather than an in-depth instruction on handling of medical waste. Medical waste must be classed in one of two categories: potentially infectious or non-infectious waste. In-depth guidance about storage, disposal and required record keeping for medical waste can be found in Chapter 13 of this Manual, in Quality Improvement Implementation Guide (QIIG) 16, and in Chapter 5 of the Safety and Environmental Health Manual, COMDTINST M5100.47 (series). An additional source of information is the unit's hazardous material control officer. In general, the disposal and record keeping requirements for the waste depend on the category of the waste:
- (1) Potentially infectious waste is defined as an agent that may contain pathogens that may cause disease in a susceptible host. Used needles, scalpel blades, ("sharps"), syringes, soiled dressings, sponges, drapes and surgical gloves will generate the majority of potentially infectious waste. Potentially infectious waste (other than sharps) will be double bagged in biohazard bags, autoclaved if possible and stored in a secure area until disposed of.
  - (2) Used sharps will be collected in an autoclavable "sharps" container. "Sharps" will not be clipped. Needles will not be recapped.
  - (3) An adequate supply of storage and disposal material (containers, bags, etc.) must be maintained to ensure availability even on a long or unexpected deployment.
  - (4) A medical bio-hazardous waste log must be established and maintained, and must be kept on file for a period of 5 years. The medical bio-hazardous waste log must include the following information:
    - (a) Date of entry.
    - (b) Type of waste.
    - (c) Amount (in weight or volume).
    - (d) Storage location.
    - (e) Method of disposal.
    - (f) Identification number (if required by the state regulating authority). If such a number is required, the authority will provide it.

- (5) Non-infectious waste includes disposable medical supplies that do not fall into hazardous waste. Non-infectious waste will be treated as general waste and does not require autoclaving or special handling. It should be placed into an appropriate receptacle and discarded with other general waste.

8. Health Services Department Administration.

- a. Required Reports, Logs, and Records. Clear, accurate record keeping is of paramount importance for the IDHS. The quality of care provided to the unit's crew is reflected in the thoroughness of record and log entries completed by the IDHS. During compliance inspections and customer assistance visits, the IDHS and the unit will be evaluated at least in part on the accuracy and completeness of the reports and records created and maintained by the IDHS. The following records will be maintained in the Health Services Division. They will be in book/log form and in sufficient detail, to serve as a complete and permanent historical record for actions, incidents and data.

- (1) Health Services Log. A Health Services Division log will be maintained by the IDHS. This log is a legal document. Entries will be clearly written in a concise, professional manner. The log may be either hand written or prepared using a typewriter or word processor but must be kept on file in "hard copy" form. It is used to document the daily operation of the Health Services Division. Chapter 1. Section B. of this Manual provides the requirement for this log. At a minimum, it will contain the names of all individuals reporting to sickcall for treatment, inspections, inventories conducted, and the results of potable water testing (if required). The log will be signed daily by the IDHS. It is worth noting that the Health Services Log will provide the information used in the Binnacle List (see required reports in this Chapter and Chapter 6 of this Manual), so a complete record containing information required in the binnacle list as well as other information of interest will streamline preparation of the report. All protected health information in the log must be kept private and secure in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- (a) Training Log. See "Training" in this Chapter.
- (b) Biohazard waste log. This log will contain information as provided in Chapter 13 of this Manual.
- (c) Health Records. Health records will be maintained and checked for accuracy and completeness as outlined in Chapter 4 of this Manual. The Health Record Receipt, Form NAVMED 6150-7 will be used whenever a Health Record leaves the custody of the IDHS. A quarterly check using the unit's alpha roster will ensure that any oversight is identified in a reasonably timely manner. All records checked out and not returned shall be reported to the command. No health record is to be taken to the field. If necessary for deployment,

a battle record will be made up consisting of the following at a minimum:

- [1] One Chronological Record of Care, Form SF-600.
- [2] A copy of the Medical Readiness Reporting system printout of Immunization and Medical Readiness records
- [3] A copy of the Adult Preventive and Chronic Care Flow Sheet, Form DD-2766.

- (2) Required reports. Numerous reports are required at various intervals. A brief explanation along with a reference is provided for those not mentioned elsewhere in this chapter. Additionally, the information is provided in tabular format at the end of this section.
- (a) Binnacle List. The binnacle list is normally a part of the Health Services Department Log. It is a listing of the names of the members provided treatment and the duty status determination resulting from the treatment. The list must be kept daily and submitted to the command for review as directed by the CO. It is normally reviewed each week by the XO and signed by the CO.
  - (b) Disease Alert Reports. See Chapter 7 of this Manual for requirements.
  - (c) Inpatient Hospitalization Report. See Chapter 2-A of this Manual.
  - (d) Food Service Sanitation Inspection Report. (Required for units with food service facilities) See the Food Service Sanitation Manual and A-10-a-(2) of this Chapter.
  - (e) Potable Water Quality Discrepancy Report (when not using a community based water source) required by Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series) Chapter 2.N.2 when potable water quality fails to meet requirements or is suspect.
  - (f) Readiness Report. The IDHS will assist the command in ensuring the medical and dental readiness for the personnel in their AOR by providing monthly Medical and Dental Readiness reports to the command.

Table 9-B-2

**Reports Required Weekly**

| Report Name                                  | Format or Form Required | Reference                                     | Frequency or Date   |
|--|-------------------------|---|---|
| Binnacle List                                | Locally designed form   | COMDTINST M6000.1 (series) Chap 1. Section B. | Compiled daily, submitted weekly (or as directed by command). |
| Food Service Establishment Inspection Report | CG 5145                 | COMDTINST M6240.4 (series) Chap 11.           |   |

Table 9-B-3

**Reports Required Quarterly**

| Report Name                       | Format or Form Required   | Reference                    | Frequency or Date                        |
|-----------------------------------|---|------------------------------|--|
| Controlled Substances Audit Board | Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs, NAVMED 6710/5 | Chapter 10.B. of this Manual | 5 <sup>th</sup> working day of the month |

Table 9-B-4

**Reports Required "As Needed"**

| Report Name  | Format or Form Required | Reference   | Frequency or Date   |
|--|-------------------------|---|---|
| Readiness Report   | locally designed form   | See Paragraph 2-f of this section.                      | Monthly (or as directed by command).                                |
| Injury Report for Not Misconduct and In-Line-of-Duty Determination | CG-3822                 | See Paragraph 10-c of this section.                     | As needed. See paragraph 9.c of this chapter                        |
| Disease Alert Reports  | RCN 6000-4              | See Chapter 7-B of this Manual                          | As needed   |
| Inpatient Hospitalization E-Mail                                   | E-mail                  | See Chapter 2-A of this Manual                          | As needed   |
| Potable Water Quality Discrepancy Report                           |                         | COMDTINST M6240.5 (series)                              | when potable water quality fails to meet requirements or is suspect |
| Report of Potential Third Party Liability                          | CG-4899                 | COMDTINST 6010.16 (series) and chapter 6 of this Manual | As needed   |
| Emergency Medical Treatment Report                                 | CG-5214                 | COMDTINST M16135.4 (series)                             | As needed   |

1. **Search and Rescue (SAR) Operations.** In order for SAR units to provide the necessary level of medical support during SAR operations, COs must ensure personnel are trained to provide lifesaving measures in adverse and austere environments. The IDHS ashore may be called upon to play an integral role in the training and certification of unit personnel in first aid and cardiopulmonary resuscitation (CPR). IDHSs who are certified as a First Aid and CPR Instructor by one of the following organizations: American Red Cross, National Safety Council, or American Safety and Health Institute have the ability to positively impact local units by providing the required medical training to boat crewmembers {Note: Personnel who serve as boat crewmembers aboard CG small boats are required to be certified in First Aid and CPR by one of the

aforementioned organizations in accordance with the Boat Crew Seamanship Manual, COMDTINST M16114.5 (series) and the U.S. Coast Guard Boat Operations and Training (BOAT) Manual, Volume II, COMDTINST M16114.33 (series)}.

2. Environmental Health. Environmental health program related activities make up a large percentage of the daily responsibility of the IDHS. The link between environmental health and mission accomplishment cannot be over-emphasized. From a military perspective, environmental health and environmental health related problems accounted for almost eighty percent of personnel losses during past conflicts in which the United States was involved. For the purposes of this chapter, environmental health encompasses the disciplines of preventive medicine, sanitation and occupational health.
  - a. Environmental Health Program Components. An effective environmental health program requires the IDHS to have a working knowledge of a large number of unit systems and work processes. An aggressive program of inspection and observation is required. These include:
    - (1) Environmental Health Inspection.
    - (2) Immunizations and Prophylaxis. The IDHS will ensure that all personnel receive required immunizations in accordance with Immunizations and Chemoprophylaxis, COMDTINST 6230.4 (series) and other relevant Commandant policy. Commandant (CG-1121), HSWL SC, and NEPMUs can provide up to date information on immunization requirements, disease intelligence, and preventive medicine precautions required for vessels deploying to OCONUS ports.
  - b. Safety. The IDHS must become familiar with the work processes that are ongoing at the unit and be able to recognize when they are not being performed in the proper manner or with the proper materials. The IDHS should report any safety related findings to the unit Safety Officer.
  - c. Accident Reports. The Administrative Investigations Manual, COMDTINST M5830.1 (series) contains a requirement that a Injury Report for Not Misconduct and In-Line-of-Duty Determination, Form CG-3822 be completed whenever an injury results in temporary or permanent disability. This report is referred to in the Physical Disability Evaluation System, COMDTINST M1850.2 (series) as an "Line of Duty (LOD) Report" and a requirement is made that it be completed for all initial medical boards involving or resulting from trauma. Since it is difficult to determine the outcome of a serious injury in the early stages of treatment, a Injury Report for Not Misconduct and In-Line-of-Duty Determination, Form CG-3822 (also commonly known as an "Accident Report") is usually completed in such cases. It is not necessary to complete an "Accident Report" for any and all injuries unless command policy dictates otherwise.

