UNITED STATES MARINE CORPS
3D MARINE DIVISION (-) (REIN)
UNIT 35801
FPO AP 96602-5801

In reply refer to:

DivO P6000.5B
SURG

29 JUN 1998

DIVISION ORDER P6000.5B

From: Commanding General
To: Distribution List

Subj: STANDING OPERATING PROCEDURES FOR MEDICAL (SHORT TITLE: MED SOP)

Encl (1 LOCATOR SHEET

Reports Required: List, page v

1. Purpose. This manual is promulgated to ensure the efficient administration and operation of medical services and Navy personnel matters within the 3d Marine Division.

2 Cancellation. DivO P6000.5A.

3. Information. This manual amplifies, where necessary, directives from higher authority and delineates policies of this Headquarters.

4. Summary of Revision. This Manual has been reformatted and contains major changes. Due to the substantive changes, this manual should be reviewed in its entirety.

5. Recommendations. Recommendations concerning the contents of the Medical Standard Operating Procedures are invited. Such recommendations will be forwarded to the Commanding General, 3d Marine Division (SURG) via the appropriate chain of command.

6. Records Disposition. Records discussed herein will be maintained as follows per SECNAVINST 5215.5C:

a. Hospital Corpsmen Training Schedules - twelve months or more often if necessary.

b. Marine Corps Personnel Medical Training Schedules - twelve months or more often if necessary.

c. Training Log - for two years

d. Individual Training Records - accompany the individual upon Permanent Change of Station (PCS) transfer.

e. Physical Readiness Test Results Form - will accompany the individual upon transfer.

f. Non-Federal Medical Claims Correspondence - five years

g. Physical Examinations - one year.

h. Sick Call Log - five years.

i. Inspection Form - two years.

j. Medical Process Roster - reviewed within the first ten working days of each month.

k. The medical stock locator/inventory control card - two years.

l. Prescription, requisitions, and receipt documents - two years

m. Medical Supply Property Accounting Files - one year

7. Certification. Reviewed and approved this date.

L. M. SUPKO
Chief of Staff

DISTRIBUTION: A

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Subj: STANDING OPERATING PROCEDURES FOR MEDICAL (SHORT TITLE: MED SOP)

Location: _____

(Indicate location(s) of copy(ies) of this Order.)

MED SOP

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MED SOP

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CHAPTER 1

GENERAL

1000. MEDICAL SERVICES. Medical Services for the Division will be as prescribed in the Manual of the Medical Department (MANMED); in the current edition of FMFPacO P6000.4K, Medical Standing Operating Procedures; FMFM 4-50, Medical and Dental Support; FMFM 4-51, Task Force Medical Regulating; and current medical directives.

1. Navy Personnel Administration. Navy personnel administration will be as prescribed in Chapter 2 of this Manual, and per DivO 1070.6C, Centralized Navy Personnel Office.

2. Responsibility. The Division Surgeon is primarily responsible for promulgation of this Manual and its revisions.

1001. MISSION OF THE MEDICAL DEPARTMENT

1. The primary mission of the medical department is to conserve the combat power of the command which it serves. This is accomplished through technical supervision of measures designed to safeguard the health of the command, early effective care of the sick and injured, and either prompt and orderly evacuation of casualties from forward areas, or prompt and timely return to duty.

2. The secondary mission assigned to the medical department includes:

a. Training of the medical personnel in all facets of their rating.

b. Training of Marine Corps personnel in first aid procedures.

1002. MEDICAL SUPPORT AND THE COMMAND. Medical support reaches its maximum effectiveness only by adherence to the following principles.

1. Command Responsibilities. Each commander is responsible for the health of his command. Commanders are provided medical personnel, supplies, and equipment to meet this responsibility. When organic means are inadequate for the particular situation, additional medical support will be requested via the Division Surgeon.

2. Concurrent Planning. Medical support is planned to conform with tactical plans and policies of the commander. It is coordinated with the operational plan and is a part of the administrative plan. This requires that staff medical officers and senior medical department representatives are continually informed of the intentions of the commander and actively participate in planning evolutions.

1003. ORGANIZATION

1. Division Surgeon. The Division Surgeon is a special staff officer of the Commanding General and is under the staff cognizance of the Assistant Chief of Staff, G-4. His responsibilities include the following:

a. Prepares Division medical estimates, plans, and orders based on instructions from higher authority.

b. Makes recommendations to the Commanding General concerning the employment and training of all medical personnel.

c. Assigns and provides for the replacement of medical personnel in coordination with the Assistant Chief of Staff, G-1.

d. Exercises technical control of the care, treatment, and evacuation of the sick and wounded.

e. Ensures that required records are kept, and reports are made

f. Monitors the limited research and development activities conducted by Division units.

g. May be assigned additional duties as the III Marine Expeditionary Force Surgeon by the Commanding General, III MEF.

2. Assistant Division Surgeon. The Assistant Division Surgeon is assigned in writing by the Commanding General, 3d Marine Division. In the absence of the Division Surgeon, he shall assume the responsibilities as set forth in paragraph 1003.1.

3. Division Psychiatrist. The Division Psychiatrist is the Officer in Charge of Division/MEF Mental Health Services. The psychiatrist is also a working physician who applies knowledge and principles of psychiatry and medicine to the treatment of all patients.

a. Among his duties, the Division Psychiatrist performs the following actions. He examines, makes diagnoses, and treats, or recommends courses of treatment, for personnel suffering from emotional or mental illness, situational maladjustment, battle fatigue (BF) combat stress reactions, and Misconduct Combat Stress Behavior (MCSB). The psychiatrist's major emphasis is the prevention of neuropsychiatric (NP) and BF cases by adopting a far forward approach to mental health fitness and education. The Psychiatrist is responsible for mental health issues not only in combat, but also in contingencies such as: natural and accidental disasters, terrorist attacks, rape or criminal assault, and hostage situations.

b. The specific functions of the Division Psychiatrist should include:

(1) Directing the Division's combat mental fitness and mental health education programs.

(2) Providing staff consultation for the Division/MEF Surgeon on matters having psychiatric components, including nuclear surety, security clearances, and alcohol and drug abuse programs.

Planning Combat Stress Control (CSC) support for supported groups

Conducting Mental Health/CSC operations.

(5) Providing staff consultation for the MEF/Marine Air Ground Task Force (MAGTF) Commander and for supported commands.

(6) Assuring the diagnosis, treatment, restoration, and disposition of all NP and problematic BF cases.

(7) Participating in the diagnosis and treatment of the sick, injured, and wounded especially those who can be returned to duty quickly.

Note: The general medical duties (treatment of sick, injured, and wounded) must not be allowed to distract the Division Psychiatrist from his primary CSC duties.

(8) Providing consultation and training to physicians, physician's assistants, unit leaders, chaplains, and other medical personnel regarding diagnosis and management of BF, MCSB, and NP disorders.

(9) Prescribing treatment and disposition for Marines and Sailors with NP conditions.

(10) Evaluating the psychological functioning, unit cohesion, and morale of Marines, Sailors, and their units.

(11) Conducting surveys and evaluating data to assist unit cohesion and other factors related to predictions and prevention of BFCs and MCSBs.

(12) Performing physiological and neuropsychological testing to evaluate psychological problems, psychiatric and organic mental disorders, and to screen MCSB's and unsuitable service members.

(13) Evaluating the social relatedness of BF and MCSB Marines and Sailors in their units and families.

(14) Coordinating and ensuring the return of BF/NP service members to duty and their reintegration into their original or new units.

(15) Identifying and resolving organizational and social environmental factors which interfere with combat readiness.

(16) Ensuring support of Marines, Sailors and their families from military and civilian personnel of available social service resources.

4. Medical Plans/Personnel Officer. The Medical Plans/Personnel Officer assists the Division Surgeon in medical planning, administration, correspondence, and related matters. Additionally, he is the Navy Personnel Officer and is responsible for ensuring proper execution of Navy Personnel functions in coordination with the Division Surgeon and Assistant Chief of Staff, G-1.

5. Regimental Surgeon. The regimental surgeon is a special staff officer and represents the regimental commander in all medical matters and advises the regimental commander regarding all medical services of the regimental medical section.

6. Battalion Surgeon. The battalion surgeon is a special staff officer who directs the clinical activities of the battalion medical section and advises the battalion commander on medical matters. His duties correspond to those of the regimental surgeon.

7. Command Master Chief. The Command Master Chief will be appointed in writing by the Commanding General. He will function as the Commanding General's principal enlisted advisor in formulation and implementation of policies concerning morale, welfare, job satisfaction, and discipline of Navy enlisted personnel. In the discharge of these duties, the Command Master Chief will report directly to the Commanding General, working within the internal chain of command as directed by the Commanding General.

8. Senior Medical Department Representative (SMDR). As the senior enlisted medical department person, the SMDR is responsible for all non-clinical functions of either the Regimental Aid Station (RAS) or the Battalion Aid Station (BAS). The SMDR will be responsible for the assignment and utilization of enlisted personnel and the day-to-day operation of the RAS/BAS per the provisions of current directives. He shall establish liaison with the unit commander and ensure accessibility in all matters regarding the health and welfare of the command. In addition, the SMDR shall provide the Regimental/Battalion Surgeon and the unit commander with a continuous update on all matters affecting the RAS/BAS.

1004 MEDICAL ADVICE, ASSISTANCE, AND CONFERENCES

1. The Division Surgeon is available at all times for advice concerning medical personnel and medical matters. In addition, the Medical Logistics Readiness Inspection Team (LRI) is available for

informal assistance and training to each medical unit within the Division. The Division Surgeon will be kept informed of all matters relating to medical service and Navy personnel management. This availability does not relieve personnel of the responsibility of keeping their immediate seniors informed of all actions.

2. The Division Surgeon shall conduct regular meetings with the Division Medical Officers to discuss issues and promulgate information.

3. This Headquarters (SURG) shall be immediately informed of all events, situations, or problems that may affect the medical readiness of a unit of the Division.

4. The Command Master Chief will convene monthly meetings with Senior Medical Department Representatives (SMDRs) to discuss pertinent Navy Enlisted matters. Attendance at these meetings is mandatory for all SMDRs not engaged in field operations, unless specifically excused by the Command Master Chief.

5. The Environmental Health Officer (EHO) will conduct a predeployment brief for all deploying units, battalion size or larger, not later than two weeks prior to the date of embarkation. Attendees at the brief shall include either the Battalion Commander or Executive Officer, the S-4, the Battalion Surgeon, SMDR and selected Staff Noncommisioned Officers (SNCOs). In the absence of the EHO, the III MEF Preventive Medicine Officer will be contacted for predeployment briefs. The Division Surgeon and LRI Inspector will be available for staff assistance visits as requested. The Battalion Surgeon and SMDR will be responsible for inspection and inventory of the in-garrison sickcall block.

1005. LOGISTICAL READINESS INSPECTIONS (LRI)

1. Logistical Readiness Inspections shall be conducted by the LRI Chief and reported per DivO P5040.3E. Inspections will include, but are not necessarily limited to the following areas:

a. Health Records Maintenance

b. Medical Training.

c. Medical Administration.

d. Medical Supply

e. Special Medical Programs

f. Physical Readiness

2. Staff visits will reinforce readiness inspections and provide additional guidance to unit medical representatives and the unit commander. Assistance may be requested from the LRI at any time.

CHAPTER 2

PERSONNEL ADMINISTRATION

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CHAPTER 2

PERSONNEL ADMINISTRATION

2000. GENERAL. The Marine Corps Manual, paragraph 2000.3a, provides that the personnel administration of Navy personnel assigned to the Marine Corps shall be as directed by the Chief of Naval Personnel. Procedures and guidance for Navy personnel administration are contained in the Naval Military Personnel Manual (MILPERSMAN), Navy Enlisted Transfer Manual (TRANSMAN), and other Navy directives. Internal personnel functions of the Navy Personnel Office will be per DivO 1070.6C.

2001 MANPOWER MANAGEMENT

1. The following definitions apply to manpower management of Navy personnel as delineated in OPNAVINST 1000.16H.

a. Authorized Manning Document (AMD). The AMD is the qualitative and quantitative expression of manpower requirements authorized by CNO for a Naval activity. It is the basic document for current and future peacetime as well as mobilization requirements and serves as the single official statement of organizational manning and billets/positions authorized.

b. Authorized Billets. Authorized billets are the actual billets and numbers authorized within the Division during peacetime periods. This equates to Marine Corps reduced strength Table of Organization.

c. Mobilization Billets. Mobilization billets are the billets and numbers authorized within the Division when a war or other national emergency exists. This equates to the Marine Corps Table of Organization "V" series.

d. Navy Manning Plan (NMP). The Chief of Naval Operations specifies the level of on-board strength at which each major command will be maintained in conjunction with authorized billets. The current NMP is established at approximately 90% of authorized billets

2. The Division Surgeon maintains the AMD for the Division and will, in coordination with Assistant Chief of Staff, G-1, establish and control unit manning levels for Navy medical personnel. This manning level will be based upon onboard personnel strength and contingency status of specific units.

2002. PERSONNEL AUGMENTATION

1. Personnel augmentation refers to the process of increasing a unit's medical personnel staffing to the number required for special missions.

2. Augmentation for specific operations will be planned, coordinated and administered by the Division Surgeon.

2003 PERSONNEL UTILIZATION

1 Medical Officers

a. Will act as advisors to the unit commander on medical matters

b. Will be responsible to the unit commander for technical training and supervision of enlisted medical personnel.

c. Shall be utilized in clinical tasks to the maximum extent consistent with overall responsibilities to their line commander.

