

CHAPTER 1

ORGANIZATION AND PERSONNEL

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CHAPTER ONE – ORGANIZATION AND PERSONNEL**A. Organization.**

1. **Mission of the CG Health Services Program.** The mission of the CG Health Services Program is to provide health care to active duty and reserve members in support of CG missions, to ensure the medical and dental readiness of all CG members to maintain ability for world-wide deployment and to ensure the availability of quality, cost-effective health care for all eligible beneficiaries.
2. **Director of Health, Safety and Work-Life (CG-11).**
 - a. **Mission.** The mission of the Director of Health, Safety and Work-Life is to:
 - (1) Serve as advisor to the CG Commandant;
 - (2) Develop the CG's overall health care program;
 - (3) Develop the CG's overall safety program;
 - (4) Develop the CG's overall work-life program; and,
 - (5) Administer a comprehensive automated Medical Information System.
 - b. **Duties and Responsibilities.** Under the general direction and supervision of the Commandant, Vice Commandant, the Chief of Staff/ DCMS and Assistant Commandant for Human Resources the Director of Health, Safety and Work-Life shall assume the following duties and responsibilities:
 - (1) Serve as Program Director (PD) for Work-Life Office (CG-111), the Health Services Office (CG-112), and the Safety and Environmental Health Office (CG-113).
 - (2) Act as advisor to the CG Commandant in providing counsel and advice on:
 - (a) Health care issues affecting operational readiness and quality of life in the CG.
 - (b) Interdepartmental and inter-service agreements for health care of CG personnel.
 - (c) The significance of legislative matters affecting the CG Health Services, Work-life and Safety and Environmental Health Programs.
 - (d) Important developments in the Department of Defense (DoD) and the Department of Health and Human Services which affect the CG Health Services, Work-life and Safety and Environmental Health Programs.
 - (3) Ensure availability of a comprehensive, high quality health care program and determine the priority and capacity for delivery of services to all eligible beneficiary groups.

- (4) Plan, develop, and administer a comprehensive program for the prevention of illness and injury of CG personnel both on and off duty.
 - (a) Reduce lost work hours and ensure safe working environment in CG working facilities and living spaces by establishing and maintaining adequate safety and environmental health standards for aircraft, vessel, shore facilities, and motor vehicles.
 - (b) Provide information and services to beneficiaries for personal wellness programs
 - (c) Provide healthy and pleasing meals at CG dining facilities.
- (5) Liaison with TRICARE Management Activity (TMA), including the appropriation of funds, on behalf of the CG as provided in the Dependents Medical Care Act and regulations pursuant thereto.
- (6) Monitor and protect the health of personnel attached to the CG through the Occupational Medical Surveillance and Evaluation Program (OMSEP).
- (7) Direct the administration of funds in those appropriations or allotment fund codes under the control of the Director of Health, Safety, and Work-Life, including furnishing total budget estimates and apportionment or allotment recommendations to Assistant Commandant for Human Resources (CG-1) and Deputy Commandant for Mission Support (DCMS).
- (8) Advise responsible offices concerning establishing physical standards for military duty and special operational programs.
- (9) Procure and recommend assignments to the Commander, Personnel Service Center (PSC), and review the performance of Public Health Service (PHS) personnel detailed to the CG.
- (10) Provide professional health care guidance to all health services personnel.
 - (a) Maintain liaison with the PHS, the Department of Veterans Affairs (DVA), the DoD, and other Federal agencies and serve on interservice boards and committees as appointed.
 - (b) Set policy and guidelines for the subsistence program.
 - (c) Provide technical advice to operating program managers.
 - (d) Set policy and guidelines for health care quality assurance; and act as the Governing Body for CG health care.
 - (e) Set policy and guidelines for the Substance Abuse Program.
 - (f) Serve as a member of the Human Resources Coordinating Council.
 - (g) Administer the CG Emergency Response System.

- (h) Oversee the detailed PHS personnel. The responsibility of the PHS for providing physicians, dentists, and other allied health personnel support to the CG is set forth in 42 U.S.C. § 253. These personnel are provided on a reimbursable basis and are subject to CG regulations and the Uniform Code of Military Justice (UCMJ). See 10 U.S.C. § 802(a)(8).
 - (i) Set policy and guidelines for the enforcement of the Health Insurance Portability and Accountability Act (HIPAA) at CG health care facilities.
- 3. Office of Health Services (CG-112).
 - a. The Office Chief for Health Services is responsible for:
 - (1) Developing health care service delivery policy.
 - (2) Providing staff support to Commandant (CG-11) in managing all aspects of USCG health care delivery.
 - (3) Overseeing the programming, planning and budgeting process for AFC-57 funding.
 - (4) Providing specialty expertise in Quality Management, Health Informatics and Preventive/Occupational Medicine to the field.
 - (5) Establishing health care delivery priorities and coordinate efforts to address them.
 - (6) Acts as Deputy Surgeon General by direction in representational activities with external stakeholders.
- 4. Health, Safety, and Work-Life Service Center (HSWL SC).
 - a. Mission. The mission of HSWL SC is to:
 - (1) Ensure/coordinate access to and/or delivery of Health, Safety, and Work-Life (HSWL) services to CG members and employees via the Patient Centered Medical Home model broadened across all service lines as the HSWL SC Patient Centered Wellness Home (PCWH).
 - (2) Implement Commandant (CG-11) program policies as set forth in applicable guidance.
 - (3) Assess and respond to identified program needs of CG units and prioritize the delivery of available resources.
 - (4) Work under the direction of CG Directorate Commandant (CG-11), and collaboratively with DoD, DCMS Base Commands, and TRICARE contract entities in ensuring/coordinating access to and/or delivery of cohesive HSWL services to eligible and authorized beneficiaries.
 - (5) Ensure the integration of readiness data, delivery/coordination of direct care, and provide oversight and advice to all field units for all HSWL programs.

- b. Functions and Responsibilities. Under the direction and supervision of the Director, Health, Safety, Work-Life Commandant (CG-11), the Commanding Officer of Health, Safety and Work-Life SC shall:
- (1) Serve as the CG Military Treatment Facility (MTF) Commander, providing counsel and advice on:
 - (a) Interagency and inter-service agreements for health care of CG personnel.
 - (b) The significance of legislative matters affecting the CG health care delivery program.
 - (c) Important developments in the DoD which affect the CG health care program.
 - (2) Designate Regional Practices within each District area of responsibility (AOR), the National Capital Area (NCA), the CG Academy, Training Center (TRACEN) Cape May and the Puerto Rico AOR.
 - (3) Administer a comprehensive health care program for all active duty (AD) and select reserve (SELRES) beneficiaries utilizing the Patient Centered Wellness Home model.
 - (4) Develop health services mobilization requirements and support documents.
 - (5) Review and act on requests for contract health care services.
 - (6) Act as contracting officer's technical representative (COTR) in reviewing health care contract proposals.
 - (7) Administer the health care quality improvement program.
 - (8) Administer Safety and Environmental Health Programs.
 - (9) Administer the Substance Abuse and Treatment Prevention Program in accordance with Coast Guard Drug and Alcohol Abuse Program, COMDTINST M1000.10 (series) and The Coast Guard Promotion Manual, COMDTINST M6200.1 (series).
 - (10) Implement pharmaceutical support services.
 - (11) Supervise the laboratory certification process.
 - (12) Providing funding for direct health care expenditures.
 - (13) Provide oversight of health care budgets.
 - (14) Oversee clinic policy to ensure implementation of clinic functions in accordance with Commandant (CG-11) policies.
 - (15) Designate clinics as catchment area patient management sites.
 - (16) Maintain liaison with the PHS, the DVA, the DoD, and other Federal agencies within the area of responsibility.

- (17) Ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements.
 - (18) Implement a comprehensive Medical Information System.
 - (19) Assign Designated Medical Officer Advisors (DMOA) to all independent duty Health Service Technicians (HSs) and for oversight of the DMOA program.
 - (20) Review and validate all area health care proposals submitted to meet current and out year mission planning requirements (this includes personnel billet restricting, facility renovation/construction proposals and electronic resource proposals), coordinating approval with CG-112 to ensure enterprise wide prioritization.
 - (21) Ensure each CG unit is assigned to a CG clinic or sick bay for the purposes of operational medical readiness and health service support. Ensure every clinic/sickbay is aware of their responsibility for the units within their designated area of responsibility (AOR).
 - (22) Coordinate with unit Commanding Officers to detail health services personnel (Officer and Enlisted, CG, and USPHS) for special assignments including meeting short-term staffing needs.
5. Responsibilities of Commands with Health Care Facilities. Unit Commanding Officers shall be responsible for:
- a. Maintenance, repair and general support of clinic facilities.
 - b. Working with HSWL SC in fostering quality, productivity and operating efficiencies.
 - c. Support the utilization of assigned health services personnel for maintaining operational medical readiness health service support to CG personnel within the designated clinic/sickbay AOR. This includes medical and dental readiness support and regional Flight Surgeon on-call responsibilities.
6. Governance. An Executive Leadership Council will make policy recommendations to Commandant (CG-11). The Council shall be chaired by Commandant (CG-11d); Commandants (CG-111), (CG-112), and (CG-113) Office Chiefs; the CO of HSWL SC; the deputy of HSWL SC, the Chief of Clinical Staff of HSWL SC; and, the HS Rating Force Master Chief. The Board shall meet at least quarterly and at the discretion of the Chair.

B. Personnel. This section describes the primary duties and responsibilities of personnel assigned to provide health service support within the CG direct care system. The primary missions of the CG direct care system are to provide/coordinate health care for active duty (AD) and selected reserve (SELRES) members in support of CG missions and ensuring the medical and dental readiness of CG members for world-wide deployment.

1. Chief of the Clinical Staff. Under the general direction of the HSWL Commanding Officer, serve as the Senior Clinical and Public Health Service (PHS) advisor to HSWL SC, providing counsel and advice as delineated in Health, Safety, and Work-Life Support Activity Organization Manual, HSWLSUPACTINST M5401.1 (series).
2. Collateral Duty Command Surgeons. HSWL SC shall assign in writing, on a collateral duty basis, to LANTAREA and PACAREA and each District Commander, a Medical Officer to serve as the Command Surgeon to manage District-level flight surgeon coverage, providing counsel, advice, and other duties as delineated in Health, Safety, and Work-Life Support Activity Organization Manual, HSWLSUPACTINST M5401.1 (series).
3. Regional Manager (RM). CG Officer with health care administration training and experience. Will report to HSWL SC via Chief, Medical Administration Division. The RM will:
 - a. Maintain liaison with HSWL SC and Commanders of units in their AOR.
 - b. Provide oversight and supervision of medical administrative functions of all clinics, sickbays and Work-Life staffs in the HSWL Regional Practice AOR.
 - c. Ensure that all health and work-life related services under the purview of the FO are carried out in accordance with current policy, regulations and standard of practice in the following areas:
 - (1) Family Advocacy;
 - (2) Employee Assistance Program;
 - (3) Dependent Care;
 - (4) Sexual Assault;
 - (5) Suicide Prevention;
 - (6) Health promotion;
 - (7) Transition and Relocation;
 - (8) Personal Financial Competency Program;
 - (9) Adoption Reimbursement;
 - (10) Child and Elder Care;
 - (11) Services to Family Members with Special Needs;

- (12) Crisis Intervention;
 - (13) Addiction Prevention;
 - (14) Substance Abuse Prevention;
 - (15) Critical Incident Stress Management;
 - (16) Participate in the interview and hiring process for new W-L Office employees in collaboration with Commandant (CG-111) Program Managers; and,
 - (17) Inform HSWL SC staff of sensitive urgent Work-Life related issues.
- d. Regularly evaluate metrics for financial, clinical, workload, staffing and other data to ensure compliance with benchmarks, regulations, and external accreditation requirements.
 - e. Ensure Timely access to health care and work-life services.
 - f. Monitor active duty primary care enrollment in the HSWL RP AOR.
 - g. Optimize resource utilization, including, but not limited to, AFC-57 funding, and capital within the HSWL RP AOR.
 - h. Oversee the administrative and personnel functions for the HSWL RP organization. Examples include, but are not limited to:
 - (1) TAD activity;
 - (2) Track OERs, EERS, COERs and EARS and routing up rating chains;
 - (3) Designate staff property custodians; and,
 - (4) Coordinate with SHSO for Leave reports.
 - i. Ensure timely access to health care service providers and oversee referrals to non-Federal health care service providers (“white space” activities).
 - j. Oversee non-Federal medical and dental preauthorization processing for designated units.
 - k. Participate in and conduct meetings with leadership in HSWL initiatives and partnerships with federal (DoD, VA, etc), state and local delivery systems as authorized by HSWL and in accordance with policies promulgated by Commandant (CG-11).
 - l. Partner with SME and SIDHS to ensure that DMOA and DSMO duties are carried out in accordance with established policy.
 - m. Provide health benefits support and direction to designated units through health benefits advisors, clinics with TRICARE Service Centers and other resources.
 - n. Monitor performance of contracted personnel.