- d. Hazard Communication. The Hazard Communication Program is a unit wide program. Each unit will have appointed a Hazardous Materials Control Officer with overall responsibility for carrying out the program. Safety and Environmental Health Manual, COMDTINST M5100.47 (series) and Hazard Communication for Workplace Materials, COMDTINST 6260.21 (series) contain in-depth information about this program. The IDHS must be aware of the program requirements and its impact on the operation of the Health Services Division. Additionally, the IDHS must know the location of the unit's central MSDS file and have immediate access to product information which may be needed to render proper treatment to exposed crewmembers. Computerized databases available on CD-ROM are acceptable for this purpose if the Health Services Division contains appropriate access to the information
- e. Eyewash Stations. Eyewash stations will be located in any space or work area with strong potential for splashes to, or foreign body injury of the eye. Eyewash stations will be maintained in accordance with the station's manufacturer requirements. Eyewash stations shall be flushed weekly for 15 seconds and flushed and drained according to the recommendations of the biostat ingredient manufacturer used in the station. This interval is usually every six months. Eyewash stations will be "tagged" with a maintenance record tag and inspection or maintenance activities will be recorded when performed. Inspections of eyewash stations will be recorded in the Health Services Log.

C. Independent Duty in Support of Deployable Specialized Forces.

1. Introduction. An independent duty health services technician (IDHS) is a Health Services Technician (HS) assigned to a unit that has no attached Medical Officer (MO). The identification or term Independent Duty Health Services Technician, used in any form, only identifies those Health Services Technicians that have successfully completed one of the three recognized Independent Duty Training courses, i.e. the USCG Independent Duty Health Services Technician, USN Independent Duty Corpsman, or USAF Independent Duty Medical Technician courses. Assignment to independent duty is challenging. The role is one of tremendous responsibility and at times can tax even the most experienced HS's skill, knowledge and ability. Along with the increased responsibility and sometimes arduous duty comes the potential for personal satisfaction unsurpassed by any other job assignment. The Deployable Specialized Forces (DSF) provides waterborne and, to a lesser extent, shoreside antiterrorism force protection for strategic shipping, high interest vessels, and critical infrastructure. DSFs are a response force capable of rapid, nationwide and international deployment via air, ground or sea transportation in response to changing threat conditions and evolving Maritime Homeland Security (MHLs) mission requirements. An assignment to one of these units requires additional knowledge, skills, and physical abilities beyond that of a general duty HS as the DSF may be deployed to areas that pose a great hazard from armed conflict and Weapons of Mass Destruction (WMD) agents (nuclear, chemical, and biological) as well as specific health care needs due to lack of local medical support. .
2. Mission, General Duties and Responsibilities.
  - a. Mission. The IDHS serving with a DSF unit is charged with the responsibility for ensuring the personnel of the DSF are qualified for deployment. They will provide routine independent duty level medical care plus WMD knowledge and treatment of traumatic (e.g. gunshot) wounds if deployed with the team. It is recognized that HSs assigned to DSFs may participate in the same basic tactical training as non-HS DSF unit members, thus necessitating close coordination between the Executive Officer (XO) and Designated Medical Officer Advisor (DMOA) to ensure that both medical and tactical training needs are met
  - b. General Duties. HSs on independent duty perform the administrative duties and, to the extent for which qualified, clinical duties (See United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series) and Section 1-B of this Manual.). They shall not attempt, nor be required to provide, health care for which they are not professionally qualified. They shall provide care only for AD personnel; however they may provide care to non-active duty patients on an emergency basis. The filling of prescriptions for other than AD personnel shall be strictly limited to emergency situations and to authorized stock on hand under the allowance list for the unit. They may, under the guidance in Chapter 10 of this Manual, establish non-prescription medication programs for eligible beneficiaries.

c. Responsibilities. The Commanding Officer (CO) is responsible for the health and medical/dental readiness of the crew of his/her command. The health services department is charged with advising the CO of conditions existing that may be detrimental to the health of personnel and for making appropriate recommendations for correcting such conditions. Meticulous attention to all details and aspects of preventing disease must be a continuing program. It is imperative that sanitation and preventive health practices be reviewed constantly in order that any disease promoting situation may be discovered immediately and promptly eradicated. In the absence of a permanently assigned Medical Officer (MO), the DSF's CO will designate the Executive Officer (XO) to have direct responsibility for medical matters when no medical officer is assigned to the unit. The role of the Independent Health Services Technician (IDHS) is to assist the command in maintaining the good health and medical/dental readiness of the crew. To accomplish this responsibility, the IDHS must be informed of planned operations and anticipate any operational demands resulting from such operations. To this end, the IDHS will consult and advise the command in all matters with potential to effect crew readiness or the health of personnel. Some of the duties of the IDHS include but are not limited to:

- (1) Assessment and treatment of illness and injury. Hold daily sick call. Diagnose and treat patients within capabilities. When indicated, refer cases to facilities where Medical or Dental Officers are available or, if this is not practical, obtain help and advice by radio or other expeditious means.
- (2) Prevention of illness and injury through an aggressive environmental health program. Such a program includes inspection of living and working spaces as well as food service and storage areas; food storage and handling practices; integrated pest management practices; potable water quality surveillance; and recognition and management of communicable diseases.
- (3) Train DSF personnel in the Coast Guard's Tactical Combat Casualty Care Self-Aid / Buddy-Aid and Combat Life Saver (CLS) programs (per Tactical Medicine Manual, COMDTINST M16601.16 (series)) or any other required medical training to meet the mission of the unit.
- (4) Security and proper use of Health Services supplies, material and property.
- (5) Supply and logistics to ensure supplies, materials and equipment necessary to carry out the mission of the Health Services Department are obtained and maintained in sufficient quantity and condition to support the unit mission and operation.
- (6) Health Services Department administration, maintenance and security of health records. Maintain health records as required by Chapter 4 of this Manual. Ensure that all treatment records and/or consults from outside

referrals are obtained and placed in the health record. In addition, ensure that each patient is notified of all physical exams, consultations, and diagnostic tests (e.g., pap smears, mammograms, biopsies, x-rays, etc.) performed at any facility prior to filing in the health record. Maintain the security and confidentiality of all medical/dental records, databases and any other protected health information.

- (7) Maintenance and documentation of medical and dental readiness of unit personnel. The IDHS will assist the command in ensuring the medical and dental readiness for the personnel in their AOR by providing monthly Medical and Dental Readiness reports to the command, CGBI, scheduling the crew for required readiness exams and procedures as needed, and informing the command when a given crew member or department fails to cooperate with the IDHS's efforts to comply with readiness requirements. The IDHS shall also maintain a tickler system to include all return appointments requested by physicians or dentists from outside referrals requested by the command
  - (8) Strict adherence to Chapters 1 and 2 of this Manual, which contain information about general and specific duties of the HS serving independently, including all required training on compliance with HIPAA privacy and security.
  - (9) Other duties as assigned by the CO. In accordance with paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), HS may not be detailed to perform combatant duties in their own defense or protection of the wounded and sick in their charge, which are not prohibited by the Geneva Conventions. However, under routine situations; HSs who bear arms forfeit the special protections for medical personnel afforded by the Geneva Convention.
3. Chain Of Command. The IDHS will normally be assigned to the Administrative Department and will report directly to the XO.
  4. Operation of the Health Services Department. The DSF Health Services Department is classified as a 1-D (ashore) sickbay. The unit may request a waiver from maintaining the full allowance list. This request will be routed through the assigned DMOA to the HSWL SC for approval. The IDHS is tasked with a wide variety and high volume of duties and responsibilities. This section sets forth policy and guidelines designed to assist the IDHS in carrying out assigned duties and responsibilities.
    - a. Health Services Department Standard Operating Procedure. In order to successfully manage the Health Services Department, the IDHS must use time management and organizational skills and tools. One such tool is a written Standard Operating Procedure (SOP) for the Health Services Department. The SOP will govern the activity of the IDHS and has as its guiding precept the goals and missions of the unit. The SOP will be developed and submitted in written form to the CO for approval via the chain of command. In addition,

the SOP will be reviewed at least annually by the IDHS, DMOA, XO and CO. The approved SOP will be kept in the Health Services Department for easy referral. Copies of pertinent sections will be posted as appropriate. The SOP will include:

- (1) A copy of the IDHS's letter of assumption of duties as Health Services Department Representative.
- (2) A copy of the HSs prescribing formulary approved by the DMOA.
- (3) A written daily schedule of events for both on base and deployed periods.
- (4) Copies of all letters of designation, assignment, and authority that directly impact upon the IDHS or Health Services Department. Examples include those granting "By direction" authority, designation as working Narcotics and Controlled Substances custodian, written certification to provide immunization (see Chapter 7 Section C) and assignment of a DMOA.
- (5) A copy of the unit's organizational structure. This document will show graphically the IDHS's chain of command.
- (6) A listing of duties and responsibilities assigned to the IDHS and the frequency that they are to be carried out. The listing will include both primary and collateral assigned duties.
- (7) A listing of all required reports, the format required for submission, the frequency or date required, required routing and required "copy addressees". Incorporation of this information in tabular format provides a quick and easy guide for reference purposes.
- (8) Guidance on how any change in a member's duty status is relayed from the member through the HS to the XO.
- (9) A unit instruction or SOP for the management of rape or sexual assault cases. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources as well as contact information for agencies and facilities which must be notified. CGIS must be notified on all cases of alleged rape or sexual assault. It must contain a prearranged mechanism for timely completion of a physical examination for the purpose of evidence gathering that meets requirements of all applicable law enforcement agencies. It must define limitations that will exist if the unit is deployed at the time the incident occurs. It must contain directions on how to complete a Victim Reporting Preference Statement, CG-6095. Additionally, it must define the unrestricted and restricted reporting procedures as outlined in the Sexual Assault Prevention and Response Program (SAPRP), COMDTINST 1754.10 (series)
- (10) A unit instruction or SOP for the management of suicide threat or

attempt. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.

- (11) A unit instruction or SOP action required in the event of family violence. The document must provide policy for Health Services Department action in such cases, names of organizations, points of contact and telephone numbers for local resources, contact information for agencies and facilities which must be notified as well as a listing of required information, reports or actions.
- b. Departure from the Daily Schedule of Events. The day-to-day operation of the Health Services Department is complex and impacted upon by the operational needs of the unit. It will of necessity change when events of higher priority or concern occur. If deviation from the daily schedule of events is required, notification to the chain of command will be made at the earliest opportunity. When deviation from daily schedule of events occurs frequently, the daily schedule of events will be reviewed and if necessary, changed. Any changes will be incorporated into the Health Services Department SOP and approved by the Commanding Officer.
- c. Relief and Assumption of Duties as the IDHS. Proper documentation of the status of the Health Services Department and the condition of its equipment, stores, and records is required at the time of relief and assumption of the duties and responsibilities as the IDHS. This must be completed in order to adequately ascertain the state of operational medical readiness of the health services department and advise the local command. Operational readiness refers to the immediate ability to meet all health care demands within the unit's capabilities. The process is complex and requires both the incoming and outgoing IDHS to jointly perform the following:
  - (1) A complete inventory of all medical stores, spaces, and equipment, including durable medical equipment. Obtain the unit Health Services Allowance List and inspect the inventory of all health services department equipment, supplies, and publications. Initiate action for repair, survey, or replenishment of equipment, supplies, and publications. Verify inventory records and check all logs. Report any discrepancies to the local command without delay. Amplification of requirements and procedures is contained in Chapters 8 and 10 of this Manual
    - (a) A controlled substances inventory must be done. Use direction provided in Chapter 10 of this Manual.
    - (b) A complete inventory of all unit property in custody of the Health Services Department if the HS is the custodian of the property shall be conducted.

- (2) A review of ongoing actions affecting the status of Health Services, e.g., outstanding requisitions, survey or repairs, and proper documentation of all such transactions.
  - (3) A review of the Health Services Department SOP.
  - (4) A review of the most recent HSWL SC Quality Improvement Assistance and Deployable Operations Group Ready for Operations Surveys for the unit. A copy of the surveys annotated with any finding of incomplete or uncorrected discrepancies will be included as an enclosure to the letter of relief.
  - (5) A review of all health records for completeness, accuracy, privacy and security. Check health records against the personnel roster. Any missing records should be accounted for or requested from previous duty stations. If records cannot be accounted for within one month's time, open a new health record. Check health records for completeness, and if not current, obtain and enter all missing information to the fullest extent possible. (See Chapter 4 of this Manual for further instructions pertaining to health records.)
- d. Letter of Relief and Assumption of Duties. Upon completion of the Health Services Department review, a memorandum will be prepared and submitted by the oncoming IDHS via the chain of command and will advise the Commanding Officer of the status of the Health Services Department. A copy of the letter will be forwarded to the HSWL SC Senior IDHS Team Leader. The letter of Relief and Assumption of Duties will provide the following:
- (1) Date of assumption of duties; a statement that the duties and responsibilities of the IDHS have been assumed; and that a thorough review of the Health Services Department has been conducted. Any discrepancies of material or record keeping will be annotated on a copy of the unit's most recent HSWL SC Quality Improvement site survey and submitted as an enclosure to the letter of Relief and Assumption of Duties as IDHS.
  - (2) Any discrepancies noted upon relief will be handled as a matter of individual command prerogative. Responsibility for correction, adjustment of account or inventory records, action required to replace missing items, as well as any necessary disciplinary action will be determined by the command.
  - (3) In cases in which no "on site" relief occurs, all of the preceding action will be completed. The supply officer of the unit will participate in the review process in place of the outgoing IDHS.
- e. Actions upon Proper Relief. Upon assumption of duties as the unit's IDHS, one of the first tasks to complete is a thorough review of all SOPs and department instructions. Check the references; make contact with any listed points of contact. If possible, make visits and introductions in person. Find out how each system works and how it is accessed.

5. Providing Health Care. Delivery of health care is undoubtedly the most challenging and rewarding part of the job of any IDHS. The IDHS assigned to a DSF will have the challenges of having to deliver this care, at times, in remote locations during deployments as well as ensuring that any medical condition is evaluated to determine a member's status for deployment. This section is intended to provide a brief summary of the various facets of providing this medical care.
  - a. Designated Medical Officer Advisor (DMOA). Each DSF HS shall be assigned a DMOA in accordance with Chapter 1 of this Manual. Good communication between the IDHS and the unit DMOA can prevent many problems affecting health care delivery to the crew. The IDHS will schedule a visit to the DMOA as soon as is practical after reporting aboard or upon completion of IDHS training. The purpose of the visit is to allow first-hand communication of expectations, support facility requirements, and any unique needs or concerns. This visit will normally be scheduled for a period of at least two weeks. This will allow the time required for the DMOA to evaluate the HS's performance factors and qualifications, and to develop a formulary for the HS. Open communication can be maintained through regular visits when practical, or at minimum, regular telephone calls. With regard to provision of direct care, the IDHS will seek DMOA or another MO's advice whenever there are questions about a patient's condition or when the following conditions exist:
    - (1) Return to sick call before assigned follow-up because of failure to improve or condition has deteriorated.
    - (2) Member cannot return to full duty status after 72 hours duration because of unresolved illness or injury.
    - (3) The IDHS shall contact the Flight Surgeon on call through the closest Coast Guard Command Center when any of the following emergency conditions exist:
      - (4) Undetermined fever of 102 degrees Fahrenheit or higher (when taken orally) persisting for 48 hours.
      - (5) Fever of 103 degrees Fahrenheit or higher (when taken orally).
      - (6) Unexplained pulse rate above 120 beats per minute.
      - (7) Unexplained respiratory rate above 28 breaths per minute or less than 12 breaths per minute.
      - (8) Depression with or without suicidal thoughts.
      - (9) Change in mental status.
      - (10) Chest pain or arrhythmia.
      - (11) Unexplained shortness of breath.
      - (12) Rape or sexual assault.