2 SMDRs

a. SMDRs are responsible to the unit commander. They provide guidance in the duties to which hospital corpsmen shall be assigned and are responsible for all non-clinical functions of the RAS/BAS.

b. Medical personnel will be assigned duties as specified in U.S. Navy Regulations, Article 1063, and within the parameters of current Geneva Convention Accords.

2004 ASSIGNMENTS AND DETACHMENT OF NAVY PERSONNEL

1. Navy personnel reporting to the Division shall report to the Navy Personnel Office for initial check-in procedures and endorsement of orders. Duty assignments will be made at that time.

2. Transfer of Navy personnel will be as indicated by current transfer directives and will be accomplished by the Navy Personnel Office.

3. The Division Surgeon shall recommend to respective unit commanders detachment dates for Medical Corps Officers and Medical Service Corps Officers on permanent change of station orders. Cognizant special staff officers shall do similarly for other Navy officers. The Navy Personnel Officer shall recommend detachment dates for Navy enlisted personnel. Upon receipt of PCS orders, the Navy Personnel Officer will notify the member of their impending transfer. The member will be required to report to the Navy Personnel Office to complete a transfer information sheet. A transfer notification memorandum,

appendix A, will be delivered by the member to their respective SMDR And the unit commander. This will serve as advance notification of the member's transfer and will be signed by the SMDR and the unit commander (or their designated representative) indicating approval f(the transfer of the member during the dates indicated. This notification will be returned to the Navy Personnel Office.

4. All transfer orders and correspondence relating to Navy Personnel will be prepared and processed by the Navy Personnel Office. Command funded TAD orders will be requested by unit commanders and forwarded to the Division Adjutant.

2005. PERSONNEL ACCOUNTING

1. Accounting for Navy personnel attached to the 3d Marine Division will be accomplished by the Navy Personnel Officer in coordination with the AC/S, G-1. The Navy Pay and Procedures Manual (PAYPERSMAN) contains pertinent instructions for personnel accounting.

2. If a change occurs affecting the status of any Navy member which will result in a loss to the unit, i.e., hospitalization, medical evacuation, or other unusual circumstances, a telephone or message report will be immediately made to this Headquarters (SURG).

2006. NAVY OFFICER HOSPITALIZATION REPORT

1. The Navy Personnel Officer will assist unit commanders in submitting this report to Chief, Bureau of Naval Personnel (PERS-47) as prescribed by MILPERSMAN article 1810520, when one or more of the following situations occur:

a. The officer hospitalized is in receipt of permanent change of station orders, including separation orders.

b The probable duration of hospitalization will exceed 10 days.

c. The officer's unit will depart the immediate area of hospitalization while the officer is hospitalized.

d. The hospitalization of the officer creates a positive or probable need for a replacement.

e. Any other circumstances under which the unit commander considers such notification advisable.

2. Commanding officers of medical facilities will submit initial hospitalization reports and follow-up reports as prescribed by MILPERSMAN article 1810520.

2007. OFFICER FITNESS REPORTS

1. Fitness reports on Navy officers shall be submitted per BUPERSINST 1610.10.

2. The Navy Personnel Office will submit fitness report work sheets to reporting seniors 30 days prior to their due date. Work sheets will be returned to the Navy Personnel Office for proper typing 10 days prior to due date.

3. The Navy Personnel Office will ensure proper distribution of the completed and signed fitness report.

2008 ENLISTED EVALUATION REPORTS

1. Navy enlisted evaluations will be prepared per BUPERSINST 1610.10

2. Regular annual reports will be completed no later than the ending date of the evaluation period.

3. Transfer evaluations will be prepared upon PCS transfer from the Division only. In the event the member is reassigned within the Division, and the unit commander of the transferring unit desires to submit an evaluation, it shall be marked "other" and the reason "intra-Division transfer" shall be set forth in the narrative portion. If the period of observation would not normally require an evaluation (90 days or less), then an evaluation worksheet will be completed and forwarded by the transferring command to the Navy Personnel Officer. At the time of the next regular evaluation, the worksheet will be forwarded to the member's current unit commander for consideration in preparing the regular report.

4. Evaluations of chief petty officers will be signed by the Unit Commander per BUPERSINST 1610.10.

2009 LEAVE

1. Leave requests for Navy personnel will be approved per DivO 1050.10H.

a. Leave requests for medical officers will be coordinated through the Division Surgeon prior to submission to the unit commander.

b. Leave requests for SMDRs will be coordinated through the Command Master Chief prior to submission.

c. All Navy personnel will submit to their unit commander, via the chain of command, a Special Request/Authorization, NAVPERS 1336/3, for approval/disapproval of leave. Upon approval, the NAVPERS 1336/3

will be forwarded to the Division Navy Personnel Office for preparation of leave papers. The leave papers will be forwarded to the unit and the unit will document commencement and termination of leave. Leave papers will be returned to the Division Navy Personnel Office not later than two working days after returning from leave.

2. Requests for emergency leave will be submitted, via the unit chain of command and Navy Personnel Office, to the Division Adjutant per DivO 1050.10H.

2010. NAVY OFFICER CANDIDATE PROGRAMS AND ADVANCEMENTS

1. Qualifications for advancement are set forth in BUPERSINST 1430.16D. The Navy Personnel Officer will administer advancement examinations to eligible candidates and disseminate results.

2. Examinations for Navy enlisted personnel who apply for an officer candidate program will be administered by the Navy Personnel Officer.

3. Navy Examining Boards, to conduct advancement examinations, will be appointed by the Commanding General per the current edition of BUPERSINST 1430.16D.

4. Candidates for advancement to E-4 through E-7 must first have taken and passed the Advancement Examination for the appropriate pay grade.

5. The Command Advancement Program (CAP) will be conducted per BUPERSINST 1430.17E. A local board will be convened semi-annually to consider recommended Sailors for potential Command Advancement. DivO 1400.5K refers.

6. Unit Commanders will recommend Navy personnel of their units for advancement to E-3. The Navy Personnel Officer will ascertain that the member has completed all eligibility requirements, notify the unit commander of the effective advancement date, and take the required administration action to advance the member.

2011. TEMPORARY ADDITIONAL DUTY. Request for TAD for Navy personnel to commands or areas outside the 3d Marine Division will be forwarded via the chain of command to the Division Adjutant via the Navy Personnel Office three weeks prior to the effective date. Requests for TAD which will be funded by higher authority should be submitted in sufficient time to allow for processing through the appropriate chain of command.

2012. NAVY JOINT UNIFORM MILITARY PAY SYSTEM (JUMPS). The PAYPERSMAN contains guidelines and procedures of the Navy JUMPS Program. The Navy Personnel Officer shall be responsible for the overall administration of the program within the Division.

2013. DISBURSING FUNCTIONS

1. The Disbursing Officer, Personnel Support Detachment (PSD), Okinawa, will maintain control of all Navy personnel pay accounts

2. All correspondence involving individual pay accounts shall be routed through the Navy Personnel Office for endorsement and/or appropriate action.

3. Personnel with pay related problems will contact the Navy Personnel Office before contacting PSD.

2014 PRIVACY ACT RESPONSIBILITIES

1. All personnel responsible for service record maintenance or administrative action involving personnel record actions shall be thoroughly familiar with the contents of SECNAVINST 5211.5D, and such other directives as issued by this Headquarters.

2. Commands shall ensure that adequate precautionary measures are established to safeguard individual personal information contained in service records and to prevent the disclosure of personal information to unauthorized personnel.

2015. NAVY CAREER COUNSELING. A Navy Career Counseling Program will be maintained as outlined in DivO P1040.1F.

CHAPTER 3

TRAINING

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CHAPTER 3

TRAINING

3000. GENERAL. Unit training of medical personnel is essential on a continuing basis. In general, training will include medical, technical, and administrative procedures, establishment of medical facilities, techniques of casualty care and evacuation, and medical care including, but not limited to, emergency medical procedures, handling of casualties, NBC warfare, principles and procedures of triage, primary care of wounds, resuscitation, combat psychiatry, and military preventive medicine. A continuing program for indoctrination in diagnosis and treatment of common, tropical and exotic diseases should be conducted. Marine Corps personnel will be made familiar with the various individual and unit measures that are employed in the unit's preventive medicine program.

3001. RESPONSIBILITY

1. Unit commanders are responsible for establishing and conducting an effective training program. Among the training requirements to be met are:

a. Formal on-the-job training on a continuous basis for hospital corpsman including General Military Training subjects.

b. Training in first-aid and casualty handling for nonmedical personnel.

c. Food handlers training for food service personnel

2. Each commander shall appoint, in writing, a senior petty officer as the medical training petty officer. The medical training petty officer will be responsible for:

a. Developing hospital corpsman training schedules. Classes are to be incorporated into unit training schedules. A file of unit training schedules will be maintained for two years.

b. Developing Marine Corps personnel medical training schedules in conjunction with the organizational S-3 officer. Subjects listed in paragraph 3005 below shall be presented a minimum of once every 12 months or more often if necessary.

c. Maintaining separate training logs for Navy and Marine Corps personnel. The logs will be maintained in the format depicted in appendix B.

d. Maintaining individual training records for Hospital Corpsman. The record will contain past training history, record of Personnel Advancement Requirements, Privacy Act Sheet, correspondence course completions, advancement dates, risk factor screen sheets, college and extra curricular correspondence courses completed, and other documentation relating to the individual's training. This record is to accompany the individual upon PCS transfer.

e. Ensure attendance rosters are maintained for the training, classes conducted. This documentation should include individuals name, title of class, date, and pay grade of attendees and organization name.

3002 LESSON PLANS

1. Standard Navy lesson plans are to be prepared for each topic presented.

2. Lesson plans shall be reviewed semi-annually by the SMDR and clearly marked with the date of the review, name of the reviewing individual, and signature. A duplicate copy of each standard lesson plan will be retained in a separate file.

3003. TRAINING OF MEDICAL OFFICERS

1. It is desirable that medical officers maintain a continuing course of self-study or enroll in correspondence courses with emphasis on medical matters peculiar to areas where the 3d Marine Division, or its elements, may be called to operate.

2. When operating conditions permit, medical officers are encouraged to meet for discussion and/or presentation of professional topics and items of general interest to other medical officers.

3. The Naval School of Health Sciences (NSHS) sponsored training such as 'Tropical Medicine' and 'Cold Weather Medicine' are available through the Medical Plans Officer. This level of course is qualified as Type I Continuing Medical Education (CME) credit. Other informal training is available by arrangement with Naval Hospital, Okinawa specialty clinics, Grand Rounds and other hospital meetings.

4. The Navy Correspondence Course Manual offers medical officers training with courses such as: Combat and Field Medicine Practice; Insect and Rodent Control; Medical Service in Joint Overseas Operations; Navy Regulations; Clinical Laboratory Procedures; Medical Department Orientation; Air War College; Naval War College; and many more. Medical officers are encouraged to avail themselves of these courses.

5. Graduate Medical Education and Residency Training requests should be submitted to NSHS not later than 1 August via the Division Surgeon in order for selection and approval to be effected yearly in November.

3004. TRAINING OF HOSPITAL CORPSMEN

1. General. Training of hospital corpsmen shall consist of the following:

a. Field Medical Service techniques which include

(1) Recognition and treatment of battle and non-battle injuries, including Nuclear, Biological, Chemical (NBC) casualties

(2) Triage and evacuation procedures including basics of medical regulating.

Emergency medical procedures.

(4) Utilization of Authorized Medical Allowance Lists (AMALS) and T/E material, and methods of resupply.

Preventive medicine procedures in the field.

Field emergency tag reporting procedures.

(7) Cardiopulmonary Resuscitation (CPR) training.

Sexually Transmitted Diseases (STDs) and HIV/AIDS awareness.

(9) Health Records Maintenance.

b. Training in NBC Passive Defense and Substance Abuse should be provided by the unit's NBC and Substance Abuse Control Officer.

c. General Military Training (GMT) will include topics such as:

(1) Safety and Hazardous Materials Handling

(2) Code of Conduct.

(3) Financial Responsibilities.

(4) Legal Assistance.

(5) Sea Power

d. Formal and on-the-job training per NAVMEDCOMINST 1510.2

e. Training for advancement shall be accomplished as an integral part of the medical training program. Monthly reports shall be submitted to the Division Surgeons Office (DSO Training Petty Officer) no later than the first of each month.

f. Lesson plans for medical training will be reviewed annually by Division Surgeon.

g. A minimum of 80% attendance level per class must be achieved

2. Billet rotation. Rotation for training in the various billet assignments within the Division is essential. Provisions must be made in each unit to ensure that a minimum of two persons are trained in each billet. Cross training enhances the individual hospital corpsman's growth potential.

3. Petty Officer Indoctrination Course

a. An initiative by the Chief of Naval Operations has established the requirement for a mandatory 22 hour Petty Officer Indoctrination Course. This course is intended to assist new petty officers in effectively functioning in their newly acquired leadership role.

b. The major areas of instruction will include emphasis on the roles and responsibilities of the petty officer, leadership and management, human behavior, communication, performance standards, counseling, discipline, military justice and the petty officer, and the Navy Human Resource Management Support System.

c. All personnel selected for advancement will be required to attend the indoctrination course prior to being frocked. The Petty Officer Indoctrination Course will be scheduled to coincide with promotion cycles. The program will be administered and instructors assigned by the Command Master Chief.

d. Chief Petty Officer Indoctrination Training. All Naval personnel selected for advancement to E-7 will be required to attend the Chief Petty Officer Indoctrination Course. The program will be administered and instructors assigned by the Command Master Chief.