- o. Coordinate Quality Improvement program activities delineated in policy including but not limited to Pharmacy and Therapeutics meetings and Quality Improvement Focus Group meetings.
 - p. Oversee the HSWL informational marketing throughout the AOR, making information and training concerning HSWL services available to all eligible users.
 - q. Ensure HSWL staff participates in on-going required professional training and maintains all appropriate certifications/licensures as required by policy.
 - r. Ensure appropriate procedures are in place to protect any personally identifiable information (PII) used or collected, for all users of RP services.
 - s. Collaborate and coordinate with Program Managers Commandant (CG-11) and HSWL SC staff with respect to program oversight, operational health readiness and quality assurance site visits.
 - t. Perform other duties as directed by the HSWL SC Commanding Officer.
4. Regional Practice Director (RPD). The large, mission specific RP at the CG accession points, CG Academy and TRACEN Cape May will have a USPHS Officer as Director in lieu of RM and be supported in the performance of their duties by a Clinic Administrator.
5. Regional Practice Senior Medical Executive (SME). In addition to the primary duties of a Medical Officer (MO), SME is responsible for the provision of the services delivered by or supervised by all Medical Officers in the RP, and duties include supervision of all Medical Officers and OER/COER rating/endorsement. The SME will perform or delegate the following duties:
- a. Ensure medical readiness. Directly and through the DMOA, DSMO and HSs assigned ensure medical readiness compliance at all units in AOR.
 - b. Prescribed regulations. Performing those duties as prescribed in United States Coast Guard Regulations, COMDTINST M5000.3 (series).
 - c. Advise Commanding Officer. Advising the Commanding Officer of any deleterious environmental health factors.
 - d. Supervise any assigned PAs and NPs. Supervise all assigned PAs and NPs including, on a monthly basis, reviewing five of the PA's/NP's records in the CG Medical Encounter Review System for adequacy and appropriateness of treatment rendered. May designate, in writing, supervisory responsibility of assigned mid-level provider(s) to other active duty physicians within the command who will execute the above supervisory reviews.
 - e. Pharmacy duties. In the absence of a Pharmacy Officer, maintain antidotes for narcotics and poisons and ensuring only properly trained personnel are assigned to the pharmacy.
 - f. Commanding Officer's representative. Act as the Commanding Officer's representative on local emergency planning boards, and during emergencies or disasters furnishing advice to the Commanding Officer, formulating plans,

and helping civilian authorities meet health care needs using the guidance and policy outlined in Alignment With The National Incident Management System and National Response Plan COMDTINST 16000.27 (series) on the Incident Command System in the CG.

- g. Manage the quality of medical care services provided.
- h. Quality improvement technical supervisor. With the Senior Dental Executive, act as quality improvement technical supervisor for all contracted health services.
- i. Use of personnel. Ensure efficient and effective use of all assigned MOs, civilian medical and HS personnel.
- j. Oversight of the HS training program. Oversee the HS training program outlined above to include ensuring, through training and experience that Health Services Technicians are prepared for independent duty assignments. This includes the development of and effective supervision of training through assigned DSMOs and DMOAs.
- k. Recommend the DSMO. Recommend to the command a DSMO for each HS who provides medical treatment to patients and overseeing this responsibility for other MOs in the chain-of-command.
- l. Convene medical boards. Convene medical boards as appropriate in accordance with Chapter 3, Physical Disability Evaluation System, COMDTINST M1850.2 (series).
- m. Quality ancillary services. Ensure that all ancillary service areas (e.g., laboratory, radiology, etc.) follow policy and procedures (e.g. regarding radiation safety), and maintain certifications.
- n. Professional oversight. In conjunction with the HSWL SC, provide professional oversight.
- o. Provide the range of services for each beneficiary group in accordance with medical provider's privileges.
- p. Maintain liaison. Maintain liaison with counterparts in nearby (75 miles) Military Treatment Facility (MTF), Uniformed Services Treatment Facility (USTF), Veterans Administration (VA) and private sector facilities.
- q. Prepare performance appraisals for assigned staff.
- r. Review and ensure accuracy of CG MIS data. Review and ensure accuracy of Composite Health Care System (CHCS), Medical Readiness Reporting System (MRRS), CG Business Intelligence (CGBI), and other statistical and informational reports.
- s. Quality Improvement Program. Ensure active participation and compliance with the Quality Improvement Program.
- t. Special Needs Program. Determine AD member's eligibility for enrollment and disenrollment in Special Needs Program in collaboration with the

- cognizant Family Resource Specialist. Serves as the final authority on medial issues pertaining to the family member's enrollment/disenrollment process based on the presence of a medical, psychological, or physical special needs.
- u. Infection control procedures. Ensure strict adherence to current infection control procedures and standards.
 - v. Other duties assigned by the Commanding Officer and Senior Health Services Officer.
6. Regional Practice Senior Dental Executive (SDE). In addition to the primary duties of a Dental Officer (DO), SDE is responsible for the provision of the services delivered by or supervised by all Dental Officers in the RP, duties include supervision of Dental Officers and COER rating/endorsement. The SDE will perform or delegate the following duties:
- a. Ensure dental readiness. Ensure dental readiness compliance at all units in AOR.
 - b. Prescribed regulations. Performing those duties as prescribed in United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series).
 - c. Supervise. Overseeing the overall working condition, cleanliness and infection control of the dental clinic, which includes sterilization procedures, dental supply, equipment, publications maintenance, and the establishment of a preventive maintenance program for dental equipment and supplies.
 - d. Infection control procedures. Ensure strict adherence to current infection control procedures and standards.
 - e. Prepare performance appraisals of assigned staff, including PHS Dental Officers in RP.
 - f. Preventive dentistry and dental health education program. Conduct and organize preventive dentistry and dental health education programs for all eligible beneficiaries.
 - g. Quality Improvement Technical Supervisor. With the Senior Medical Executive, act as quality improvement technical supervisors for all contracted health services. Ensure active participation and compliance with the Quality Improvement Program.
 - h. Oversight of the HS training program. Oversee the HS training program outlined above to include ensuring, through training and experience that Health Services Technicians are prepared for independent duty assignments.
 - i. Administration. Oversee the preparation of reports, updating the dental clinic policy and procedures manual, and maintain records connected with assigned duties.

- j. Dental supplies. Maintain custody, security, and records of the dispensing of dental supplies, including all controlled substances and poisons under the cognizance of the dental branch.
 - k. Prescriptions. Issue prescriptions for, and supervise the dispensing of controlled substances, used in the dental branch.
 - l. Professional oversight. In conjunction with the HSWL SC, provide professional oversight.
 - m. Manage the quality of dental care services provided.
 - n. Use of personnel. Ensure efficient and effective use of all assigned Dos and civilian dental employees.
 - o. Determine the priority and range of services for each beneficiary group. Within general CG and unit guidelines, determine the priority and range of services for each beneficiary group.
 - p. Maintaining liaison. Maintaining liaison with counterparts in USMTF, USTF, VA and private sector facilities.
 - q. Statistical and informational reports. Reviewing and ensuring accuracy of Dental Common Access System (DENCAS), Composite Health Care System (CHCS), and CG Business Intelligence (CGBI) and other statistical and informational reports.
 - r. Training. Ensure that appropriate training is conducted on a regularly scheduled basis.
7. Regional Practice Senior Independent Duty Health Services Technician (SIDHS). The SIDHS is responsible for administrative oversight/mentoring of all IDHSs in their respective AOR.
8. Regional Pharmacy Executive (RPE). In addition to services delivered at the location assigned, the RPE is the regional pharmacy asset for the Regional Practice and is responsible for the provision of the pharmacist delivered services and oversight of all pharmacy services provided by non-pharmacists for an assigned AOR. These include, but are not limited to:
- a. Coordination with RP SHSOs/HSAs, ensure all pharmacy support personnel are properly trained prior to dispensing any pharmaceuticals to any eligible beneficiary.
 - b. Participation in the USCG Formulary Development Committee as may be deemed appropriate for representation of the RP needs.
 - c. Medication & Vaccine Acquisition, Maintenance, Storage and Documentation. Units without assigned pharmacy officer billets, including ashore/afloat practice location/sickbay units, shall ensure antidote lockers, and emergency medications are acquired, maintained and documented, as required, by existing policy, contracts, restrictions and agreements. Acquisition, maintenance and storage shall occur at the ashore/afloat

sickbay/practice location level in accordance with Prime Vendor and Reverse Distributor contracts.

- d. Medication Security and Storage Integrity. Ensure that all practice sites with pharmacies conform to the storage integrity for all medications and immunizations are being monitored, maintained, stored, and documented properly.
 - e. Recommend creation of new positions or billet exchanges to meet critical needs as they arise and ensure that assignments provide for adequate coverage in the local area and in the AOR. The RPE can terminate pharmacy services at any facility within assigned Regional Practice if safety issues are identified.
 - f. Coordinate and schedule quarterly Regional Practice Pharmacy and Therapeutics Committee (PTC) Meetings and serve as Secretary for the PTC.
 - g. Facilitate monthly Controlled Substance Audit Boards (CSABs). Ensure all CSABs are conducted in accordance with this Manual.
 - h. Institute and maintain a Regional Practice formulary, based on decisions made by the DoD Pharmacy and Therapeutic Committee and the Coast Guard Formulary Development Committee.
 - i. Request submissions for pharmacy equipment that may be needed for ancillary equipment and supplies.
 - j. Maintain and enhance operational readiness and response capabilities in a cost-effective manner through:
 - (1) Maintenance and reporting of all CBRN countermeasures stockpiled within assigned region through the DoD/FDA Shelf-Life Extension Program.
 - (2) Establishment and maintenance of Closed Points of Dispensing (POD) agreements with the State/local health departments thereby ensuring access to the Strategic national Stockpile during national emergencies.
 - (3) Establishing, reviewing, and/or exercising Closed POD plans on an annual basis.
 - k. Training and education of practice site health service technicians on pharmaceutical and vaccine storage and dispensing topics.
9. Senior Health Services Officer (SHSO). The SHSO is a senior health care provider, in charge of day-to-day operations of a local medical/dental practice site. The SHSO is designated by HSWL SC with Commandant (CG-112) input. This Officer has overall accountability to local command, regional practice leadership, health, safety, and work-life service center (HSWL SC) and Commandant (CG-11) to execute high quality health care delivery services. Duties include:
- a. Acts as an advisor to the local/base commanding officer regarding all health related matters.