- b. Gender Considerations. Chapter 1 Section B of this Manual provides specific direction for health services technicians about patient privacy, same gender attendant requirements, and examination restrictions.
- c. Avoiding Common Problems. Scheduling and obtaining the routine medical care needed by crewmembers during non-deployed times can tax the organizational skills of even the most experienced IDHS. There are, however, actions that the IDHS can take which will enhance the chances of getting the routine appointments needed for all members. Some of these are:
  - (1) Identify the routine medical and dental needs of the crew. The DSF's supporting clinic has an established appointment scheduling procedure within which the IDHS must work whenever operational schedules allow. Follow the supporting clinics requirements for scheduling all appointments. When routine medical or dental care is to be made directly at a DoD MTF, the IDHS must determine the facility requirements for referral of patients and follow any local procedures.
  - (2) Communicate with the supporting clinic. Discuss the crew's medical and dental needs with the clinic supervisor and DMOA (if located at the facility).
  - (3) Perform all preliminary tests and complete all necessary paperwork before scheduling physicals at the supporting clinic.
  - (4) Post a listing of appointment dates and times as soon as it becomes available. Provide each Department/Division Chief a listing of the appointments applicable to the division or shop.
  - (5) Hold members accountable to be at their appointed place and time. Provide feedback to division officers and shop chiefs on any appointment failure. Notify XO of more than one failure.
- d. Consultations. During the management of complex or protracted cases, consultations or specialty referral may be necessary. When such services are needed, the IDHS will normally make referral to a Coast Guard clinic, or in some cases, a Department of Defense medical treatment facility (DoD MTF). When referring a patient to see a Medical Officer at a CG health services clinic, the IDHS shall ensure that a Chronological Record of Care, Form SF-600 entry is completed using the SOAP format and that an appointment is scheduled. The clinic will normally provide treatment or arrange care if treatment is beyond its scope. When consultations or referral for specialty care are made directly to a DoD MTF, the IDHS must determine the facility requirements for referral of patients and follow any local procedures. Referrals to a DoD MTF will normally be documented using an Consultation Sheet, SF-513 or a Referral for Civilian Medical Care, Form DD-2161. The consultation will provide a concise history of the condition to be evaluated as well as any pertinent findings. A provisional diagnosis is normally expected by the consultant. Chapter 4 Section B of this Manual

provides direction on completion of a Consultation Sheet, Form SF-513. The patient and the patient's supervisor must be informed of all consultation or referral appointment dates and times. Courtesy is an important part of maintaining good working relationships with the facilities that the independent duty HS accesses for consultation and referral. Timely notification to the referral facility when appointment changes or cancellations occur (along with a brief explanation of why the change is required) helps maintain those relationships. Whenever possible, provide at least 24 hours notice for changes or cancellations.

- e. Antibiotic Therapy. The IDHS may prescribe and administer antibiotics included on the Health Services Allowance List. The IDHS should consult with their DMOA or other Medical Officer for a recommendation or concurrence prior to administering antibiotic therapy. If consultation is not possible prior to administration, electronic notification, via email or message, must be sent to the DMOA providing case history, ICD9CM code and treatment provided.
- f. Health Services Treatment Space. The Health Services treatment space will be manned at all times when patients are inside. All items are to be stowed in their proper place and secured. All medical records shall be locked in a cabinet. At no time should the Health Services space be left unlocked when the IDHS is not in the space.
- g. Convalescent Leave/Sick Leave. Convalescent leave/Sick leave is a period of leave not charged against a member's leave account. It can be a recommendation to the command when a patient is Not Fit For Duty (usually for a duration expected to be greater than 72 hours) and whose recovery time can reasonably be expected to improve by freedom from the confines of quarters. It should be considered only when required as an adjunct to patient treatment. The command must evaluate each recommendation. Commands are authorized to grant convalescent leave as outlined in Military Assignments and Authorized Absences, COMDTINST M1000.8 (series).
- h. Controlled Substances. Regulations for the handling, storage, and issue of narcotics and controlled substances are found in Chapter 10 of this Manual. The contents of this section are not intended to contradict the guidance provided there. This section serves to amplify policy provided with respect to medicinal narcotics and controlled substances as they pertain to the DSF. Narcotics and controlled substances require special handling. All controlled substances shall be obtained through the unit's collateral duty pharmacy officer.
  - (1) The CO will designate a commissioned officer as the controlled substances custodian (CSC). The CSC will follow the accounting procedure provided in Chapter 10 of this Manual. The IDHS will normally be assigned as custodian for narcotics and controlled substances working stock. Such assignment must be made in writing.

- (2) All issues from working stock will be documented with a properly completed, written prescription. All non-emergent care requires contact with a Medical Officer before dispensing any controlled medication. The Medical Officer's orders will be documented on a prescription and in the patient's health record. The words "By verbal order of" will precede the ordering Medical Officer's initials, last name, time of order, and date of order both on the prescription and in the patient's health record. In the event of a true emergency, a Medical Officer's order is not needed to dispense a controlled substance. Once the emergency situation is over or alleviated, the IDHS will contact a Medical Officer, detail the circumstances and the controlled substances that were administered. Upon concurrence by the Medical Officer, the prescription prepared for the patient will be annotated with the words "By concurrence of" the ordering physician's initials, last name, time of concurrence and date of concurrence.
- (3) The XO will countersign all prescriptions prepared by the IDHS prior to issue of any controlled substance or narcotic.
- (4) Controlled substances shall be limited to amounts in the Health Services Allowance List for a 1-D unit. If the need exists for the unit to carry additional quantities of controlled substances based on use or potential for operational need, a written request signed by the Commanding Officer will be forwarded to the HSWL SC through the unit's DMOA. The request must include nomenclature, quantity, and brief justification.
  - i. Dental. It is the duty of the IDHS to arrange for the necessary dental examinations of the crew. All personnel should be Class I or Class II prior to deployment and all personnel must receive an annual dental exam and results must be documented in DENCAS.
  - j. Rape or Sexual Assault. All victims of rape or sexual assault must be treated in a professional, compassionate and non-judgmental manner. Examination of rape and sexual assault victims will be limited to only visual examination of any wound or injury and treated according to present standards of care. In all cases, a Medical Officer and CGIS will be contacted for advice. In the event that no Medical Officer is available (deployed), an IDHS may conduct the visual examination. A chaperone of the same gender as the patient will be present if such examination is conducted. All aspects of the patient encounter must be carefully documented. Physical examination to gather evidence of rape or sexual assault is strictly prohibited. The unit shall have a SOP for alleged rape and sexual assault. Refer to Reporting and Responding to Rape and Sexual Assault Allegations, COMDTINST 1754.10 (series).
  - k. Suicide Prevention. An encounter with a suicidal person is always a deeply emotional event. It is important for the IDHS to act in a caring and professional manner. Early intervention and good communication skills are essential. If suicidal ideation is suspected it is important to remember:

- (1) Take all threats and symptoms seriously. Immediately seek professional help from the nearest MTF for any member considering suicide. At no time should the person be left unattended. Once the patient is safe, contact the servicing Work-Life office for additional help or refer to Suicide Prevention, COMDTINST 1734.1 (series).
  - (2) Actively listen to the patient. Do not argue, judge, attempt to diagnose, or analyze the person's true intentions. It is important to provide a calm, caring, professional demeanor throughout the entire situation. Thoroughly document the patient encounter using the SOAP format.
  - (3) Arrange for an escort and a driver to transport the patient to the nearest Coast Guard clinic, DoD MTF or civilian emergency room with facilities appropriate to the situation. The unit's SOP for suicide threat or attempt should contain this information for ready use if needed.
- l. Decedent Affairs. Chapter 5 of this Manual contains guidance about action that the Health Services Department must take when there is a death of a Coast Guard member. Military Casualties and Decedent Affairs, COMDTINST M1770.9 (series) contains further guidance concerning casualties and decedent affairs. It is unlikely that the IDHS will be assigned as the Casualty Assistance Calls Officer (CACO) for the command, but the IDHS will undoubtedly be heavily involved with the process of proper disposition of remains, so familiarity with the information required is helpful. The IDHS should also perform the following:
- (1) An entry in the Health Services Log will be made detailing all available information concerning the death.
  - (2) The health record of the deceased member will be terminated in accordance with Chapter 4 of this Manual.
- m. Disposition of Remains. As soon as possible, remains will be transferred to the nearest Military Treatment Facility (MTF) for further disposition. When transfer cannot be accomplished immediately, the remains will be placed into a body pouch and refrigerated at a temperature of 36 to 40 degrees Fahrenheit to prevent decomposition. The space must contain no other items and must be cleaned and disinfected before reuse. Remains will be identified with a waterproof tag, marked with waterproof ink, and affixed with wire ties to the right great toe of the decedent and also to each end of the body pouch. The minimum information needed on each tag includes the full name, SSN and rate or rank of the decedent. Whenever possible, do not remove items attached to the deceased at time of death. Such items may include (for example) IV lines, needles, AED pads, ET tubes, lengths of cord or line, etc. These may be important during an autopsy. Additionally, do not discard or launder clothing of the deceased. These items are sometimes important to surviving family members and in some cultures contribute to the mourning process of the deceased. This is a

cultural consideration but should be a part of the decision process.