3005. MEDICAL TRAINING FOR MARINE CORPS PERSONNEL

1. MCO 1510.89 provides information pertaining to individual training of enlisted Marines at the unit level. Certain medical subjects are prescribed by the Commandant of the Marine Corps as essential subjects. Enlisted Marines are required to be evaluated or trained in these subjects to maintain their proficiency. In this regard, medical essential subjects prescribed in MCO 1510.89 shall be included as an integral part of the unit training program.

2. Marine Corps personnel shall receive at least annually, or more often if deemed appropriate, training to include, but not limited to the following:

a. Initial control of hemorrhage.

b. Treatment of asphyxia to include cardio-pulmonary resuscitation procedures.

c. Treatment of shock

d. Treatment of common injuries to include the following:

(1) Head injuries.

(2) Sucking chest wounds.

(3) Abdominal wounds

(4) Burns.

(5) Snake bites.

(6) Human, animal bites and insect bites/stings.

e. Transportation of casualties.

f. Prevention and handling of heat and cold casualties

g. Personal hygiene

h Splinting/Bandaging

i Field sanitation to include

(1 Prevention of insect-borne disease.

2) Malaria prevention and chemoprophylaxis

3) Japanese Encephalitis prevention.

j. STDs, HIV/AIDS Awareness.

k Foot care/forced march preparations

3006. FOOD HANDLERS TRAINING

1. Initial training and subsequent semi-annual training will be given to all food service personnel assigned in messes and clubs for a period in excess of 30 days. Such training will be per OPNAVINST

3. Hospital Corpsmen of the Division are not required to perform the Marine Corps Physical Fitness Test or be evaluated utilizing Marine Corps standards. However they will, by choice, perform either the Navy PRT or the Marine Corps PFT, semi-annually.

4. SMDRs shall monitor the general fitness of their personnel for field duty, and enroll into the remedial physical fitness program those who fail semi-annual testing. SMDRs will ensure that the risk factor Screening/Physical Readiness Test Results Form is initiated on all Navy personnel. This form must be forwarded with the individual upon transfer.

5. SMDRs will complete a Command Physical Readiness Report and submit it to the Division Surgeons Office no later than 15 September each year.

3010. RELATED PUBLICATIONS. The following publications/directives are recommended for review by all unit training petty officers:

1. OPNAVINST 1500.22 - General Military Training.

2. NAVMEDCOMINST 1500.8 - Command Training Program (CTP).

3. BUMEDINST 1510.10 - Training of Hospital Corpsmen

4. NAVEDTRA 100612 - Training Manuals and Correspondence Course.

5. FMFM 4-50 - Medical and Dental Support.

6. NAVPERS 18068 series - Occupational Standards and Bibliography for the HM rating.

7 FMFPacO 1500.3 - FMFPac Training Program.

8. NAVEDTRA 10052 series - Bibliography for Advancement Study.

9. OPNAVINST 6110.1D - Physical Fitness.

CHAPTER 4

MEDICAL SERVICES

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CHAPTER 4

MEDICAL SERVICES

4000 MEDICAL TREATMENT FACILITIES AND AMBULANCE SERVICE

1. There are medical treatment facilities with ambulance service located at Camps Schwab, Hansen, Courtney, and Foster to which patients beyond the treatment capabilities of the organizational RAS/BAS may be referred. Emergency ambulance service may also be requested from these medical treatment facilities.

2. Specific guidance on island wide ambulance service is available in NAVHOSPOKIINST 6700.5B.

4001. CASUALTY EVACUATION SYSTEM

1. All casualties requiring hospitalization or overnight observation will be evacuated to the USNH, Okinawa. The Commanding Officer, USNH, Okinawa, as medical regulator, will arrange for casualties to be further evacuated to other medical facilities for specialized care not available on Okinawa, if required.

2. The proper procedures for processing patients for aeromedical evacuation from Okinawa are as follows:

a. All determinations for patient aeromedical evacuations will be made by USNH, Okinawa. SMDRs will ensure that the health record accompanies the patient to the Patient Affairs Office, USNH, Okinawa for aeromedical evacuation processing.

b. Bed space in a stateside hospital must be confirmed. This is done through the Armed Service Medical Regulating Office (ASMRO). ASMRO cross-checks each patient diagnosis with a current list of available beds in the required specialty at other military hospitals. Assignments are made in each case according to the patient's place of residence, bed availability, and availability of care. Upon assignment, ASMRO notifies the originating hospital and issues a ASMRO cite number. The ASMRO cite number is the authority for transfer. Requests to ASMRO will be made by the Air Evacuation Section, USNH, Okinawa.

c. Upon receipt of hospital assignments from ASMRO, the Patient Affairs Office, USNH, Okinawa will notify each unit concerned as to the destination, date of departure, and ASMRO cite number of the patient concerned.

d. Units concerned will ensure that appropriate orders are initiated (either PCS or TAD orders) through Division Personnel or the Division Adjutant for Marines, and the Navy Personnel Office for Navy Personnel.

3. Patients are required to report to USNH, Okinawa no later than 0900 the day prior to a scheduled flight. Transportation to the USNH will be supplied by the unit concerned to ensure timely reporting regardless of the patient's grade.

a. Uniform of all aeromedical flights is the appropriate seasonal uniform.

b. Baggage limitations - Only one seabag or ValPac not weighing more than 66 pounds, plus a small handbag.

(1) No hanging type of clothing bags, guitars, or other paraphernalia will be carried.

(2) All baggage in excess of that listed in subparagraph 3b be shipped by the patient's unit to the destination hospital.

(3) There will normally be at least one overnight stop enroute to the destination hospital. Patients should have a change of underclothing and shaving gear in their hand carried luggage.

c. No weapons of any kind will be allowed on any aeromedical flight as these flights are governed by the rules of the Geneva Convention.

4. Unit commanders will ensure that the policies contained herein are strictly adhered to. Only strict compliance will assure timely processing of personnel for aeromedical evacuation.

4002. DEATH PROCEDURES

1. Division Medical Sections shall establish liaison with the Decedent Affairs Office, USNH, Okinawa for guidance prior to completing any forms and/or transfer of remains to USNH, Okinawa.

2. When a death of a military member occurs, an investigation shall be convened by the member's commanding officer (JAGMAN articles 0806 and 0810 refer). Under no circumstances shall the remains be removed until authorized by the member's commanding officer or other competent authority. The unit's commanding officer will comply with the provision of DivO 3040.2.

3. The Certificate of Death (Overseas), DD 2064, shall be prepared by the Medical Officer or by the medical department representative in the absence of the medical officer, of the command of the unit to which

the deceased was attached at the time of death. The completed DD 2064 shall be distributed as indicated in MANMED, chapter 17.

4003 DEATH OF INDIGENOUS PERSONNEL WITHIN MILITARY AREAS

1. The Provost Marshal, MCB, Camp Smedley D. Butler and the Camp Commander, shall be notified immediately of all cases involving death of a local national on any military installation or other area under military control.

2. A rough DD 2064 will be completed by the medical officer who first makes the declaration of death. This death certificate will be filed for reference purposes.

4004 MEDICAL TREATMENT PROVIDED BY NON-FEDERAL FACILITIES

1. NAVMEDCOMINST 6320.1A outlines procedures for the payment of claims for medical and dental care which are received by military personnel from non-federal sources.

2. Unit commanders receiving non-federal medical claims for members of their command either directly, or from this Headquarters (SURG), shall ensure the Statement of Civilian Medical/Dental Care, NAVMED 6320/10, is completed and submitted to the appropriate adjudicating authority within 15 working days.

3. A complete package consisting of copies of the NAVMED 6320/10 and all correspondence concerning non-federal medical claims shall be retained for a period of two years.

4005. PHYSICAL EXAMINATIONS. A minimum of 10 days is required to receive the final results of physical examination. Accordingly, physical examinations for discharge, reenlistment, and special examinations should be conducted at least 10 working days prior to the date final results are desired. This allows the medical officer to reschedule examinations, if required. Personnel are not to be discharged or released from the service until a medical officer's clearance is obtained certifying that they are in fact physically qualified for discharge or release. This also applies to personnel reenlisting or extending their enlistments. For exceptions, the Marine Corps Separation Manual applies. The medical officer will comply with MANMED, chapter 15, and MILPERSMAN 3810280 for physical examinations prior to separation from active duty. Copies of all physical examinations performed shall be retained on file for a minimum of one year.

4006. EXAMINATION FOR CONFINEMENT

1. Prior to confinement, the individual to be confined shall be examined by qualified medical personnel to determine fitness for confinement. This determination shall normally be a physical examination by a medical officer. If a medical officer is not available at the time of the confinement, this determination shall be made by para-medical personnel, followed by a physical examination by a medical officer within 24 hours.

2. The examining official shall certify the person's fitness for confinement on the confinement order. Fitness for confinement is not synonymous with fitness for arduous duty but only that the individual will not be physically harmed by such confinement, i.e., should be hospitalized instead. Physical limitations to full duty performance should be specified. The examining official shall note on the original form the presence of cuts, bruises, or unusual marks. The confinee shall be examined upon permanent transfer to another confinement facility and upon reconfinement following permanent release.

3. Individuals possessing the following characteristics shall be described as "Special Cases":

a. Behavior and custody problems.

b Homosexuality

c Suicide risks

d Confinement on bread and water or diminished rations

e. Other characteristics which the person ordering confinement or qualified medical personnel conducting the confinement examination consider applicable.

4. In order to ensure that proper processing and handling of individuals who by virtue of physical or mental characteristics may be classified as "Special Cases", officers ordering confinement are required to ensure that the words "Special Case" appear on the confinement order and describe the reason therefore.

5. This Headquarters (SURG) shall be informed in writing of the confinement of all Division Navy Personnel including those classified as "Special Cases."

4007. COMPETENCE FOR DUTY EXAMINATIONS. Competence for duty examinations in cases involving possible intoxicating drug use, medication, or other unusual exposure or circumstances will be conducted per BUMEDINST 6120.20B. Form NAVMED 6120/1, Competency for Duty Examinations, shall be used to record the results.

4008. PHYSICAL EXAMINATION OF OFFICERS. Physical examination of Navy and Marine Corps officers will be conducted per MANMED, chapter 15.

4009. ANNUAL PHYSICAL EXAMINATION OF 3D MARINE DIVISION ENLISTED PERSONNEL. Physical examination of 3d Marine Division personnel of certain age or specialty field requirements will be conducted in accordance with MANMED, Chapter 15, and current directives.

4010 INJURY OR ACCIDENT REPORTING

1. In the case of injuries or incidents, medical officers within the Division will submit a Medical Report of Injury or Accident (appendix C), to the unit commander, with an information copy to this Headquarters (SURG) in the following instances:

a. Injuries involving lost time.

b. Injuries resulting from unusual accidents such as electric shock, explosion, or involving industrial or occupational hazards where safety precautions have been ignored or have failed, whether there is lost time or not.

c. All cases of poisoning.

d Cases from a type of accident which has become repetitious.

e. Any cases of a questionable nature which may involve further disciplinary action against a member or be the cause of inquiry by this command, higher headquarters, or by the news media.

f Snake bites.

g. Animal/human bites

h. Alcohol related injuries

2. A copy of heat/cold injuries will be forwarded directly to the Division Surgeon utilizing appendix I. For further guidance, refer to NAVMED P5052.5 or DivO 6200.2E.

4011 HEALTH RECORDS

1. Health records shall be administered per the MANMED, Chapter 16.

2. Health records are normally maintained at the medical facility supporting the unit. The health record is important to the individual as well as the government for it is the sole historical record of an individual's health and physical wellbeing. In this respect, it is imperative that this record be properly maintained. To effectively

accomplish this task, individuals reporting will be interviewed for health record verification.

3. All health records will be verified annually, upon reporting, transfer, and during physical examinations.

4. Dental records will be maintained by the dental facility supporting the unit.

5. Records of deserters will be managed as outlined in MANMED and current instructions promulgated by this Headquarters.

6. A procedure for determining the location of health records missing from files shall be initiated and reviewed at least every 10 days.

7. A procedure shall be initiated to enter medical treatments and medication administered in the field in the health record. Documentation shall be available to validate entries in the health records.

8. All SF-600 sickcall/treatment entries made by Hospital Corpsmen shall be countersigned by the medical officer. In the event there is no medical officer assigned to the unit, entries will be countersigned by the Senior Medical Department Representative, and reviewed by a Medical Officer within seven days at a maximum. Review and countersignature of entries by independant duty corpsmen are governed by DivO 6400.1.

4012. PRIVACY ACT STATEMENT HEALTH CARE RECORDS

1. DD Form 2005, Privacy Act Statement - Health Care Records, is to be used only for the purpose of informing individuals of the authority for collecting information, purposes for which information may be used, whether disclosure is mandatory or voluntary, and effect of nondisclosure. It does not constitute an authorization to release records. The collection and maintenance of adequate records is directed by law and regulation and does not require consent on the part of the individual receiving medical care.