- b. Under the unit Executive Officer, carry out the plan of the day as it pertains to the Health Services Department. This responsibility is delegated to the Health Services Administrator.
- c. The SHSO's primary focus is oversight of clinical care. This officer is also charged with overseeing the Health Services Administrator (HSA) to ensure full administrative support for clinical functions and compliance with Commandant (CG-11) policy and HSWL SC direction. SHSO will give input to the HSWL regional practice manager for Health Services Administrator (HSA) evaluation.
- d. Ensure that health care delivery is provided in a timely manner to units for which a clinic is designated as their Primary Care Manager (PCM).
- e. Assist with the timely completion of Medical Boards.
- f. Evaluate allocation of resources (personnel, funds, space, and equipment) at the local practice site. Review and submit yearly local practices Business Plan.
- g. In alignment with local base organizational structure, serve as the local division or department head. Represent the local practice site at high level base/unit command meetings. Can delegate attendance at routine Base/unit department level meetings and other duties to the Health Services Administrator as appropriate.
- h. Ensure that performance evaluations for all health services personnel are prepared and submitted in accordance with current Directives.
- i. Review all division reports.
- j. Ensure, collaboratively with the Health Services Administrator, that the local practice site training program, including rotation of personnel assignments for training and familiarization, prepares staff to excel in both ashore and afloat assignments and provides a patient centered medical home.
- k. Coordinate with RPE and HSA at local practice site to ensure that pharmacy support personnel are properly trained and supervised.
- l. Oversee clinic policies, procedures and protocols for compliance with this Manual, HSWL SC Instructions, Standard Operating Procedure (SOP), HIPAA and other pertinent directives.
- m. Participate in health care initiatives with local/regional DoD delivery systems, under Headquarters and HSWL SC guidance.
- n. Ensure strict compliance to current infection control procedures and standards.
- o. Serve as chair of the Patient Advisory Committee.
- p. Perform other duties as directed by the HSWL Commanding Officer.

10. Duties of Medical Officers (MO). The principal mission of MOs is to support the operational missions of the CG. MOs include Physicians, Physician Assistants (PA), and Nurse Practitioners (NPs) who are members of the CG or PHS detailed to the CG. MOs are required to have appropriate certification or licensure while assigned to the CG. Physicians must have an unrestricted state license to practice medicine. See 1-B-11 for nurse practitioner and physician assistant credential requirements. Civilian medical practitioners (under contract to the CG or GS employees) assigned to a medical treatment facility are considered MOs to the limits defined by the language of their contract and/or job description. Civilian medical practitioners who have a contract with the CG to see patients in their private offices are not considered MOs for the purpose of this Manual.

a. Primary duties and responsibilities. The primary duties and responsibilities of the CG MO, in support of CG missions as authorized by applicable laws and regulations are:

(1) To provide health care for all CG AD and SELRES. This will be accomplished, in part, by:

- (a) Treatment of sick and injured personnel.
- (b) Prevention and control of disease.
- (c) Making the appropriate referrals in accordance with existing policy and regulation.
- (d) Promotion of healthy lifestyle choices.
- (e) Giving advice on such matters as hygiene, sanitation, and safety.
- (f) Recommend one of the following duty status of active duty/reserve personnel (and CG civil service employees, if applicable):

- (1) Available for Full Duty (AFFD). The member is able to perform the essential duties of the member's office, grade, rank, or rating. This includes the physical ability to perform world wide assignment. (The exception to this is if a member is HIV positive; refer to Coast Guard Human Immunodeficiency Virus (HIV) Program, COMDTINST 6230.9 (series) for details)
- (2) Available for Limited Duty (AFLD). The interim status of a member who is temporarily unable to perform all of the duties of the member's office, grade, rank, or rating. This includes the physical ability to perform world wide assignment. A member placed in this temporary status will have duty limitations specified, such as: no prolonged standing, lifting, climbing; or unfit for sea or flying duty. Members in AFLD status for greater than 3 months will be placed on Temporary Limited Duty (TLD) – refer to the Physical Disability Evaluation System Manual, COMDTINST M1850.2D for specific Medical Officer duties pertaining to this process.

- (3) Not Available for Duty (NAFD). The member is unable to perform the essential duties of the member's office, grade, rank, or rating. (If needed specific instructions should be given (i.e. confined to rack, sick in quarters or sick at home)). For cases of permanent impairment or disability, or AFLD/TLD exceeding 12 months, members will be referred to an Initial Medical Board - refer to the Physical Disability Evaluation System Manual, COMDTINST M1850.2D for specific Medical Officer duties pertaining to this process.
- (g) Ensuring that the member is notified of results of all Papanicolaou (PAP) smears, mammograms, biopsies, pregnancy tests, and all tests that are abnormal or whose results indicate a need to initiate or change treatment and/or duty status.
- (h) Ensure the medical and dental fitness/readiness for unrestricted worldwide duty of active duty and reserve personnel.
- (i) Ensure all appropriate documentation is completed in appropriate Medical Information Systems (MIS). Medical Readiness Reporting System (MRRS), Composite Health Care System (CHCS) (including proper utilization and completion of Current Procedural Terminology (CPT) and International Classification of Diseases (ICD) codes in CHCS) and Dental Common Access System (DENCAS), as applicable (see Chapter 14 for information about CG MIS).
- (j) Ensure that all HSs under their responsibility are properly trained in the clinical and emergency medicine aspects of the HS rate and proactively participate in the HS training program in order to prepare the HS for Independent Duty. This is primarily accomplished through the function as Designated Medical Officer Advisor (DMOA) and Designated Supervising Medical Officer (DSMO) to the HSs so assigned (see below for further description). Every HS performing duties in a CG clinic or sickbay shall be assigned a DSMO or a DMOA as appropriate. The DSMO and DMOA will function as the signature authority for clinical practical factors/qualifications for HSs assigned. The duties include:
 - (1) Ensuring that HSs who participate in Emergency Medical Technician (EMT) operations maintain their certification, knowledge and health services skills in EMT operations.
 - (2) Provide health services refresher training on clinical and emergency procedures.
 - (3) Preparing HS for independent duty assignments through training, daily clinical supervision, feedback, and experience.

- (k) Thoroughly understand all operational missions of the unit and other CG units within the clinic/sickbay AOR and the human factors involved in performing them.
 - (l) Maintain an active interest and participate in the local unit's safety program, assist the safety officers in planning, implementing, and coordinating the unit safety program, and advise the command on safety issues.
 - (m) Be thoroughly familiar with the types of personal protective and survival equipment carried at the unit. Be familiar with the CG Rescue and Survival System Manual, COMDTINST M10470.10 (series).
 - (n) Actively participate in the unit and clinic training programs to ensure that personnel are capable of coping with the hazards of mission performance by presenting lectures and demonstrations which include, but are not limited to:
 - (1) Fatigue.
 - (2) Emergency medicine.
 - (3) Stress.
 - (4) Drug and alcohol use and abuse.
 - (o) Participate in a program of continuing education and training in operational medicine including training with other branches of the Armed Forces. This is accomplished primarily through attendance at annual training offered through various DoD sources. (See Chapter 1C of this Manual for further guidance).
 - (p) Participate in all required initial and annual training in the privacy and security requirements mandated by Health Insurance Portability and Accountability Act (HIPAA).
 - (q) Serve as the medical member in physical disability evaluation cases.
 - (r) Advise local commands on health status of personnel, the physical fitness of personnel, immunization/medical readiness standards, nutritional adequacy/weight control, food handling and preparation, heating, ventilation and air conditioning, housing, insect, pest and rodent control, water supply and waste disposal, and safety.
- b. Amplifying policy/guidance for MOs. Amplifying policy/guidance for the appropriate performance of the CG MOs duties will include:
- (1) Designated Supervising Medical Officer (DSMO). MOs assigned as a "Designated Supervising Medical Officer" (DSMO) will assume clinical responsibility for the treatment provided by each HS in their clinic for whom they are responsible. Additionally, the DSMO is responsible for

ensuring the completion of clinical practical factors/qualifications for each HS that is supervised and is the signature authority for signing off on these qualifications. Assignment as a DSMO shall be made in writing and signed by the DSMO's Commanding Officer. Clinical supervision and accountability is defined as follows:

- (a) During normal clinic hours, HS consultation with the DSMO as determined by that MO and review 100 percent of all patient encounters seen only by the HS. (Ideally these reviews would include the patient's presentation to the MO.) The DSMO shall countersign all records reviewed.
 - (b) Outside normal clinic hours, direct or telephone consultations may be coordinated with the DSMO or duty MO. The following working day, a review of 100 percent of all visits seen only by the HS will be done by the DSMO or duty MO. The DSMO or duty MO shall countersign all records reviewed.
 - (c) The DSMO shall use the variety of clinical presentations of illness and injury to provide ongoing clinical training to the HSs that provide care under their oversight. It is imperative that MOs use every available teaching opportunity to ensure that HSs are trained to provide care as an Independent Duty HS.
- (2) Designated Medical Officer Advisor (DMOA). HSs on independent duty (IDHSs) shall have a DMOA identified. The DMOA shall provide professional advice and consultation to the IDHS and shall ensure that the IDHS maintains his/her clinical competency. The DMOA, along with the XO of the IDHS's unit, is responsible for ensuring the medical and dental readiness compliance through the supervised IDHS. The DMOA is responsible for ensuring the completion of clinical practical factors/qualifications for each IDHS that is supervised and is the signature authority for signing off on these qualifications. The DMOA and the IDHS shall fill out the IDHS Operational Integration Form, in Chapter 9, Section D. The Health, Safety, and Work-Life Service Center (HSWL SC) shall apportion units with IDHSs to units with MOs attached. HSWL SC will make such assignments in writing, addressed to the Senior Health Services Officer (SHSO) of the clinic providing support. Upon the SHSO's assignment of a DMOA to an IDHS, the assignment letter will be forwarded to the DMOA. A copy of this assignment letter shall be forwarded, by the clinic administrator, to the IDHS' unit (CO/XO), the HSWL SC, and Commandant (CG-1121). Assignment letters shall be addressed to the specific individuals involved, and new letters shall be issued following a change of DMOA or IDHS. The HSWL SC shall make assignment changes as necessary and forward such information to Commandant (CG-1121). The DMOA shall be thoroughly familiar with the duties and responsibilities of the IDHS as outlined in this section and

in Chapter 9 of this Manual. Professional advice and consultation, in this instance, is defined as follows:

- (a) Telephone, radio, or e-mail/electronic consultation regarding specific cases as necessary between the HS and the DMOA. This does not preclude consultation between the HS and another CG MO, an MO of the Army, Navy, Air Force, USPHS, or a physician under contract to the CG whose contract provides for such consultations.
- (b) Visit with assigned HS. The DMOA shall have all assigned HSs report to the clinic for a personal visit. Travel will be funded by HSWL SC. This visit should be scheduled as soon as the HS completes IDHS school. This visit will normally be scheduled for a period of at least two weeks as this will allow the time required for the DMOA to complete the IDHS Operational Integration Form, CG-6000-4. This visit is an excellent opportunity for a more junior corpsman at the clinic to gain experience as an IDHS by providing backfill at the IDHS's unit.
- (c) Schedule regular visits with assigned IDHS's (once a quarter) when practical, or at minimum, regular telephone calls.
- (d) Treatment record review: All patient encounters shall be entered by the IDHS into the electronic health record and countersigned by the DMOA. The DMOA is encouraged to provide input to the unit CO or XO regarding the professional performance of the IDHS. Additional information can be found in QIIG 46.
- (e) Review of HSWL SC quality improvement site survey reports for the independent duty site. The DMOA and IDHS shall review the HSWL SC quality improvement site reports for the site. They shall collaborate on the required written plan of corrective actions which must be submitted to the HSWL SC following the site survey. The DMOA should also consult with the unit CO regarding the findings of the survey report. HSWL SC shall ensure that the reports are made available for review by the DMOA and the IDHS.
- (f) Special situations. Additional responsibilities for DMOAs assigned to support Maritime Safety and Security Teams (MSST) and Enhanced Maritime Safety and Security Teams (EMSST) are described in the Tactical Medical Manual, COMDTINST M16601.16 (series). Overall, they shall include the active involvement, oversight of medical training, and mission assistance incumbent on developing a special operations/tactical medical operations program for the assigned units. It is anticipated that MSST DMOAs will have responsibility for providing medical control duties for the supported unit. DMOAs assigned to MSSTs shall be physicians and will be expected to attend additional training for tactical medical knowledge and experience.