- n. Physical Disability Evaluation System. The medical board process is detailed in Military Separations, COMDTINST M1000.4 (series) and the Physical Disability Evaluation System, COMDTINST M1850.2 (series).
6. Training. The purpose of training for both the assigned HS and that provided to the crew includes: assurance that the HS and crewmembers are able to provide aid for themselves and their shipmates in an emergency or a tactical/combat situation; and to promote the general health and well being of the crew.
    - a. Training for the DSF HS. In addition to the requirements of the rate, the HS will attend all general DSF training required of members of the DSF. In addition to this general DSF training the DSF HSs must successfully complete certain "C" schools is required. These are:
      - (1) Coast Guard Independent Duty Health Services Technician School, Navy Surface Forces Independent Duty Technician School or the Air Force Medical Services Craftsman School.
      - (2) Coast Guard Introduction to Environmental Health or Navy Basic Shipboard Series. (Note: This is not required for graduates of the CG IDHS School or Navy Surface Forces Independent Duty Technician).
      - (3) Emergency Medical Technician - IDHSs assigned to deployable units are required to maintain currency with the National Registry of Emergency Medical Technicians (NREMT) at the EMT level. Short Term Training Requests are to be completed in accordance with the Training and Education Manual, COMDTINST M1500.10 (series) and forwarded to Commandant (CG-1121). Funding will be provided by Commandant (CG-11). See the Emergency Medical Services Manual, COMDTINST M16135.4 (series) for additional information. (This is part of the CG IDHS School).
      - (4) Tactical Combat Casualty Care Live Tissue Training. The specific course and funding is to be determined by Commandant (CG-1121).
      - (5) Instructor courses (must maintain current certification) in CPR, BLS, AED and First Responder
      - (6) Field Management of Chemical and Biological Casualties course. HSs assigned in support of DSFs must complete this training. Funding will be provided by Commandant (CG-1121).
      - (7) Recognition and Treatment of Dive Injuries. HSs assigned to DSFs that support dive operations must complete this training. Funding will be provided by Commandant (CG-11).
    - b. IDHS Initial Certification. All newly assigned IDHSs will participate in an orientation and certification program at their supporting clinic. Initial orientation must be completed within 60 days of reporting in to the new unit.

If due to operational commitments the orientation and certification cannot be completed within 60 days of reporting, a waiver request must be sent in memo format to the HSWLSC, SIDHS Team Leader. If the unit is unable to fund the TDY, the IDHS shall request funding from their HSWL SIDHS. Initial orientation and certification is estimated to take 2 weeks. During this time, the IDHS will:

- (1) Work with his/her DMOA to complete the IDHS Operational Integration Form, CG Form 6000-4.
  - (2) See a minimum of 12 patients
  - (3) Perform a focused exam on each of the body's systems while using the DMOA as a guide and evaluator.
  - (4) Discuss with his/her DMOA notification procedures for the dispensing of scheduled drugs, administration of emergency medications and antibiotics.
  - (5) Solicit documented feedback from the DMOA and work to improve any areas where required.
  - (6) Perform a minimum of 4 clinical hours with a dental preceptor.
  - (7) Solicit documented feedback from the dental preceptor and work to improve any areas where required.
  - (8) Demonstrate a verbal understanding of management of acute dental problems to include dental abscess, periodontal disease, temporary fillings, fractured teeth, etc.
  - (9) Demonstrate documentation requirements for dental problems.
- c. IDHS Annual Sustainment Training Requirements. Every 12 months, the IDHS must complete the following task:
- (1) See a minimum of 48 patients/year. The IDHS shall solicit feedback from his/her DMOA on the patients treated over the last year.
  - (2) Work with his/her DMOA to complete the IDHS Operational Integration Form, CG Form 6000-4.
  - (3) Instruct at least one BLS certification class.
  - (4) Review all CEUs acquired over the last year in order to maintain EMT certification with his/her DMOA
- d. Health Services Department Training Plan. A plan for training of the crew will be established in written form and kept on file. It will be based on a

minimum 12 month cycle and be included in the unit training schedule. At a minimum, the following training will be given:

- (1) Basic first aid.
- (2) Shock, hemorrhage control, dressing.
- (3) Airway management and assisted ventilation.
- (4) Use of items in Individual First Aid Kits.
- (5) Personal and dental hygiene.
- (6) STI/HIV prevention.
- (7) Heat and cold stress programs, including hypothermia.
- (8) Respiratory protection program.
- (9) Hearing conservation.
- (10) Sight conservation.
- (11) Blood borne pathogens.
- (12) Additionally, at least one member of each boat crew will be trained as a Combat Lifesaver.

- e. Documentation of Training. Documentation of the training is a requirement. An outline must be prepared and kept on file for all training topics presented and a training log maintained for all training provided. The training log will contain a record of all HS training given to the crew. It will contain the following information:
  - (1) Date.
  - (2) Topic.
  - (3) Duration.
  - (4) Instructor's name.
  - (5) Names (signatures of those present) of members trained.
- f. Training Format. Training will normally be presented in either lecture format or demonstration and practical application. Lecture format presentations should be limited to 15 to 20 minutes and demonstrations and practical application should not exceed 1 hour. Practical application must be of high priority in training the crew in first aid, casualty evaluation, and treatment. There is no substitute for "hands on" practice in developing effective first aid skills.

7. Supply and Logistics.

- a. Custody of Health Services Equipment and Material. As directed by the Commanding Officer, the IDHS is responsible and accountable for the health services material onboard the unit. As such, the IDHS is the custodian of all

health service equipment and material. The custodian will not permit waste or abuse of supplies or equipment and will use techniques such as stock rotation, planned replacement and preventive maintenance to minimize waste of resources.

- b. Inventory. An accurate record of medical stores and equipment must be maintained. The inventory of medical stores, spaces and equipment will be prepared using the NAVSUP-1114, Stock Record Card Afloat or in line item form (computerized database such as the IDHS inventory tool is an approved and preferred alternative if all necessary information is captured) and include:
  - (1) Quantity and shelf-life of each item currently on board.
  - (2) Balance on hand, high-level, low-level (reorder point for each item).
  - (3) Manufacturer, lot number and expiration date (pharmaceuticals).
  - (4) Quantity placed on order, date received.
- c. Unit Property. Unit property in Health Services Department custody must also be safeguarded and accounted for. The unit property custodian should be contacted before transfer or destruction of such property.
- d. Funding and Account Record Keeping. Funds used to purchase supplies and equipment, and to pay for the various expenses of operating the unit are broken down into Allotment Fund Control code (AFC) expenditure categories. This method allows for efficient budgeting and accounting. Fund categories generally used by IDHSs fall within the AFC subhead 30 or 57 expenditure categories.
  - (1) AFC-30 is a general unit fund used by the supply department to purchase generally needed operating supplies and services. Examples include pens, paper, books, training aids, etc. AFC-30 funding can be used to pay for Health Services Department supplies and equipment not obtainable through Defense Supply Center Philadelphia Prime Vendor Program (via the unit's supporting clinic) or the major medical equipment request process (see Chapters 6 and 8 of this Manual). Restrictions exist on what may be purchased with AFC-30 funds. Unit supply personnel can answer specific questions.
  - (2) AFC-57 is a funding category used to purchase health care related supplies and equipment, and to pay for health care. AFC-57 funds are distributed to the HSWL SC and further allocated by them to the units within their areas of responsibility with HS's assigned.
  - (3) With the full implementation of the Prime Vendor programs for Pharmaceuticals and for Medical and Surgical Supplies, AFC-57 fund allocations will be made to the Prime Vendor ordering point assigned for the unit.
- e. Budgets and Budgeting. In general, IDHSs do not need to plan and submit an

AFC-57 budget request because medical supplies and equipment funding are controlled by the HSWL SC and Prime Vendor ordering points. If additional AFC-57 resource needs are anticipated, the IDHS's supporting clinic should be contacted for direction on how the resources are to be requested. The budget build process does have value for the IDHS however. AFC-30 funds will need to be planned for and requested and medical equipment in need of planned replacement must be identified and a Health Care Equipment Request, Form CG-5211 submitted. The budget build process is a good way to handle these needs. AFC-30 fund budget planning is relatively straight forward, although it can be time consuming. AFC-30 expenditures for Health Services should be broken into general use categories. Examples of categories are books and publications, non-consumable goods and services such as hydro testing and replacement of oxygen cylinders, and travel for continuing education. Budgeting categories can be as simple or complicated as the IDHS desires to make it. Once categories have been established, a ledger for the Health Services Department should be "opened" and the expenditure categories entered into it. The use of a "spreadsheet" program is an efficient way to keep an accounting record, but a ledger book works just as well. Attention to detail is the key. In general, a system using four to five categories works well.