2. When individuals initially check into the unit or check in for sick call, the individual shall be asked to read and sign the form for inclusion in the record. This is required only if there is not a form already on file in the health record. A signed DD Form 2005 is the individual's one time acknowledgment of being informed, per the Privacy Act, of authority for requesting information.

3. If the individual declines to sign the DD Form 2005, a statement shall be included in the record to the effect that "individual declines to sign DD Form 2005, Privacy Act Statement - Health Care Records".

4. Personnel responsible for the custody of health records shall be thoroughly familiar with the contents of SECNAVINST 5211.5C and MANMED, chapter 23.

4013. RELEASE OF MEDICAL INFORMATION FROM HEALTH RECORDS

1. Attention is directed to MANMED, Chapter 23; U. S. Navy Regulations, Chapter 11; and JAGMAN section 2406, for information concerning the release of information from medical records.

2. The inspection of medical records is generally confined to the individual concerned, their commanding officer, the medical officer, and other personnel requiring the information for official military use provided that a proper show of authority has been established per MANMED, article 23-71.

3. Investigating officers and court-martial trial counsels, while acting within their official capacity, may examine health records in the custody of the medical department.

4. In cases involving civilian litigation, MANMED Chapter 23 provides guidelines for the release of information to courts and for other non-official purposes.

5. Requests for records from civilian agencies will be referred, with the health records, to this Headquarters (SURG) for appropriate action reply.

4014 MORNING REPORT OF THE SICK

1. Per MANMED, Chapter 23, a Morning Report of the Sick will be submitted daily by 1000 to the unit commanding officer by the SMDR. Copies of the report are neither required nor desired by this Headquarters.

2. The Morning Report of the Sick shall show all personnel who are placed on no duty, sick in quarters, admitted to the USNH, Okinawa, Medical Boards pending, Limited duty, or Non-Deployable status. Format for the Morning Report of the Sick is contained in appendix D

4015. MEDICAL SERVICES AND OUTPATIENT MORBIDITY REPORT

1. Detailed instructions for the Medical Services and Outpatient Morbidity Report (NAVMED 6300/1) are contained in BUMEDINST 6300.2

2. The original report is to be submitted via the appropriate Regimental Aid Station by the third working day of each month to the Division Surgeon's office via the Regimental SMDR. After the report

has been checked for administrative accuracy, a consolidated Division Morbidity Report will be prepared and mailed by the fifth working day to the Naval Medical Data Services Center, Bethesda, Maryland.

4016 MEDICAL JOURNALS

1. MANMED, Chapter 2 requires each medical facility or activity to maintain a journal in which must be entered a complete, concise, chronological record of events of importance or which may be of historical value concerning the medical department, other than medical histories of individuals.

2. Within the Division, reference to each medical activity or facility shall be construed to mean each RAS/BAS. The journal will be reviewed and signed by the senior medical officer or the SMDR at the commencement of each working day.

4017 MEDICAL INTELLIGENCE/HEALTH CONDITIONS

1. General. Medical technical intelligence, unlike other technical intelligence specialties, is not primarily material-oriented. Examination, evaluation, and classification of medical material are only segments of the total medical intelligence effort. If possible, medical intelligence must retain integrity so that the end product will include all available information affecting the health and welfare of people and animals in actual or possible areas of military operations which are immediately or potentially significant. Such information is vital in both strategic and tactical planning and may influence military operations.

2 Requirements

a. Pursuant to MANMED, Article 2-21, medical officers assigned to deployed units shall complete information about health conditions in areas visited outside the United States except for established U.S. military bases. This information shall be used to complete the after action medical report.

b. The Division Surgeon shall assist in providing requirements for medical information/intelligence to the Assistant Chief of Staff, G-2. Intelligence produced shall be coordinated and evaluated by the Division Surgeon prior to dissemination.

c. Within 30 days of completion of a deployment, an after action medical report will be submitted to this Headquarters (SURG). Division Surgeon Requirements Letter #08 refers. The report shall contain, as a minimum, the following information:

(1) Mission of the medical unit including strength of USMC and USN personnel, time deployed on ship/land, and type of training conducted.

The after action medical patient information

Medical equipment utilized for deployment.

(4) Problems encountered (equipment deficiencies communication problems, transportation problems, etc.).

(5) Recommendations.

General health of the indigenous population.

(7) Diseases in the Area of Operation

(a) Endemic.

(b) Epidemic or potentially epidemic

(c) Seasonal.

Local water

(a) Sources.

(b) Treatment methods.

(c) Disposal.

(9) Local foods

(a) Produce.

(b) Meats including poultry

c) Fish and seafood

(10) Animal life

a) Domestic

(b) Wild

(c) Reptiles

(d) Marine

(11 Plant life

Poisonous

Irritant

(c) Nutritional.

(12 Insect life

Venomous.

(b) Disease vectors

d. Detailed, but unofficial, evaluations of a host nation's medical and their capabilities are extremely important.

4018 SICK CALL PROCEDURES

1. Sick Call Log. All Regimental and Battalion Aid Stations will maintain a sick call log. This will identify the patient, their unit, time reported/departed, patient's complaint, disposition, and final diagnosis.

2. Light Duty and No Duty Recommendations. As part of treatment, a medical officer may make specific recommendations in writing to a unit commander with regards to limitation of assignments or duties to be performed. These recommendations should be for specific period of time and for conditions which can be resolved within a reasonable periods, i.e. a recommendation for light duty exceeding 30 days should be a matter of concern. Chronic problems which will require extensive convalescence will be referred to an appropriate medical board for administrative processing. Per MANMED Article 1-11 patients on no duty will be returned to duty or reevaluated within 72 hours.

CHAPTER 5

PREVENTIVE MEDICINE

5000. GENERAL. The primary mission of the medical department is to safeguard the health of Navy and Marine Corps personnel. This is accomplished largely through a preventive medicine program which emphasizes the preservation of health and maximum effectiveness of the individual. Medical units within the 3d Marine Division shall maintain a positive preventive medicine program and adhere to the guidelines set forth in the MANMED and the NAVMED P-5010.

5001 PREVENTIVE MEDICINE PROGRAM

1. General. Consolidated Preventive Medicine Unit (CPMU), USNH, Okinawa is responsible for providing a preventive medicine program for both Marine Corps Base, Camp Butler and tenant Operating Forces units on Okinawa. Environmental Health Officers and Preventive Medicine Technicians ordered to the 3d Marine Division may have their worksites designated as USNH, Okinawa. These officers and technicians are assigned to deploying units as required. Support requirements for unit deployments should be requested "in writing" from the Division Surgeon's Office at least 15 working days prior to deployment.

2. Facilities. The CPMU, USNH, Okinawa provides administrative spaces, laboratory facilities, supplies, and necessary equipment for the conduct of the preventive medicine program on Okinawa.

3. Responsibilities. Per the Memorandum of Understanding effective 1 October 1978, between CO, USNH Okinawa and CG, MCB, Camp Smedley D. Butler, the CPMU, USNH, Okinawa, while utilizing Marine Corps assets, will provide the following services and support:

a. Sanitation. Establish sanitary standards and conduct sanitation inspections of food service facilities, barber shops living, working, and recreational spaces.

b. Industrial Hygiene. Conduct inspections and surveys of the work environment and physical conditions (heat, light, noise, etc.,) to ensure proper individual protective practices are adhered to, and to locate potential health hazards in specific activities and processes.

c. Food and Water Supply. Conduct inspections of food and water. Maintain surveillance methods of water production and distribution.

d. Garbage, Refuse, and Sewage Disposal. Make necessary inspections to ensure proper methods and adequate frequency of garbage and refuse disposal are accomplished.

e. Communicable Disease Control. Be on the alert for early detection of infectious diseases and make recommendations for necessary preventive measures. Coordinate and provide liaison assistance in conducting epidemiological investigations of epidemics

f. Insect and Rodent Control. Conduct independent surveys for disease vectors at all camps and training areas. Maintain liaison with United States Air Force entomologists.

g. Education and Training. Conduct preventive medicine training and educational programs for individual Marine units. Specific topics, course time, and dates of instruction are published biannually by the USNH, Okinawa.

h. Swimming Sites. Swimming pools and approved beaches are operated by the Special Services section of Marine Corps Base, Camp Smedley D. Butler. The CPMU conducts periodic inspections of the pools and beaches noting sanitary and safety discrepancies.

i. Other Duties. As assigned by higher authority or as requested by the 3d Marine Division.

4. Operation

a. The CPMU inspector shall go to each organizational medical section prior to conducting any inspection within the unit. The SMDR or his appointee shall accompany the CPMU inspector during all inspections within the unit. Should the unit commander, executive officer, logistics officer, surgeon, or other concerned individual desire to accompany the inspection party, the SMDR shall notify the command of the intended inspection(s).

b. Prior to commencing the inspection, the OIC/SNCOIC of the facility or shop supervisor will be informed of the inspection and be invited to accompany the inspection party. The OIC/SNCOIC shall sign the inspection form and be provided with a copy of the inspection results.

c. Should the facility fail the inspection, the unit commander shall be notified at once. The CPMU inspector has no authority to close a facility, this authority rests with the unit commander. The CPMU inspector shall advise and recommend to the unit commander a course of corrective action. Failed facilities require a repeat inspection the following day.

5002. ENVIRONMENTAL SANITATION

1. MANMED, Chapter 22 states that the medical officer is responsible for establishing health standards and for recommending to the commanding officer measures necessary to maintain the health of the

command. One means of accomplishing this objective is through the application of environmental sanitation practices. Execution of the practices, as recommended by the medical officer and the CPMU, is a command responsibility.

2. Sanitation and Habitability Inspections will be conducted as stated below:

a. CPMU, USNH, Okinawa will conduct weekly, or more often if necessary, environmental sanitation surveys or inspections. This survey will include, but will not be limited to, inspections of the unit's food service facility, billeting areas and related facilities such as heads and showers, specific communicable disease programs and safety. A written report of findings and recommended actions will be submitted to the commanding officer with a copy to PMS, USNH, Division Surgeon, and other using units.

b. SMDR or his/her representative will conduct weekly inspections of the units billeting areas and related facilities such as heads and showers.

c. Consolidated Preventive Medicine Section shall conduct sanitation inspections of all food service facilities under the cognizance of the 3d Marine Division. Food service facilities shall be inspected a minimum of twice monthly. The CPMU, USNH will provide a written report of inspections to the unit commander. This report will address recommended corrective action of noted discrepancies and follow-up status of any repeat discrepancies.

3. During field operations, the SMDR shall conduct weekly inspections to include, but not necessarily limited to, field galleys, heads, garbage and trash disposal, soakage pits, and vector (insect and rodent) control measures. A report of findings shall be provided to the unit commander along with recommendations for corrective action.

4. The CPMU will conduct environmental sanitation surveys of every Division organization as often as considered necessary by the Preventive Medicine Officer. A written report of the findings and recommended corrective actions will be submitted to the organization's commander with a copy to this Headquarters (SURG).

5. Food handling facilities will be maintained in conformance with NAVMED P-5010, Chapter 1. Guidance and policy concerning other areas of environmental sanitation may also be found in this SOP; MANMED, Chapter 22; pertinent Division directives; directives of higher headquarters; and in the latest edition of the American Public Health Association's reference handbook, Control of Communicable Diseases in Man.

6. Military personnel assigned to food service facilities will receive a physical examination prior to assignment per NAVMED P-5010, Chapter 1. Convalescent cases of infectious hepatitis shall not be employed in a food handling facility until determined to be no longer contagious.

5003. VENEREAL DISEASE

1. Venereal Disease Control

a. The prevention of venereal disease is a command responsibility, whereas the treatment is a medical function. NAVMEDCOMINST 6222.1 and MANMED, Chapter 23 are applicable references for guidance concerning control policy and the nature, dangers, source of infection, prevention, and treatment of venereal disease. The procedures necessary to accomplish venereal disease contact interviewing and reporting are outlined in MANMED, Chapter 23, and NAVMED P-5036 (Interviewers Aid for VD Contact Investigation).

b. Unit commanders will appoint an appropriate member of the medical section to act as the Command Venereal Disease Control Petty Officer.

c. Per SECNAVINST 6222.1, punitive measures will not be imposed on personnel solely because they have contracted a venereal disease. However, disciplinary action will be taken against persons who willfully conceal venereal disease by failing to request treatment after the appearance of symptoms. Medical quarantine, to prevent infection of others, is permissible only for the duration of a patient's infectious state which is normally 24 hours following treatment.

2. Venereal Disease Contact Report

a. Every individual diagnosed as having a venereal disease will be given a venereal disease interview to determine possible sources and contacts of infection. Every interview will be conducted in a confidential manner; the information provided by the patients to the interviewer will be treated as confidential. Every interview will include reindoctrination of the patient in the prevention and control of venereal disease and the patient should be informed of the possibility of an administrative separation from the service for multiple repeated infections.

b. While in garrison on Okinawa, the interview will be conducted by a member of the unit's medical section. This person, the RAS/BAS VD Petty Officer, shall be trained in venereal disease epidemiology, symptomology, therapy, and interviewing technicians by the CPMU. The CPMU shall provide the unit commander and medical section with appropriate training certification. The interviewer shall use the VD Interviewers Worksheet (appendix E) for local or on-island contacts.

The worksheet will be forwarded to CPMU for translation and forwarding to Japanese Public Health Service authorities if required. The Venereal Disease Epidemiological Report, CDC 73.2936A (appendix F) will be used for all off-island contacts. Initiating units will retain copy four and forward remaining copies to CPMU.

c. For units deployed off Okinawa, the interview will be conducted by the Command Venereal Disease Control Petty Officer. The Venereal Disease Epidemiological Report will be prepared and submitted to the Venereal Disease Control Center of the country involved.