- (3) Physical Examinations and Periodic Health Assessments (PHA). MOs shall conduct physical examinations in accordance with Section 3-C of this Manual. MOs shall conduct PHA in accordance with Coast Guard Periodic Health Assessment (PHA), COMDTINST M6150.3 (series). Cases involving disability evaluation shall be guided by the Physical Disability Evaluation System, COMDTINST M1850.2 (series), the Department of Veterans Affairs Publication, Physician's Guide for Disability Evaluation Examinations.
- (4) Reports to Command. Report injuries or deaths of personnel, damage, destruction, or loss of health services department property, and any other important occurrence, to the local command for entry into appropriate log. Report any suspected child/spouse abuse to the local command and local law enforcement/child protective agency in accordance with the Coast Guard Family Advocacy Program, COMDTINST 1750.7 (series), and other local, state, or Federal law. Report patients in serious or critical condition to the local command with the information needed to notify the next of kin.
- (5) Educational Measures. Conduct health education programs, including disseminating information about preventing disease and other subjects pertaining to hygiene and sanitation regarding sexually transmitted infections (STIs) and advise them of:
 - (a) Sexually Transmitted Infections (STI). Conduct or supervise the instruction of personnel regarding sexually transmitted infections and advise them of the associated dangers.
 - (b) First Aid Instruction. Conduct or supervise a program which will ensure knowledge and ability in first aid.
 - (c) Occupational Medical Surveillance and Evaluation Program (OMSEP). Conduct or supervise a program to indoctrinate personnel in the various aspects of occupational health and the OMSEP.
 - (d) Human Immunodeficiency Virus (HIV). Conduct or supervise the instruction of personnel regarding HIV and advise them of the associated dangers. Refer to CG HIV Program, COMDTINST M6230.9 (series) for further information.
 - (e) Wellness. Conduct or supervise a program to emphasize the importance of life-styles in maintaining health.
 - (f) Human Services. Conduct or supervise the instruction of Health Services personnel to ensure they are aware of all the services available to maintain a state of well being for personnel.
 - (g) Cooperation with other agencies. Cooperate with Federal, state, and local agencies for preventing disease, reporting communicable diseases, and collecting vital statistics.

- (6) MOs may also provide health care for other eligible beneficiaries as authorized by applicable laws and regulations as resources allow.
- (7) SME or MOs co-located at Child Care Development Centers (CDC) and Family Child Care Homes (FCC), are responsible for serving on the Special Needs Resource Team (SNRT) to help determine if a dependent child with special needs can be accommodated in CG CDC/FCC programs. Specific roles and responsibilities as a SNRT member include:
 - (a) Reviewing medical documentation on each child;
 - (b) Recommending program modifications/adaptations;
 - (c) Making recommendations for training that address specific issues of children with special needs; and,
 - (d) Providing training (if requested) for CDC staff and FCC providers. Additionally, SME/MO are responsible for providing medical guidance regarding specific infectious disease exposure risks at CDC and FCC.

11. Duties of Flight Surgeons (FS). The primary responsibilities of a Flight Surgeon, in addition to those of a Medical officer are:

- a. Provide aviation medical expertise:
 - (1) Ensure safety of flight through conscientious application of aeromedical standards.
 - (2) Make accurate and concise recommendations on health and aeronautical adaptability of aviation personnel.
 - (3) Provide regular training and instruction to the unit regarding how medical and psychological health affects safety of flight.
 - (4) Oversee and actively participate in the unit AST medical education program.
- b. Actively participate in the unit flight safety program:
 - (1) Be familiar with all unit aircraft, missions and capabilities.
 - (2) Participate in all unit safety meeting and training exercises.
 - (3) Be an active member of the unit Permanent Mishap Board.
 - (4) Be prepared to serve as a member of Commandant Mishap Analysis Board.
- c. Stand duty as a regional resource for:
 - (1) Medical recommendations regarding the gain for USCG assistance with medical evacuation (MEDEVAC) of an ill or injured person.
 - (2) Medical recommendations to mariners requesting advice (MEDICO) regarding an ill or injured member.
 - (3) Medical consultative support to USCG deployed assets.

- (4) Deployment as medical support during USCG operations.
 - d. Refer to the Coast Guard Aviation Medicine Manual, (COMDTINST M6410.3 (series)); the Coast Guard Air Operations Manual, COMDTINST M3710.1 (series); the U. S. Coast Guard Addendum To The United States National Search and Rescue Supplement (NSS) To the International Aeronautical and Maritime Search and Rescue Manual (IAMSAR, COMDTINST M16130.0 (series); and, the Coast Guard Helicopter Rescue Swimmer Manual, COMDTINST M3710.4 (series).
12. General Duties of Dental Officers (DO). The principal duty of a DO is to support the CG operational mission by determining and maintaining each member's dental fitness for unrestricted duty on a worldwide basis. CG DOs are assigned to perform duties as general DO. Exceptions will be authorized in writing by Commander, Personnel Service Center (PSC).
- a. General Responsibilities. CG DOs must stay informed in all fields of general and military dentistry and be responsible for:
 - (1) Ensuring the fitness for unrestricted duty of active duty personnel on a worldwide basis and ensure all appropriate documentation is completed in appropriate Medical Information Systems (MIS). This includes Medical Readiness Reporting System (MRRS), Dental Common Access System (DENCAS) and Composite Health Care System (CHCS).
 - (2) Providing dental care for all eligible beneficiaries as authorized by applicable laws and regulations including the TRICARE dental plan and Active Duty Dental Plan.
 - (3) Preventing and controlling dental disease (this includes performing dental prophylaxis).
 - (4) Promoting dental health.
 - (5) When beyond the clinical expertise of the DO and outside clinical access standards, referring eligible beneficiaries for dental treatment per HSWL SC SOP, and the Active Duty Dental Plan.
 - (6) Prioritizing the delivery of dental care to meet CG unit operational readiness requirements.
 - (7) Ensuring that patients with periodontal disease have the opportunity to receive follow-up care.
 - (8) Ensuring that results of all biopsies are received and reviewed by a dentist to ensure that the appropriate action is taken.
 - (9) Ensuring that when dental externs are assigned to the clinic that a protocol is developed detailing lodging and subsistence arrangements, types of procedures allowed, available population to be treated, and supervising DO responsibilities. See Student Externship Programs (SEP), COMDTINST 6400.1 (series), for amplifying information. The

protocol must be signed by the local command and provided to all participating dental schools.

- (10) Ensuring that procedures for handling medical emergencies within the dental clinic are clearly written and emergency drills are practiced periodically.
 - (11) Participating in all required initial and annual training in the privacy and security requirements mandated by HIPAA.
 - (12) Actively utilizing and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
- b. Dental examinations. DOs shall conduct the dental examination portion of physical examinations in accordance with Chapter 3 of this Manual. Dental examinations shall be conducted as soon as practical on personnel who report for duty so as to determine the need for dental treatment and to verify their dental records. Annual Type 2 dental examinations shall be conducted on all active duty and reserve personnel collocated with dental examiners (e.g, CG DOs, DoD DOs, or civilian contract dentists).
 - c. Care of Mass Casualties. DOs shall be qualified to perform first aid procedures in order to treat or assist in treating mass casualties.
 - d. State Licensure. While assigned with the CG, DOs are required to have an unrestricted state license to practice dentistry.
 - e. Continuing Education. Participate in a program of continuing training in operational medicine/dentistry including familiarity with information published for other branches of the Armed Forces.
13. General Duties of Pharmacy Officers. While assigned with the CG, Pharmacy Officers are required to have an unrestricted state license to practice pharmacy. Pharmacy Officers shall ensure that medications are acquired, stored, compounded, and dispensed according to applicable Federal laws in their primary and collateral duty clinics. This includes the direct supervision and management of the following:
- a. Dispensing and labeling of all drugs, chemicals, immunizations, and pharmaceutical products.
 - b. Oversight of collateral duty units within the regional practice AOR as designated in QIIG 45.
 - c. Patient-oriented pharmaceutical services. Patient-oriented pharmaceutical services include monitoring for appropriate drug therapy, allergies, therapeutic duplication, and medication interactions, documenting significant interactions in the patient's medical record.
 - d. Providing medication counseling, both verbal and written to patients receiving medications.
 - e. Collateral Duties. Completion of additional collateral duties as outlined in Chapter 10 of this Manual.

- f. Supplies. Maintaining adequate supply of routinely stocked pharmaceuticals and vaccines at levels consistent with practice site usage.
 - g. Security measures. Ensuring that security measures are instituted, maintained and documented to prevent unauthorized entrance into the pharmacy.
 - h. Controlled substance. Appropriate ordering, receiving, transferring, dispensing and safeguarding all controlled substances acquired at the practice site location as the designated controlled substance custodian.
 - i. Quality control. Ensuring adequate quality control of all pharmaceuticals, including those that may be locally compounded.
 - j. References. Maintaining current drug information references.
 - k. Pharmacy and Therapeutics Committee. Serving as the secretary and the pharmacy subject matter expert of the quarterly regional Pharmacy and Therapeutics Committee and implementing the decisions of the DoD Pharmacy and Therapeutics Committee and the Coast Guard Formulary Development Committee.
 - l. Monthly inspections. Responsibility for all direct or delegated inspections of inspections, vaccines and biological stocked within practice site locations.
 - m. Drug information. Providing new drug information, policy changes, or other pertinent data on medications or pharmacy operational practices to regional practice personnel.
 - n. Continuing education. Participate in a pharmacy continuing education programs, ensuring continuation of licensure. In addition, continuing education training will be completed in operational medicine/pharmacy as related to other branches of the Armed Forces.
 - o. Monthly inspections of emergency drug supplies. Maintaining, updating, and documenting monthly inspections of emergency drug supplies.
 - p. Immunization requirements. Oversight of immunization department, including clinical, operational, and logistical support and training.
 - q. HIPAA and MIS. Participate in all required initial and annual training in the privacy and security requirements mandated by HIPAA and actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
14. Health, Safety, and Work-Life Service Center (HSWL SC) Pharmacy Officer(s). Under the general direction and supervision of the Chief, Operational Medicine Branch, HSWL SC, the HSWL SC Pharmacy Officer shall:
- a. Quality improvement program. Plan, develop and implement, a HSWL SC-wide pharmacy quality improvement program to:
 - (1) Review and evaluate the delivery of pharmaceutical services in support of mission operations, implement pharmaceutical services, established policies, and recommend changes for improvement.