- (1) In preparing a budget for the upcoming year, it is important to look back over what was purchased in the previous year. To do this, collect all records of AFC-30 orders and expenditures. Review each line item and record the amount spent into the appropriate budget category. The steps for preparing a budget and carrying it out along with general timelines are contained in this paragraph. They are:

Table 9-C-1

|           |  |
|-----------|--|
| March     | Look back process. Review amount of funds spent over the first two quarters of the fiscal year as well as spending patterns for the previous fiscal year. Note general categories on which funds were spent and in which quarter items were ordered. This will allow projection of quarterly funding needs into the upcoming year.   |
| April/May | <p>Review status of the Health Services Department medical library and determine which texts and references must be updated.</p> <p>Review status of HS certifications and continuing medical education. Funding for training, conferences or seminars not normally funded by AFC-56 funds must be budgeted for as AFC-30 budget line items.</p> <p>Review preventive maintenance records and include cost projections in AFC 30 budget. Prepare and submit a Health Care Equipment Request, Form CG-5211 for medical equipment to be replaced.</p> <p>Seek guidance from XO on known or planned activities outside normal operations.</p> |
| June      | <p>Submit finalized budget proposal through chain of command. AFC-30 budget information will be added to the unit budget. Be prepared to “defend” the budget request submitted.</p> <p>Documentation of the data gathering process and retrieval of the raw data used to justify the funding requested will likely be required. AFC-56 funds requests will be consolidated by the command and forwarded to the unit’s district, HSWL SC or Area commander, as appropriate.</p>   |

- (2) Careful stewardship, good record keeping and accounting make existing funding and justification for increased funding levels easier.
- f. Obtaining Pharmaceuticals, Medical and Surgical Supplies. Chapter 8 of this Manual provides policy applicable to the management of Health Services supplies. Prime Vendor programs for both Pharmaceuticals and Medical/Surgical Supplies have been established and it is through these

programs that essentially all pharmaceuticals and supplies will be obtained. From an IDHS's perspective important aspects of the program include:

- (1) Each unit has been assigned a Prime Vendor ordering point for Pharmaceuticals and for Medical/Surgical Supplies. The HSWL SC assigns the POCs and periodically updates the information. The Prime Vendor ordering point may be different for each of the programs.
  - (2) Funding for Prime Vendor for Pharmaceuticals and Prime Vendor for Medical/Surgical Supplies is provided to the assigned Prime Vendor ordering point by the HSWL SC. Internal accounting procedures vary among Prime Vendor ordering points. Some have established individual "accounts" for the units they are responsible for while others manage funds from a central account. Regardless of the accounting method used by the Prime Vendor ordering point, the IDHS must establish and maintain a system to track expenditures.
  - (3) Prime Vendor ordering points establish pharmaceutical and medical/surgical supply ordering procedures for their assigned units. Pharmaceutical and medical supply items ordered will be those required by the Health Services Allowance List (HSAL) in quantities required for the unit type. Deviation from the HSAL requirements will normally occur only after justification of the need is made by the IDHS to the DMOA for the unit. It will be made in writing and kept on file for review during HSWL SC site surveys.
- g. Health Services Supporting Clinic. The supporting clinic for a DSF is the IDHS's partner in providing health care for the crew. Local agreements and resources may be available to allow the supporting clinic to provide a broader range of services to the IDHS and the crew but at a minimum, the following will be provided.
- (1) All supplies and equipment (under \$500.00) listed in the HSAL for the type of unit and on the HS Core Formulary. The unit no longer receives AFC-57 funding for the operation of the Health Services Department. These funds are provided instead to the supporting clinic with the intent that the supporting clinic will provide all required items for the IDHS to operate the Health Services Department.
  - (2) Assign the IDHS a DMOA in writing. The DMOA shall be available for questions about patient care, as well as completing record reviews quarterly.
  - (3) Perform medical boards for the IDHS unit as necessary.
  - (4) Provide a resource for advice and support in all administrative areas of health care delivery to include medical administration, physical examination review (within the approving authority of the Clinic Administrator), health benefits, medical billing and bill payment processing assistance, dental care, pharmacy administration, supply and logistics, bio-medical waste management, IDHS continuing education, and

quality assurance support. Any services provided at the clinic shall be extended to the IDHS to the maximum extent possible.

- h. Preventive Maintenance of Health Services Equipment. Chapter 8 Section D of this Manual details the preventive maintenance program for Health Services equipment. An important part of medical equipment readiness is a program of preventive maintenance and planned equipment replacement. Repair and routine replacement part costs should be recorded on a locally generated form or side B of Medical/Dental Equipment Maintenance Record, CG Form NAVMED 6700. Capture of this data will allow more accurate forecasting of AFC-30 funding needs for preventive maintenance.
- i. Replacement of Health Care Equipment. Chapter 8 Section D of this Manual provides direction on how to obtain replacement of health care equipment. An effectively managed planned equipment replacement program minimizes repair costs and avoids loss of critical equipment at unscheduled times. Additionally, used but still serviceable equipment can be used by other facilities by "turn-in and reissue" through the Defense Reutilization Management Office (DRMO). At least annually, normally during the budgeting process, review the preventive maintenance costs for each piece of health care equipment. When repair and maintenance costs for the year exceed 50 percent of the current replacement cost of the equipment, then a Coast Guard Health Care Equipment Request, Form CG-5211 should be submitted to the HSWL SC, through the supporting clinic, requesting replacement.
- j. Disposal of Unserviceable or Outdated Medical Material.
  - (1) Equipment and Supplies. Property Management Manual, COMDTINST M4500.5 (series) provides guidance on when a formal survey is required. In general, a formal survey is not required except when equipment has been lost or stolen. If uncertain about whether or not a formal survey should be done, the unit's supply officer should be consulted.
  - (2) Pharmaceuticals and Medicinals. Destruction of pharmaceuticals and medicinals will rarely be required. When disposal is necessary it must be done in accordance with federal, state, and local laws as well as applicable CG policy, if any (e.g. AVIP, SVP).
    - (a) Prime Vendors provide a partial credit for some materials returned to them. IDHSs and supporting clinics will establish local policy for transfer of expired or short shelf-life pharmaceuticals. A transfer and replacement of pharmaceuticals within 6 months of expiration should be made with the supporting clinic to minimize waste.
    - (b) If destruction is required, it will be accomplished in a well-ventilated area. Liquid substances present potential exposure through splash back. At a minimum, splash proof goggles and neoprene rubber

gloves will be worn when working with liquid substances that may be absorbed through the skin. The wearing of protective equipment such as a splash apron is also encouraged. Thorough hand washing after the destruction process must be accomplished. Medical material must be disposed of in a manner so as to ensure that the material is rendered non-recoverable for use and harmless to the environment. Destruction must be complete, to preclude the use of any portion of a pharmaceutical. Chapter 8 Section C of this Manual provides detailed information about destruction and disposal of unsuitable medications.

- k. Disposal of Medical Waste. Federal regulation defines how medical waste must be stored and disposed of, and the records that must be kept to document the storage and disposal. The information in the following paragraphs is provided as a general explanation of program requirements rather than an in-depth instruction on handling of medical waste. Medical waste must be classed in one of two categories: potentially infectious or non-infectious waste. In-depth guidance about storage, disposal and required record keeping for medical waste can be found in Chapter 13 of this Manual, in Quality Improvement Implementation Guide (QIIG) 16, and in Chapter 5 of the Safety and Environmental Health Manual, COMDTINST M5100.47 (series). An additional source of information is the unit's hazardous material control officer. In general, the disposal and record keeping requirements for the waste depend on the category of the waste:

- (1) Potentially infectious waste is defined as an agent that may contain pathogens that may cause disease in a susceptible host. Used needles, scalpel blades, ("sharps"), syringes, soiled dressings, sponges, drapes and surgical gloves will generate the majority of potentially infectious waste. Potentially infectious waste (other than sharps) will be double bagged in biohazard bags, autoclaved if possible and stored in a secure area until disposed of:
- (2) Used sharps will be collected in an autoclavable "sharps" container. "Sharps" will not be clipped. Needles will not be recapped.
- (3) An adequate supply of storage and disposal material (containers, bags, etc.) must be maintained to ensure availability even on a long or unexpected deployment.
- (4) A medical bio-hazardous waste log must be established and maintained, and must be kept on file for a period of 5 years. A medical bio-hazardous waste log must include the following information:
  - (a) Date of entry.
  - (b) Type of waste.
  - (c) Amount (in weight or volume).

(d) Storage location.

(e) Method of disposal.

(f) Identification number (if required by the state regulating authority). If such a number is required, the authority will provide it.

(5) Non-infectious waste includes disposable medical supplies that do not fall into hazardous waste. Non-infectious waste will be treated as general waste and does not require autoclaving or special handling. It should be placed into an appropriate receptacle and discarded with other general waste.

8. Health Services Department Administration.

a. Required Reports, Logs, and Records. Clear, accurate record keeping is of paramount importance for the IDHS. The quality of care provided to the unit's crew is reflected in the thoroughness of record and log entries completed by the IDHS. During compliance inspections and customer assistance visits, the IDHS and the unit will be evaluated at least in part on the accuracy and completeness of the reports and records created and maintained by the IDHS. The following records will be maintained in the Health Services Department. They will be in book/log form and in sufficient detail, to serve as a complete and permanent historical record for actions, incidents and data.

(1) Health Services Log. A Health Services Department log will be maintained by the IDHS. This log is a legal document. Entries will be clearly written in a concise, professional manner. The log may be either hand written or prepared using a typewriter or word processor but must be kept on file in "hard copy" form. It is used to document the daily operation of the Health Services Department. At a minimum, it will contain the names of all individuals reporting to sickcall for treatment, inspections, inventories conducted, and the results of potable water testing (if required). The log will be signed daily by the IDHS. It is worth noting that the Health Services Log will provide the information used in the Binnacle List (see required reports in this Chapter and Chapter 6 of this Manual), so a complete record containing information required in the binnacle list as well as other information of interest will streamline preparation of the report. All protected health information in the log must be kept private and secure in compliance with HIPAA.