3 Venereal Disease Follow-up

a. All medical units within the 3d Marine Division will actively maintain a positive venereal disease follow-up program adhering to the guidelines set forth in the MANMED.

b. Incident to receipt of a member, the health record shall be reviewed for venereal disease follow-up action instituted.

c. In all cases involving nonsyphilitic venereal disease, an appropriate entry shall be made and a summary statement of serological results recorded on the SF 600 in the format shown in appendix G.

d. In all cases involving a diagnosed case of syphilis, a SF 602 shall be initiated and maintained in the health record (appendix H).

5004. IMMUNIZATIONS

1. Immunization of all personnel will be per BUMEDINST 6320.15 and other directives applicable to alert forces.

2. Immunizations administered will be entered on the individual's International Certificate of Vaccination (PHS-731) at the time given Entries in the health record will be made the same day the immunizations are given if the health record is available. If the health record is not available at the time immunizations are given, entries will be made at the earliest time thereafter.

3. Personnel will not be certified as physically qualified for transfer until all required immunizations are current.

5005 AUTOMATED DATA PROCESSING (ADP)

1. In order to reduce the amount of time spent manually researching health records, ADP procedures have been established to facilitate health record information retrieval. To further facilitate the ADP

Program, Social Security Number Terminal Digit Rosters shall be obtained from each company office. Within 3d Marine Division the program used is the locally developed Medical Profile Reporting System (MPRS).

2. All medical sections within 3d Marine Division will be provided with a pre-programmed floppy diskette with the format for transcribing information from the health record. The preprogrammed diskette is titled MPRS and is compatible with existing computer systems.

3. Immunizations will administered per BUMEDINST 6320.15 and other guidance provided by area commanders. The MPRS does not relieve hospital corpsmen from the responsibility of maintaining accurate health record entries regarding immunizations or other medical procedures.

5006. PREVENTION OF HEAT/COLD CASUALTIES. Every effort will be made to prevent heat/cold casualties as outlined in NAVMED P5052-2. Heat/cold casualties will be reported to the Division Surgeon's Office using 3d MarDiv 6300/1 Report of Heat/Cold Casualty (appendix I).

5007. ENCEPHALITIS PROTECTION. Japanese B Encephalitis is an acute viral disease of animals transmitted to man by the bite of an infected mosquito. Cases may occur at any time of year, but locally, the season of highest incidence extends from April through October. All medical units will become familiar with NAVMED P5052.14, Viral Infections of the Central Nervous System. The following protective measures will be observed to minimize exposure.

1. All personnel will be thoroughly indoctrinated regarding the nature and potential danger of Japanese B Encephalitis.

2. All living spaces should have screens and self-closing screen doors which must be kept in good state of repair.

3. Aerosol bombs, mosquito bed-nets, head-nets, collar up, sleeves down during dawn and dusk hours, and insect repellent, will be used in all areas where mosquitoes are present, particularly when personnel are living in a field environment.

4. Japanese Encephalitis vaccine given in a three shot series is mandatory for all personnel deploying to endemic areas.

5008 MALARIA CONTROL AND PREVENTION

1. Personnel in 3d Marine Division could be exposed to several forms of malaria and its vectors when deployed off-island. Units deploying to malarious areas must ensure an adequate supply of chemoprophalactic agents are on hand. BUMEDINST 6230.11 will specify the agent of

choice, dosage, and frequency, unless modified by specific guidance from the Division Surgeon. It is the unit commander's responsibility to enforce the malaria control program.

2. Units deploying to malarious areas are directed to utilize bed and head netting and insect repellent to minimize exposure. Repellent jackets are strongly recommended.

3. All medical department personnel will become familiar with BUMEDINST 6230.11 and NAVMED P5052.10. Unit commanders will ensure that provisions of BUMEDINST 6230.11 are carried out as the deployment schedule permits.

5009. SCRUB TYPHUS CONTROL. Scrub Typhus is endemic in the South Pacific and several cases occur each year in Marine Corps personnel deployed to Camp Fuji, Japan. The period of greatest risk at Camp Fuji is from September through December. Troops are advised to make skin and clothing applications of DEET insect repellent (NSN 8400-00-753-4963) and units should carry a minimum of four bottles per man per month of exposure. Refer to NAVMED P-5010, Chapter 8, for complete procedural outline of repellent application. In the highly endemic scrub typhus areas at Camp Fuji, it is further recommended that the unit cut grass and make ground applications of pesticides in overnight campsites. CPMU, USNH, Okinawa, and the III MEF Preventive Medicine Officer may be contacted for additional information and answers to specific questions.

5010. HEARING CONSERVATION PROGRAM

1. A program for hearing conservation is outlined in MCO 6260.1D and OPNAVINST 6260.2. The Division Hearing Conservation Program, related actions and responsibilities are outlined in DivO 6260.2.

2. All personnel working in noise hazardous areas shall have necessary audiograms conducted and be issued ear protective devices.

5011. TUBERCULOSIS PROGRAM

1. Programs for the control of tuberculosis are contained in BUMEDINST 6224.8. All medical personnel will become familiar with the contents of this directive.

2. An annual tuberculin skin test is required by BUMEDINST 6224.8 for all personnel with a recorded negative tuberculin skin test. Personnel initially identified as Purified Protein Derivative Converters shall be immediately evaluated by a Medical Officer for treatment/follow-up. This instruction provides for additional surveillance for personnel in high risk areas.

3. PPD testing and results will be recorded in the individual's health record on the SF 601 (Immunization Record) and a special SF 600 will be made to reflect the sensitivity of a converter. Tests which were given but results not determined are invalid and should be recorded as "No Show" on the SF 601. Results of physical examinations for PPD converters and positive reactors shall be recorded on the SF 600 and signed by competent authority. Monthly Isoniazid (INH) prescriptions and periodic laboratory test results for personnel on INH therapy shall also be recorded on the SF 600.

4. To ensure a high return rate of personnel for PPD skin test interpretations, the test will be administered Monday thru Wednesday and Fridays of each week only.

5. An Annual Summary Record will be prepared by each activity no later than January 31st of each year. These summary records will be retained for at least 3 years. The format requirements will be per BUMEDINST 6224.8. A copy of the completed Summary will be submitted to this Headquarters (SURG).

5012. DISEASE ALERT REPORTS

1. Special disease alert reporting is required for the diseases set forth in BUMEDINST 6220.12.

2. When one of the reportable diseases is suspected or diagnosed, the following action shall be taken.

a. On-Island Organizations. The organization's medical officer or SMDR shall familiarize themselves with the contents of BUMEDINST 6220.12. Medical Officers or SMDRs will advise the unit commander of suspected or confirmed reportable communicable diseases.

(1) Reportable communicable diseases requiring a Naval message will be forwarded to Commanding General, 3d Marine Division (SURG) in a "request release message" with a priority precedence within 24 hours (appendix J - Initial Report Format).

(2) Reportable communicable diseases requiring a naval letter will be prepared for the unit commander addressed to BUMED with applicable information addressees in the "copy to" section. The letter will be sent with an organizational cover letter to Commanding General, 3d Marine Division (SURG) requesting release of the basic letter to higher authority within five days after suspicion of the disease (appendix K - Naval Letter Format). For clarification or further information, contact CPMU, USNH, Okinawa.

(3) Progress and final reports will usually be transmitted by the same method (message/letter) as the initial report.

(4) Currently, the CPMU will prepare and submit all disease alert reports on patients admitted to USNH, Okinawa diagnosed as having a reportable disease. While the 3d Marine Division appreciates this service, the patient's organization or unit SMDR/Surgeon must inform the CPMU of all pertinent information addressees and ensure a copy is forwarded to the 3d Marine Division (SURG); CG, Marine Forces Pacific; and Headquarters, U.S. Marine Corps.

b. Off-Island Organizations. The organization's medical officer or SMDR will advise the unit commander of suspected or confirmed reportable communicable diseases.

(1) The Disease Alert Report shall be submitted directly to BUMED ensuring that this Headquarters (SURG) and all other appropriate headquarters are information addressees.

(2) It is customary at all USNHs that disease alert reports are prepared and submitted on patients admitted to their facilities with reportable diseases. The organization's surgeon or SMDR must ensure that the reports are submitted with the correct information addressees should this situation arise.

5013. PREVENTIVE MEDICINE SERVICE ACTIVITIES. CPMU, USNH, Okinawa will submit information copies of reports on the results of environmental sanitation inspections and surveys of Division units to this Headquarters (SURG). The 3d Marine Division Environmental Health Officer will make periodic visits to the Division Surgeon's Office to brief the Division Surgeon on matters of preventive medicine. The Division EHO will be invited to all Division Medical Officer's and SMDR meetings. The Division EHO will conduct the preventive medicine portion of predeployment briefing for deploying units of the Division.

5014. MEDICAL PROCESS ROSTER. A medical process roster is a listing of personnel requiring procedures for the ensuing month and shall be prepared in triplicate. The original will be submitted to the unit commander. A file copy will be retained in the medical section. Rosters shall be reviewed within the first ten working days of each month to ensure that required procedures are accomplished.

CHAPTER 6

MEDICAL SUPPLY

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CHAPTER 6

MEDICAL SUPPLY

6000. GENERAL. In general, medical supply procedures are the same as those prescribed by Marine Corps directives; however, there are some notable differences with respect to narcotics and controlled drugs.

1. References. Essential information pertaining to medical supply for units of the 3d Marine Division is found in the following directives:

a. UM 4000.15. Organic Property Procedures Manual.

b. UM 4400.124 FMF SASSY Accounting Manual

c. MCO P4450.7E Marine Corps Warehousing Manual

d MANMED, Chapter 21, Controlled Substances.

e. BUMEDINST 6700.16. Requisitioning of BUMED controlled medical and dental equipment items

f FMFPacO P6000.4K SOP for Medical.

g DivO P4400.22M. Supply SOP

2. Policy. The following general policies will govern the management of medical material in this Division:

a. The Commanding Officer, Medical Logistics Company (MedLogCo), 3d Supply Battalion, 3d FSSG exercises technical control of medical supplies and equipment/AMAL for organizations of the 3d Marine Division.

b. All supply support is provided by MedLogCo. This support will include the receipt, storage, maintenance and issue of supplies and equipment prior to deployment. Individual units will coordinate arrangements with MedLogCo to obtain their AMALs 635 and 636 for deployment. Request for AMALs will be submitted 30 days prior to the deployment date via the chain of command (appendix L). All organizations of 3d Marine Division will utilize and maintain an in garrison sickcall block as their daily medical supply stock.

c. The Unit Medical Supply Petty Officer-In-Charge shall establish contact with the Battalion Supply Chief. The Supply POIC shall keep the SMDR/LPO advised of the status of supply requisitions, the current medical budget, and the status of the 60 day Opstock.

3. Definitions

a. Modules. AMALs 635 and 636 are arranged in modular concept. The equipment and nonconsumable material is sufficient to establish the basic function of each module. The consumable material module is designed to support the function in treating a designated number of casualties as specified in each module. Resupply will be drawn from MedLogCo, 3d Supply Battalion. Each consumable module contains quantities of disposable and nondisposable material. Levels of supply and implementation of these allowances within medical units of the operating forces and quantities of each module will be authorized by Headquarters Marine Corps.

b. Consumable Supplies. Consumable supplies are materials which, after use, is chemically or physically altered to the extent that precludes economical reuse for its original purpose and/or which is normally not returned to a storage or industrial activity for repair. Consumable supplies lose their identity in the process of work or the rendering of service. These include such items as medicines and bandages.

c. Expendable Supplies. These supplies consist of all consumables, repair parts (regardless of cost), and other items of supply not specifically designated as accountable and having a unit cost of less than $200.00.

d. Purpose Code "D". Mount-out gear. All NSNs that are reflected on each unit's AMAL are, under Supported Activity Supply System (SASSY), considered purpose code "D".

e. Purpose Code "A". Routine medical supplies. Medical material required by the medical officer/SMDR and the unit commander for the day-to-day care of the sick, injured, or wounded. Routine medical supplies are not a part of the unit's AMAL material nor is it to be stored or ordered as AMAL material.

6001 PROPERTY CONTROL, RECORDS, AND FILES

1. Maintenance of Records. Records for the management and control of medical material will be maintained as follows:

a. Organizational Supply Officer. The organizational supply officer will maintain those records required by UM 4400.124.

b. Responsible Officer

(1) Designation. A responsible officer shall be appointed by the commanding officer for the purpose of controlling and accounting for items of supply. This designation shall be in writing.

(2) Records Maintained. The Commanding Officer, MedLogCo, ensures proper maintenance of the following records, documents, and publications:

(a) Unit mount-out file.

(b) Authorized medical allowance records

Medical equipment maintenance records

Equipment/medical texts/custody records

Packing lists.

(3) Records Maintenance. The following records, documents, and publications will be maintained by the unit's medical department

Responsible Unit Demand List

(b) Federal Supply Microfiche (Identification and Management Data Lists), or Federal Logistics (CD ROM).

(c) Navy Medical and Dental Bulletins.

(d) DLAM 4155.5, appendix M, Depot Quality Control Serviceability Standards Manual.