- (2) Monitor pharmacy operations, via quality improvement site visits, financial monitoring, and other workload indicators to ensure optimum utilization of personnel and financial resources.
 - (3) Review and route all agreements involving pharmacy operations to include Student Extern Programs and Closed POD agreements.
 - b. USPHS Rater. Provide annual rating and comments on USPHS Pharmacy Officers Commissioned Officers' Effectiveness Report (COER).
 - c. Plan and administer the acquisition and distribution of pharmaceuticals.
 - (1) Review, analyze, and recommend the most efficient and cost effective means for providing pharmaceutical services, including the financial resources allocated to each operating facility under HSWL SC oversight.
 - (2) Monitor the procurement of controlled substances by CG units.
 - (3) Manage the centralized annual ordering, distribution, and reporting of flu vaccine.
 - (4) Manage the ordering and monthly reporting of smallpox and anthrax vaccines required by the Smallpox Vaccine Program (SVP) and Anthrax Immunization Program (AVIP).
 - d. Consultant. Serve as pharmaceutical consultant on pharmacology, pharmacy, vaccine, and drug utilization and provide technical pharmacy expertise, assistance and advice to the Commandant (CG-11) and command elements.
 - e. Provide guidance and advice. Regarding the evaluation, training, and justification for pharmacy personnel to meet operational needs of units within the Area.
 - f. Liaison. Provide liaison representation to regional, Federal, and professional pharmacy groups and committees.
 - g. Collateral duty assignments. Administer and monitor the collateral duty assignments of pharmacy officers in their respective assigned regional practice areas of responsibilities.
 - h. MIS. Provide training, guidance, advice, and technical support as needed as pharmacy subject matter expert in matters pertaining to the MIS.
15. Environmental Health Officers. Environmental Health Officers are responsible for recognition, evaluation, and control of biological, chemical, physical, and ergonomic factors or stresses arising from the environment which may cause sickness, impaired health and well-being, or significant discomfort and inefficiency, property damage, or which could adversely affect the CG's industrial hygiene, pest management, radiological health, and sanitation. Specific responsibilities can include:
- a. Environmental health program. Planning, budgeting, implementing and directing an environmental health program to support commands within their geographic area of jurisdiction.

- b. Health audits. Conducting environmental health audits of CG facilities and operations in order to detect health hazards and noncompliance with applicable safety and environmental health laws, regulations, standards, and procedures. Facilities and operations include:
 - (1) Work environments.
 - (2) Storage, handling, treatment, and disposal of hazardous materials and hazardous waste.
 - (3) Storage, handling, treatment, and disposal of infectious medical waste.
 - (4) Food preparation, service, and storage operations.
 - (5) Solid wastes storage, handling, treatment, and disposal.
 - (6) Pest management operations.
 - (7) Potable water treatment, storage, and distribution systems.
 - (8) Waste water collection, treatment, and disposal system.
 - (9) Housing facilities.
 - (10) Ionizing radiation sources.
 - (11) Non-ionizing radiation sources.
 - (12) Recreational facilities.
 - (13) Health care facilities.
 - (14) Child care facilities.
 - (15) Laundry and dry-cleaning operations.
 - (16) Barber shop operations.
- c. Technical assistance. Providing technical assistance to units to abate deficiencies identified by the Environmental Health Officer during the audit.
- d. Hazard abatement. Monitoring ongoing hazard abatement actions to ensure that identified hazards are being eliminated promptly.
- e. Training. Providing environmental health training to commands within their jurisdiction.
- f. Technical assistance. Providing technical assistance to units on request to identify and abate health risks.
- g. Plans and specifications. Reviewing engineering plans and specifications for new facilities and modifications to existing facilities to ensure conformance with environmental health standards and practices.
- h. Technical advisor. Serving as technical advisor to commands within their jurisdiction.
- i. Health risk assessment. Initiating and conducting special health risk assessment studies.

- j. Liaison. Maintaining liaison with Federal, state, and local government agencies concerning environmental health for commands within their jurisdiction.
 - k. Medical monitoring data. In consultation with a Medical Officer, advising commands when medical monitoring data indicates the possibility of occupationally-induced or aggravated disease and investigating possible causes so that corrective measures can be initiated.
 - l. Occupational Medical Surveillance and Evaluation Program (OMSEP). Providing consultation, advice, and training on the OMSEP to CG commands within their area of jurisdiction.
 - m. Enrolling personnel in the OMSEP. Enrolling personnel in the OMSEP when they meet the criteria of occupational exposure as defined in Paragraph 12-A-2 of this Manual.
 - n. Disenrolling personnel from the OMSEP. Disenrolling personnel from the OMSEP when they do not meet the criteria of occupational exposure as defined in Paragraph 12-B-4 of this Manual.
 - o. Reports. Environmental Health Officers shall submit reports to the HSWL SC about environmental health conditions observed during their surveys.
 - p. Duty Limitations. Executing all management functions required to operate the safety and environmental health program within their AOR. They may be required to perform only those technical duties for which they are trained. They may represent the health services division at various staff meetings in matters relating to the management and budgetary aspects of their assignment. They will be primarily responsible for special studies as in the case of monitoring chemical spill response and enforcement personnel. They will be responsible to the HSWL SC for proper implementation of the safety and environmental health program.
16. Health Services Administrators (HSA). Officers, Chief Warrant Officers (experience indicator 19), or senior enlisted personnel assigned under the direction of the SHSO to manage and administer health care facilities. The general duties and responsibilities of the HSA will be:
- a. Medical/dental readiness. Ensure the medical/dental readiness of all AD and SELRES personnel within their AOR and ensure that, as appropriate, all documentation is completed in appropriate Medical Information Systems (Medical Readiness Reporting System (MRRS), Dental Common Access System (DENCAS), CG Business Intelligence (CGBI) and Composite Health Care System (CHCS)).
 - b. Plan, supervise, and coordinate general administration of the health services facility. Prepare and submit annual Business Plan to the RP. Provide administrative oversight to contract providers and IDHS's within their AOR.

- c. Budgets. Prepare, submit, manage, and exercise fiduciary control and accountability over the clinic's AFC-30 and AFC-57 funds.
- d. Acquisition of supplies and equipment. Provide fiscal oversight over the acquisition of equipment and supplies.
- e. Maintain a planned program of equipment maintenance and replacement.
- f. Security. Provide physical security of health services division supplies and pharmaceuticals.
- g. Liaison. Coordinate with the Senior Health Services Officer, maintain liaison with other local agencies (military and civilian) in all health care related matters.
- h. Resources. Provide resources to assist Medical and Dental Officers in emergency care of the sick and injured when necessary.
- i. Develop disaster preparedness plan. Develop disaster and pandemic influenza force health protection preparedness plans. Refer to Coast Guard Pandemic Influenza Force Health Protection Policy, COMDTINST M6220.12 (series).
- j. Heavy weather bill. Prepare the heavy weather bill as it relates to the health services division.
- k. Cost reduction and enhancement. Seek opportunities for cost reduction and enhancement to patient care through billet conversions, resource sharing, contracting, etc.
- l. Advisor to the SHSO. Serve as an advisor to the SHSO on all administrative matters.
- m. Supervision of enlisted personnel. Oversee, with the SHSO, the supervision of enlisted personnel assigned to the Health Services Division for the adequate performance of all non-clinical HS performance factors/qualifications (the DSMO is required to sign for clinical qualifications).
- n. Correspondence, reports, and records. Ensure that correspondence, reports, and records comply with appropriate instructions. Consult Information and Life Cycle Management Manual COMDTINST M5212.12 (series) and the Correspondence Manual, COMDTINST M5216.4 (series) for further guidance.
- o. Maintain an adequate Health Services Division reference library. Refer to the Health Services Allowance List (HSAL), Ashore, COMDTINST M6700.5 (series) or the Health Services Allowance List, Afloat, COMDTINST M6700.6 (series) as applicable.
- p. Mentoring. Train subordinates, conduct classes, instruct enlisted personnel in their duties, and supervise their study of regulatory and professional publications and courses for advancement in rating.
- q. Continuing education. HSAs must participate in a continuing education program in Health Care Administration. A link in CG Central will be

- provided. Verification will be during the HSWL SC quality improvement surveys.
- r. Assist beneficiaries with health benefits information.
 - s. Appearance and conduct. Enforce standards of appearance and conduct of health services personnel.
 - t. Medical Information Systems (MIS). Ensure that accurate, appropriate data is submitted to all automated MIS. Ensure staff is appropriately trained for applicable MIS access.
 - u. Coding. Ensure proper coding of medical procedures is being conducted.
 - v. HS clinical assignments. Oversee clinical rotation of assigned HSs.
 - w. Implement Policies. Implement clinic policies, procedures, and protocols, to ensure compliance with United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series), the Medical Manual, COMDTINST M6000.1 (series), HSWL SC INST/SOP, and other pertinent directives.
 - x. Compliance with regulations. Ensure compliance with all applicable Federal, state, and local statutes, together with the Medical, Dental and Pharmacy Officers.
 - y. Work-life issue. Oversee and promote work-life programs pertaining to health care.
 - z. Patient Advisory Committee. Serve as assistant chair for the Patient Advisory Committee.
 - aa. Personnel evaluations. Ensure that enlisted personnel evaluations for members assigned to the health services division are prepared and submitted in accordance with the Enlisted Accessions, Evaluations, and Advancements COMDTINST M1000.2 (series).
 - bb. Nonfederal (NONFED) health care, contracts, and Blanket Purchase Agreement (BPA). Provide administrative oversight in the areas of NONFED health care, contracts, and BPAs.
 - cc. Health care invoices. Ensure that health care invoices are processed in accordance with HSWL SC INST/SOP.
 - dd. Physical examinations and PHAs. Ensure that local physical examinations and PHAs comply with current standards. Function as the reviewing/approving authority for all non-aviation/non-diving physical exams.
 - ee. Environmental sanitation program. Promote and administer the unit's environmental sanitation program (in the absence of an Environmental Health Officer).
 - ff. Occupational Medical Surveillance and Evaluation Program (OMSEP). Collaborate with the unit's OMSEP coordinators to provide needed medical support.

- gg. Health Insurance Portability and Accountability Act (HIPAA) local Privacy/Security Official. Serve as the HIPAA local Privacy/Security Official or delegate these responsibilities in writing.
 - hh. Radiation safety. Ensure compliance with radiation safety requirements (periodic radiation equipment inspections and personal dosimetry) per Safety and Environmental Health Manual, COMDTINST M5100.47 (series).
 - ii. Health Risk Assessments (HRA) Administrator. Serve as the HRA administrator for the PHA.
 - jj. Medical Event Report Coordinator. Serve as the medical event report coordinator to ensure the timely submission of reports and ensure adherence with applicable instructions, (i.e., Coast Guard Human Immunodeficiency Virus (HIV) Program, COMDTINST M6230.9 (series)).
17. Physician Assistants (PA) and Nurse Practitioners (NP).
- a. General Responsibilities. PA and NP responsibilities as general MOs are defined in Section 1-B-1. The further duties of PA designated Aeromedical Physician Assistants are detailed in the Coast Guard Aviation Medicine Manual, COMDTINST M6410.3 (series). Under the supervision of the Senior Medical Executive (SME) they are subject to the duty limitations listed below. PAs are required to have state licensure and maintain certification from the National Commission on Certification of Physician Assistants (NCCPA) and local clinical privileging. Since NP are commissioned in the PHS, an active, unrestricted state license as NP and certification shall be from either the American Academy of Nurse Practitioners or American Nurses Credentialing Center, and local clinical privileging as an NP is required for clinical practice with the CG. The authority to prescribe controlled substances is vested in the scope as authorized by the federal credentialing agency. However, PAs and FNPs are encouraged to apply for their Drug Enforcement Agency registration number.
 - b. Duty Limitations.
 - (1) Senior Medical Executive (SME) of units with mid-level providers (PAs or NPs) assigned shall assign clinical duties and responsibilities to each provider and shall be accountable for the actions of those providers.
 - (a) To determine the extent of oversight required, SMEs shall be guided by this section, the provider's clinical training, and previous experience, by personal observation, and Chapter 13-C, Clinical Privileges.
 - (b) The SME may delegate supervisory responsibility to another staff physician. A copy of this delegation shall be filed in the non-certified provider's Professional Credentials File (PCF).
 - (c) Physicians responsible for supervising mid-level providers shall perform and document reviews of at least five percent of the mid-level provider's charts each calendar month for accuracy of diagnosis and

appropriateness of treatment rendered. This will be determined on the charting, previous experience and personal observation of the performance of the mid-level provider by the designated supervising MO.