(2) Training Log. See "Training" in this Chapter.

(3) Biohazard Waste log. This log will contain information as provided in Chapter 13 of this Manual.

(4) Health Records. Health records will be maintained and checked for accuracy and completeness as outlined in Chapter 4 of this Manual. The Health Record Receipt, CG Form NAVMED 6150/7 will be used whenever a Health Record leaves the custody of the IDHS. A quarterly

check using the unit's alpha roster will ensure that any oversight is identified in a reasonably timely manner. All records checked out and not returned shall be reported to the command. No H/R is to be taken to the field. If necessary for deployment, a battle record will be made up consisting of the following at a minimum:

- (a) One Chronological Record of Care, Form SF-600
- (b) MRRS printout of Immunization and Medical Readiness records,
- (c) Copy of completed Adult Preventative and Chronic Care Flowsheet, Form DD-2766.

b. Required reports. Numerous reports are required at various intervals. A brief explanation along with a reference is provided for those not mentioned elsewhere in this chapter. Additionally, the information is provided in tabular format at the end of this section.

- (1) Binnacle List. The binnacle list is normally a part of the Health Services Department Log. It is a listing of the names of the members provided treatment and the duty status determination resulting from the treatment. The list must be kept daily and submitted to the command for review as directed by the CO. It is normally reviewed each week by the XO and signed by the CO.
- (2) Disease Alert Reports. See Chapter 7 of this Manual for requirements.
- (3) Inpatient Hospitalization Report. See Chapter 2-A. of this Manual.
- (4) Food Service Sanitation Inspection Report. (Required for units with food service facilities) See the Food Service Sanitation Manual and Paragraph A-10-a-(2) of this Chapter.
- (5) Potable Water Quality Discrepancy Report (when deployed and not using a community based water source) required by Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series) Chapter 2.N.2 when potable water quality fails to meet requirements or is suspect
- (6) Readiness Report. The IDHS will assist the command in ensuring the medical and dental readiness for their personnel by providing monthly Medical and Dental Readiness reports to the command.

Table 9-C-2

**Reports Required Weekly**

| Report Name                                  | Format or Form Required | Reference  | Frequency or Date   |
|--|-------------------------|--|---|
| Binnacle List                                | locally designed form   | COMDTINST M6000.1 (series)<br>Chap 1. Section B. | Compiled daily, submitted weekly (or as directed by command). |
| Food Service Establishment Inspection Report | CG-5145                 | COMDTINST M6240.4 (series)<br>Chap 11.           |   |

Table 9-C-3

**Reports Required Quarterly**

| Report Name                       | Format or Form Required   | Reference                    | Frequency or Date                        |
|-----------------------------------|---|------------------------------|--|
| Controlled Substances Audit Board | Perpetual Inventory of Narcotics, Alcohol and Controlled Drugs, NAVMED 6710/5 | Chapter 10.B. of this Manual | 5 <sup>th</sup> working day of the month |

Table 9-C-4

**Reports Required "As Needed"**

| Report Name  | Format or Form Required | Reference   | Frequency or Date  |
|--|-------------------------|---|--|
| Readiness Report   | locally designed form   | See Paragraph 2-(g) of this section.                    | Monthly (or as directed by command).                                 |
| Injury Report for Not Misconduct and In-Line-of-Duty Determination | CG-3822                 | See Paragraph 10-c of this section.                     | As needed. See Paragraph 9-c of this chapter                         |
| Disease Alert Reports  | RCN 6000-4              | See Chapter 7. Section B of this Manual                 | As needed  |
| Inpatient Hospitalization Report                                   | Message format          | See Chapter 2. Section A of this Manual                 | As needed  |
| Report of Potential Third Party Liability                          | CG-4899                 | COMDTINST 6010.16 (series) and Chapter 6 of this Manual | As needed  |
| Potable Water Quality Discrepancy Report                           |                         | COMDTINST M6240.5 (series)                              | When potable water quality fails to meet requirements or is suspect. |
| Emergency Medical Treatment Report                                 | CG-5214                 | COMDTINST M16135.4 (series)                             | As needed  |

9. Tactical Operations. In order to provide the necessary level of medical support during tactical operations the IDHS and assigned DMOA will ensure that each team has personnel trained to provide lifesaving measures in adverse and austere environments. This can be accomplished by training one member of each operational team as a Combat Lifesaver. In addition the IDHS will train each member of the operational team in tactical Self-Aid/Buddy-Aid including the use of the hemostatic agent in the IFAK. The IDHS must also ensure the Combat Lifesavers maintain proficiency in their skills. The HS must also attend all aspects of operational training to ensure that they are prepared to respond with the team in

- a high threat deployment where the CO feels the threat to the team requires a level of medical training above that of the regular team members.
10. Environmental Health. Environmental health program related activities make up a large percentage of the daily responsibility of the IDHS. The link between environmental health and mission accomplishment cannot be over-emphasized. From a military perspective, environmental health and environmental health related problems accounted for almost eighty percent of personnel losses during past conflicts in which the United States was involved. For the purposes of this chapter, environmental health encompasses the disciplines of preventive medicine, sanitation and occupational health.
- a. Environmental Health Program Components. An effective environmental health program requires the IDHS to have a working knowledge of a large number of unit systems and work processes. An aggressive program of inspection and observation is required. These include:
    - (1) Environmental Health Inspection.
    - (2) Immunizations and Prophylaxis. The IDHS will ensure that all personnel receive required immunizations in accordance with Immunizations and Chemoprophylaxis, COMDTINST 6230.4 (series) and other relevant Commandant policy. Commandant (CG-1121), HSWL SC and NEPMUs can provide up to date information on immunization requirements, disease intelligence and preventive medicine precautions required for vessels deploying to OCONUS ports.
  - b. Safety. The IDHS must become familiar with the work processes that are ongoing at the unit and be able to recognize when they are not being done in the proper manner or with the proper materials. The IDHS should report any safety related findings to the Safety Officer.
  - c. Accident Reports. The Administrative Investigations Manual, COMDTINST M5830.1 (series) contains a requirement that a Injury Report for Not Misconduct and In-Line-of-Duty Determination, Form CG-3822 be completed whenever an injury results in temporary or permanent disability. This report is referred to in the Physical Disability Evaluation System, COMDTINST M1850.2 (series) as a "Line of Duty (LOD) Report" and requirement is made that it be completed for all initial medical boards involving or resulting from trauma. Since it is difficult to determine the outcome of a serious injury in the early stages of treatment, a Injury Report for Not Misconduct and In-Line-of-Duty Determination, Form CG-3822 (also commonly known as an "Accident Report") is usually completed in such cases. It is not necessary to complete an "Accident Report" for any and all injuries unless command policy dictates otherwise.
  - d. Hazard Communication. The Hazard Communication Program is a unit wide program. Each unit will have appointed a Hazardous Materials Control Officer with overall responsibility for carrying out the program. The Safety and Environmental Health Manual, COMDTINST M5100.47 (series) and

Hazard Communication for Workplace Materials, COMDTINST 6260.21 (series) contain in-depth information about this program. The IDHS must be aware of the program requirements and its impact upon the operation of the Health Services Department. Additionally, the IDHS must know the location of the unit's central MSDS file and have immediate access to product information which may be needed to render proper treatment to exposed crewmembers. Computerized databases available on CD-ROM are acceptable for this purpose if the Health Services Department contains appropriate access to the information

- e. Eyewash Stations. Eyewash stations will be located in any space or work area with strong potential for splashes to, or foreign body injury of the eye. Eyewash stations will be maintained in accordance with the station's manufacturer requirements. Eyewash stations shall be flushed weekly for 15 seconds and flushed and drained according to the recommendations of the biostat ingredient manufacturer used in the station. This interval is usually every six months. Eyewash stations will be "tagged" with a maintenance record tag and inspection or maintenance activities will be recorded when performed. Inspections of eyewash stations will be recorded in the Health Services Log.