(e) Copy of letter appointing supply petty officer/embark petty officer.

f) AMALs with current changes (AMAL 635/636)

(g) Current Sick Call Block listings (formerly AMAL 699)

(h) Supply SOP

2. Medical Stock Locator System. The Medical Stock Locator/Inventory Control Card, 3d MarDiv 6700 (10-95) will be used for routine medical supply items. There will be a separate card for each item maintained in the RAS/BAS (appendix M).

a. The number of subparagraphs refer to the individual blocks on the form. Asterisks on the below blocks shall be annotated in ink or typewritten on the Medical Stock Locator Card.

*(1 Enter the 13 digit NSN of the item.

*(2) Enter the complete nomenclature of the item

Enter the unit of issue of the item.

(4) Enter the box number the item is located in

(5) Enter the quantity in this box that have the same manufacturer, date of manufacture, lot number, and expiration date

Enter the manufacturer of the item

Enter the date the item was manufactured

Enter the lot number of the item

Enter date item expires.

Enter the complete NSN of the item.

Enter the complete nomenclature of the item.

(12) Enter Responsible Officer and Re-Order Point as reflected on 699 AMAL listing (RO cannot fall below requirement on the in-garrison sickcall block listings).

(13) Enter the date the transaction took place.

Enter the document number if appropriate.

Enter type transaction (receipt, loss, inventory)

(16) Enter quantity increase, if increase is the type of transaction.

(17) Enter quantity decrease, if decrease is the type of transaction.

Enter the number that are unserviceable

Enter quantity that are available for issue

6002. READINESS FOR COMBAT/DEPLOYMENT. The Commanding Officer, MedLogCo ensures the integrity of the AMALs and maintains them while in his custody. Once a unit has received an AMAL, either for training or combat operations, it is then the unit's responsibility to maintain the AMAL.

1. Prior to deployment, individual unit S-4 officers will coordinate with MedLogCo and make all arrangements to draw AMALs designated for their unit. Routine requests should be made by letter a minimum of 60 days prior to deployment.

2. Consumable supplies of the AMALs may not be used on routine deployments. They may be used only if there is a critical need and no other source is available. If such supplies are used, upon return from deployment, a letter shall be submitted to MedLogCo via this Headquarters (SURG), and CG, 3d FSSG (HSSU). This letter shall list NSN, nomenclature, unit of issue, and quantity of all items expended. Justification shall be provided for the use of the items listed.

3. Each RAS/BAS will be required to construct a sick call block that will consist of those medical items currently in stock, plus any requisitions deemed necessary.

4. SMDRs have the responsibility of ensuring that sufficient supplies and equipment are on hand for deployment.

a. SMDRs in consultation with the battalion surgeon will ensure that they have proper supplies for the area of operation and climate.

b. SMDRs are to procure from the Division Surgeon's Office the most current after action reports for the area of operation.

c. SMDRs will be responsible for ensuring that a mini preventive medicine block is deployed with the unit.

6003. REQUISITIONING MEDICAL SUPPLIES

1. Daily Medical Supplies. These are medical items required for the day-to-day operation of a BAS. Under SASSY, all operating stock belongs to the Sassy Management Unit (SMU), Camp Kinser, until it has been issued to end use. When an item is expended, a NAVMC 10694 or DD Form 1348 with the proper document identifier code will be submitted from the medical department representative to the organizational supply officer. The organizational supply officer is required to account for and forward the document to the Medical Supply Officer, SMU, Camp Kinser.

a. Stocking Level. The in-garrison sickcall block shall have a 60 day requisitioning objective.

b. Additional Demand. Requisitioning of an item that is not on the unit's operating stock listing and is of a nonrecurring nature.

c. Controlled Medicinals. Requisitions for narcotics, or other controlled drugs require that the NAVMC 10694 or DD Form 1348 be signed by the unit's medical officer and/or supply officer.

2. Resupply Afloat. Medical supplies required for replenishment of sick call deployment block during deployment operations will be obtained through the combat service support detachment (CSSD) attached to the deploying unit.

a. The Medical Supply Officer, SMU, 3d FSSG, provides, on request, a list of the items routinely carried in the CSSD.

b. Additional items and/or quantities will be stocked upon adequate justification.

3. Nonstandard Consumable Items. Requisitions may be submitted for open purchase of nonstandard items when the medical officer determines that no standard item will suffice. All such requisitions with justification will be submitted to the Division Surgeon for approval. Purchase of nonstandard items requires special handling, costs more and requires longer lead times. Requisitions for nonstandard items will therefore be restricted to those absolutely necessary.

4. Priority. Only priorities 02, 05, and 12, are authorized to be used by 3d Marine Division units. The criteria for assignment of priorities is contained in DivO P4400.22M. The assignment of O2 priority must be held to a minimum and be used only when routine support provided by priority 05 and 12 will not satisfy requirements

5. Follow-ups. Follow-ups are the means by which a unit may request current status on a requisition and may be submitted only by the requisitioner or the supplementary addressee. Follow-up procedures will be per DivO P4400.22M.

6. Accountability. Medical supply property accountability will be maintained as outlined in paragraph 6001 of this SOP.

6004 BUMED CONTROLLED MEDICAL EQUIPMENT ITEMS

1. Definition. BUMEDINST 6700.16 defines BUMED controlled medical equipment items as those standard and nonstandard medical items having a unit cost of $250.00. Requisitions for such items must be submitted via the chain of command to the Commanding Officer, Naval Medical Logistics Command.

2. Authority to Modify Allowances. Established allowances of medical material may be modified. The Division Surgeon is delegated authority to approve modifications for expendable items contained in the allowances of all subordinate units of the 3d Marine Division, but not extending to those units assigned for operational control (OPCON) only. Determination whether an item of medical material is "expendable" or "nonexpendable" will be made per the definitions of those terms contained in current directives.

6005 "WALK-THROUGH" REQUISITIONS

1. Walk-through requisitions will be held to an absolute minimum and used only when an extreme situation is present.

2. All walk-through requisitions for medical material will meet the following requirements:

a An urgent need exists for the item

b. The requisition (DD 1348 or NAVMC 10694) will be annotated "WALK-THROUGH" in the remarks section and a priority of 02 assigned in card columns 60 and 61 and the letter "N" in card column 62.

c Be authorized by the signature of the commanding officer

d. Be for a two week supply only, unless the unit of issue exceeds a two week supply.

6006 STORAGE AND CUSTODY

1. General. Consumable medical supplies are extremely susceptible to pilferage and misuse if allowed to fall into unauthorized hands. If supplies remain after a RAS/BAS deploys the SMDR will either (a) leave a hospital corpsman behind to provide security or (b) make provisions for storage of supplies at a different RAS/BAS.

2. Special Storage Codes. Defense Personnel Support Center has established special storage codes for certain medical items. These are indicated for each item in the notes column of applicable Identification Lists (IL or component listings (C6545-IL, VOL II)) for medical sets, kits, and outfits. These storage codes will be entered in the storage notes block on the Medical Stock Locator/Inventory Control Card.

6007 CONTROLLED MEDICINALS

1. General. The Manual of the Medical Department, Chapter 21, prescribes the general standards and procedures to be used for control of narcotics and other medicinals specifically designated for special controls. The provisions of these articles are fully applicable to the 3d Marine Division, except as modified or amplified below.

2 Custodian

a. The commanding officer of each unit having supplies or stocks of controlled medicinals on hand will designate a custodian of such materials. The custodian must be an officer (Commissioned or Warrant) of the Navy or of the Marine Corps. The medical officer will not be assigned this responsibility.

b. When delivered to the possession of others, the custodian will insure that simple, but adequate and positive controls are established to insure that the quantities dispensed are accounted for

for each prescription issued. The recipient of the controlled drug shall acknowledge receipt by their signature on the reverse side of the prescription.

3. Prescriptions, requisitions, and receipt documents for these drugs will be maintained for a period of two years.

4. This section does not limit the commanding officer from placing other drugs under the security control with their unit.

5. No RAS/BAS will maintain controlled substances while in garrison Units deploying will draw required controlled substances for the duration of the deployment and upon return to garrison, will immediately return them or destroy them.

6010. ACCOUNTING. Medical supply property accounting will be maintained as outlined in MCO P4400.124C.

1. Files. The following files will be maintained at all echelons by fiscal year for one year per SECNAVINST 5212.5B as follows:

a Completed transaction file

b. Pending requisition file

c. Other voucher files (including transactions such as adjustments and miscellaneous accounting documents).

2. Supplies and Equipment

a. Nonexpendable Supplies/Equipment. The below listed forms will be used in the accounting for and maintaining of nonexpendable supplies/equipment.

(1) Medical Stock Locator/Inventory Control Card (3d MarDiv 6700 (10-95)).

(2) NAVMED 6700/3, Medical Equipment Maintenance Record (as required) (BUMEDINST 6700.36A).

(3) NAVMED Form 10359-SD, Equipment Custody Card as required

b. Expendable Supplies. The Medical Stock Locator/Inventory Control Card will be maintained as outlined in paragraph 6001 of this Manual.

3. Preparation. Packing lists and unit cargo manifests will be prepared for AMAL stocks.

6011. DEFECTIVE MATERIAL. All reports of suspected defective material will be reported in compliance with Joint NAVMEDLOGCOMINST 6700.16 or NAVMEDLOGCOM Note 6700 (NMDMB).

EMBARKATION

1. Cognizant embarkation officers will ensure that medical supplies and equipment are loaded aboard ship or aircraft for an orderly combat debarkation per the current embarkation and operations plans.

2. Unit cargo manifests for medical material will be updated as changes occur. Unit embarkation officers will be informed of changes in the medical supplies and equipment by submission of a revised unit cargo manifest.

3. Medical supply containers will bear unit tactical markings as prescribed in FMFPacO 4750.1A and DivO 4600.1D.

4. In addition to the guidelines of MANMED, Chapter 21, the following procedures will be followed concerning control of narcotics, controlled drugs, and other habit forming drugs when units are embarked aboard ship or otherwise deployed.

a. The custodian of the narcotics and controlled drugs shall ensure that the safe containing the items is embarked and properly stowed in a secure manner on the ship/airplane with him.

b. The commanding officer shall appoint a new Controlled Medicinals Inventory Board, if required, to ensure that inventory board members are embarked on the same ship as the custodian and narcotics.

c. The commanding officer shall ensure monthly or more frequent inventories are conducted as required by the MANMED while the organization is deployed.

6013. LOSSES. All losses of medical material will be reported to this Headquarters (SURG) as expeditiously as possible stating the major items lost and circumstances leading to the loss, giving the date, time, location, and total money value of the loss.

6014. PACKING. Medical materials are particularly subject to deterioration, breakage, and damage. All such materials will be packed so as to provide maximum practicable protection during loading, movement, and unloading of their containers.

6015. DISPOSITION OF MEDICAL MATERIAL

1. Excess Material. All medical material (except open containers of consumable items) which is in excess of needs of any unit will be reported to the SMU, 3d FSSG, per MCO P4400.124C.

2 Destruction

a. General

(1) It is essential that consumable medical material which is unfit for use be disposed of in such a manner that it can no longer be used for its intended purpose nor adapted to any unauthorized or dangerous use.

(2) All drugs and biologicals shall be disposed of per current Division policy.

b. Controlled Medicinals. These substances normally will be destroyed only in strict accordance with the MANMED, Chapter 21.

c. Antibiotics. Not to be destroyed until ordered by Naval Medical and Dental Material Bulletin.

d. Equipment. Items of equipment beyond economical repair shall be disposed of per MCO P4400.124C.

CHAPTER

FIELD EXERCISES AND OPERATIONS

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CHAPTER 7

FIELD EXERCISES AND OPERATIONS

7000. FIELD EXERCISES. As field exercises are scheduled by higher headquarters, the medical annex to the administrative/logistics plan will be published prior to such exercises to establish procedures for all aspects of medical support.

7001. FIELD OPERATIONS. Field operations and/or contingency operations will be conducted as directed in the operation order

7002. PLANNING AND REPORTING REQUIREMENTS. Division Surgeon Requirements Letter #08 outlines the required reporting for the planning of medical support for exercises and operations. The letter includes requested format for advance reporting and after action reports and due dates.

7003 MEDICAL EVACUATION

1. Simulated casualties will be handled according to the administrative plan and/or medical annex for the particular exercise.

2. Actual casualties will be handled in the most expeditious manner to include helicopter evacuation, if necessary.

APPENDIX A

PERMANENT CHANGE OF STATION ORDERS MEMO

TRANSFER INFORMATION SHEET

_____
(Date)

MEMORANDUM

From: Officer in Charge, U.S. Navy Personnel Support Activity Detachment, _____

To: _____

Via: PASS Liaison Representative, _____

Subj: PERMANENT CHANGE OF STATION (PCS) ORDERS TRANSFER INFORMATION SHEET

Ref: (a) BUPERS Order Number _____

Encl: (1) Copy of Orders/EPAD (and List of Supplementary Items, if required)
(2) Navy Sponsor Notification, NAVPERS 1330/2
(3) PCS Travel, NAVPERS 7041/1
(4) Advance Pay Certification/Authorization, PSAFE Form 7220/25
(5) Request for Advance Payment of Dislocation Allowance and/or Dependent Travel Allowance, PSAFE Form 7220/10
(6) Passenger Transportation Request, PSAFE Form 4650/3
( ) Application for Transportation of Dependents, DD Form 884
( ) Medical Screening Notification, PSAFE Form 6000/2
( ) Overseas Screening, NAVPERS 1300/6
( ) Medical and Dental Overseas Screening Review for Active Duty and Dependents, NAVMED 1300/1

1. The following information is provided on your PCS orders and transfer:

Transfer Month/Year: _____ Report no Later than Date: _____

Days Leave Authorized: _____ Recommended Transfer Date: _____

Temporary Duty Station(s) and Location(s): _____

_____

_____

Ultimate Duty Station and Homeport: _____

2. Your authorized Aerial Port of Debarkation (APOD) is _____. If your new Permanent Duty Station (POS) is in CONUS, you may elect the mode of travel from the APOD to your temporary/ultimate duty station. You may request circuitous travel or an alternate APOD but any additional cost in transportation will be collected from you before your transfer and you will not be entitled to additional mileage or travel time. You are authorized four days Proceed Time and the Travel Time will be based on your mode of travel in CONUS.