- c. Not Certified. PAs who are not certified by the National Commission on Certification of Physician Assistants (NCCPA), recent graduates who have not taken or passed the NCCPA examination, and NPs who do not have an active, unrestricted RN license and who have not taken or passed a specialty board examination offered by the American Academy of Nurse Practitioners or the American Nurses Credentialing Center, shall practice in CG facilities only under the following conditions:
 - (1) All health record entries shall be co-signed by a licensed physician by the end of the next working day.
 - (2) When a supervisory physician is not present at the unit, non-certified mid-level providers shall be restricted to providing medical care, except for emergencies, to active duty members only.
 - (3) Non-certified mid-level providers may stand clinic watches providing a standby licensed physician is available via telephone to discuss any questions or concerns.
 - (4) With the exception of operational emergencies, non certified mid-level providers are not eligible for independent TAD assignments at locations where a supervisory physician is not present.
 - (5) Nothing in this section limits PA or NP access to any available source of information or advice during an emergency.
 - (6) Policy regarding supervision, duties and responsibilities of mid-level providers is further amplified in the Health Services Quality Improvement Implementation Guide (QIIG) Eight.
18. Contract Health Care Providers. All contract health care providers shall meet the credential requirements for certification, licensure and malpractice insurance set forth in Chapter 13 Section B of this Manual.
19. TRICARE Management Activity-Aurora (TMA) Liaison Officer.
 - a. Responsibilities. The CG TMA liaison officer maintains liaison between TRICARE and Commandant (CG-11) on matters of policy, operations, and program administration. This function will not involve the responsibility for formulating department policies. Departmental policies will continue to be developed by members of the liaison group for the Uniformed Services Health Benefits Program.
 - b. Duties. Specific duties include, but are not limited to the following:
 - (1) Coordinate and assist, as necessary, in preparing and submitting uniform workload data for use in budgetary programming at departmental level.

- (2) Ensure timely notification to Commandant (CG-11) concerning changes in TRICARE operational or administrative procedures.
 - (3) Identify gaps in the TRICARE information program and recommend solutions.
 - (4) Represent CG viewpoints on matters relating to TRICARE operational and administrative procedures.
 - (5) Assist in developing future TRICARE information programs.
 - (6) Keep the CG informed of problem areas relating to service beneficiaries and service health care facilities, where appropriate, and recommend changes which will benefit the TRICARE operation.
 - (7) Monitor purchases of high-cost equipment for use by TRICARE beneficiaries and make recommendations concerning future purchases as opposed to rental.
- c. Duties within TMA Liaison Division.
- (1) Investigate and respond to Presidential, Congressional, and beneficiary inquiries and complaints. Investigate and respond to inquiries concerning eligibility.
 - (2) Make public presentations concerning program benefits to various groups.
 - (3) Prepare special studies relating to program activities.
 - (4) Serve as liaison representative for United States Public Health Service (USPHS), Department Veterans Affairs (DVA), and National Oceanic & Atmospheric Association (NOAA).
 - (5) Other Duties. Participate in contract performance appraisal visits to the fiscal administrators. This function involves a comprehensive review and evaluation of the operations of the civilian agencies which, under contract, administer the program within each region.

20. Health Services Technicians (HS).

- a. Rating Structure. The rating structure for health services technicians is contained in Group VIII, Enlisted Performance Qualifications Manual, COMDTINST M1414.8 (series). One of the primary goals of the HS rate is to have all HSs capable and trained as Independent Duty HSs.
- b. General Duties of HS.
 - (1) The primary purpose of a HS is to provide supportive services to Medical and Dental Officers and provide primary health care in the absence of such officers.
 - (2) In particular, HS are responsible for all administrative aspects of health care and health record maintenance for both their command and subordinate commands without HS attached. Geographically separate subordinate commands will retain responsibility for security (i.e. physical

custody) of health records. In addition to the military duties common to all enlisted personnel, HS perform health services department functions, such as:

- (a) Respond to calls for emergency medical assistance or evacuations (MEDEVACs).
- (b) Maintain appointments and appointment records utilizing the appropriate CHCS module.
- (c) Ensure that all appropriate documentation is completed in appropriate MRRS, DENCAS, and CHCS to assist in the tracking of operational medical and dental readiness.
- (d) Maintain a Health Services Log. Each unit with health services personnel shall maintain a Health Services Log. This log is used to document the daily operations of the clinic or sickbay. At a minimum it is used to record all individuals reporting to sick call or for treatment, inspections and inventories conducted, and the results of potable water test.
 - 1. Sickbays and clinics shall submit the Health Services Log to the CO for review, approval, and signature on a schedule to be determined by the CO.
 - 2. The patient listing portion of the Health Services Log can be produced by CHCS. At a minimum it must contain the name of patient, date of visit, Division or Department, members unit OPFAC (for active duty CG only), and branch of service.
- (e) Maintain a Binnacle List: The Binnacle List can be produced by CHCS. At a minimum it must be sorted by OPFAC and Department/Division and include patient name, duty status, date of onset, and date of expiration of duty status. The Binnacle List shall be distributed to local command(s) as determined by the health care facility command.
- (f) Perform OMSEP duties.
- (g) Render first aid.
- (h) Perform tentative diagnosis and emergency treatment. (In doing so, appropriate drugs, oral or injectable, may be administered as required in emergency situations to prevent or treat shock or extreme pain. In all other incidents where injection of controlled substances is required, permission must be obtained from a physician prior to administration. In either case, the local command shall be notified immediately and entries shall be made in the patient's health record).
- (i) Provide nursing care where trained.
- (j) Provide definitive treatment.
- (k) Provide prophylactic treatments.

- (l) Instruct crew members in first aid and oral hygiene.
 - (m) Prepare materials (including sterile instruments) and medications for use.
 - (n) Maintain military readiness of the health services division by complying with the appropriate Health Services Allowance List.
 - (o) Perform administrative procedures in health care matters; maintain currency of all health and dental records.
 - (p) Adhere to regulations, instructions, and control of precious metals, controlled substances, and poisons.
 - (q) Exercise responsibility for all equipment and stores placed in their charge, and exercise personal supervision over their condition, safekeeping, and economic expenditure.
 - (r) Maintain cleanliness of all health services spaces.
 - (s) Provide services as a health benefits advisor.
 - (t) Assist in the processing of nonfederal health care requests and invoices.
 - (u) Maintain the security and confidentiality of all medical and dental records and databases and any other protected health information and actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
- (3) Each HS who provides medical treatment to patients at a CG clinic staffed by one or more MO shall have an MO from that facility assigned in writing as his/her DSMO. The DSMO shall assume responsibility for all clinical treatment provided by the HS. Each independent duty HS, and HSs assigned to sickbays without an MO, shall have an MO assigned in writing as his/her "Designated Medical Officer Advisor" (DMOA) to provide professional advice and consultation when needed. Refer to 1.B.11.b.(2) for further details concerning DSMO/DMOA. Health Services Technicians assigned to units without an MO shall provide only "first response" emergency care to non-active duty personnel.
- (a) Care shall be taken during medical examinations which involve chest, genital, and rectal areas to afford maximum privacy and minimum exposure of the patient. A chaperone of the same gender as the patient may be requested by the patient during examination or treatment. HS are authorized to conduct examinations to include: auscultation, palpation, percussion, and visual inspection as indicated by the medical complaint. However, HS shall not perform:
 - 1. Routine digital examinations of the prostate.
 - 2. Routine examinations through instrumentation of the urethra.
 - 3. Routine gynecological examinations.

Such routine examinations shall be referred to an MO. In situations where no MO is readily available and such examination is necessary to provide emergency care, the HS is authorized to do so. If the HS and patient are of different gender, a chaperone of the same gender as the patient shall accompany the patient during the examination or treatment.

- (b) Participate in a course of continuing education, either clinical or administrative, through correspondence courses, resident courses, etc, including all required initial and annual training in the privacy and security requirements mandated by HIPAA.

21. HS – with a Dental Qualification Code (13).

- a. Primary responsibility. The primary responsibility of Dental Technicians is to provide chairside assistance to DOs.

- b. Additional duties include.
 - (1) Cleansing, sterilization, maintenance, and preparation of dental instruments.
 - (2) Cleansing, disinfecting, and maintenance of dental equipment and dental operatories.
 - (3) Preparing of dental materials.
 - (4) Assessing, referral, and treatment (under direct supervision of a DO) of common dental conditions. Charting dental conditions.
 - (5) Maintaining dental records.
 - (6) Taking dental radiographs.
 - (7) Providing oral hygiene instruction, taking impressions, and fabricating study models.
 - (8) Performance of emergency intervention as necessary.
 - (9) Maintaining the security and confidentiality of all dental records, databases, and other protected health information and actively utilize and be thoroughly familiar with required applications and modules of appropriate Medical Information Systems (MIS).
 - (10) Ensure that all appropriate documentation is completed in appropriate Medical Information Systems, (Medical Readiness Reporting System (MRRS), Dental Common Access System (DENCAS), and Composite Health Care System (CHCS) to assist in the tracking of operational medical and dental readiness.

22. Independent Duty Health Services Technicians (IDHS). Formerly referred to as IDTs, the IDHSs will follow the guidance in Chapter 9 of this Manual. 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 CG's Independent Duty Health Services Technician, USN Independent Duty Corpsman, or USAF Independent Duty Medical Technician courses.

a. General Duties.

- (1) HS on independent duty perform the administrative duties and, to the extent for which qualified, the clinical duties prescribed for MOs of vessels and stations. (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 set in Chapter 10 of this Manual, establish non-prescription medication programs for eligible beneficiaries.
- (2) Under certain circumstances, HS assigned to Deployable Specialized Forces (DSF) may be detailed to perform combatant duties, which are not prohibited by the Geneva Conventions. However, under routine situations, in accordance with Paragraph 7-5-4, United States Coast Guard Regulations 1992, COMDTINST M5000.3 (series).
- (3) In accordance with the Personnel Manual, COMDTINST M1000.6 (series), CO are authorized to use HS for general duties except noted below:
 - (a) HS shall not be used for duties that require bearing arms (except for the limited purposes allowed by Shipboard Regulations Manual, COMDTINST 5000.7 (series) and the Geneva Convention for their own defense or protection of the wounded and sick in their charge) even though the bearing of arms may be purely ceremonial.
 - (b) HS shall not be used for combat duties that are unrelated to health care or administration.

23. CG Beneficiary Representatives at Uniformed Services Medical Treatment Facilities (USMTF).

- a. Duties. Ensure CG active duty personnel and the commands of those personnel are provided the following:
- (1) CG authorities are provided prompt and current information concerning the status of CG personnel being treated.
 - (2) CG personnel being treated receive necessary command administrative support.

- (3) The USMTF use the patient's CG health record and that entries are made in it or on forms that are filed in it.
 - (4) The necessary health records and forms either accompany the patient or are forwarded to the command having custody of the health record.
- b. Responsibilities. The representative is responsible for the following:
- (1) Notification of Patient Status. It is essential that the representative keep cognizant command levels advised of the status of CG patients admitted for inpatient treatment. Notify commands, by the most expedient means possible, within 24 hours of admission or discharge of members of their command.
 - (2) Health Record Entries. The representative is responsible for ensuring that all information concerning inpatient hospitalization, (e.g., admissions, operative summaries, discharge summaries) which is required to be entered in the health record, is furnished to the command which maintains the patient's health record. The representative shall also make the USMTF aware that all entries or forms associated with outpatient medical and dental activity must be entered in the patient's CG health record.
 - (3) Copies of Forms. The USMTF is responsible for completing and furnishing at least one copy of the following forms to the representative. The representative is responsible for preparing any additional copies needed.
 - (a) Inpatient hospitalizations:
 1. Medical Record, Form SF-507 (or other discharge summary form).
 2. Operative summary if surgery was done.
 - (b) Physical examinations/Periodic Health Assessments:
 1. Report of Medical Examination, Form DD-2808.
 2. Report of Medical History, Form DD-2807-1.
 3. ANY specialty reports obtained pursuant to the physical examination.
 - (c) Medical Evaluation Boards (MEB):
 1. Medical Board Report Cover Sheet, Form CG-5684 for IMB/DMB.
 2. Current Report of Medical Examination, Form DD-2808 for IMB.
 3. Current Report of Medical History, Form DD-2807-1 for IMB.
 4. Current Medical Record, Form SF-507 for IMB/DMB.
 5. ANY specialty reports obtained pursuant to the physical examination for IMB/DMB.