D. Quality Improvement Compliance Program (QICP).

1. Background. The CG established an internal healthcare quality improvement (QI) program in the early 1990s to monitor the quality of healthcare delivered at its clinics and sickbays. The HSWL SC has historically administered the program by conducting QI surveys at each facility on a pre-determined schedule. However, in recent years the CG has moved to an external accreditation for its clinics, but sickbays are not subject to the accreditation program. The need for a QI program that ensures sickbay compliance with CG specific healthcare issues and health readiness still exists. CG specific QI and operational health readiness issues are monitored by the HSWL SC under the Quality Improvement Compliance Program (QICP).
2. Purpose. The intent of the QICP is to assist with and ensure all Independent Duty Health Services Technicians (IDHS) comply with and maintain CG specific healthcare-related requirements and unit operational health readiness.
3. Overview.
  - a. Definitions.
    - (1) Operational Readiness. Standards established by the CG that determine whether individual members and units are prepared to meet their assigned missions.
    - (2) Quality Improvement. See Chapter 13 of this Manual.
4. Program Elements. The QICP is designed to monitor healthcare-related QI requirements for sickbays and to ensure units within their area-of-responsibility (AOR) are operationally ready in accordance with CG standards. Elements that are applicable in the QICP for sickbays are:
  - a. Unit Demographics
  - b. Administration
  - c. Record Maintenance
  - d. Fiscal and Supply Management
  - e. Preventive Maintenance
  - f. Health Care Delivery
  - g. TRICARE
  - h. Professional Education
  - i. Pharmacy Services
  - j. Environmental Health and Safety
  - k. Operational Readiness

5. Collaborative Program. The primary mission of CG sickbays is to maintain the operational health readiness of active duty and reserve personnel by assuring their availability to physically and mentally meet worldwide deployment standards in accordance with the Medical Manual COMDTINST M6000.1 (series). Maintaining a high level of health readiness involves collaboration between providers, commands, clinics, sickbays and the HSWL SC.
6. Monitoring the QICP. It is the responsibility of the unit Independent Duty Health Services Technician to develop and maintain a plan that ensures optimal health readiness for all active duty/reserve members within the designated AOR in accordance with guidance provided in this instruction. The HSWL SC will review CG-specific QI and operational health readiness issues on a continual basis and provide needed assistance to sickbays to ensure a high level of health readiness. QI compliance will be accomplished through HSWL SC assist visits. A post-visit evaluation report will be provided to the unit CO through the Designated Medical Advisor Officer and supporting Clinic Administrator.
7. Assistance Program. The QICP is designed to provide an environment in which QI and operational health readiness of sickbays are monitored on a continuous, versus retroactive, basis. The QICP is an assistance program designed to ensure a high level of care is provided at CG sickbays and that a high level of operational health readiness is maintained. The program assists sickbays in meeting both CG readiness and QI standards.
8. Responsibility.
  - a. HSWL SC.
    - (1) Ensure the Commandant's Health Care QI Program is executed at the field level.
    - (2) Ensure that Independent Duty Health Services Technicians (IDHSs) are performing their duties in strict adherence to this manual.
    - (3) Conduct site visits on a two-year cycle (more often as defined by current certifications) to verify standards compliance and to provide assistance in meeting the expectations of the QICP.
    - (4) Develop and maintain health services support program guides necessary to provide operational guidance for IDHS activities.
    - (5) Develop and maintain Quality Improvement Self Assessment Checklists for assist visits.
    - (6) Provide technical and professional advice regarding health services to units, as required.
    - (7) Ensure the IDHSs Operational Integration Form has been filled out and signed by the IDHS and DMOA.

- b. Units.
  - (1) Ensure the unit actively pursues health services standards for independent duty as set forth in this manual and the HSWL SC Quality Improvement Compliance Program.
  - (2) Develop and maintain a plan that ensures optimal health readiness for all active duty/reserve members within the designated unit AOR in accordance with guidelines provided in this instruction.
  - (3) Continually monitor all sickbay QA activities by reviewing the HSWL SC QI Checklist.
- 9. QI Compliance Checklist. The compliance checklist shows QI and/or operational readiness tasks that sickbays must address on a regular basis. The checklist is used to assess compliance with Quality Improvement standards. There are *Basic Elements* and *Key Elements* that hold pre-determined weighted values and will allow the HSWL SC surveyor to assign the appropriate certification based on the compliance level. To view the most current QI Compliance Checklist, go to the following web site in CG Central: IDHS QI Checklist
- 10. Compliance Certification Standards. Because sickbays are not subject to an external accreditation, continued oversight by the HSWL SC is critical to ensure that IDHS's are performing all duties required of them. This oversight is achieved through site visits every 2 years. HSWL SC will designate the Regional Practice SIDHS to use the Compliance Checklist and evaluate the performance level of each IDHS site. A detailed report will be provided with a summary of any discrepancies or recommendations for improvement. Based on the result, the HSWL SC surveyor will determine the appropriate re-visit rotation as follows:
  - a. Full Certification: Full certification is obtained by achieving at least ninety percent (90%) for compliance. Sickbays in compliance with at least ninety percent (90%) of the key elements and at least ninety percent (90%) of the basic elements will be fully certified. Full Certification requires no re-visit and the certification is good for 2 years.
  - b. Provisional Certification: Provisional certification is given when a sickbay's compliance falls below 90%. Sickbays in compliance with at least eight (80%) of the key elements and at least eighty percent (80%) of the basic elements will be provisionally certified. A Provisional Certification requires a re-visit in 6 months or 1 year as determined by the surveyor.
  - c. Non-Certification: A Non-Certified status is given when a sickbay's compliance falls below 75%. Sickbays falling below 75% compliance will not be certified and require a 3-month follow-up assessment.
- 11. Post Survey. At the conclusion of a QI visit a Command out brief shall be conducted between the Regional Practice SIDHS & XO/CO to discuss the outcome of the visit. A detailed report describing all discrepancies and an Executive Summary outlining the findings and recommendations will be provided to the command no

later than 30 days following the date of survey. A written plan of corrective action shall be sent to HSWL SC within 30 days of receipt of the survey results. The plan shall be vetted through the assigned DMOA and address all items listed under the Summary of Pertinent Findings.

E. Independent Duty Management of TRICARE.

1. Introduction. The role of the Military Health System (MHS) is to enhance DoD and our Nation's security by providing health support for the full range of military operations and sustaining the health of all those entrusted to its care, which includes all active duty service members (ADSM). The MHS supports the military mission by fostering, protecting, sustaining and restoring health.
2. Discussion. The IDHS must be aware of the policies and concepts that surround the MHS. The MHS includes all Department of Defense Military Treatment Facilities (MTF), USCG Clinics, and the civilian network providers contracted by the Managed Care Support Contractors known as TRICARE providers. Depending on the location of your command, you may work with all of these entities in the coordination of primary and specialty health care for your crew.
3. Access to Care. There are four basic steps that will ensure almost seamless access to health care:
  - a. The first step is a check-in process for new arrivals to your unit. Every member should be required to visit sick bay upon arrival.
  - b. Second, each member must be properly enrolled to a PCM, either military or civilian, depending on your local policy. It is required by law (32CFR) and DOD/CG policy that all active duty personnel with a permanent duty assignment of 180 days or more enroll in a TRICARE Prime Program. The enrollment process requires the member to fill out a form and choose a Primary Care Manager (PCM). Enrollment forms can be obtained from the local TRICARE Service Center which typically are co-located with the MTF or can be found online at [www.tricare.mil](http://www.tricare.mil)
  - c. ADSMs are required to get all non-emergent health care from their PCM
  - d. ADSMs are required to get pre-authorization for specialty care from their PCM.
4. Access to Care Standards. The MHS has specific access standards to care that are important for the IDHS to understand to ensure the crew is getting the appropriate care in a timely manner. It is important to note that the access standards for family members and retirees are slightly different. They are as follows:
  - a. Urgent care appointment—24 hours or less
  - b. Routine appointment—7 days or less
  - c. Specialty appointment or wellness visits— Within four weeks or 28 days
  - d. Travel time may not exceed 60 minutes from work to the PCM office.

- e. Travel from ADSM's home for referred specialty care should not exceed 1 hour.
  - f. If the service is not available at the MTF within the appropriate access standards, beneficiaries should be referred to a TRICARE network provider if available.
5. Enrollment. Managing the crew's enrollment outside the catchment of a CG or DoD MTF. In this situation your crew will be enrolled into what is known as TRICARE Prime Remote (TPR).
6. Resources. It is important for the IDHS to understand that there are CG, DOD and TRICARE resources available to assist with challenges and issues both for the individual as well as systemic concerns regarding health care.
- a. Beneficiary Counseling and Assistance Coordinator (BCAC). Located at all MTF locations as well at the HSWL SC. For the CG BCAC call 1-800-9-HBAHBA (1-800-942-2422). BCACs improve customer service and satisfaction, enhance beneficiary education troubleshoot complicated, delayed, and mishandled issues, and respond to phone, e-mail, and written correspondence
  - b. Debt Collection Assistance Officer (DCAO). Located at all MTF locations as well at the HSWL SC. For DCAO assistance call 1-800-9-HBAHBA (1-800-942-2422). The DCAO will assist with TRICARE-related collection (debt) problems, assist with negotiations with collection agencies, credit bureaus, and agencies, research the problem, and recommend appropriate actions to resolve the problem. Contact DCAO when a collection notice is received.
  - c. The Military Medical Support Office (MMSO). MMSO serves as the centralized Service point of contact (SPOC) for customer service and medical case management for all eligible Active Duty military and Reserve component service members within the 50 United States and District of Columbia. MMSO also coordinates all civilian health care services outside of the cognizance of a Military Treatment Facility for TRICARE Prime Remote (TPR). HSWL SC has a detached billet at the CG SPOC and can be reached at 1-888-647-6676, option 7 ext. 6716.