3. You are required to complete the following requirements marked with "X" and provide them to your Transfer Clerk as specified to ensure timely processing of your transfer.

( ) Complete required obligated service to _____

( ) Overseas Screening (including dependents, if any) required within 30 days

( ) HIV Test required within 3 months of transfer

( ) Urinalysis test required within 45 days of transfer

( ) Special screening required for _____

( ) Transfer Evaluation (enlisted personnel only) required five working days before transfer

4. Enclosures (1) thru ( ) are required to process your transfer and are forwarded for completion. Forms that require command approval must be signed by the appropriate approving authority.

5. This Transfer Information Sheet must be approved by the appropriate approving authority and returned with enclosures (3) thru ( ) to this PERSUPPDET no later than _____.

_____
By direction

Transfer Information Sheet (Front)
PSAFE Form 1320/1 (Rev 9-93)

_____ (Date)

From: _____

To: Officer in Charge, U.S. Navy Personnel Support Activity Detachment, _____

Via: _____
(Unit CDR/COS/CO/XO/OIC/DEPT HD as required by parent unit)

Subj: PERMANENT CHANGE OF STATION (PCS) ORDERS TRANSFER INFORMATION SHEET

1. The following information is provided:

Work Phone: _____ Home Phone: _____

Leave Address and Phone Number (NO FPO/APO): _____

_____

Complete Name, Relationship, Address, and Phone Number of Primary/Secondary Next of Kin (PNOK/SNOK):

PNOK: _____ SNOK: _____

_____ _____

_____ _____

Phone: ( ) _____ Phone: ( ) _____

2. I hereby request the following:

Transfer Date: _____ Travel Window (7 Days): from _____ to _____

( ) PCS leave for _____ days
( ) Advance Pay for _____ month(s) payable in _____ months; attached is my Advance Pay Certification/Authorization
( ) Advance travel pay in CONUS, including dependent(s), if any (NOT PAYABLE ON COT TRAVEL)
( ) Advance DLA (attach copy of Bill of Lading from Household Goods Office)
( ) Defer COT travel to Home of Record for 12 months
( ) COT Travel to Home of Record/Designated Place at _____
( ) Circuitous Travel via _____
( ) Alternate APOD travel to _____
( ) Port Call for my dependents; DD Form 884 is attached with copies of their passports

3. Enclosures (3) thru ( ) are returned for appropriate action. I understand that my travel window is seven days (14 days with pet) from my requested transfer date and that a "Mission Impact Statement" is required to change my confirmed port call. I also understand that additional cost incurred for travel to alternate APOD or circuitous travel, as requested by me, will be collected prior to my transfer and that I will not be entitled to any additional mileage or travel time.

_____
(Member's Signature/Date)

FIRST ENDORSEMENT

From: _____
(Unit CDR/COS/CO/XO/OIC/DEPT HD as required by parent unit)

To: Officer in Charge, U.S. Navy Personnel Support Activity Detachment, _____

Subj: PERMANENT CHANGE OF STATION (PCS) ORDERS TRANSFER INFORMATION SHEET

1. _____ is authorized to detach on _____ with a travel window (7 Days) from _____ to _____. The following are also approved:

( ) PCS leave for _____ days
( ) Advance Pay for _____ month(s) payable in _____ months; Advance Pay Certificate/Authorization is attached
( ) COT Travel to Home of Record/Designated Place at _____
( ) Circuitous Travel via _____
( ) Overseas Screening (including dependents, if any) will be completed within 45 days
( ) HIV Test will be current within three months of transfer
( ) Urinalysis test will be completed within 45 days of transfer
( ) Special screening for _____ is completed
( ) Transfer Evaluation (enlisted personnel only) will be forwarded five days before transfer

_____
(Unit CDR/COS/CO/XO/OIC/DEPT HD)

Transfer Information Sheet (Back)
PSAFE Form 1320/1 (Rev 9-93)

APPENDIX B

TRAINING LOG FOR USMC/USN MEDICAL RELATED TRAINING

DATE	TRAINING TOPIC	INSTRUCTOR	NUMBER ATTENDED

MEDICAL REPORT OF ACCIDENT / INJURY

FROM:	DATE
TO:	

NAME (LAST, FIRST MI)	RANK/MOS	SSN	Co	AGE	SEX	RACE

USMC ☐ USN ☐ OTHER_____	DUTY STATUS			
	AT WORK ☐ LIBERTY ☐	LEAVE ☐ PT ☐	UA ☐	OTHER:

DATE & TIME ACCIDENT/INJURY OCCURRED	LOCATION ACCIDENT/INJURY

ALLEGED CIRCUMSTANCES SURROUNDING ACCIDENT/INJURY

PERSON FURNISHING INFORMATION (PATIENT ☐)

NAME	SSN	RANK	UNIT	PHONE

WITNESS

NAME	SSN	RANK	UNIT	PHONE

MEDICAL OPINION AT TIME OF EXAMINATION

NORMAL ☐
ETOH: ODOR ☐ STAGGER ☐ INCOHERENT ☐ BAC REQUESTED ☐

DRUGS (IF KNOWN):

PLACE TREATED	TREATMENT
DATE AND TIME TREATED	
DIAGNOSIS / PROGNOSIS	
DISPOSITION	
DATE AND TIME RELEASED	
NUMBER OF WORK DAYS LOST_____	

REMARKS:

CORPSMAN	MEDICAL OFFICER

COPY TO: BATTALION SAFETY OFFICER
DIVISION SURGEON'S OFFICE
FILE

APPENDIX D

UNITED STATES MARINE CORPS
3D MARINE DIVISION (-)(REIN)
UNIT 35801
FPO AP 96602-5801

IN REPLY REFER TO:
6010
BAS
29 MAY 97

From: Battalion Surgeon
To: Commanding Officer, Unit

Subj: MORNING REPORT OF THE SICK AND INJURED

Ref: (a) NAVMED P-117
(b) DivO P6000.5B

1. Per references (a) and (b), the morning report of the sick and injured for the period covering 0930, 28 May 1997 to 0930, 29 May 1997 is submitted.

a. Admissions: 0

b Discharges: 0

c Hospitalized: 0

d. Sick-in-Quarters: 0

NAME	RANK UNIT	SSN	DIAGNOSIS	DATE

e. Light Duty:

NAME	RANK UNIT	SSN	DIAGNOSIS	DATE

f. Pregnancies:

NAME	RANK UNIT	SSN	DIAGNOSIS	DUE DATE

g. Physical Eval Board (PEB)

NAME	RANK UNIT	SSN	DATE INITIATED

h. Six-Month Limited Duty Medical Board: 0

NAME	RANK UNIT	SSN	DIAGNOSIS	DATE

i. Convalescent Leave: 0

NAME	RANK UNIT	SSN	DIAGNOSIS	DATE

I. M. DOCTOR

Copy to:
BN XO
BN SMAJ
S-1
PAC
CO, H&S Co
CO, A Co
CO, B Co
CO, C Co
File

APPENDIX E

VENEREAL DISEASE EPIDEMIOLOGIC REPORT WORKSHEET

VENEREAL DISEASE EPIDEMIOLOGIC REPORT (WORKSHEET) 6222.1E

1. This form will be completed by medical personnel on all patients with a venereal disease which may have been contracted on Okinawa or other areas of Japan. It is required that the following information be translated into Japanese before it is sent to the appropriate Japanese health agency. The translation service is provided by the Consolidated Preventive Medicine Service, NRMC Okinawa, Japan, Bldg 1290, Camp Lester (next to the C.O. quarters for NRMC). Completed forms should be delivered by hand or mailed to Consolidated Preventive Medicine Service, NRMC, Box 244, FPO Seattle 98778. Chardmail is undependable and does not provide adequate protection of confidential information.

2. Information on venereal diseases contracted in other countries or CONUS should be submitted on the regular Venereal Disease Epidemiologic Report Form (CDC 9.2936) to Consolidated Preventive Medicine Service, Camp Lester.

3. If adequate information cannot be obtained in the initial interview, follow-up interviews should be scheduled. Include a photograph if available, and a drawn map if exact address information is unknown. Be specific and make all entries legible. Contact the Consolidated Preventive Medicine Service for additional information, assistance, and worksheets at 634-0105 or 634-0228.

SAMPLE

1. Contact: _____ (PRINT) Last Name _____ First _____ Middle _____ Nicknames

Age _____ Sex: ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Unknown

Race _____

Height _____ ft _____ in

Type Build: ☐ Thin ☐ Slender ☐ Medium ☐ Heavy

Hair (color, style, wig) _____ Skin (color, shade) _____

Home Address (room/bldg, street, city, village, area) _____ Telephone number _____

Place of work and location (street, city, village) _____ Work hours _____ Telephone number _____

Additional Identifying Information (attach photo if available; speech, spoke good English or poor English; teeth, missing, gold filled; physical defects, birthmarks, tattoos, scars; dress, particular style of clothes, jewelry):

_____

_____

_____

_____

(COMPLETE REVERSE SIDE).

(PMS 6222/8-82)

Additional Locating Information (hangouts; friends; car model, year, & color):

_____

_____

_____

_____

_____

2. Encounter: _____
Place contact met and address or location

_____ _____ _____
Circumstances of Encounter (someone introduced, etc.) Date Time

Exposure(s) - First exposure: _____
(sexual) Place and address (name of hotel, private home)

_____ _____ _____
Date Time

Last exposure: _____
Place and address

_____ _____ _____
Date Time

Relationship: ☐ Marital ☐ Friend ☐ Pickup (No Fee) ☐ Pickup (Fee)

3. Patient Information: Patient's status
☐ Military ☐ Civil Service ☐ Dependent

Diagnosis: ☐ Gonorrhea ☐ Penicillin Resistant Gonorrhea ☐ Chancroid

☐ Syphilis - stage: _____ ☐ Other - specify: __

4. Interview(s): _____ _____ _____
Date Interviewer's name & rate Medical Facility & Camp

_____ _____ _____
Date Interviewer's name & rate Medical Facility & Camp

V.D. Log Entry Number (Code No.)

PMS use only	Type of Report:	☐ V.D. Contact Report (Japanese) Form #2 Translated ☐ V.D. EPI Report CDC 9.2936A - Form I.D. No.: _____ ☐ Report NOT submitted due to a lack of information.
	Date Prepared: _____	Signature: _____

SAMPLE

APPENDIX F

INTERSTATE TRANSMISSION CONTROL IDENTIFICATION

US GPO 1996 737-208

Last Name | First (& Nicknames) | Address (Street) (Apt.#) | Home Phone

City | State | Zip | Age/D.O.B. | Race: W B A/PI AI/AN O/U | Ethnicity: H Non-His. | Sex: M F | Marital Status: S M W D SP U

Height | Size/Build | Hair | Complexion | Pregnancy Status: Y ___ wks N U | Place of Employment/Hours/Phone

Exposure: First | Freq. | Last

Original Patient ID. Number

Other Identifying, Locating, or Medical Information

REFERRAL BASIS:
- Partner ___
- Cluster ___
- Positive Lab Test ___
- OOJ/ICCR ___

	Disease 1	Disease 2
Partner		
Cluster		
Positive Lab Test		
OOJ/ICCR		

Initiating Agency

Invest. Agency

Clinic Code

Examination

Date	Test	Result	Provider

Treatment

Date	Drug	Dosage	Provider

FR Number	OOJ No.	OOJ Area	Due Date
0984786D			

Disease 1
- Interviewer Number:
- Date Initiated: / / /
- Type Interview:
- Type Referral:
- New Case #:
- Post-test Counseled? Yes No
- Disposition:
- Dispo. Date: / / /
- Diagnosis:
- Worker Number:

Disease 2
- Interviewer Number:
- Date Initiated: / / /
- Type Interview:
- Type Referral:
- New Case #:
- Post-test Counseled? Yes No
- Disposition:
- Dispo. Date: / / /
- Diagnosis:
- Worker Number:

Field Record
CDC 73.2936S
Rev.9/95

U. S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Note: See the reverse side of page one of this record for the codes and the reverse side of pages two and three for an abbreviated set of instructions. See the full set of Field Record instructions for further definition.