6. Evaluatee's Statement Regarding the Findings of the Medical Board, Form CG-4920 signed by the patient for IMB/DMB.
7. The command endorsement, Line of Duty/Misconduct Statement (if any), and members rebuttal (if any) should normally be done at/by the command for IMB/DMB.

(4) Liaison and Assistance. The representative shall:

- (a) Maintain liaison between the CG units in the area and the USMTF as follows:
 1. Clinical services to obtain timely appointments for CG personnel.
 2. Pharmacy to facilitate drug exchange with CG units.
 3. Biomedical repair to help originate and maintain agreements for repair and maintenance of local CG medical equipment.
- (b) Whenever possible, personally meet with each hospitalized CG AD and SELRES member and meet or phone the immediate family of the member, offering them assistance.
- (c) In appropriate cases, channel other CG and DoD resources such as Mutual Assistance, Family Programs, Red Cross, etc. to assist hospitalized members and their dependents.

(5) Assignment and Duties. HS assigned to a USMTF as CG Beneficiary Representatives are attached to the HSWL SC which will exercise military control over them. The representative is expected to comply with the rules and orders of the USMTF to which assigned, and is subject to the orders of the hospital commander. However, it is expected that any duties assigned will be consistent with the purpose noted in Subparagraph 13a. above.

24. CG Representative at the Department of Defense Medical Examination Review Board (DODMERB).

- a. General. DODMERB is located at the USAF Academy, CO and is a joint agency of the military departments responsible for scheduling, reviewing, and certifying service academy and ROTC scholarship applicant medical examinations, and other programs assigned by the Office of the Assistant Secretary of Defense, Health Affairs.
- b. Responsibilities.
 - (1) As a member of DODMERB, the CG:
 - (a) Establishes entrance standards for the CG Academy.
 - (b) Makes its health care facilities available for completing entrance physical examinations for all service academies.
 - (2) As a member of DODMERB, the CG liaison:

- (a) Is assigned as an examination evaluator/administrator.
- (b) Participates in implementing plans and organizational procedures for board actions.

c. Duties.

- (1) Maintain a current list of examining centers which includes dates and examination quotas.
- (2) Schedule examinations for the applicants.
- (3) Notify applicants and program managers of scheduled examinations.
- (4) Review and apply medical standards.
- (5) Notify applicants and program managers of the status and qualifications of applicants.
- (6) Provide copies of medical examinations and medical information to the various programs on applicants until they are no longer eligible.
- (7) Provide copies of medical examinations and medical information to eligible applicants as requested.

25. Health Benefits Advisors (HBA).

- a. Responsibilities. Individuals designated as Health Benefits Advisors (HBAs) at CGMTFs are responsible for advising and assisting beneficiaries concerning their health benefits. This individual shall:
 - (1) Keep current on the multiple health and dental care programs and options available to AD, SELRES, retirees and their family members such as: TRICARE, Uniformed Services Family Health Benefits Program (USFHB), Retiree Dental Program, TRICARE Dental program, etc.
 - (2) Advise all beneficiaries on matters pertaining to healthcare benefits, including.
 - (a) Obtaining Non-availability Statements and using the local appeal system for Non-availability Statements.
 - (b) Obtaining prior authorization for specialty care under TRICARE prime.
 - (c) Educating Prime enrollees on access standards for Acute, Routine and Specialty healthcare.
 - (3) Advise TRICARE beneficiaries on the relationship between TRICARE, DVA programs, Social Security, Medicare, insurance provided through employment, and the effect of employment and private insurance on benefits available under TRICARE. Emphasize the following:
 - (a) Availability of TRICARE and explain financial implications of using non-participating providers.

- (b) Provide beneficiaries the names and addresses of participating providers of the specific services the beneficiary requires.
- (c) Caution beneficiaries to verify that the provider participates in TRICARE at the time of service and if they are accepting new patients.
- (4) Coordinate TRICARE problem cases with the HSWL SC and TRICARE contractors.
- (5) Assist all beneficiaries in properly completing TRICARE enrollment and claim forms.
- (6) Serve as a single point of contact for all health benefits programs available to active duty and retired members and their dependents.
- (7) Provide information and assistance based upon personal, written, or telephone inquiries concerning healthcare benefits.
- (8) Keep beneficiaries informed of changes within the various programs, e.g., legislative changes affecting benefits available or other policy/procedures impacting upon the usage of civilian medical care. Provides for an ongoing program of lecture services, informational seminars, and group counseling to various beneficiary groups, service clubs, retirement briefings, etc.
- (9) Maintain liaison with local providers and encourages them to increase their acceptance of the TRICARE program.
- (10) Maintain liaison with the HSWL SC and unit collateral duty HBAs in local area.

b. Training.

- (1) Individuals designated as HBAs must be trained in TRICARE benefits, exclusions, claims preparation, processing, cost-sharing formulas, eligibility criteria, and alternatives to TRICARE.
- (2) Training Schedule.
 - (a) Requests for attendance at the TRICARE course should be submitted via the Chain of Command to the CG TRICARE Liaison Officer at TMA-Aurora.
 - (b) TRICARE course registration form is available at <http://www.tricare.osd.mil/>. This form may be submitted electronically or by mail.
- (3) TMA-Aurora Liaison Staff Seminars. The Liaison Office at TMA-Aurora provides seminars for large beneficiary groups, e.g., recruiter, career counselor, etc. Arrangements for seminars should be made directly with the CG Liaison.
- (4) Funding. Training requests for the TRICARE course will be funded by the cognizant unit.

- c. Sources of Reference Materials. HBAs shall acquire and become familiar with specific reference materials on Federal and nonfederal health programs. Specifically, as TRICARE policies change, the HBA shall maintain an updated reference library through distribution channels as outlined below:
- (1) TRICARE Information: <http://www.tricare.mil/>.
 - (2) TRICARE Publications: <http://www.tricare.mil/tricaresmart/>
 - (3) Beneficiaries can check their own claim status and eligibility at www.mytricare.com
 - (4) TRICARE Claim Form DD-2642
Now available at <http://www.tricare.mil/mybenefit/Forms.do> or by contacting:

NAVY PUBLICATIONS AND FORMS CENTER
5801 TABOR AVE
PHILADELPHIA, PA 19120-5013
U/I: PD
 - (5) Referral for Civilian Medical Care (DD-2161). May be printed locally by accessing CG Standard Workstation III, USCG Adobe Forms or by contacting:

NAVY PUBLICATIONS AND FORMS CENTER
5801 TABOR AVE
PHILADELPHIA, PA 19120-5013
U/I: PD
 - (6) Fiscal Intermediary Distribution by Region. Fiscal Intermediary Newsletter.
 - (7) Local Community. Local Publication - Social Services Directory.
26. Registered Dental Hygienists (RDH). RDHs are licensed graduates of American Dental Association accredited schools of dental hygiene. Whether contract or active duty providers, they are authorized to treat beneficiaries in CG dental clinics under the oversight of a DO. Restrictions on the degree of required oversight and the scope of services vary from state to state.
- a. Scope of practice. In the interests of standardization, quality improvement, and risk management, RDHs in CG health care facilities shall, in most circumstances, treat patients only when a DO is present for duty at the command. At the discretion of the SDE, and in the interest of expediency, this guideline may be overridden if each of the following conditions is met on each patient:
 - (1) Only active duty members are treated.
 - (2) An MO is present in the building.
 - (3) Patients have not been diagnosed with moderate to severe periodontitis in one or more quadrants within the last six months.

- (4) The licenses of the SDE and RDH are not jeopardized by this action.
 - b. Patient criteria. In every case, patients must receive a Type 2 examination by a DO no more than six months prior to treatment by a RDH.
 - c. Patient review. The SDE, or a staff DO designated by the SDE, shall conduct an intra-oral review of no fewer than 5% of the RDH's patients for completeness of plaque/calculus removal and damage to hard/soft tissues. The responsible DO shall document these reviews in the patients' dental records.
 - d. State laws. The scope of the RDH's services shall be governed by either the state in which the license is held or the state in which the clinic is located, whichever is more restrictive, and shall be itemized in the clinic's SOP.
 - e. Injections. In some cases the state license may contain an addendum certificate which permits the RDH to administer injections of local anesthesia (either block and/or infiltration) under the direct oversight of a licensed dentist. Direct oversight shall mean that the DO has personally authorized the RDH to administer local anesthesia to the specific patient being treated at the specific time (i.e. blanket approvals/orders are not authorized). If the state in which the clinic is located also allows this, then the RDH may deliver local anesthesia under the direct oversight of the DO. In all cases, the RDH must possess specific approval through certification from the state of licensure allowing her/him to administer local anesthesia. The DO shall be physically present in the clinic while local anesthesia is administered by the RDH. While direct oversight does not require the DO to be physically present in the RDH's operatory, the DO must be in the clinic and capable of responding to an emergency immediately.
27. Red Cross Volunteers. Red Cross Volunteers are people who have completed a formal training program offered by a Red Cross Chapter and have a certificate of successful completion. Red Cross training is a screening and educational tool that enables individuals with an interest in helping others to function as supervised medical assistants in the clinic.
- a. Responsibilities. Red Cross Volunteers are responsible for scheduling their time in the clinic with clinic staff, accepting supervision, and carrying out activities mutually agreed upon by themselves and the clinic. These duties must fall within the scope of duties for which Red Cross training has prepared the volunteer. Duties may include: patient transport via gurney or wheelchair within the clinic, assessing and properly recording temperature, respiratory rate, heart rate, and blood pressure, acting as a chaperone during exams or treatment, assisting in specialty areas, i.e., laboratory (with appropriate additional training and supervision), answering telephones, filing and other clerical duties, cleaning and wrapping instruments.
 - b. Supervision. Supervision of Red Cross volunteers is the responsibility of the HSA and may be delegated.
 - c. Orientation. Each volunteer must have an initial orientation to the clinic documented. Orientation shall include at least the following topics:

- (1) Fire Safety;
- (2) Emergency procedures (bomb threats, mass casualty, power outages, and hurricanes/tornadoes);
- (3) Standard precautions and infection control;
- (4) Proper handling of telephone emergency calls;
- (5) Phone etiquette, paging, and proper message taking;
- (6) Patient Bill of Rights and Responsibilities, to include confidentiality, and chaperone duties in accordance with Chapter 2-J-3-b of this Manual; and,
- (7) Privacy Act and HIPAA.