APPENDIX G

NSN 7540-00-634-4176

600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* | SEX

RELATIONSHIP TO SPONSOR | STATUS

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

Standard Form 602
Promulgated Nov. 1962
37 Bureau of the Budget
Circular A—32 602-102

HEALTH RECORD — SYPHILIS RECORD

SECTION I. HISTORY OF PAST VENEREAL INFECTIONS OR TREATMENTS

	DATE	DISEASE (Give stage)	PRIOR TO MIL. SERVICE YES	PRIOR TO MIL. SERVICE NO	TREATMENT (Give type, amount and dates)
1					
2					
3					
4					

	TREATING AGENCY	PLACE	INFORMATION FROM (Patient, records, etc.)
1			
2			
3			
4			

SECTION II. HISTORY OF PRESENT INFECTION

CAME TO MEDICAL ATTENTION BY: VOLUNTARY ☐ CONTACT REPORT ☐ PHYSICAL INSPECTION ☐ FOOD HANDLER ☐

INCIDENT TO HOSPITALIZATION ☐ PREMARITAL ☐ PRENATAL ☐ OTHER (Specify)

DATES: ONSET SYMPTOMS REQUESTED TREATMENT DIAGNOSIS ESTABLISHED

DIAGNOSIS (Include stage and diagnosis no.)

DIAGNOSTIC CRITERIA (Enter results of tests)

LESION (Type and location)

DARKFIELD S. T. S.

SPINAL FLUID (If indicated)

OTHER PROCEDURES

LIST VD CONTACT FORM SERIAL NOS.

CLINICAL DATA (Include chief complaint, physical findings—eye, cardiovascular and nervous system, even in early syphilis)

RECOMMENDED TREATMENT AND FOLLOW-UP | SIGNATURE OF PHYSICIAN | DATE

I HAVE BEEN INFORMED BY THE MEDICAL OFFICER THAT I HAVE BEEN DIAGNOSED AS HAVING SYPHILIS AS INDICATED ABOVE; THE NATURE OF THIS DISEASE HAS BEEN EXPLAINED TO ME; I UNDERSTAND THAT MY COOPERATION IS NECESSARY IN THE TREATMENT AND PROLONGED OBSERVATION (Including certain prescribed tests) FOR THE CARE OF THIS DISEASE.

SIGNATURE OF PATIENT AND DATE

SECTION III. TREATMENT

	DRUG (Specify type and vehicle)	DATES (from—to)	AMT. PER DOSE	INTERVAL	TOTAL DOSE	SIGNATURE AND STATION OF PHYSICIAN
1						
2						
3						
4						

TREATMENT REACTIONS (Give date, type, severity and disposition) | SIGNATURE OF PHYSICIAN

SECTION IV. IDENTIFICATION DATA

PERMANENT HOME ADDRESS (Street or RFD, city, State)

SEX	RACE	GRADE, RATING OR POSITION	ORGANIZATION UNIT	COMPONENT OR BRANCH	SERVICE, DEPT. OR AGENCY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY-MONTH-YEAR) | IDENTIFICATION NO.

SYPHILIS RECORD
Standard Form 602

SECTION V. CUMULATIVE LABORATORY SUMMARY

RESULTS OF DARKFIELD EXAMINATION

	DATE	RESULTS	SOURCE OF SPECIMEN	LABORATORY	NAME OF CONFIRMING OFFICER
1					
2					
3					
4					
5					

RESULTS OF SEROLOGICAL TESTS FOR SYPHILIS

	DATE	TYPE	RESULT (*Inc. titer*)	LABORATORY		DATE	TYPE	RESULT (*Inc. titer*)	LABORATORY
1					12				
2					13				
3					14				
4					15				
5					16				
6					17				
7					18				
8					19				
9					20				
10					21				
11					22				

RESULTS OF SPINAL FLUID EXAMINATIONS

	DATE	CELLS	TOTAL PROTEIN	COMPLEMENT FIXATION				COLLOIDAL	LABORATORY WHERE DONE
				0.1	0.25	0.5	1.0		
1									
2									
3									
4									

SECTION VI. EVALUATION OF THERAPY

	DATE	FACILITY WHERE EVALUATED	RESULT		DATE OF RETREATMENT	PHYSICIAN'S SIGNATURE
			SATISF*	UNSATISFACTORY#		
1						
2						
3						
4						
5						

*SATISFACTORY RESULT CANNOT BE REPORTED WITHOUT NORMAL SPINAL FLUID FINDINGS

#SPECIFY: INFECTIOUS RELAPSE: SERO-RELAPSE, NEURO-RELAPSE, INCOMPLETE DATA ON SPINAL FLUID, OTHER (*Specify*)

REASON FOR INADEQUATE FOLLOW-UP (*Date, place and type of separation—Give authority for discharge*)

PATIENT'S HOME ADDRESS ON SEPARATION	CIVILIAN HEALTH DEPT. TO WHICH CASE RESUME WAS SENT

REINFECTION (*Give date new record was opened*)

SECTION VII. REMARKS (*Include significant posttreatment clinical findings*)

SECTION VIII. MEDICAL OFFICER CLOSING THIS RECORD

NAME (*Typed or printed*) SIGNATURE STATION DATE

SECTION IX. MEDICAL OFFICER SENDING ABSTRACT TO VETERANS ADMINISTRATION ON DISCHARGE

NAME (*Typed or printed*) SIGNATURE STATION DATE

APPENDIX I

REPORT OF HEAT/COLD INJURY FOR NAVY/MARINE CORPS ASHORE

NEHC-TM92-6

FROM: (Reporting Activity)_____ DATE

TO
NAVY ENVIRONMENTAL HEALTH CENTER
(NEHC-32)
2510 WALMER AVENUE
NORFOLK, VA 23513-2617

NAME	
SSN	
GRADE / RATE / RACE / SEX	
BIRTHPLACE	
DATE AND TIME OF EXAMINATION	
UNIT TO WHICH ATTACHED	
DATE REPORTED TO PRESENT STATION	

PRESENT ILLNESS (Onset Date and Time)	WBGT	DIAGNOSIS (Check one)	TIME ON ACTIVE DUTY (Months)
		☐ HEAT CRAMPS ☐ CHILBLAIN ☐ HEAT EXHAUSTION ☐ FROSTBITE ☐ HEAT STROKE ☐ HYPOTHERMIA ☐ dehydration ☐ syncope 2° heat	

DESCRIBE BRIEFLY WHAT PATIENT WAS DOING AT TIME OF INJURY INCLUDE DESCRIPTION OF CLOTHING

NOTE:
(1) ALL HEAT STRESS INJURIES SHOULD HAVE RECTAL TEMPERATURES.
(2) ALL HEAT STRESS INJURIES WITH RECTAL TEMPERATURES GREATER THAN 104° SHOULD HAVE SERUM SGOT DRAWN 24 HOURS AFTER THE INJURY.

LAB FINDINGS

SYMPTOMS (Check all applicable)

☐ UNCONSCIOUS ☐ WEAK ☐ OTHER (Specify)
☐ DIZZY ☐ NAUSEA
☐ CONFUSED ☐ CRAMPS
☐ NUMBNESS ☐ VOMITING
☐ VISUAL DISTURBANCES (Specify)

SKIN (Check all applicable)

☐ RED ☐ NORMAL
☐ PALE ☐ OTHER (Specify)
☐ WET
☐ DRY
☐ RASH

TEMP(R)	RESP
PULSE	
HEIGHT	
WEIGHT	

HOURS OF SLEEP (Last 24 Hours)

LAST MEAL (Date and time)
AMOUNT ☐ LIGHT ☐ MODERATE ☐ HEAVY

BLOOD PRESSURE
SYSTOLIC_____ DIASTOLIC

AMOUNT OF WATER IN QTS. (Last 12 Hours)

SWEATING (Check one)
☐ EXCESS ☐ MODERATE ☐ NONE ☐ SLIGHT

LAST HISTORY OF HEAT/COLD ILLNESS (Specify type)

DATE (MONTH AND DAY) DIAGNOSIS NONE

RECENT ILLNESS OR IMMUNIZATION

DATE DIAGNOSIS NONE

DISPOSITION-PRESENT ILLNESS

☐ CLINIC ☐ HOSPITAL (Admitted)

☐ BINNACLE LIST/SIQ (NUMBER OF DAYS)
☐ LIGHT DUTY (NUMBER OF DAYS)

REMARKS(Initial treatment, long-term treatment potential, extent of injury, remission)

SIGNATURE

PREPARED: SUBMITTED: COMMANDING OFFICER

(APR 92)

APPENDIX J

FORMAT OF DISEASE ALERT MESSAGE

UNCLASSIFIED

ADMINISTRATIVE MESSAGE
PRIORITY
P 130800Z FEB 94 ZYB PSN 318866N31
FM CG THIRD MARDIV//SURG//
TO NAVENVIRPREVMEDU SIX HONOLULU HI//040//
INFO NAVENVIRHLTHCEN NORFOLK VA//36//
UNCLAS //NO6220//
MSGID/GENADMIN/CG THIRD MARDIV//
SUBJ/DISEASE ALERT REPORT, MED 6220-3//
REF/A/DOC/BUMEDINST 6220.12/97####//
POC/SURGEON/CDR/THIRD MARDIV/-/TEL:DSN 622-9538 OR 9542
RMKS/
1. INITIAL
2. PATIENT INFORMATION
   A. 123-45-6789
   B. MARINE, I. M.
   C. PVT/MC/AD
   D. 0311
   E. 18 Y/O
   F. MALE
   G. CAUC
   H. NON-HISPANIC
   I. HQBN THIRD MARDIV
3. CLINICAL INFORMATION
   A. MALARIA, PLASMODIUM FALCIPARUM, ICD-9-CM 084.0, PROBABLE.
   B. ONSET 12 FEB 97.
   C. ACUTE ONSET OF FEVER TO 103.2 RECTAL, SHAKING, CHILLS, HEADACHE, NAUSEA, ABDOMINAL PAIN, MEMBER CONSCIOUS AND LUCID.
   D. LABORATORY RESULTS: MALARIA SMEAR-THICK SMEAR SHOWED GAMETOCYTES, THIN SMEAR SHOWED MULTIPLE RING FORMS; CBC-WBC 8.2, GB 12, HCT 39; UA ESS. NEG; LFT WNL; LYTES WNL. WILL SUBMIT SLIDES TO NEPMU-6 FOR CONFIRMATION.

APPENDIX K

FORMAT OF DISEASE ALERT LETTER

6220
Ser/
Date

From: Surgeon, 3d Marine Division
To: Officer-in-Charge, Navy Environmental and Preventive Medicine Unit No. Six, Honolulu, HI 9686-5050

Subj: DISEASE ALERT REPORT (MED 6220-3)

Ref: (a) BUMEDINST 6220.12

1. Initial disease alert report is submitted per reference (a).

2 Patient information

a. 123-45-6789

b Amarine, I M.

c. Pvt/MC/Ad

d. 0311

e. 18 y/o

f. Male

g Cauc

h. Non-Hispanic

i. HQBn, 3d MarDiv

3 Clinical information

a Malaria, Plasmodium Falciparum, ICD-9-CM 084.0, Probable

b Onset 12 Feb 97

c. Acute onset of fever to 103.2 rectal, shaking, chills headache, nausea, abdominal pain, member conscious and lucid.

d. Labratory results: malaria smear-thick smear showed gametocytes, thin smear multiple ring forms; chc-wbc 8.2, hgb 12, hct 39; ua ess. neg; lft wnl; lytes wnl. Will submit slides to NEPMU-6 for confirmation.

APPENDIX K

Subj: DISEASE ALERT REPORT (MED 6220-3

e. Treatment: 12 Feb 97: INH 300mg, Rifampin 600mg, Ethambutol 1200mg, and pyrazinammide 1500mg p.o., q.d.

f. Patient initially seen at BAS in a field setting on 12 Feb 97 Patient transferred via medevac system to USNH Yokosuka and admitted same date. Patient discharged 12 Mar 97 and placed on 6 months TLDB. Prognosis good.

4. Epidemiological Data:

a. Probable area of acquisition: Pattaya, Thailand. Recent travel itinerary: 1 Jan 97 Okinawa, Japan; 15 Jan 97 Pattaya, Thailand.

b. Patient stated he was non-compliant with malarial chemoprophylaxis.

5. Preventive measures

a. Close contacts identified. Appropriate chemoprophylaxis measures in place.

b. Patient educated with regard to disease process

6. Other information:

a No medical or epidemiological assistance required

b. CDC notified. Final DAR will be submitted upon EPMU 6 confirmation of diagnosis.

7. Point of contact for this command in the Division Surgeon at DSN: 622-9542.

I. M. ADOCTOR

APPENDIX L

REQUEST FOR AUTHORIZED MEDICAL/DENTAL ALLOWANCE LIST

1000
Ser/
12 Feb 97

From: Commanding General, 3d Marine Division
To: Commanding General, 3d Force Service Support Group
(Attn: G-3/HSSE)
(1) Division Surgeon, 3d Marine Division
(2) Officer-In-Charge, Division Medical Plans

REQUEST FOR TEMPORARY LOAN OF EQUIPMENT

1. ____ Battalion, _____ Marines is currently assigned to the Alert Marine Air Ground Task Force, from 1 February 1997 through 1 August 1997.

2. In order to support the exercise in paragraph one, the following is requested:

NOMENCLATURE	TAM	QTY	LTI Date	Pickup Date	Return Date
AMAL 635	C8638	01	1Jan97	1Feb97	2Aug97
AMAL 636	C8640	01	1Jan97	1Feb97	2Aug97

3. Responsible Officer (RO):

HMC Iman Oldsalt, USN, 123-45-6789

4 Job order number: BK8A7447073L3T

5. Responsible Unit Code: 13230

6 Point of contact at this command is HMC Oldsalt at 622-3858

I. M. OLDSALT
By direction