28. Volunteers.

- a. Volunteer Health Care Workers (HCW). Volunteer health care workers (HCW) who are not privileged providers with the PHS, DOD or CG Auxiliary (AUX) shall work under the supervision of clinic staff, as determined by the SHSO. (Note: All volunteers, except PHS, DOD, CG AUX, or Red Cross volunteers which are covered elsewhere in this Chapter, are required to sign a gratuitous service agreement. These volunteers may provide support services that include but are not limited to: patient transport via gurney or wheelchair within the clinic, assessing and recording vital signs, acting as a chaperone during examination or treatment, clerical duties such as answering telephone or filing, cleaning and wrapping instruments, etc. Non-privileged health care providers with special skill sets (e.g. RN, EMT, Paramedic, Dental Hygienist) may work up to the level of their license/certification at the discretion of and supervision by the SHSO. Verification of the capabilities of the provider is the responsibility of the SHSO. Written documentation that the member has received/understood instructions concerning items listed in 1-B-21-g.(1) through (7), must be signed by the CA and counter signed by the SHSO.
- b. CG non-rate volunteers. CG non-rate (active/reserve) who wish to learn more about the HS rating by participating in clinical activities prior to applying/attending HS "A" school are considered volunteers and must follow the same guidelines set forth in Chapter 1-B-21-b. and g. of this Manual. Additionally, written documentation that the member has received/understood instructions concerning items listed in 1-B-21-g.(1) through (7), must be signed by the HSA and counter signed by the SHSO. Additional requirements include:
 - (1) Priority should be given to the non-rate (active/reserve) that are on the HS "A" school list. Other non-rate (active/reserve) personnel will be considered by the HSA on a case-by-case basis.

- (2) All non-rates (active/reserve) must obtain written approval by their department supervisor prior to being assigned to the health services division.
 - (3) The non-rate (active/reserve) must be supervised at all times within the clinic by a senior HS1/HS2 and may not provide independent patient care.
 - (4) The non-rate (active/reserve) will not be utilized as part of the HS clinical duty rotation schedule and must work during normal clinical hours Monday-Friday while assigned to the clinic. This clinical participation will not preclude non-clinical duties or assignments.
 - (5) Non-rates (active/reserve) aboard cutters must be directly supervised by the ship's IDHS and follow the same guidelines in Chapter 1-B-21-b. and g. Written documentation as stated in 1-B-21-g. must be signed by the XO and IDHS.
- c. TAD "non-medical personnel". TAD "non-medical personnel" who are assigned to medical will follow the same guidelines in Chapter 1-21-g., and will not be utilized in the delivery of patient care.
 - d. Health care providers up to fourteen (14) days. Health care providers who are members of the PHS or DOD and volunteer to work in CG clinics for up to fourteen (14) days per year will not be required to apply to Commandant (CG-11) for clinical privileges.
 - (1) Volunteer providers in this category will submit a copy of a current active state license, copy of current clinical privileges and a current CPR card to the local clinic when they report in. They will also complete a request for clinical privileges appropriate to their category and submit to the SHSO. Volunteer providers can also submit a Credentials Transfer Brief in lieu of their license and CPR card.
 - (2) For all categories of volunteer health care providers, only one active, unrestricted license from a state or U.S. Territory is required. Volunteers are authorized to work in any CG clinic in any state or territory even if they are not licensed in that jurisdiction.
 - (3) The SHSO will evaluate the clinical privileges requested and by signing the request will authorize the provider to perform those health care services.
 - e. Health care providers who volunteer more than fourteen (14) days. Health care providers who are members of the PHS or DOD and volunteer to work in CG clinics for more than fourteen (14) days per year will be required to apply for clinical privileges from Commandant (CG-11) as described in Chapter 13-B and C of this Manual.
 - f. Auxiliary. Volunteer health care providers who are members of the CG Auxiliary, will be required to apply for clinical privileges from Commandant (CG-11), in accordance with protocols described in the Medical Manual, COMDTINST M6000.1(series), Chapter-13-B and C and are required to

satisfy the same standards for credentialing and privileging that are required for active duty health care providers in the CG. Volunteer providers will work under the direct or indirect supervision of CG clinic providers in accordance with the Coast Guard Auxiliarist Support to Coast Guard Health Care Facilities, COMDTINST 6010.2 (series).

- g. Initial orientation. Each volunteer must have an initial orientation to clinic standard operating procedures which must be documented and must include at the minimum:
- (1) Fire safety. Emergency procedures (e.g., bomb threats, mass casualty, power outages, and hurricanes/tornadoes).
 - (2) Standard precautions and infection control.
 - (3) Proper management of telephone calls, emergency calls.
 - (4) Telephone etiquette, paging, taking messages.
 - (5) Patient sensitivity and confidentiality.
 - (6) Privacy Act and HIPAA
 - (7) Emergency procedures (e.g., bomb threats, mass casualty, power outages, and hurricanes/tornadoes).
 - (8) Standard precautions and infection control.
 - (9) Proper management of telephone calls, emergency calls.
 - (10) Telephone etiquette, paging, taking messages.
 - (11) Patient sensitivity and confidentiality.
 - (12) Privacy Act and HIPAA

C. CG Health Services Officer Training Matrix.

1. Introduction. Emerging national and military strategies in support of wartime, humanitarian assistance, homeland security/defense and disaster response contingencies are the driving forces behind the training requirements to provide initial and sustainment training for all CG Health Services personnel. Training for Health Services enlisted personnel is contained in Chapter 9 of this Manual and in the Cutter Training and Qualification Manual, COMDTINST M3502.4 (series). Officers serving in the CG Health Services system may require training in a variety of specific subject areas. Some of this training is necessary for all officers in the CG Health Services system and some is specific based on the type of duty position to which the officer is currently assigned and/or the specific professional category of the officer. The following information provides a matrix showing required and recommended training for officers in the CG Health Services system. Unless otherwise specified, required training should be completed within the first three years of the tour requiring that training.
2. CG Medical Officer Training Matrix.

Name of course	Description	Duration	Funding source	Notes	Target audience
Advanced Cardiac Life Support-Basic Provider	Advanced life support training for adverse cardiac events	2-3 days	Local Training Or Military Training Network (MTN)		All physicians in clinical billets are required to maintain current ACLS certification as a condition of employment
Basic Life Support for Healthcare Providers	CPR training required for all CG Healthcare Providers	4-8 hours	Local funding		Required maintenance of certification for all CG Health Care providers
Operational & Primary Care Medical Training	Annual operational medicine and primary care training for all CG MOs	1 week	AFC-56 (central)	See annual solicitation letter sent from Commandant (CG-1121)	Required at least every 3 years for CG primary care providers

Table 1-C-1

CG Medical Officer Training Matrix (con't)

Name of course	Description	Duration	Funding source	Notes	Target audience
Operational Aviation Medical Training	Annual refresher aviation and operational medicine training for CG FS, AMOs and APAs	4 days	AFC-56 (central)	See annual solicitation letter sent from Commandant (CG-1121)	Required at least every 3 years for CG aviation medicine providers
Flight Surgeon/ Aeromedical Physician Assistant Training	Required training to provide care in aviation medicine	7 weeks	AFC-56 (central)	Apply through Commandant (CG-1121); Army or AF course followed by a 1 week CG transition course at ATC Mobile	Required for any MO in order to provide aviation medicine care
Aviation Mishap Investigation and Prevention/ Human Factors	Preferred training to enhance Mishap Analysis Board preparation	1-2 weeks	AFC-56 (central)	See annual solicitation letter sent from Commandant (CG-1121)	Flight Surgeons (preferred within 3 years of designation)
Physician Assistant Training	Operational medicine and primary care training for CG Pas	5 days	AFC-56 (central)	See annual solicitation letter sent from Commandant (CG-1121)	Required at least every 3 years for CG mid-level providers

Table 1-C-1 (cont.)

3. CG Dental Officer Training Matrix.

Name of course	Description	Duration	Funding source	Notes	Target audience
Dental Officer Training	Refresher and upgrade training for CG Dental Officers	5 days	AFC-56 (central)	Apply through Dental Program Manager at Commandant (CG-1122)	Required every other year for CG Dental Officers

Table 1-C-2

4. CG Leadership Courses Matrix.

Name of course	Description	Duration	Funding source	Notes	Target audience
Joint Operations Medical Manager’s Course	Training in medical support for expeditionary operations	5 days	AFC-56 (limited – central funding) or local funding	DOD course, apply through Commandant (CG-1121)	Highly recommended for clinic SMEs, Commandant (CG-1121) and HSWL SC MOs
Homeland Security Medical Executive Course	Training in the federal, state and local responses to domestic mass casualty/care situations	5 days	AFC-56 (limited – central funding) or local funding	DOD course, apply through Commandant (CG-1121)	Highly recommended for clinic SMEs, SHSOs, Commandant (CG-1121), and HSWL SC MOs
Direct Commission Officer School	Training to prepare recently commissioned officers of the CG	4 weeks	AFC-56 (central)	Commandant (CG-112) will contact target audience	Required for all new PHS Officers detailed to CG billets

Table 1-C-3

CG Leadership Courses Matrix (cont.)

Name of course	Description	Duration	Funding source	Notes	Target audience
Officer Basic Course	Recommended PHS training	2 weeks	Local funding	Commandant (CG-112) will contact target audience or arrange through local channels	Recommended for all PHS officers

Table 1-C-3 (cont.)

5. CG Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Courses Matrix.

Name of course	Description	Duration	Funding source	Notes	Target audience
CBRNE Emergency Preparedness and Response Course	On-line training for all health care providers in the CG	N/A	Web-based	Provided for the CG by the AF; see Commandant (CG-112) website for further details	MOs take Clinician Course. DOs, Pharmacists and all other PHS categories take Operator/Responder Course. Required within 12 months of assignment
Medical Management of Chemical and Biological Casualties	Medical principles relating to chemical and biological weapons attacks	6 days	AFC-56 (central)	Army course-apply through Commandant (CG-1121)	Required for MOs within 3 years of assignment. Optional for all DOs, Pharmacy Officers, and EHOs

Table 1-C-4

CG Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Courses
Matrix (cont.)

Name of course	Description	Duration	Funding source	Notes	Target audience
Combat Casualty Care Course	Combat casualty care training is provided in austere environment and in mass casualty situations	9 days	AFC-56 (central)	Army course-apply through Commandant (CG-1121)	Required for MOs within 3 years of assignment. Recommended for all DOs. Officers who have previously taken this course through DOD are not required to attend
OFRD Response Modules – Core	Required PHS training	N/A	Web-based	Apply through PHS OFRD website	Required for all PHS officers
OFRD Response Modules - Clinical	Recommended PHS training	N/A	Web-based	Apply through PHS OFRD website	Recommended for all appropriate PHS officers

Table 1-C-4 (cont.)

6. CG Disaster Training Matrix.

Name of course	Description	Duration	Funding source	Notes	Target audience
Incident Command System 100	Basic orientation to the Incident Command System	N/A	Web-based	Web training is through FEMA's website; check Commandant (CG-1121) website for further info	Required for all MOs, DOs, Pharmacy, Med Admin and Environmental Health Officers
Incident Command System 200	Second-level orientation to the Incident Command System	N/A	Web-based	Web training is through FEMA's website; check Commandant (CG-1121) website for further info	Required for all MOs, DOs, Pharmacy, Med Admin and Environmental Health Officers
Incident Command System 300	Advanced orientation to the Incident Command System	2-3 days	Local funding; Local TAD	Check on Commandant (CG-1121) website for further info	Required for SME, SHSO and HQ and HSWL SC MOs
Incident Command System 700	Introduction to the National Incident Management System	N/A	Web-based	Web training is through FEMA's website; check Commandant (CG-1121) website for further info	Required for all MOs, DOs, Pharmacy, Med Admin and Environmental Health Officers

Table 1-C-5

CG Disaster Training Matrix (cont.)

Name of course	Description	Duration	Funding source	Notes	Target audience
Incident Command System 800	Introduction to the National Response Framework	N/A	Web-based	Web training is through FEMA's website; check Commandant (CG-1121) website for further info	Required for all MOs, DOs, Pharmacy, Med Admin and Environmental Health Officers
Advanced Disaster Life Support	Orientation for advanced medical response in disasters	2 days	Local funding	Check Commandant (CG-1121) website for further info	Recommended

Table 1-C-5 (cont.)